



Resource Aid

Responding to Crisis at a School

(Revised 2016)



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Responding to Crisis at a School

I. School Based Crisis Intervention	4
Overview: Crisis Assistance and Prevention.....	5
Presidential Policy Directive	13
Who Should Be Responsible?	15
About a School-Based Crisis Team	16
Crisis Aftermath Subteams	20
Maintaining Crisis response Capability and School Awareness	21
II. Some Basic Concerns for Effectively Responding to Crisis in Schools	22
Some Key Considerations in Establishing a System for School-Based Crisis Intervention	23
Major Facets of Crises Response	26
Responding to Crises: A Few General Principles	27
Crisis Response Checklist	28
School Crisis Guide	30
Example of One District's Crisis Checklist	31
Helping Children Cope with Violence and Disasters	33
Guide for Developing High-Quality School Emergency Plans.....	34
Planning for the Needs of Children in Disasters.....	36
III. A Few Strategic Guides for Responding to Crisis	37
Resources for Parents and Caregivers.....	38
Psychological First Aid: Responding to a Student in Crisis	40
A Crisis Screening Interview	42
Informing the Student and Staff	45
Sample Letter to Send Home	46
Facilitating Class Discussion	47
Schools Helping Students Deal with Loss.....	48
Dealing With The Media	54
District Policy Considerations	55
IV. Organizing and Training a School-Based Crisis Team	61
Building a School based Crisis Team	62
Crisis Team Training	66
Two Initial Training Sessions	67
V. Crisis Response and Prevention Intervention Outcomes Related to Six Major Facets of a Comprehensive Approach to Addressing Barriers to Learning	71

VI. Addressing Specific Areas of Concern	78
Natural Disasters	79
Community and Gang Violence	84
Suicidal Crisis	89
Family Violence	90
Sexual Assault	92
Grief and Loss	101
Hostage Situations	102
Post Traumatic Stress Disorder	103
Recommendations on the Support and Safety of Gay and Lesbian Students	111
VII. Center Online Clearinghouse QuickFinds	112
VIII. Agencies, Organizations, Advocacy, Internet Sites & Hotlines	113
IX. Self-Study Survey for Crisis Assistance and Prevention	115
X. Additional References on Responding to Crisis at a School	121

Section I

School-Based Crisis Intervention

In this section, you will find a brief, basic discussion of the need for a school to be able to plan and implement a response to crises. The material can be used to raise staff awareness of need and as shared reading prior to initiating staff training.

Overview Crisis Assistance and Prevention

Presidential Policy Directive

Who Should Be Responsible

About a School-Based Crisis Team

Crisis Aftermath Subteams

Maintaining Crisis Response Capability and School Awareness

Overview

Crises Assistance and Prevention

There cannot be a crisis next week. My schedule is already full.

Henry Kissinger

Crisis, emergency, disaster, catastrophe, tragedy, trauma – all are words heard frequently at schools today. Too many schools have had a major crisis; any school may have one soon.

Besides natural disasters such as earthquakes, fires, and pandemic diseases, students experience violence and death related to suicide, gang activity, snipers, hostage-taking, and rape. Some students and staff react with severe emotional responses – fear, grief, post traumatic stress syndrome. And, when a significant portion of a school’s population is affected, major facets of a school's functioning are jeopardized. When too little effort is made to intervene, the aftermath can interfere with school and home performance, and long-term psychosocial and educational problems may ensue.

Crisis intervention is for responding to, minimizing the impact of, and preventing school and personal crises. After a crisis, the first concern is to ensure physical safety and medical first aid; this is followed immediately by attention to psychological considerations. Then, the emphasis is on the school’s need to regain stability and a sense of normality so that students and staff can resume learning and teaching. This includes attending to follow-up care as needed.

Districts differ in the specificity with which they spell out procedures for schools to follow during and in the aftermath of a crisis. Based on district policy, schools plan for emergencies. It is rare, however, for districts to have addressed, in sufficient detail, policies and procedures for what to do in the days and weeks that follow a crisis event and what to do to prevent future occurrences when feasible.

Districts also differ in the amount of support they provide in helping schools establish and maintain crisis response mechanisms (e.g., crisis teams) and in training staff, as well as how much district level staffing is available for crisis intervention. Some, usually larger districts, may have regional support crisis teams that provide crisis management, medical and psychological/counseling support services, media relations, and debriefing. Others provide only an immediate response.

The proper handling of school crises is essential to minimizing negative impact on learning and physical and mental health. Comprehensive crisis intervention planning and implementation provides ways for school personnel, students, and families to return to normalcy as quickly as feasible, address residual (longer-term) psychosocial problems, and explore preventive measures for the future.

Examples of crisis intervention include activity designed to minimize the personal and institutional impact of crises and establish

- a safe and productive school environment (e.g., that deters violence and reduces injury)
- emergency/crisis responses at a site
- collaboration with local schools (e.g., high school feeder pattern) and the community at-large for crisis planning and response and to develop and implement strategies to enhance safety and reduce violence, bullying, child abuse, suicide
- follow-up care when needed
- a violence prevention and resiliency curriculum designed to teach students anger management, problem-solving skills, social skills, and conflict resolution.

FRAMING AND DESIGNING CRISES ASSISTANCE AND PREVENTION

Exhibit 8.1 presents a prototype framework to help plan crisis assistance and prevention. (Go to the resources referenced at the end of this chapter for specific intervention ideas related to each of these concerns.)

Exhibit 8.1
Prototype Framework for Crises Assistance and Prevention

		<i>Scope of Event</i>		
		Major School-wide crisis*	Small Group Crisis**	Individual Crisis***
<i>Phases for which to plan</i>	During the Emergency			
	Immediate Aftermath			
	Days/Weeks Following			
	Prevention in the Future			

*Major school-wide crisis (e.g., major earthquake, fire in building, gun violence on campus)

**Small group crisis (e.g., in events where most students are unaffected such as a classmate's death, the focus is on providing for *specific* classes, groups, and individuals who are upset)

***Individual crisis (e.g., student confides threat to hurt self or others such as suicide, assault)

Several points should be highlighted related to the prototype framework. Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes the number of responders needed during the various phases of the crisis.

Also, problems requiring attention during the crisis are quite distinct from those arising in the immediate aftermath and in the days and weeks following the event (e.g., hysteria and fear as contrasted with grief reactions and post traumatic stress).

As with every intervention, multi-year strategic development requires gap analyses and priority setting and feasibility considerations. And, as with all student and learning supports, the work is strengthened when a broad range of stakeholders and resources are coalesced to help with planning and implementation (e.g., students, staff, home, police, medical, and other community resources).

WHAT ARE PRIORITIES IN ENHANCING CRISES ASSISTANCE AND PREVENTION?

The prototype framework in Exhibit 8.1 can guide gap analysis and setting priorities for intervention, personnel development, and ongoing support. For more specific examples to aid gap analysis, see the self-study survey in Appendix C.

The first priority is to *upgrade crisis intervention planning and response capability*. This can be done by a school's administration or by establishing a standing crisis response and prevention workgroup. In some districts, a school-based crisis intervention team is delineated as the key planning and implementation mechanism. Planning groups vary in size; they benefit from the participation of an administrator, student support staff (e.g., nurse, psychologist, counselor), and anyone with special expertise from the district and community.

Early tasks include

- reviewing strategic and action plans for crisis response and prevention
- preparing all at a school for responding to the different types of emergencies and making specific assignments and building capacity for crowd management, immediate medical and psychological first aid, rumor control, and handling media
- preparing all at a school to implement recovery efforts so students can resume learning and staff can resume their duties and designing and building capacity for immediate aftermath counseling and debriefing

As the above basics are accomplished, the workgroup can enhance plans and capacity for

- providing brief and longer-term follow-up care as necessary
- preventing what is readily preventable.

About Reviewing Strategic and Action Plans

Every school needs crisis assistance and prevention plans that establish specific responses and delineate capacity building for implementation. The focus in strategic and action planning is on such matters as:

- who will assume what roles and functions in responding to a crisis
- what types of events the school defines as a crisis warranting a school-based response
- what defines a particular event as a crisis
- how will different facets of crisis response be handled (who, what, where)
- how to assess and triage medical and psychological trauma
- how to identify students and staff in need of aftermath intervention
- what types of responses will be made with respect to students, staff, parents, district, community, media
- what special provisions will be implemented to address language and cultural considerations
- which school personnel will make the responses
- how district and community resources will be used
- which personnel will review the adequacy of each response and make appropriate revisions in crises response plans
- what in-service staff development and training are needed.
- how will everyone be informed about emergency and crisis procedures

Planning also addresses contingencies. What will be done if someone is not at school to carry out specified crisis response duties? What if a location is not accessible for carrying on a planned activity?

School crises, of course, often are community crises. Therefore, the school's plan should be coordinated with other local schools and with community crisis response personnel. The ideal is to seamlessly interweave plans and resources to enhance the benefits of the wider range of expertise and increase cost-effectiveness.

Once a general response plan is made planners can, over time, work out further details related to specific concerns and how to prevent what is preventable. In doing so, priority is given to high frequency and high impact concerns, such as wide-spread bullying.

About Ensuring Effective Immediate Crisis Response

Action planning focuses on establishing and preparing a *response team* to

- organize planning and training sessions for all at a school
- provide overall coordination during a crisis response
- liaison with district and school administrators and with community emergency response agencies (e.g., fire department, police, emergency medical teams).

The plan also designates which responders will take on roles and functions related to

- mobilizing the team when needed (e.g., telephone trees, email listservs)
- coordinating communications and controlling rumors
- first aid (medical, psychological)
- crowd management
- media
- evacuation and transportation
- individual and group supportive counseling
- aftermath interventions

and so forth.

Every role and function needs to be backed-up by 1-2 team members in case someone is absent or incapacitated. Team contact information must be posted in visible places (e.g., next to phones and computers in office locations).

***There's never time to
plan things right.***



***True, but there's always time
to do things wrong!***



Note: While training for delivering medical first aid is fairly commonplace, relatively little attention is paid to preparing responders to administer psychological first aid. To correct this oversight, Exhibit 8.2 provides an overview from a guide prepared by the National Child Traumatic Stress Network and the National Center for PTSD.

Exhibit 8.2

About Psychological First Aid in Schools

The National Child Traumatic Stress Network and the National Center for PTSD have made the Psychological First Aid for Schools Field Operations Guide* and accompanying handouts available online <http://www.nctsn.org/content/psychological-first-aid-schoolspfa>

Psychological First Aid for Schools is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.

The guide is divided into the following sections:

- Introduction and Overview
- Preparing to Deliver Psychological First Aid
- The Core Actions
 - Contact and Engagement
 - Safety and Comfort
 - Stabilization
 - Information Gathering: Current Needs and Concerns
 - Practical Assistance
 - Connection with Social Supports
 - Information on Coping
 - Linkage with Collaborative Services
- Appendices

As stated in the manual:

“The basic objectives of a Psychological First Aid provider in schools are:

- To establish a positive connection with students and staff members in a non-intrusive, compassionate manner
- To enhance immediate and ongoing safety and provide physical and emotional comfort
- To calm and orient emotionally overwhelmed or distraught students and staff
- To help students and staff members identify their immediate needs and concerns
- To offer practical assistance and information to help students and staff members address their immediate needs and concerns
- To connect students and staff members as soon as possible to social support networks, including family members, friends, coaches, and other school or community groups
- To empower students, staff, and families to take an active role in their recovery, by acknowledging their coping efforts and strengths, and supporting adaptive coping
- To make clear your availability and (when appropriate) link the student and staff to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations

(cont.)

Core actions are:

1. Contact and Engagement
Goal: To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner
2. Safety and Comfort
Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort
3. Stabilization (if needed)
Goal: To calm and orient emotionally overwhelmed or disoriented students and staff
4. Information Gathering: (Current Needs and Concerns)
Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid for Schools interventions to meet these needs
5. Practical Assistance
Goal: To offer practical help to students and staff in addressing immediate needs and concerns
6. Connection with Social Supports
Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and other school and/or community resources
7. Information on Coping
Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
8. Linkage with Collaborative Services
Goal: To link students and staff with available services needed at the time or in the future

These core actions of Psychological First Aid for Schools constitute the basic objectives of providing early assistance within hours, days, or weeks following an event.”

The manual stresses the importance of being flexible and devoting the amount of time spent on each core action based on the person’s specific needs and concerns.

