

CONFIDENTIAL
Secondary Screening of Risk
Interview Outline
Elementary Students

Student Name: _____ Teacher: _____
Interviewer: _____ Date: _____

Crisis Exposure and Recollections

- Do you remember what happened?
- Where were you when it happened?
- What did you see and hear?
- Were you in danger?
- How well did you know the person/people who were hurt?

Is the event re-experienced?

- Do you think about it when you don't mean to?
- Do you have bad dreams?
 - How often?
 - Can you talk about them?
- How do you feel when you go back to where it happened?
- Are there things that remind you of it?

Avoidance:

- Do you try to avoid things that remind you of what happened?

Numbing:

- Have you had any different feelings since it happened?
- Are you doing the same things you used to do for fun?

Survivor Guilt:

- Do you feel like you could have prevented what happened?
- How do you feel about what happened?

Somatic Complaints:

- Does your body feel any different since it happened?
 - Headaches or stomach aches?

Risk:

- Have you thought about hurting yourself or someone else?
 - If so, how often?
 - Do you have a plan?

Secondary Risk Screening

To be used by counselors, therapists, clergy and public health nurses for students K-6

Daily Functioning:

- How are you doing in school?
- How about your friendships?
- Are you feeling safe now?

Resources:

- Who can you talk to when you have a bad day?
- Would you like to talk to someone about what happened?

Summary:

- Is the response in proportion to the degree of exposure?
- Is the student under- or over-reacting?

Referral Decisions:

- Referral to Community Agency
Agency: _____ Phone : _____
- Referral to Private Practitioner
Name: _____ Phone : _____
- Subsequent appointment with Crisis Team
Who: _____ When: _____
- Referral to local School Group
Facilitated by: _____
- Watch and Consult? Yes / No

Secondary Risk Screening

To be used by counselors, therapists, clergy and public health nurses for students K-6