*Brymer M., Taylor M., Escudero P., Jacobs A., Kronenberg M., Macy R., Mock L., Payne L., Pynoos R., & Vogel J. *Psychological first aid for schools: Field operations guide, 2nd Edition*. (2012). Los Angeles: National Child Traumatic Stress Network.
http://www.nctsnet.org/sites/default/files/pfa/school/1-PFA_for_Schools_final.pdf

About Designing Recovery Efforts

The aftermath of any crisis may affect a significant segment of a school's stakeholders. Of particular concern is the need for rumor control, dealing with contagion effects, and providing support for anyone experiencing medical problems and strong psychological reactions. Recovery planning and action focuses on specific steps to be taken in the ensuing days/weeks. The emphasis is on:

- (1) Preparing and circulating accurate information to minimize destructive/disruptive rumors. An example is providing teachers with accurate information about the event and asking them to judiciously cover the matter with their students. The point is not only to provide accurate information about the event, but to clarify that the feelings students are having are natural and to remind students of available resources. Provision should be made to back up teachers (e.g., those who feel their situation requires someone with specific skills). The same type of information is relevant for staff and families.
- (2) Preparing and circulating a handout to all school personnel regarding what they should watch for in the aftermath and what they can do if anyone appears especially upset.
- (3) Implementing classroom discussions and activities that enable students to express and discuss feelings about crises.
- (4) Implementing counseling and other special supports for classes, groups, and individuals.

Special expertise may be required in handling problems that arise in the days and weeks following an event. If there is not anyone with the needed expertise at the school, referrals are indicated.

As soon as feasible, planners meet for a debriefing session to evaluate how procedures worked, what revisions are needed, and to clarify preventive implications.

About Brief and Longer-term Follow-up

For some at a school, extended counseling and other special supports are needed. See Chapter 9 for the processes involved in providing student and family special assistance. Processes similar to those presented can be established for affected staff.

Preventing What is Readily Preventable

Prevention is a fundamental element of well-designed crises planning. Prevention strategies play a significant role in creating an environment in which a positive school climate can emerge.

A major focus of prevention is on strategies for deterring violence and reducing injury (e.g., violence prevention and resiliency curriculum; initiatives for conflict resolution and restorative justice). Another facet is concern for enhancing resiliency in the form of enhanced motivation and capacity for coping with stress. At all times, the emphasis is on minimizing circumstances that undermine personal well-being (e.g., threats to feelings of competence, self-determination, and connectedness to significant others).

CONCLUDING COMMENTS FOR OVERVIEW

In the context of transforming student and learning supports, developing the highlighted range of school-based crisis intervention requires more than a typical emergency/crisis response team. Where such a team is in place, it needs to be expanded into a broad-based workgroup charged with planning, development, implementation, ongoing evaluation, and quality improvement related to crisis assistance and prevention. This type of standing workgroup can ensure integration with the other five learning supports arenas and with the district, neighboring schools, and the surrounding community.

The workgroup will need members who have or will develop the specific expertise related to crises assistance and prevention. Some members of such a workgroup are dictated by their formal role in a school and will bring expertise (e.g., a school administrator, nurse, psychologist, social worker, counselor); in addition, there almost always are other staff who have special expertise and will be interested in participating (e.g., those with first aid and counseling training, those concerned with school climate and safety).

Optimally, the district should provide not only policy and procedural guidelines, but also district support staff to help workgroups formulate specific plans, organize and train designated responders, and coordinate with relevant district and community resources. And if any schools cannot generate a standing crisis assistance and prevention workgroup, the district and neighboring schools can pool resources to meet the need.

For more specific examples of ways to enhance *Crisis Assistance and Prevention*, see the self-study survey in Appendix C. (Also accessible at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/crisissurvey.pdf>)

For Free and Easily Accessed Online Resources Related to *Crisis Assistance and Prevention*

See the special section on our website:

>*Responding to a Crisis*

<http://smhp.psych.ucla.edu/crisisresp.htm>

See our Center's Resource Aid on

>*Responding to a Crisis at a School*

<http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>

See our Center's Quick Finds on

>*Crisis Prevention and Response*

http://smhp.psych.ucla.edu/qf/p2107_01.htm

>*Prevention*

<http://smhp.psych.ucla.edu/qf/prevention.html>

Also see related topics listed on the Quick Find menu

<http://smhp.psych.ucla.edu/quicksearch.htm>

Each of the above contains citations to references used in preparing this chapter.

PRESIDENTIAL POLICY DIRECTIVE (PPD)8

<http://rems.ed.gov/K12IntroAndPurpose.aspx>

School
Guide Menu



*Related
Resources*

National preparedness efforts, including planning, are now informed by *Presidential Policy Directive (PPD) 8*, which was signed by the president in March 2011 and describes the nation’s approach to preparedness. This directive represents an evolution in our collective understanding of national preparedness, based on the lessons learned from terrorist attacks, hurricanes, school incidents, and other experiences.

PPD-8 defines preparedness around five mission areas: Prevention, Protection, Mitigation, Response, and Recovery.

Prevention

The capabilities necessary to avoid, deter, or stop an imminent crime or threatened or actual mass casualty incident. Prevention is the action schools take to prevent a threatened or actual incident from occurring.

Protection

The capabilities to secure schools against acts of violence and manmade or natural disasters. Protection focuses on ongoing actions that protect students, teachers, staff, visitors, networks, and property from a threat or hazard.

Mitigation

The capabilities necessary to eliminate or reduce the loss of life and property damage by lessening the impact of an event or emergency. In this document, “mitigation” also means reducing the likelihood that threats and hazards will happen.

Response

The capabilities necessary to stabilize an emergency once it has already happened or is certain to happen in an unpreventable way; establish a safe and secure environment; save lives and property; and facilitate the transition to recovery.

Recovery

The capabilities necessary to assist schools affected by an event or emergency in restoring the learning environment.

These mission areas generally align with the three timeframes associated with an incident: before, during, and after.

The majority of Prevention, Protection, and Mitigation activities generally occur before an incident, although these three mission areas do have ongoing activities that can occur throughout an incident. Response activities occur during an incident, and Recovery activities can begin during an incident and occur after an incident. To help avoid confusion over terms and allow or ease of reference, this is referred to as “before,” “during,” and “after.”

Who Should Be Responsible

Given the complexity of crisis events and reactions, planning and implementing school-based crisis intervention require special expertise (e.g., how to deal with natural disasters as contrasted to dealing with gang violence or suicide, how to plan for crowd management, rumor control, aftermath counseling, prevention). Thus, individuals and subgroups with diverse expertise need to be involved, and all who are involved usually need additional specialized inservice training.

Whatever happens at the school level is shaped by district policy and procedural guidelines. In most instances, the district's administration will have provided the school with detailed guidelines for handling major disasters during the emergency itself and in the immediate aftermath (see example in Section II). Such guidelines also should clarify available district support resources (e.g., district crisis teams, medical and counseling services).

It is rarer for districts to have addressed, in the same detail, policies and procedures for what to do in the days and weeks that follow the event and what to do to improve future responses or to prevent future occurrences where feasible.

Regardless of what guidelines the district provides, it falls to the school to develop a specific operational plan and to identify and prepare personnel to carry it out. This might all be done by a school's administration. That is, they might assume the task of planning and then identifying and assigning specific duties to staff (e.g., school nurse, specific teachers, psychologist). However, as noted above, the diversity of expertise required suggests a broad-based approach to planning and implementation. Thus, schools probably will find the concept of a school-based crisis team useful.

The proper handling of school-wide crises is essential to minimizing negative impact on learning and mental health. A comprehensive crisis intervention approach provides ways for school personnel, students, and parents to return to normalcy as quickly as feasible, address residual (longer-term) psychosocial problems, and explore preventive measures for the future. To achieve these desirable outcomes, a school district must adopt, implement, and institutionalize a set of crisis intervention procedures.

Developing procedures for a school-based response to crises requires mechanisms for initial planning, implementation, and ongoing evaluation and change. For purposes of this presentation, effective mechanisms to accomplish these tasks are seen as

- a school-based planning committee (whose efforts hopefully are augmented by district support staff)
- a school-based crisis team

Note: The planning and crisis team may be one and the same or may be two separate and coordinated groups.

Rather than asking one person to take responsibility for organizing for crises, the school administration is advised to form a small planning committee of school staff. The individuals asked to serve, by role and interest, should be ready to evolve a working plan and become the nucleus of a school-based crisis team. They also should be given appropriate released or compensated time, support, recognition, and appreciation.

In the best of circumstances, the district should provide not only policy and procedural guidelines, but support staff to help the school planning committee formulate a specific plan, organize and train the crisis team, and coordinate with relevant district and community resources.

About a School-Based Crisis Team

Resources are always limited. Some schools will feel that they don't have the resources to devote to a crisis team. The fact is, however, that few schools can afford to risk not being able to respond effectively to crises.

Any school that has some team meeting together to address students' problems can at the very least make the focus on crisis part of that team's work. Examples of such teams are a student assistance team, a student study team, or a resource coordinating team. Alternatively, neighboring schools might pool resources to develop a multi-school crisis team.

As with so many special committees and teams, school-based crisis teams often are initiated with great fanfare but over time simply become a title on a plan. Initial enthusiasm wanes; other activities become more pressing; members leave the school.

To be successful, a school-based crisis team must be highly valued by the school administration and composed of interested staff. The value and interest should be manifested in

- bimonthly crisis team planning/staff development meetings that are scheduled during working hours
- regular communications and staff development activities with the entire school staff
- immediate replacement of departing team members and careful orientation of new members
- formal recognition of team contribution to school's mission, and so forth.

Although some members of a school-based crisis team are dictated by role in the school (e.g., a school administrator, nurse, psychologist), there always are other staff who have special expertise or interest (e.g., those with first aid and counseling training).

The following steps are guidelines for establishing, training, and maintaining crisis planning and intervention team(s). The outline in Section III offers greater detail regarding these steps.

1. The school's decision makers can identify and empower two staff members who are interested in (motivated to) improve the school's crisis response capability.
2. These two persons can then proceed to recruit a *core* of about 4-8 others, either by role or because of their special affinity for crisis intervention. This core will do the planning. (In large schools, the core team probably will want additional affiliated team members who can be mobilized when a response is necessary.)
3. Initial training of the team should focus on general crisis intervention policies and practices and on ways to keep the team functioning. It may be necessary to bring in district personnel (or even outside trainers) to provide some of the initial training.
4. After initial training, the team needs to meet regularly (e.g., every few weeks) to formulate and write up specific plans.

5. Plans in hand, a series of inservice meetings for school staff are indicated to increase their awareness of the importance of crisis intervention and the procedures they should follow.
6. After a crisis event, the team should have a special debriefing session to analyze how well procedures were followed and to discuss possible improvements -- including additional training needs and future preventive actions where feasible.

Each team needs to identify a *team leader* to

- organize planning and training sessions
- provide overall coordination during a crisis response
- liaison with district and school administrators and with community emergency response agencies (fire department, police).

Other team members will take on roles and functions related to

- mobilizing the team when needed (e.g., telephone trees, beepers)
- coordinating communications and controlling rumors
- first aid (medical, psychological)
- crowd management
- media
- evacuation and transportation
- individual and group supportive counseling
- aftermath interventions
and so forth.

Every team role and function needs to be backed-up by 1-2 team members in case someone is absent or incapacitated.

In addition to having a designated person and back-ups for mobilizing the team, it is wise to have essential contact information posted in several visible places (e.g., next to phones in office locations).

Obviously, for a team to be effective, it must function well as a group. Thus, it is essential to use planning and training time in ways that build a sense of mutual respect, trust, and support. An effective team communicates well, understands everyone's role, backs each other up, and gets the job done. A member must feel comfortable asking another for assistance during a crisis (especially when feeling overwhelmed). And at the appropriate time, each member indicates appreciation for all that each team member' has done.

CRISIS TEAM ACTIVITY: AN EXAMPLE

During the Emergency and in Immediate Aftermath

I. MAJOR SCHOOL-WIDE CRISIS

(e.g., major earthquake, fire in building, sniper on campus)

- A. Administration directs and coordinates emergency procedures.
(e.g., emergency procedures such as evacuation, lock-down, contact with hospitals/police, contacts and interfaces with parents in need of direction)
- B. Crisis Team members without specific emergency assignments or students-in-hand converge at designated place.
- C. Crisis Team sets in motion procedures to
 - 1. gather and disperse accurate information to students, staff, parents, media
(special focus on rumor control, support, and debriefing);
 - 2. assess immediate needs for psychological first-aid;
 - 3. ensure sufficient psychological first-aid is in place
(e.g., establishes and maintains a special drop-in counseling resource for those affected; supplements resources by calling for district level help);
 - 4. direct students, staff, and parents in need to psychological first-aid resources
(announces a central contact place, conducts outreach);
 - 5. keep administration informed.

II. SMALL GROUP CRISIS

(e.g., a situation such as a classmate's death where most students are unaffected; the focus is on providing for *specific* classes, groups, and individuals who are upset)

- A. Any member of the Crisis Team who thinks there is a crisis situation can contact another member to decide whether a Team meeting should be called.
- B. If they agree, these two members should send a notice convening the meeting at the earliest, feasible time at a designated place.
- C. Preset procedures can be followed to cover classes for teachers on the team and to send students back to class who may be having individual appointments with team members.
- D. Crisis Team meets to assess who needs psychological support and counseling
- E. Crisis Team sets in motion procedures to
 - 1. gather and disperse accurate information to affected students, staff, parents, (special focus on rumor control, support, and debriefing);
 - 2. ensure sufficient support and counseling are in place
(e.g., establishes and maintains a special drop-in counseling resource for those affected; supplements resources by calling for district level help);
 - 3. direct students, staff, and parents in need to appropriate resources (announces a central contact place, conducts outreach)
 - 4. coordinate resources and ensure they are maintained as long as needed (who, where)
 - 5. keep administration informed.

(cont.)

III. INDIVIDUAL'S CRISIS

(e.g., student confides threat to hurt self or others such as suicide, assault)

- A. Staff, student, or parent may refer such an emergency to any member of the Crisis Team.
- B. The Crisis Team member becomes the case manager for the problem until it is resolved or else arranges for someone else to case manage.
- C. Preset procedures can be followed to cover classes for teachers on the team and to send students back to class who may be having individual appointments with team members.
- D. The case manager is the primary intervener and arranges for appropriate action steps and for a back up crisis team member.
- E. The case manager interviews the student and anyone else involved to assess needs (e.g., degree of danger, resource needs on and off campus, need to contact parents, need to contact legal authorities)
- F. Case manager confers with back up team member to set in motion procedures to
 - 1. provide immediate on campus help
 - 2. call for additional support (e.g., from district, county)
 - 3. contact parents

Days/Weeks Following

Following the emergency, the Crisis Team meets to identify appropriate steps for the ensuing days/weeks (e.g., information, support, counseling for classes, groups, individuals)

- (1) Circulate accurate information to minimize destructive/disruptive rumors. An example of one procedure for doing this involves providing teachers with accurate information about the event and asking them to judiciously cover the matter with their students. They should be reminded to do this in a way that not only provides accurate information about the event, but clarifies that the feelings students are having are natural and reminds students of available resources should they have a particular concern. Provision should be made to back up teachers (e.g., those who feel their situation requires someone with specific skills). The same type of written notice for parents may also be indicated.
- (2) Circulate a handout to all school personnel regarding what they should watch for in the aftermath and what they can do if students appear especially upset.
- (3) Implement special support/counseling activities.

Debriefing and Planning for Prevention

At a later date, the Crisis Team meets for a debriefing session to evaluate how procedures worked, what revisions are needed, and to clarify preventive implications.

Crisis Aftermath Subteams

Although all crisis team members are involved in responding to emergencies, special expertise may be required in handling problems that arise in the days and weeks following an event. Thus, it may be worth establishing subteams or designating specific individuals to develop special expertise around the different types of aftermath problems. An aftermath subteam, then, is composed of one or more individuals who are prepared to focus on specific problems (e.g., suicide; violence and gang activity; earthquake, fire, and other natural disasters; rape).

Each subteam draws on the talents of such people as the nurse, school psychologist, counselors, peer counseling coordinators, dropout coordinators, administrators, and any others who have interest and talent related to such problems. To ensure that each subteam and the total team meet regularly for training and other preparedness activity, subteam leaders and a crisis aftermath team coordinator are needed.

It is important to keep in mind that the problems in dealing with the crisis itself are quite distinct from those arising immediately after the circumstances of the event itself are handled. At least, four different types of aftermath problems can be distinguished:

- Disaster reactions
- Grief reactions
- Fear of Violence reactions
- Suicide prevention

Subteams can prepare, implement, and monitor procedures for dealing with the psychosocial *aftermath* of crisis events that are likely to spread to a significant segment of students. Of particular concern are procedures for rumor control, dealing with contagion effects, and providing support for any students who have strong psychological reactions.

(Some persons on the aftermath team also will be on teams designed to deal with the prevention and actual occurrence of crisis events; nevertheless, it is important to distinguish the problems of dealing with the crisis itself from those that arise in the immediate aftermath.)

Maintaining Crisis Response Capability and School Awareness

Because of changes in staffing and in staff interests, crisis response procedures must be reviewed at the beginning of each school year and may need revitalization. It probably requires 2-3 dedicated staff to keep the process functioning well.

In this regard, a school nurse can play an important catalytic role. For example, at the beginning of a school year, s/he can help arrange an early meeting of crisis response personnel to

- review and improve crisis response procedures
- plan information dissemination to staff and students
- plan additional inservice training for crisis response.

Another aspect of maintaining crisis response capability arises from efforts to maintain staff and student awareness of crisis procedures. That is, if regular steps are taken to keep staff and students informed, this can result in continuous review and improvement procedures.

For multiple reasons, then, it is essential for someone to take responsibility for planning how to keep staff and students aware and updated on the school's crisis response procedures. This task might fall to a school administrator or to a crisis team member.

Examples of steps that might be taken are

1. Each class could be provided with an outline of "Emergency Procedures" and "Crisis Team information" to be posted on the wall.
2. At the beginning of each semester, updated information could be circulated to all school personnel explaining who can be contacted and the function of the Crisis Team.
3. At the beginning of the year and at midyear a presentation could be made at a faculty meeting.
4. As another reminder and update, monthly reports based on the minutes from crisis planning and debriefing meetings also might be reproduced and circulated to all school personnel.

Section II

Some Basic Concerns for Effectively Responding to Crisis in Schools

**Some Key Considerations in Establishing a System for
School-Based Crisis Response**

Major Facets of Crises Response

Responding to Crises: A Few General Principles

Crisis Response Checklist

Helping Children Cope With Violence and Disasters

Guide to Developing High-Quality School Emergency Plans

Planning for the Needs of Children in Disasters

Some Key Considerations in Establishing a System for School-Based Crisis Response

The following nine points provide answers to some basic concerns that arise during discussions of school-based crisis response.

(1) Scope of events

All schools require a clear set of emergency procedures for dealing with major, school-wide crises (e.g., earthquake, fire, snipers) when they occur and in the immediate aftermath.

Decisions have to be made about whether the scope of crisis response will include specified procedures for any of the following:

- crises that affect smaller segments of the student body
- crises experienced by individual students (e.g., drug overdose, suicide attempt)
- community events that produce strong reactions among students at school (e.g., earthquakes that occur during nonschool hours, a neighborhood shooting of a gang member who is student)
- planning responses (e.g., psychological support) for helping (treating/referring) traumatized students (staff?) in the days and weeks following an event
- preventive procedures

(2) Crisis criteria

When should an event be seen as requiring a crisis response?

With the exception of most major, school wide crises, crises tend to be in the eye of the beholder. Thus, some school personnel are quite liberal and others are quite conservative in labeling events as crises.

After deciding on the scope of events to be treated as crisis, the dilemma of the planners and ultimately of the decision makers is that of establishing a set of checks and balances to ensure potential crises are not ignored *and* that there is not an overreaction to events that should not be treated as crises. Given the inevitability of differences regarding how an event is perceived, efforts to formulate crisis criteria probably should focus on delineating an expedient *process* for deciding rather than the more difficult task of detailing what is and isn't a crisis.

For example, one school developed a process whereby each member of its crisis team was encouraged to take the initiative of contacting another team member whenever s/he felt an event might warrant a crisis response. If the contacted team member agreed that the event should be seen as a crisis, the rest of the crisis team were contacted immediately for a quick meeting and vote. If the majority concurred, the event was defined as a crisis and appropriate crisis responses were implemented.

(3) Who needs aftermath help?

Again, there will be inevitable differences in perception. It is clear, however, that plans must be in place to provide help and/or referral whenever staff, parents, or students themselves indicate that a student is experiencing significant emotional reactions to a crisis. Usually, all that is needed is a procedure for alerting everyone to the possibility of emotional reactions and who on the staff will be providing support and counseling and/or referrals.

Planners also may want to consider what types of general responses may be appropriate with regard to specific types of events. Should there be a "debriefing" meeting for the entire school? for specific subgroups?

And decisions will have to be made about whether there will be support/counseling/referrals for emotional reactions of school staff.

(4) Types of responses

Planning focuses on delineating, establishing, and maintaining procedures and equipment and assigning responsibilities for (1) communication, (2) direction and coordination, and (3) health and safety during each of the four phases specified in the accompanying Figure. It encompasses every major detail related to who, what, where, when, and how.

Other handouts in this section provide examples of the types of activities to be considered in such planning.

A special need arises with respect to handling the media. It has become increasingly evident that each school should identify and train a specific person to act as a spokesperson in order to minimize the ways media reports can exacerbate difficult situations.

(5) Providing for Language and Cultural Differences

The influx of immigrants has increased the necessity of identifying individuals who speak the language and are aware of relevant cultural considerations that may arise during a crisis response. If one is fortunate enough to have such individuals on the school staff (in professional or nonprofessional positions), then planning involves delineating their roles during the crisis, clarifying how they can be freed from other responsibilities, and how they can be trained to carry out their special roles. If such persons are not readily available, then planning also must address how to recruit such help. Possible sources include mature students, parents, staff from nearby community agencies, other community volunteers.

For **Scope of Crisis Events and Intervention Phases** see Figure 1.

(6) *Which School Staff Respond to Crises*

Obviously, there are some staff who because of their role are critical to the success of crisis response (e.g., school nurses, psychologists, specific administrators, office staff, plant manager). In addition, there are others who have relevant interests and special abilities (e.g., first aid and counseling skills). To provide a comprehensive and coordinated response, plans should focus on ways to establish, train, and maintain a Crisis Intervention Team consisting of a combination of both types of staff (i.e., role-relevant and interested individuals). In all likelihood, there will be considerable overlap between the Crisis Planning Committee and the Crisis Intervention Team. Plans also must be made to identify, train, and maintain a number of individuals who will play supplementary roles when there are major disasters such as fires, earthquakes, and large-scale violence on campus (e.g., all school personnel, designated students, parent liaisons).

(7) *Other District and Community Resources*

Some crises require mobilization of off-campus resources. Planning involves identifying available resources and clarifying steps by which they will be mobilized when needed.

(8) *Crisis Debriefing*

At an appropriate time after a crisis response, an analysis of the quality of the response should be made to identify the need for improved procedures and additional training. For this to occur, a planning committee must designate who will organize the debriefing and who will be responsible for following through with developing improved procedures and organizing training sessions.

(9) *Inservice Training*

In addition to training needs that emerge from debriefing analyses, plans should be made for ongoing staff development based on requests from staff involved in crisis planning and intervention.

Major Facets of Crises Response

During the emergency

- communication (e.g., sounding the alarm if necessary; clarifying additional steps and providing information about the event, location of first aid stations if needed, etc.; rumor control; dealing with the media; keeping track of students and staff; responding to parents; interfacing with rest of the district and community)
- direction and coordination (e.g., running an emergency operations center; monitoring problems; problem solving)
- health and safety (e.g., mitigating hazards to protect students and staff; providing them with medical and psychological first aid; providing for search and rescue, security, evacuation)

Immediate aftermath

- communication (e.g., clarifying causes and impact and debunking rumors; providing information about available resources for medical and psychological help)
- direction and coordination (e.g., determining need to maintain emergency operations center; continuing to monitor problems and problem solve)
- health and safety (e.g., continuing with activities initiated during the event)

Days/weeks following

- communication (e.g., providing closure to students, staff, parents, district, community)
- direction and coordination (e.g., continuing to monitor problems and problem solve)
- health and safety (e.g., providing for those in need of longer-term treatment either through provision of direct services or referral; case management)

Prevention

- communication (e.g., holding debriefing meetings to clarify deficiencies in response to the crisis)
- direction and coordination (e.g., using debriefing analyses to plan ways to prevent, if feasible, similar events from occurring, to minimize the impact of unavoidable events, to improve crisis response procedures, to enhance resources)
- health and safety (e.g., providing education for students, staff, parents)

Responding to Crises: A Few General Principles

Immediate Response -- Focused on Restoring Equilibrium

In responding:

- Be calm, direct, informative, authoritative, nurturing, and problem-solving oriented.
- Counter denial, by encouraging students to deal with facts of the event; give accurate information and explanations of what happened and what to expect -- never give unrealistic or false assurances.
- Talk with students about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defenses that interfere with restoring equilibrium.
- Convey a sense hope and positive expectation -- that while crises change things, there are ways to deal with the impact.

Move the Student from Victim to Actor

- Plan with the student promising, realistic, and appropriate actions they will pursue when they leave you.
- Build on coping strategies the student has displayed.
- If feasible, involve the student in assisting with efforts to restore equilibrium.

Connect the Student with Immediate Social Support

- Peer buddies, other staff, family -- to provide immediate support, guidance, and other forms of immediate assistance.

Take Care of the Caretakers

- Be certain that support systems are in place for staff in general
- Be certain that support (debriefing) systems are in place for all crisis response personnel.

Provide for Aftermath Interventions

- Be certain that individuals needing follow-up assistance receive it.

Crisis Response Checklist

In the midst of a crisis, it is hard to remember all the specific steps and preparatory plans that have been discussed. Each site and each person responsible for crisis response needs to have a checklist that provides a ready and visible reference guide for use during a crisis. Such a checklist is also an important training tool. The following is an outline of what such a checklist might cover.

I. Immediate Response

Check to be certain that

___ appropriate 'alarms' have been sounded

___ all persons with a crisis role are mobilized and informed as to who is coordinating the response and where the coordination/emergency operation center and medical and psychological first aid centers are located

This may include coordinators for

___ overall crisis response

___ first aid (medical, psychological)

___ media

___ communications

___ crowd management

___ transportation

___ phone trees are activated

___ team leader and others clarify whether additional resources should be called in (from the District or community -- such as additional medical and psychological assistance, police, fire)

___ all assignments are being carried out (including provisions for classroom coverage for crisis response team members and for any instances of a staff death)

___ corrective steps are being taken when the response is inadequate

___ all communication needs are addressed by implementing planned means for information sharing and rumor control (e.g. Public Address announcements, circulation of written statements, presentations to staff/students/ parents in classes or in special assemblies);

This includes communications with

___ staff

___ students

___ crisis team

___ media

___ home

___ district offices and other schools

___ community

___ fire, police

- _____ plans for locating individuals are implemented (e.g., message center, sign-in and sign-out lists for staff and students)
- _____ specific intervention and referral activity are implemented (e.g., triage, first-aid, search, rescue, security, evacuation, counseling, distribution of information about resources and referral processes -- including teentalk and suicide prevention lines and interviews to assess need for individual counseling)
- _____ support and time out breaks for crisis workers are implemented
- _____ informal debriefings of crisis workers are done to assess how things are going and what will be required in the way of follow-up activity.

II. Follow-up Activity

In the **aftermath**, check to be certain that

- _____ continuing communication needs are addressed (clarifying causes and impact; debunking rumors, updating facts, providing closure; updating information on available resources)
- _____ if relevant, family contacts are made to learn funeral and memorial service arrangements, and to determine if there is additional assistance the school can provide (School-related memorial services for gang members, suicides, etc. are controversial; clear policies should be established in discussing crisis response plans.)
- _____ crisis-related problems continue to be monitored and dealt with (including case management of referrals and extended treatment)
- _____ facets of crisis response that are no longer needed are brought to an appropriate conclusion
- _____ debriefing meetings are held (to appreciate all who helped, clarify deficiencies in crisis response, and make revisions for the next time)
- _____ crisis response plans are revised and resources enhanced for dealing with the next crisis
- _____ additional training is planned and implemented
- _____ appropriate prevention planning is incorporated (e.g., at least to minimize the impact of such events)

School Crisis Guide

Help and healing in a time of crisis

from the National Education Association (NEA) and the National Education Association Health Information Network (NEA HIN)

<http://www.neahin.org/crisisguide/index.html>

Before A Crisis <i>Prepare for Emergencies</i>	During a Crisis <i>Respond competently as crisis unfolds</i>	After a Crisis <i>Help students and staff recover</i>
<ul style="list-style-type: none"> • Creating a plan <ul style="list-style-type: none"> - District - School - Who's at the table? - How laws impact the plan - Crisis response teams - Types of crises - Prevention programs - Communications & media relations - Training - Plans for recovery • Have a plan? <ul style="list-style-type: none"> - Evaluating the plan - Updating the plan - Re-evaluating the plan 	<ul style="list-style-type: none"> • Day one - first hour • Day one - first 12 hours • Day one - evening • Day two • First week • Back to school 	<ul style="list-style-type: none"> • Long-term mental health needs • Handling donations • Managing long-term reminders • Long-term communications and media strategies • Evaluating your response • Revisiting your plan

Example of One District's Crisis Checklist

I. ASSESSMENT

- ___A. Identify problem and determine degree of impact on school.
- ___B. Take steps to secure the safety and security of the site as needed.
(see Emergency Disasters Procedures Manual, Sept. 1994)
- ___C. Make incident report to district administrator.
- ___D. Determine if additional support is needed.
 - ___1. Call school police and/or city police
 - ___2. Call Cluster Crisis Team
 - ___3. Call other district crisis personnel
- ___E. Alter daily/weekly schedule as needed.

II. INTERVENTION: COMMUNICATION

- ___A. Set up a Command Center
- ___B. Establish Sign-In Procedures at ALL campus entry sites*
- ___C. Administrator/designee/crisis manager should:
 - ___1. Review facts/determine what information should be shared
 - ___2. Consider police investigation parameters
 - ___3. Notify family with sensitivity and dispatch. (Consider a personal contact with family.)
- ___D. Develop and disseminate bilingual FACT SHEET (written bulletin)
 - ___1. Faculty
 - ___2. Students
 - ___3. Parents/Community
- ___E. Begin media interactions.
 - ___1. Identify a media spokesperson (Office of Communications may be utilized)
 - ___2. Designate a location for media representatives.*
- ___F. Contact neighboring schools
- ___G. Contact schools of affected students siblings.
- ___H. Other communication activities
 - ___1. Classroom presentations/discussions
 - ___2. Parent/community meetings
 - ___3. School staff meeting
- ___I. Provide for RUMOR CONTROL
 - ___1. Keep a TV set or radio tuned to a news station
 - ___2. Verify ALL facts heard
 - ___3. Update Fact Sheet as needed
 - ___4. Utilize student leaders:
 - a) As sources knowledgeable of rumors among students
 - b) As peer leaders to convey factual information
 - c) As runners (written bulletins should be sealed when necessary)

III. INTERVENTION: FIRST AID AND EMERGENCY RELEASE PLAN

- ___A. Initiate First Aid Team procedures
- ___B. Designate Emergency Health Office location*
- ___C. Initiate Emergency Release Plan procedures
- ___D. Designate student check-out location*

IV. INTERVENTION: PSYCHOLOGICAL FIRST AID/COUNSELING

- ___A. Logistics: Designate rooms/locations/areas**
 - ___1. Individual counseling -- Location: _____**
 - ___2. Group counseling -- Location: _____**
 - ___3. Parents -- Location: _____**
 - ___4. Staff (certificated and classified) -- Location: _____**
 - ___5. Sign-In for Support Services -- Location: _____
- ___B. Initiate the referral process, including procedures for self-referral.
 - ___1. Identify a crisis team member to staff all locations.**
 - ___2. Provide bilingual services as needed.
 - ___3. Distribute appropriate forms for student counseling referrals to staff.
 - ___4. Disseminate student referral information to teachers and other staff.
- ___C. Identify and contact high risk students.
- ___D. Identify and contact other affected students, staff, and personnel.
- ___E. Initiate appropriate interventions:
 - Individual counseling
 - Group counseling
 - Parent/community meetings
 - Staff meetings (ALL staff)
 - Classroom activities, presentations
 - Referrals to community agencies

IV. INTERVENTION: DISSEMINATE APPROPRIATE HANDOUTS TO STAFF/PARENTS

V. INTERVENTION: DEBRIEFING

- ___A. Daily and mandatory
- ___B. Crisis intervention activities
 - ___1. Review the actions of the day
 - ___2. Identify weaknesses and strengths of crisis interventions
 - ___3. Review status of referred students
 - ___4. Prioritize needs/personnel needed the next day
 - ___5. Plan follow-up actions
- ___C. Allow time for emotional debriefing

* Logistics/room designations/space allocations

** Support personnel needed for these locations

Developed by the Los Angeles Unified School District

Helping Children and Adolescents Cope with Violence and Disasters What Parents Can Do

<http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents-trifold/index.shtml>

Introduction

Each year, children experience violence and disaster and face other traumas. Young people are injured, they see others harmed by violence, they suffer sexual abuse, and they lose loved ones or witness other tragic and shocking events. Parents and caregivers can help children overcome these experiences and start the process of recovery.

What is trauma?

“Trauma” is often thought of as physical injuries. Psychological trauma is an emotionally painful, shocking, stressful, and sometimes life-threatening experience. It may or may not involve physical injuries, and can result from witnessing distressing events. Examples include a natural disaster, physical or sexual abuse, and terrorism.

Disasters such as hurricanes, earthquakes, and floods can claim lives, destroy homes or whole communities, and cause serious physical and psychological injuries. Trauma can also be caused by acts of violence. The September 11, 2001 terrorist attack is one example. Mass shootings in schools or communities and physical or sexual assault are other examples. Traumatic events threaten our sense of safety.

Reactions (responses) to trauma can be immediate or delayed. Reactions to trauma differ in severity and cover a wide range of behaviors and responses. Children with existing mental health problems, past traumatic experiences, and/or limited family and social supports may be more reactive to trauma. Frequently experienced responses among children after trauma are loss of trust and a fear of the event happening again.

It’s important to remember:

Children’s reactions to trauma are strongly influenced by adults’ responses to trauma.
People from different cultures may have their own ways of reacting to trauma.

For more, go to

<http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents-trifold/index.shtml>

GUIDE FOR DEVELOPING HIGH- QUALITY SCHOOL EMERGENCY OPERATIONS PLANS: AT A GLANCE

<http://rems.ed.gov/K12GuideForDevelHQSchool.aspx>



Related Resources

Each school day, our nation's schools are entrusted to provide a safe and healthy learning environment for approximately 55 million elementary and secondary school students in public and nonpublic schools. Families and communities expect schools to keep their children and youths safe from threats (human-caused emergencies such as crime and violence) and hazards (natural disasters, disease outbreaks, and accidents). In collaboration with their local government and community partners, schools can take steps to plan for these potential emergencies through the creation of a school emergency operations plan (school EOP).

On June 18, 2013, the White House released guides for developing high-quality emergency operations plans for schools and institutions of higher education (IHEs). These guides align and build upon years of emergency planning work by the Federal government and are the first joint product of DHS, DOJ, ED and HHS on this critical topic. The guides are customized to each type of community, incorporate lessons learned from recent incidents, and respond to the needs and concerns voiced by stakeholders following the recent shootings in Newtown and Oak Creek and the recent tornadoes in Oklahoma. Schools and IHEs can use them to create new plans as well as to revise and update existing plans and align their emergency planning practices with those at the national, state, and local levels.

We recommend that planning teams responsible for developing and revising school EOPs use the information presented here to guide their efforts. It is recommended that districts and individual schools compare existing plans and processes against the content and processes outlined in this *School Guide*.

To gain the most from it, users should read through all of this content prior to initiating their planning efforts, and then refer back to it throughout the planning process. The content of the guide is organized into five main sections here, broken out into easy-to-read parts.

- The [principles](#) of school emergency management planning.
- A [process](#) for developing, implementing, and continually refining a school EOP with community partners (e.g., first responders and emergency management personnel) at the school building level.
- A discussion of the [form, function, and content](#) of school EOPs.
- Additional information on the critical [operational functions](#) and courses of action developed to carry them out that schools should address in developing a comprehensive, high-quality school EOP.
- Additional information on the courses of action unique to particular [threats and hazards](#).



IS-366.A: *Planning for the Needs of Children in Disasters*

<http://www.training.fema.gov/is/courseoverview.aspx?code=IS-366.a>

Course Overview

The purpose of this course is to provide guidance for Emergency Managers and implementers of children's programs about meeting the unique needs that arise among children as a result of a disaster or emergency.

The course includes the following lessons:

- Lesson 1: Course Overview
- Lesson 2: Unique Needs of Children in Disasters
- Lesson 3: Critical Components of a Child's World
- Lesson 4: Mitigation
- Lesson 5: Preparedness
- Lesson 6: Response
- Lesson 7: Recovery
- Resources Toolkit (downloadable PDF file)

Much of the information in this course is based upon a document titled "The Unique Needs of Children in Emergencies: A Guide for the Inclusion of Children in Emergency Operations Plans," published by Save the Children.

Course Objectives:

At the conclusion of this course, you should be able to create, update, or revise an Emergency Operations Plan for your community or organization to effectively address the unique needs of children in disasters.

Primary Audience

The target audience for this course is local and state emergency managers and planners. Other individuals or groups that may benefit from taking this course include those directly involved with meeting the needs of children, such as the following:

- Judges and other members of the State, county, and local governmental legal system
- Voluntary Organizations Active in Disasters (VOADs), faith-based organizations, and other non-profits
- Child service agencies
- Child care providers
- Schools

Prerequisites

None

CEUs:

0.4

Course Length:

4 hours



Emergency Management Institute
16825 S. Seton Ave., Emmitsburg, MD
21727
Switchboard: (301) 447-1000
Admissions Fax: (301) 447-1658



DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES
(800) 621-FEMA / TTY (800) 462-7585
[3 Step Guide for Assistance](#)



Section III

A Few Strategic Guides for Responding to Crisis

Resources for Parents and Caregivers

Psychological First Aid for Schools

A Crisis Screening Interview

Informing the Student and Staff

Sample Letter to Send Home

Facilitating Class Discussion

Schools Helping Students Deal with Loss

Dealing With The Media

Policy Considerations

Resources for Parents and Caregivers

Training and Implementation

Get Help Now

What's New

Audiences

Topics

Online Research

Public Awareness

Sustainability

Policy Issues

Welcome

Understanding Trauma

Parents Can Help

Trauma Treatment

Resources

Parents want to protect their children from scary, dangerous, or violent events, but it is not always possible for them to protect their children from danger. After one or more traumatic events, many children do not just forget and move on. Those who develop reactions that continue and affect their daily lives—even after the traumatic events have ended—suffer from child traumatic stress.

Child traumatic stress happens when children experience traumatic events or situations that upset and overwhelm their ability to cope. When signs and symptoms interfere with daily life, a child is experiencing traumatic stress.

Not all children who experience a traumatic event will develop symptoms of child traumatic stress. Children's reactions can vary depending on their age, developmental level, trauma history, and other factors.

What makes it likely that my child will develop child traumatic stress after a traumatic event?

Risk factors for developing child traumatic stress include:

Severity of the Event

How serious was the event? How badly were your children or someone they love physically hurt? Did they or someone they love need to go to the hospital? Were the police involved? Were your children separated from their caregivers? Were they interviewed by a principal, police officer, or counselor? Did a friend or family member die?

Amount of Destruction Seen/Distance from Trauma Event

Were your children actually at the place where the event occurred? Did they see the event happen to someone else or were they a victim? Did your child watch the event on television? Did they hear a loved one talk about what happened?

Caregivers Reactions

Did you believe that your child was telling the truth? Did you take your child's reactions seriously? Did you respond to your child's needs? Did you do your best to protect your child and make him or her feel safe? How did you cope with the event?

Exposure to More than One Traumatic Event in the Past

In general, children exposed to one traumatic event are less likely to develop traumatic stress reactions. Children continually exposed to traumatic events are more likely to develop traumatic stress reactions.

Children, Family and Community

The culture, race, and ethnicity of children, their families, and their communities can be a protective factor, meaning that children and families have qualities and/or resources that help lessen or eliminate risk and protect them against long-term harm. One of these protective factors can be the child's cultural identity. Culture often has a positive impact on how children, their families, and their communities respond, recover, and heal from a traumatic experience. However, culture also can increase a child's risk for traumatic stress symptoms. To learn more and access resources on families and trauma, [click here](#).

Signs of Traumatic Stress

What are the signs that a child may be experiencing child traumatic stress?

The signs of traumatic stress are different in each child. And young children react differently than older children.

<http://www.nctsn.org/resources/audiences/parents-caregivers>



What is a trauma reminder?

At times, children may feel anxious, nervous, or scared when they encounter places, people, sights, sounds, smells, and feelings that remind them of past traumatic experiences, even years afterwards. These trauma reminders can bring on distressing mental images, thoughts, and emotional/physical reactions. Common reminders (also called triggers) include: sudden loud noises, destroyed buildings, the smell of fire, ambulance or police sirens, locations where they experienced the trauma, encountering people with disabilities, funerals, anniversaries of the trauma, and television or radio news about the event. Your child may not be consciously aware of these reminders, but it is important for you and others to anticipate reminders and to help the child recognize and learn how to cope with them. As parents/caregivers you can let your child know how much you would like to help them whenever they are reminded of their experiences or losses. It is helpful to be open about how you yourself are also still affected by reminders. As a family, you can then offer each other emotional support through physical comfort, understanding, and reassurance.

Resource Parents and Child Traumatic Stress

Many children who are or who have been in the foster care system have lived through traumatic experiences. Understanding how trauma affects your foster or adoptive children can help you make sense of your child's sometimes baffling feelings, attitudes, and behaviors. Understanding why your child behaves the way he or she does will better prepare you to help him or her cope with the effects of trauma. [Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents \(RPC\)](#) is a PowerPoint-based training curriculum designed to be taught by a mental health professional and a resource parent as co-facilitators. It gives resource parents practical tools to help their children move forward from their traumatic pasts, to recognize and reduce the impact of their children's traumas on themselves, and to seek useful support from others. To learn more and access resources on families and trauma, [click here](#).

Additional Information and Resources

For more information on child traumatic stress, please visit our trauma definition pages and resources:

PSYCHOLOGICAL FIRST AID FOR SCHOOLS

<http://rems.ed.gov/K12PFAS.aspx>



Related Resources

Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model to assist students, staff, and families in the immediate aftermath of an emergency and can be used by any trained staff member or community partner. Trauma-related distress can have a long-term impact. PFA-S uses brief interventions to produce positive results that last. PFA-S is designed to reduce the initial distress caused by emergencies, allows for the expression of difficult feelings and assists students in developing coping strategies and constructive actions to deal with fear and anxiety. A growing body of research shows that there are brief, effective interventions that have a long-lasting positive influence on trauma-related distress.

PFA-S is intended for students, school personnel, and families who have been exposed to a disaster or other emergency. Whether an emergency occurs on school grounds or in the community at large, schools serve as a central location for professionals to assist children, families, school personnel, and school partners.

PFA-S is most effective immediately following or even during an incident. In some circumstances, assuming the safety of students and staff has been ensured,

PFA-S can be initiated while an incident is still occurring, such as in shelter-in-place or lockdown situations.

Students and staff may experience a broad range of reactions (e.g., physical, cognitive, psychological, behavioral, spiritual) to an emergency. Some of these reactions can cause distress that interferes with adaptive coping. Support from informed, compassionate, and caring professionals can help students and staff members recover from these reactions. PFA-S has the potential to decrease the likelihood of mental health problems or long-term difficulties by identifying individuals who may need additional services and linking them to such services as needed. ⁹

PFA-S assists students, staff, and families by

- Establishing a positive connection in a non-intrusive, compassionate manner;
- Enhancing immediate and ongoing safety and providing physical and emotional comfort;
- Calming and orienting those who are emotionally overwhelmed or distraught;
- Helping to identify their immediate needs and concerns and offering practical assistance and information to help address these needs and concerns;
- Empowering individuals to take an active role in their recovery, by acknowledging their coping efforts and strengths, and supporting adaptive coping; and,
- When appropriate, linking those in need to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations.

Training School Staff

Because PFA-S is not psychotherapy, an extended “treatment,” or a stand-alone mental health intervention, any trained staff member, regardless of whether he or she has had formal mental health training, can deliver aspects of PFA-S and can contribute to the school recovery by functioning within the PFA framework. Schools can find training resources including the PFA-S Field Operations Guide, at <http://www.nctsn.org/content/schools>. Similarly, trained members of community emergency response agencies and mental health professionals may provide PFA-S. During and after an emergency, teachers and other staff are a critical link in promoting resilience, in recognizing the signs of traumatic stress, and in helping students and their families regain a sense of normalcy.

⁹ Melissa Brymer, Matt Taylor, Pia Escudero, Anne Jacobs, Mindy Kronenberg, Robert Macy, Lou Ann Mock, Linda Payne, Robert Pynoos, and Juliet Vogel, *Psychological First Aid For Schools: Field Operations Guide, 2nd Edition*. Los Angeles: National Child Traumatic Stress Network, 2012.

A Crisis Screening Interview

Interviewer _____

Date _____

Note identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current class _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

In answering, please provide as much details as you can. At times, I will ask you to tell me a bit more about your thoughts and feelings.

1. Where were you when the event occurred? (Directly at the site? nearby? out of the area?)

2. What did you see or hear about what happened?

3. How are you feeling now?

4. How well do you know those who were involved?

5. Has anything like this happened to you or any of your family before?

6. How do you think this will affect you in the days to come? (How will your life be different now?)

7. How do you think this will affect your family in the days to come?

8. What bothers you the most about what happened?

9. Do you think anyone could have done something to prevent it? Yes No
 Who?

10. Thinking back on what happened,	not at all	a little	more than	very a little
how angry do you feel about it?	1	2	3	4
how sad do you feel about it?	1	2	3	4
how guilty do you feel about it?	1	2	3	4
how scared do you feel?	1	2	3	4

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Yes No
Who?

15. Is this a matter of getting even or seeking revenge? Yes No
Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what happened?

Yes No Who? How soon?

Is this something we should talk about now? Yes No What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today?
If you are uncertain, let's talk about what you should do?

Informing the Students and Staff

Many administrators prefer not to make a P.A. announcement when there has been a crisis event that affects the school. There is no hard and fast rule here. In part, it depends on the situation (such as how much there is a need for immediate communication), and in part it depends on the ability of the administrator to use the P.A. in an effective manner.

Thus, the most common means of communication is a note to teachers and school staff members. Such communications should be made as quickly as feasible and should be done in a clear and open manner (providing all known information). In turn, teachers and staff are directed to inform students, doing so with concern and caring so as to calm and clarify. If feasible, students should be informed in small-group settings where questions can be answered, rumors clarified, and concerns addressed.

The following is a sample of a statement used to provide staff and students with relevant information about the death of a student.

We regret to inform you of the death of (name). S/he died on (date) as a result of

At times such as these, it is important for everyone to be informed and to have some time to express thoughts and feelings. Part of first period will be used for such sharing.

In addition, we encourage anyone who is very upset to come to room () where staff members will be available throughout today to help. Staff members will also be available upon request over the next two days should anyone want further assistance. Such assistance can be obtained by (explain process).

As soon as the information is available, we will circulate a notice about funeral arrangements and provisions for attending if the funeral is during school hours.

Sample Letter to Send Home

Dear Family Members:

We regret to inform about an unfortunate event affecting our school. Yesterday, (brief factual statement about event). An investigation is underway, and until it is complete we will not have all the details about this tragedy.

The school's crisis team has begun meeting with students and staff. We anticipate some may need continuing support for a while to help them deal with the emotional upset that such an event produces. In this regard, enclosed are some materials that you may find helpful in talking about the matter at home.

If you have any questions or concerns you think we can help address, please feel free to call the school (number) and ask for any of the following staff: _____.

The following community agencies also are ready to help anyone who is feeling overwhelmed by their emotions.

(local) Community Mental Health Center (phone)
Family Services (phone)
etc.

We know that events such as this are stressful. We are taking every step we can to be responsive to the needs of our students and their families.

Sincerely,

Principal

Facilitating Class Discussion

In general, informing and discussing a traumatic event with students is best done in small-groups where questions can be answered, rumors clarified, and concerns addressed. Some students may choose not to enter into discussion, and some may even express a desire to be excused. Don't force the situation; honor the student's wishes.

Students often start off by saying such things as

I feel terrible.

S/he was my friend.

Why did it have to happen?

I'm really mad that it happened.

We knew he was upset; we should have done something.

Things like this don't make sense.

It could happen to me.

It's just one of those things.

I can't believe it.

If it weren't for (name of someone), it wouldn't have happened.

You can often help keep students more fully express their thoughts and feelings by paraphrasing what they have just said. Try not to make intrusive comments. At the same time, move the discussion away from any attempts to glamorize or romanticize the event.

After they have been able to express themselves, you need to let them know that what they are thinking and feeling is very natural under the circumstances and that, for some of them, it may take a while before such thoughts and feelings are worked through.

Be sure to tell them that who is available to students if they or a friend are very upset. Watch for any student who appears very upset and follow predetermined procedures for connecting that student with someone who is ready to provide psychological first aid.

Schools Helping Students Deal with Loss

<http://smhp.psych.ucla.edu/pdfdocs/loss.pdf>

In the aftermath of a Natural Disaster, while schools will need to plan to address the suffering and loss of many, we will also be awed by many demonstrations of strength and resilience. And, in planning ways to help folks cope, we will want to build on strengths.

Moreover, it is important to remember the following points (adapted from the Center for Disease Control and Prevention):

- No one who experiences an event leading to significant loss is untouched by it.
- Most people involved will pull together and function, but their effectiveness is diminished.
 - Loss and grief reactions are “normal responses to an abnormal situation.”
 - Those experiencing loss respond to active, genuine interest and concern.
- Initial disaster mental health assistance is often more practical than psychological in nature (listening, encouraging, reassuring, comforting).

And, as the American Psychological Association stresses, all responses should focus on fostering resiliency (see Exhibit 1). As the association also notes:

“The act of providing help to others during difficult times may be beneficial to the provider as well as the recipient). It is empowering for children and adolescents to help others.”

Exhibit 1. Fostering Resiliency*

The following are excerpts adapted from a series of fact sheets available online at:
<http://www.apa.org/psychologists/pdfs/children.pdf>

What Can Schools Do To Build Resilience in Children and Adolescents?

Schools provide an excellent environment in which to teach and enhance skills for building resilience. As children are used to learning in a classroom environment, school groups are a natural extension when setting up exercises for building resilience. Some ideas for building resilience in the school setting include the following:

- *Identify supportive adults in children's lives.* These often include family members and teachers, but may also be expanded to include scout leaders, coaches, religious leaders, and first responders to whom children can turn in the event of an emergency. Help children of all ages generate a list of potential people to whom they can turn in the event of a terrorist attack.
- *Create positive connections by developing classroom projects* that increase the opportunities for teamwork and respect. These can provide children with a sense of belonging and contributing to something beyond themselves. Ideas can include artwork for the school buildings around themes of helping, respect, and diversity.
- *Enhance positive attitudes by developing coping strategies* such as positive self-statements. The idea of mastery and control over an event is another important ingredient for resilience. Positive thinking can be used before taking tests, giving presentations, etc. The skills need to be practiced during day-to-day activities, not only when a traumatic event occurs.
- *Teach children to relax in the face of difficulties* by mastering simple relaxation techniques such as deep breathing, muscle relaxation, or using imagery. These can be practiced prior to test-taking, sporting events, recitals, presentations, etc.
- *Help children set realistic goals* by thinking in terms of baby steps. Help children understand that problems do not need to be managed all at once, but can be solved by attacking them one piece at a time. Children can begin to think of problems as a pie and to develop solutions for each piece of the pie; soon the entire pie is consumed by solutions.
- *Help children identify positive coping strategies* that can be used in the face of adversity. These may take many forms and can be used at different times. In general, active coping strategies (i.e., doing something positive to help--such as writing cards or letters, collecting money or volunteering, making positive self-statements, exercising, eating well, keeping a journal, getting together with friends or family) are associated with better outcomes than avoidant or passive coping (i.e., withdrawal, self-blame, denial).
- *Increase children's sense of mastery and control over events.*

*Resilience has been described as a phenomenon whereby individuals show positive adaptation in spite of significant life adversities (Luthar, Cicchetti, & Becker, 2000). It is the process and outcome of successfully adapting to difficult or challenging life experiences, especially highly stressful or traumatic events (O'Leary, 1998; O'Leary & Ickovics, 1995; Rutter, 1987). Resilience is an interactive product of beliefs, attitudes, approaches, behaviors, and, perhaps, physiology, that help children and adolescents fare better during adversity and recover more quickly following it. Resilient children bend rather than break during stressful conditions, and they return to their previous level of psychological and social functioning following misfortune. Being resilient does not mean that one does not experience difficulty or distress or that life's major hardships are not difficult and upsetting. Rather, it means that these events, although difficult and upsetting, are ultimately surmountable.

Exhibit 2. About Facilitating and Fostering Social Ties and Resources

People seek out others for solace and support during difficult times. Identifying and utilizing these resources are important for resiliency. Social support is critical to managing stress. Caring and supportive relationships can provide emotional support that may buffer the impact of acutely stressful situations or crises and allow for expression of difficult emotions. Supportive social networks also can provide assistance and information relevant to managing traumatic stressors. For children and adolescents, parents and close friends represent primary sources of support. Research supports the importance of (a) support from parents and family members, (b) support from classmates and close friends, and (c) reaffirming ties to such institutions as social and religious groups.

What Works

Parents, teachers, and other caring adults can help children and adolescents cope with stressful events and build resilience in several ways.

- *Provide children and adolescents with opportunities to share and discuss their feelings and concerns.* This enables parents and other caring adults to correct any misinformation or misperceptions and to provide reassurance about safety.
- *Encourage children and adolescents to resume normal roles and routines or develop new routines.* Youngsters feel safe and secure when their activities are predictable and not always focused on the negative events.
- *Maintain social connections.* Youngsters' friendships and social activities are important for normalizing children's and adolescents' lives and promoting good adjustment.
- *Reduce or minimize children's and adolescents' exposure to upsetting images.* For example, after a disaster eliminate viewing without an adult present, restrict media viewing, discuss news shows and other programming with children, and actively encourage alternative activities (e.g., reading, athletic activities, games with friends).
- *Encourage children and teens to stay healthy and fit* by eating well and getting regular exercise and proper sleep. Maintaining good health is important for coping with stress.
- *Encourage children and adolescents to use positive strategies for coping* with stressors that ensue. Parents and caring adults may also model positive coping for children.

What Doesn't Work

- *Avoiding discussions of distressing events.* Parents and other caring adults may think that children are not bothered by events or that discussions of events will be upsetting to them; however, this may lead to missed opportunities for sharing and support.
- *Pressuring children to talk.* Create a positive, receptive atmosphere for discussions, and let children bring issues up as they choose. Occasional direct questions about how a child is doing will communicate to the child that the parent or adult is interested.

Note: The Fostering Resilience series is a product of the APA Task Force on Resilience in Response to Terrorism. Each fact sheet is designed as a resource for psychologists working to promote resilience among a variety of target populations. See original facts sheets for references to the research base for the above and for citations.

The American Psychological Association encourages psychologists to refer clients and members of the public to the APA Practice Directorate's online Help Center (www.APAHelpCenter.org) and such resources as The Road to Resilience (www.APAHelpCenter.org/resilience).

This set of guidance notes focuses on assisting the many students, school staff, administrators, and families who will have experienced a variety of losses – some of which are so significant as to lead to grief reactions (see Exhibit 3).

Grief reactions to loss have been well described (for example, see the packet developed by the Center entitled: *Responding to Crisis at a School* – <http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>)

Exhibit 3: Stages of Grieving

Grieving disrupts a student's normal functioning. But it need not be a long lasting problem and "working" through grief can help restore emotional health. Although the stages of grief may not occur in order, they have been described as follows:

- *Shock* -- usually the first reaction -- often experienced as numbness or physical pain and associated with withdrawal.
- *Denial* -- acting as if no loss has occurred
- *Depression* -- feeling pain, despair, emptiness -- may not be accompanied by some emotional release such as crying (if the person can cry, it helps release stress)
- *Guilt* -- self-blame for not having expressed more caring or belief the loss was his/her fault
- *Anxiety* -- panic reactions as reality sets in
- *Aggression* -- toward those who might have prevented the loss and sometimes toward the lost object (may have trouble acknowledging anger toward the object of loss, but if such anger can be expressed it can help with recovery)
- *Reintegration* -- loss is accepted (although there may be periods of relapse).

School Planning and Action to Address Problems of Loss When Many are Affected

Schools need to ensure the system is prepared to handle the problems:

- (1) Plan for building capacity to act effectively in addressing students, school staff, administrators, and families who have experienced loss. In doing so, take advantage of the strengths of all stakeholders, including those in the community.
- (2) Take steps to enhance a supportive environment school-wide and in classrooms.
- (3) Reduce existing stressors on everyone who is affected.
- (4) Address the problems of the many through broad-band “natural” opportunities at school (see Exhibit 2) and general strategies designed to strengthen existing family and peer supports.
- (5) Identify and respond to individuals through mobilizing specific families and friends.
- (6) As necessary, refer individuals for specific assistance. In such instances, schools need to have
 - (a) enhanced the capacity of their support staff with respect to providing psychological first aid and counseling
 - (b) established effective links to appropriate community resources
 - (c) established effective referral, triage, care management, and follow-up systems.

(See Center resource packet:

School-Based Client Consultation, Referral, and Management of Care –

<http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf>)

- (7) Be prepared to help bereaved students when they return to school.
- (8) Ensure that there is ongoing vigilance to identify delayed reactions in the coming months.

Exhibit 4 highlights some specific points that have been suggested for helping students deal with loss.

Exhibit 5 highlights some specific points that have been suggested for helping bereaved students return to school.

***And, don't forget to provide for diversity (e.g., language, cultural differences, disabilities).

(See Center packet:

Cultural Concerns in Addressing Barriers to Learning

<http://smhp.psych.ucla.edu/pdfdocs/cultural/culture.pdf>)

Exhibit 4: Helping Students Deal with Loss

As in all loss situations, grieving students need to experience school as a safe place to think about and express their loss. To this end, school staff need to be prepared to

- (1) Recognize the loss and encourage students to talk about what happened and how they are feeling. ("Tell me what happened." "I'm so sorry")
- (2) Tell them as a group what happened and respond emotionally. Directly relate the facts and let them know how you feel.
- (3) Allow students to express their reactions and be prepared to validate the variety of emotions that will emerge in relation to each stage of grieving. Offer time for students to share their feelings and facilitate the exploration. When working with groups, validate the feelings expressed -- even if they seem harsh. (Students will express anger, fear, guilt, and so forth. Sometimes, they will even indicate relief that what happened to someone else didn't happen to them. Others may find it hard to express anything.) Responses should be warm and understanding.
- (4) Be prepared to answer questions directly and sensitively. Relate the facts of an event to the degree that you can. In discussing death, recognize its finality -- don't compare it with sleeping (that can lead to sleep problems for students).
- (5) In the situation where a student is returning to school after experiencing severe loss, be sure that classmates have been prepared with respect to what to say and how to act. It is critical that they welcome the student and not shy away ("Glad you're here." "When you feel like it, let's talk about it.").
- (6) Don't forget to take care of yourself -- especially if the loss is one for you too.

Exhibit 5: Helping Bereaved Students Return to School

Students experiencing loss sometimes don't want to go to school anymore. There are many reasons for this. Crisis response plans should address what to do to maximize a student's return after a loss.

- (1) Outreach. A visit with the family can help assess needs and how to address them. A step-by-step plan can be made with the student's family.
- (2) Special support and accommodations at school. Teachers and other staff need to be informed as to the plan and of ways to help the student readjust. Connecting the student to special friends and counselors who will be especially supportive. Ensuring that everyone understands grief reactions and is ready to be appropriately responsive. Added support around classroom learning activities can help if the student is having trouble focusing.
- (3) Counseling to help the student through the stages of grief. In general, the student needs to have prompt and accurate information about what happened, honest answers to questions, an opportunity to work through the grief, and lots of good support.

DEALING WITH THE MEDIA

Media reports can make responding to crises more difficult. Thus, it is essential to have a media coordinator/liason and to meet with media in a designated area. (Usually, the media should not be given access to students without parent consent.) Everyone should keep the following in mind when dealing with the media.

Prepare

Write down what you want to communicate. In doing so,

- state appropriate concern for victims and their families
 - provide appropriate factual information (e.g., students involved, ages), including information about the steps taken to deal with the crisis (as well as any preventive measures previously taken); at the same time, safeguard privacy and confidentiality and details that police should handle related to criminal acts and suicide
 - ask media to communicate resources for assistance available at the school and in the community.

You will find it useful to have prepared and kept on file the outline of a formal news release so that you can simply fill in the details prior to meeting with the media.

Give Straightforward Information

No matter what you are told, assume that everything you say will be quoted (and perhaps misquoted). Thus, respond to questions by reiterating points from your prepared statement. However, when you don't have information on a matter, simply state this in a straightforward manner. Keep a positive demeanor.

Avoid Common Mistakes

- Don't restate any question you are asked (especially negatively phrased questions) because through editing and selective quoting it can be made to appear part of your statement.
- Don't interpret events or motives or predict what will happen.
- Don't speculate, ad lib, blame anyone, or try to be deceptive.
- Don't let anyone bate you into an argument because you are almost certain to look like you are defensive (perhaps trying to hide something), and you probably will say something in a way that reflects badly on you and the school.

Correct the Record

As you become aware of errors in media coverage, take the opportunity of future media inquiries to include corrective information in your statement.

POLICY CONSIDERATIONS

Check to see if the district has made a policy statement about crisis intervention or any specific form of crisis related event, such as a natural disaster, an act of violence in the schools, or the death of a student or staff member. Such statements should help clarify how the district defines a crisis, how it has designed its overall response to crises, and what type of responses it expects at each school. The statement also may suggest specific organization and strategies for crisis response. It also may indicate the district's position on seeking help from individuals and agencies not affiliated with the district (other than public sector emergency services).

The following is a brief indication of the type of specific guidelines you may find in district policy statements.

From a district's perspective, crises usually are events that have the potential to

- cause a major disruption in normal functioning
- produce major physical and/or psychological harm to those at the school (e.g., students, staff, parents).

The definition may be limited to events that affect the entire population at a school, or it may be extended to events that affect subgroups or even an individual (e.g., in the case of a potential suicide). Regardless of the breadth of definition, the first concern of policy makers is for ensuring physical safety; hopefully, this is followed immediately by attention to psychological considerations.

Ideally, district policy specifies guidelines for district and school-by-school planning, organizing, and training for crises, and debriefing after a crisis (with a view to improving future crises responses and preventive actions). In particular, guidelines can help answer such questions as

- How do we decide that a situation should be treated as a crisis?
- How do we decide what responses are needed to deal with the crisis?
- How do we ensure that planned responses are implemented?
- How do we enlist additional help?

Districts will differ in the specificity with which they spell out procedures for a school to follow during a crisis. Optimally, the district not only will detail such procedures, but also will provide for district level support. District level support is useful in establishing and maintaining crisis response mechanisms and in training and consulting with on-site staff, as well as providing for supplemental staffing to respond to specified crises. In large districts, such support may be organized regionally (e.g., regional support crisis teams consisting of representatives of medical and psychological/ counseling support services, district administration, media relations).

In some districts, a school-based crisis intervention team is delineated as the prototype mechanism to provide for the physical safety and psychological needs of students, staff, and parents in responding to a crisis. Such a team also might be assigned responsibility for on-site planning for crises response, or else some of the members might participate on a crisis planning team. Because situations vary, district policy probably will not specify team membership or size other than to cite the need for participation by role (e.g., administrator, nurse, psychologist, counselor, teachers). Obviously, ultimate responsibility for the team belongs to the principal; however, the principal probably will be expected to delegate such responsibility -- perhaps to the team as a whole.



School Emergency & Crisis Response Plan Guide

<http://www.isbe.state.il.us/safety/guide.htm>

ISBE/OSFM All Hazard Preparedness Guide for Illinois Schools

Public Act 094-0600 (105 ILCS 128) School Safety Drill Act, was signed into law August 16, 2005. Its purpose is to have public and private schools review their school safety plans with first responders and to conduct specific school safety drills. Below are links to the PA 094-0600 School Safety Drill Act, Joint Rules adopted by the Office of the State Fire Marshal and the Illinois State Board of Education, suggested forms for documenting minimum compliance with the Act and Rules, a School Emergency and Crisis Response Plan Template, and additional multi-hazard training documents.

- I. [PA 094-0600 School Safety Drill Act](#). I. Establishes the minimum requirements and standards for schools to follow when conducting school safety drills and reviewing school emergency and crisis response plans and to encourage schools and first responders to work together for the safety of children. Communities and schools may exceed these requirements and standards.
- II. [Title 29 Part 1500 Joint Rules of the Office of the State Fire Marshal and the Illinois State Board of Education: School Emergency and Crisis Response Plans](#). Establishes the requirements for the annual review and updating of the protocols and procedures in each school's emergency and crisis response plan that is required by Section 25 of the School Safety Drill Act [105 ILCS 128/25], including the review of each school's compliance with the school safety drill requirements established in Section 15 of the Act [105 ILCS 128/15].
- III. **Minimum Compliance.** Forms and documents for assuring minimum compliance with the Act and Joint Rules.
 - A. [Annual Review Report](#). Suggested form to document compliance with the requirement of the school board or designee to submit a one-page report upon the conclusion of each school's annual review to each party that participates in the review and to the appropriate regional superintendent of schools. Private schools are required to submit the same to the Office of the State Fire Marshal. [105 ILCS 128/25 and 105 ILCS 128/30].
 - B. [Minimum Component Checklist for Annual Review](#). Suggested checklist to use prior to and during the School Emergency and Crisis Response Plan Review to guide and document the participants' review of the minimum components that are required to be reviewed by the Joint Rules.
 - C. [Drill Scheduling Requirements](#). (Rev. 7/13) A one-page review of dates and first responder participation details.
 - D. [School Drill Documentation](#). (Rev. 7/13) Suggested form for documenting the completion of minimum drills.
- IV. [Sample School Emergency Operations Plan](#). (Rev. 11/13) A sample plan developed by FEMA for assisting schools in developing or revising School Emergency and Crisis Response Plans. This new guide depicts the latest guidelines for formatting school emergency plans in scope and sequence, including functional and hazard specific annexes. This aligns with the "Guide to Highly Effective School Emergency Operations Plan" published by the combined federal departments of Education, HHS, DHS, FEMA, Justice and the FBI in the summer of 2013. These components are taught in the Multi-Hazard Emergency Planning for Schools course.

V. **Additional Multi-Hazard Training documents.** Six additional documents from the "Multi-Hazard Emergency Planning for Illinois Schools" Training Program.

- [Appendix A](#): Hazard Identification Guidelines
- [Appendix B](#): Checklist for Home Preparedness
- [Appendix C](#): Incident Response Job Descriptions
- [Appendix D](#): Preparedness Job Aids
- [Appendix E](#): Sample Forms
- [Appendix F](#): Planning for the Psychological Aftermath of School Tragedy

VI. **Training Videos. Recommendations and lessons learned.**

- A. **[Tornado Preparedness Video](#)**. 15 minute video showing the need for schools to reconsider their tornado shelter areas in hallways that have exits to the outside. Includes a security surveillance camera video from Joplin school hit by a tornado on May 22, 2011.

If you have any questions, public schools may contact Susan Weitekamp, Illinois State Board of Education at sweiteka@isbe.net. Private schools may contact , Kevin Switzer, Office of the State Fire Marshal, at Kevin.Switzer@illinois.gov.

[Return to School Safety Home Page](#)

MULTI-TIERED CRISIS RESPONSE TEAM MODEL

<http://achieve.lausd.net/Page/2511>

In accordance with Bulletin 5800.0 Crisis Preparedness, Response and Recovery, there are three tiers of crisis response: school site, local district and District office. The basic structure of the multi-disciplinary support teams on all three tiers should be similar in their composition and incorporate District staff with experience in various areas of crisis. Crisis response begins at the school site level; the scope, severity and impact of an incident may activate the local district, District office, or a combination thereof.

Tier I: School Site Crisis Response

School site crisis teams are responsible for initiating crisis response, assessing the range of services needed, and providing direct intervention services. The school site crisis team determines if there is a need for additional assistance from the local district crisis team. The school site crisis team may be activated as part of the Incident Command System (ICS) Team during an emergency or disaster, or may be activated as a stand-alone team, depending on the incident.

Tier II: Local District Crisis Response

The school site administrator/designee contacts the LD Operations administration for support and assistance if the crisis response required is beyond the scope of what the school site crisis team can provide. Assistance

from the LD crisis response team includes: consultation, providing direct intervention services, assistance with communications and memos, and guidance regarding strategies for recovery in the aftermath of the critical incident.

Tier III: District Office Crisis Response

In collaboration with the LD Operations administration, the school site administrator/designee determines if there is a need for support from the central crisis response team. Assistance from the District office crisis response team includes: consultation, providing direct intervention services, assistance with communications and memos, and guidance regarding strategies for recovery in the aftermath of the critical incident.

Consultation and training is available by School Mental Health staff. Please contact your Local District Operations Coordinator or School Mental Health Coordinator for more information, or email Ailleth Tom at ailleth.tom@lausd.net for assistance.

Bulletin

[BUL-5800.0 Crisis Preparedness, Response and Recovery](#), dated October

Crisis Response Tools

Checklists and Information (Attachments A-F)

[Attachment A – Multi-tiered Crisis Response Flow Chart](#)

[Attachment B – School Site Crisis Team Chart \(sample\)](#)

[Attachment C – School Site Crisis Response Action Plan Checklist](#)

[Attachment D – Communication with Staff, Students, Parents/Guardians](#)

[Attachment E – Collaboration with Law Enforcement When a School Becomes a Crime Scene or Closed Area](#)

[Attachment F – Collaboration with Office of Communications](#)

Forms (Attachments G-M)

[Attachment G - Crisis Counseling Referral Form](#) - Referral form to attach to staff memo to refer students for crisis counseling. [Attachment H - Student Sign-In Sheet](#) – For all students referred or sent to the triage room to sign in when receiving crisis counseling services.

[Attachment I - Confidential Counseling Log](#) - For use by crisis counselor to indicate students seen, services provided and any follow-up necessary.

[Attachment J - Crisis Team Members/Responders Sign-In Sheet](#) - For crisis team members/responders reporting to a school in response to a critical incident.

[Attachment K – Parent Authorization for Release/Exchange of Information](#) – For the exchange of student information with a hospital or community based agency that is treating a student.

[Attachment L - Crisis Management Spreadsheet Template](#) – Excel spreadsheet to manage all students who receive crisis response during an incident.

[Attachment M – Local District Crisis Team List Template](#) – Excel spreadsheet to manage the list of crisis team members in each Local District.

[Students Release Sheet](#) – Sample form to use when releasing students to family members, guardians, or designated emergency person listed on emergency card.

[Community Resource Form](#) - For use when providing referrals to parents/guardians to community agencies.

Psychological First Aid

[Psychological First Aid Handouts](#) General Guidelines for Addressing Mental Health Needs in the School Environment.

Sample Letters That May Be Used In The Event of A Crisis Sample Letters for Staff

[Death of a Staff Member](#)

[Inhalant Abuse Off-Campus](#)

[Suspected Inappropriate Conduct of Staff](#)

[Script for Transitioning to New Teacher](#)

Sample Letters for Parents

[Accidental Death of a Student](#)

[Attempted Abduction](#)

[Bomb Scare](#)

[Condolence Letter](#)

[Death of Student from Illness \(English\)](#)

[Death of Student from Illness \(Spanish\)](#)

[Disruptive Parent](#)

[Environmental Threat](#)

[Gun / Weapon on Campus](#)

[Missing Child](#)

[On-Campus Fight - Minor Injuries](#)

[Off-Campus Shooting - Major Injuries](#)

[Off-Campus Shooting - Minor Injuries](#)

[On-Campus Shooting - Major Injuries](#)

[On-Campus Shooting - Minor Injuries](#)

[Sexual Predator](#)

[Staff / Teacher Arrest](#)

[Traffic Accident](#)

[Welcoming Substitute Teacher \(English\)](#)

[Welcoming Substitute Teacher \(Spanish\)](#)

Sample Blackboard Connect Messages

[Blackboard Connect Sample Inhalant Abuse](#)

[Blackboard Connect Sample Sexual Assault](#)

[Blackboard Connect Sample Student Death](#)

Handouts and Attachments to Accompany Sample Letters

[Child Trauma Toolkit for Educators](#)

[Child Trauma Toolkit for Educators \(Spanish\)](#)

[Children's Natural Grief Reactions and Ways to Cope \(English\)](#)

[Children's Natural Grief Reactions and Ways to Cope \(Spanish\)](#)

[Eight Ways to Help Your Grieving Child \(English\)](#)

[Eight ways to Help Your Grieving Child \(Spanish\)](#)

[Explaining Death to Children & How Children Respond to Death \(English\)](#)

[Explaining Death to Children & How Children Respond to Death \(Spanish\)](#)

[Seven Suggestions for Explaining Death to Children \(English\)](#)

[Seven Suggestions for Explaining Death to Children \(Spanish\)](#)

Safe School Plan Volume 3 - Intervention & Recovery Procedures

[Section 1 - Table of Contents & Team Charts](#)

[Section 2 - School Operations & SHHS Contact](#)

[Section 3 - Crisis Response & Interventions in Schools](#)

[Section 4 - Threat Assessment & Management](#)

[Section 5 - Suicide Prevention](#)

[Section 6 - Workplace Violence Prevention](#)

[Section 7 - LAUSD Employee Resources](#)

[Section 8 - Psychological First Aid](#)

[Section 9 - Trauma Informed Services](#)

[Section 10 - Grief](#)

Resources

[Annual Crisis Team Training 2015-2016](#) - Materials and resources from the yearly Crisis Team Training

[Annual Crisis Team Training 2014-2015](#) - Materials and resources from the yearly Crisis Team Training

[Crisis Response Training Video](#) Video taken during the 2009-2010 Annual District Crisis Team Training to assist schools with information and procedures.



Section IV

*Organizing and Training a
School-based Crisis Team*

Building a School-Based Crisis Team

Crisis Team Training

Two Initial Training Sessions



Building a School-Based Crisis Team

The process of organizing a school-based crisis team begins with the site's leadership. Once there is agreement on the value of establishing such a team, someone must be designated the responsibility of building the team. That person begins by identifying those who have formal roles they must play during a crisis, those with specific skills that are needed, and any others who may be especially motivated to be part of such a team.

The next step is to set a meeting time and invite the potential members.

To increase the likelihood that the meeting is focused and productive, it helps to do some pre-session structuring. This includes

- T** asking others to play a role during the meeting (e.g., meeting facilitator, time keeper, note taker --see accompanying sample form)
- T** providing them with copies of the site's existing crisis response plans and some general material to read on the subject of school-based crisis response (such as the overview presented in Section I of this resource aid).

During the meeting, it helps to use worksheets that focus the discussion on key topics and decisions about tasks assignments and timelines.

The meeting, of course, will review the site's existing crisis response plans and discuss a variety of related matters.

By the end of the meeting, agreements should have been made about team membership, roles, and decide on initial training dates and who will conduct the training.

Example of Meeting Invitation

**Meeting to Organize
the School's Crisis Response Team**

Date

To:

From:

As you know the school has decided to (re)organize a school-based crisis team. You have been identified as a key person to talk with about the team.

At the meeting, we will review the site's existing crisis response plans and discuss a variety of related matters. By the end of the meeting, we will clarify crisis team membership, roles, and initial training dates.

In preparation for our meeting, please review the attached material.

The meeting is scheduled for (date, day, time)

To help make the meeting run smoothly and productively, the following staff have agreed to guide the process.

Meeting facilitator will be _____

Meeting time keeper will be _____

Meeting scribe will be _____

Finally, since a crisis demands that we work quickly, teamwork under pressure will be good practice. This means starting and ending the meeting on time and setting time limits for each task.

Session Topic:

Focus on Planning

What are our roles and functions as team members?

- (1) Meeting facilitator reviews the key team roles and functions
- (2) Decide who will take each role. (Fill in Worksheet -- see accompanying example).

If there are enough people, designate a back up for each position. Discuss *chain of command*. Who will be in charge, who will be next, if these two are not available or busy who would be third. Enter all necessary contact information (e.g., home numbers, beepers).

- (3) Discuss the last crisis at the school.

If one doesn't come to mind, use the possibility of a car accident outside school involving a student and observed by most students and parents. Each team member should assume her/his role in talking through the specifics of what to do. Treat this as brainstorming with no discussion until the exercise is finished. Then take five minutes to highlight the good ideas and additional suggestions for action.

- (4) Plan on a way each team member will inform others at the school about the crisis team membership and roles. For examples who will talk to faculty, parent center coordinator, office staff, TA's, Playground staff, support staff?
- (5) Prepare for the next meeting which will ***FOCUS ON ACTION***

Date for next meeting
Meeting facilitator
Meeting time keeper
Meeting scribe

Someone should volunteer to copy and distribute the preparation material for the next meeting.

Worksheet

Team Membership, Roles, and Functions

<i>Roles/Functions</i>	<i>Name</i> (One person may serve more than one role/function)	<i>Chain of Command</i> (Who's in charge? Back-ups?)	<i>Contact Information</i>
Team Leader			
Administrative Liaison			
Staff Liaison			
Communications Liaison			
Media Liaison			
First Aid Coordinator(s) medical psychological			
Communications Coordinator			
Crowd Management Coordinator			
Evacuation/Transportation Coord.			

Crisis Team Training

The team as a whole should receive general training with respect to crisis intervention and team building. In addition, each subteam or designated "specialist" needs specialized training.

The team leader should bring all members together once a month so that each can learn from the experiences and training of the others. The minutes of this meeting can be reproduced as a monthly report to the school, and this report can act as a reminder of the importance of dealing with the aftermath of crises, of who should be contacted at such times, and as an indication of the team's impact.

Besides mastering the school's crisis response plan and emergency steps, *general* training involves learning

- how to minimize student contagion in the aftermath of such a problem
- how to reassure the majority of students about the problem
- how to identify and provide psychological first aid to students who have especially strong reactions (including assisting with someone in acute shock or trauma)
- counseling skills appropriate to the event (including active listening skills, small-group techniques for both students and adults, conflict resolution, critical incident stress debriefing, support group facilitation)

Each subteam should receive *specialized* training with respect to the specific type of crisis with which the subteam is concerned (e.g., fire, earthquake, suicidal youth). Specialized training involves learning

- the types of reactions students, staff, and parents are likely to have to a particular type of crisis;
- how to respond to specific types of reactions.

Note: A special training opportunity for interested team members is to participate in a disaster drill held by local hospitals, police, fire departments, offices of emergency services, etc.

Two Initial Training Sessions

The first sessions after the organizational meeting stress specific preparation for action and prevention..

Session 1: FOCUS ON ACTION

What steps should we plan for?

Session 2: FOCUS ON PREVENTION

How can we enhance resources to prevent some crises and minimize others?

(1) Focus on Action

Prior to the session, team members are to review the material on Planning for Crisis in Section I of this resource aid, as well as the material on key considerations and the Crisis Checklists contained in Section II.

At the session(s):

- 1) The meeting facilitator talks through a crisis intervention flow chart. For each step, team members write in the name(s) of who on the team will be responsible for the function.
- 2) The meeting facilitator asks each member to talk through one section of the checklist. Briefly personalize this for the school (who, what, when, where). If this takes too long for one meeting, carry it over to a second FOCUS *ON ACTION* Meeting.
- 3) If there has been a crisis at the school or one has been averted or minimized, discuss it briefly. Assess what worked well and what didn't. Make any changes in the plans and decide how to inform others.

Preparation for the next meeting *FOCUS ON PREVENTION*.

Date of the meeting:

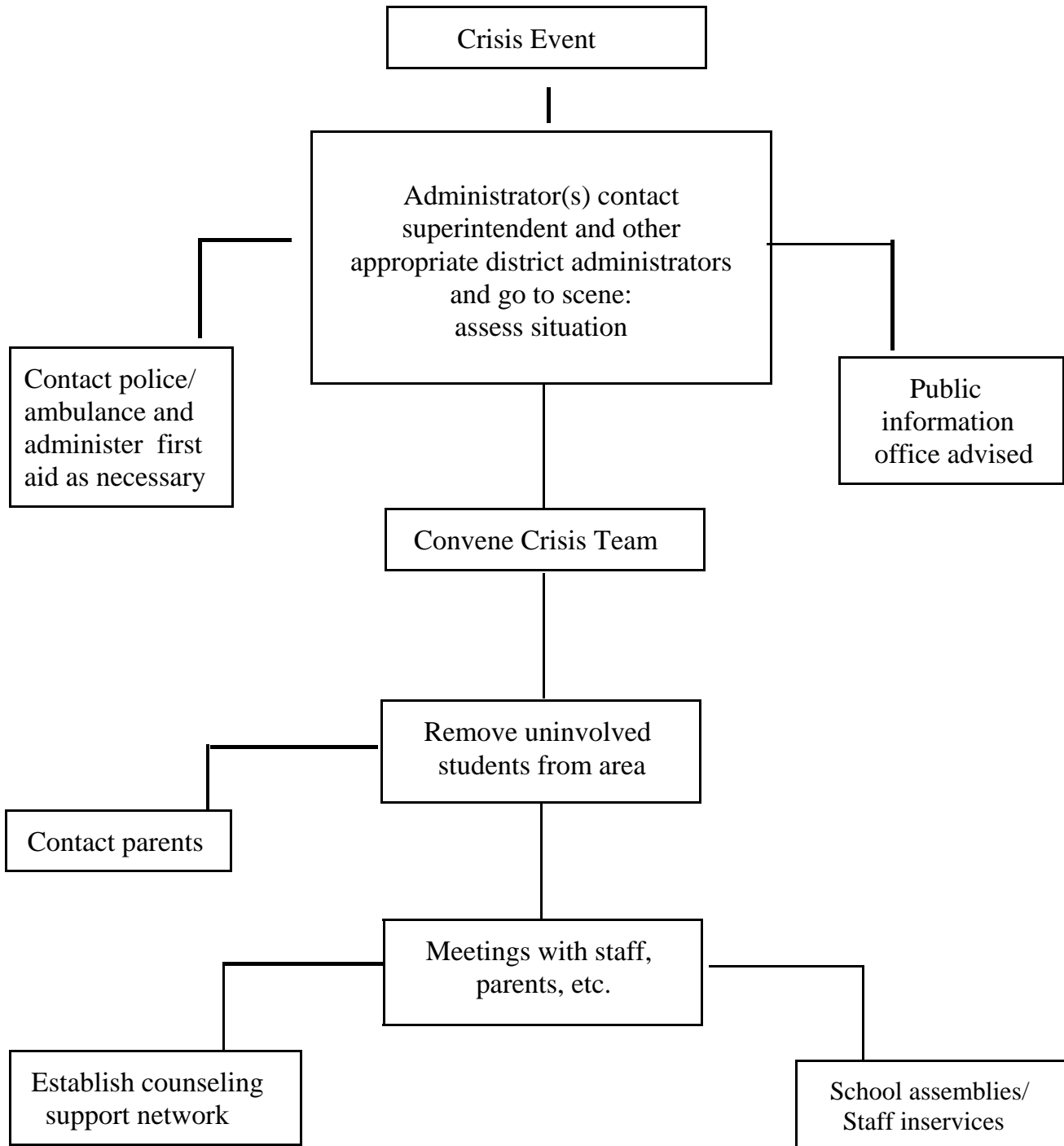
Meeting time keeper:

Meeting facilitator:

Meeting scribe:

Crisis Intervention Flow Chart

Personal/Life Threatening Event



(2) Focus on Prevention

At this session(s), the discussion and training explores the following matters.

If a crisis situation has occurred at the school, part of the time is used for debriefing (*What happened? How was it handled? What went well? What didn't? Is a change in plans needed?*).

To begin to plan ways to minimize and perhaps avert crises, the team needs to understand how existing programs might be enhanced and new ones developed. The discussion begins with the questions:

What are ways the school can avert or minimize crisis situations?

Can we do so by enhancing certain programs and developing preventive approaches?

This leads to discussion of:

What does the school have? Need?

What else might strengthen the safety net?

In this context, team members can learn to map what's in place and analyze whether it needs to be improved (e.g., Is the school's emergency plan effective? Is there a safe school plan? a Parent Center? a District Crisis Team? Is there a conflict mediation program? a human relations program? Could linkage with some community resources result in better recreation and enrichment opportunities and reduce gang violence?)

With a view to enhancing resources for all facets of crisis response and prevention, team members need to connect with community resources. As a first step, they can begin by mapping resources that can assist during and in the aftermath of a crisis (see attached worksheet).

Future training sessions should try to achieve a balance between capacity building for crisis response and pursuing ideas for crisis prevention. In terms of timing, everyone tends to be most motivated to learn in the wake of a debriefing done after a crisis. For purposes of simulated practice, the team might use any disaster drills the school carries out (e.g., fire, earthquake). As new members join, it is a good opportunity for experienced members to orient and teach them and, in the process, to review and consolidate what they have learned to date.

Starting to Map Community Resources

What resources are available in the school district and community to assist during and after a crisis? List all the community resources you know about. (Consult any resource books and look in the local phone book.)

Divide up the list and contact each to get updated information about services.*

Resource/Agency	Contact Name	Phone Number

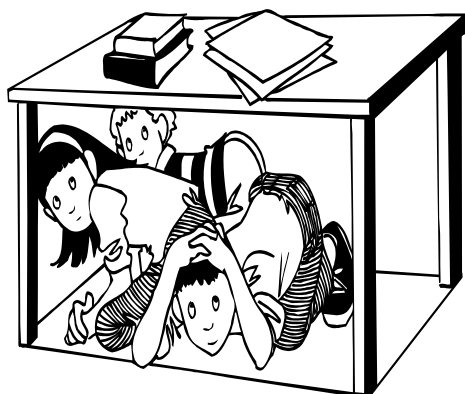
*Add the page of Community Resources to the site's Crisis Handbook.

Section V

***Crisis Response and Prevention Intervention Outcomes
Related to Six Major Facets of a Comprehensive Approach
to Addressing Barriers to Learning***

Crisis Response and Prevention Intervention Outcomes Related to Six Major Facets of a Comprehensive Approach to Addressing Barriers to Learning *

The emphasis in this area is on responding to, minimizing the impact of, and preventing crisis. Intended outcomes of crisis assistance include ensuring immediate assistance is provided when emergencies arise and follow-up care is provided when necessary and appropriate so that students are able to resume learning without undue delays. Prevention activity outcomes are reflected in the creation of a safe and productive environment and the development of student and family attitudes about and capacities for dealing with violence and other threats to safety.



Work in this area requires (1) systems and programs for emergency / crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care), (2) prevention programs for school and community to address school safety / violence reduction, suicide prevention, child abuse prevention and so forth, and (3) relevant education for stakeholders.**

1. Crisis Team Response and Aftermath **Intervention**
2. School Environment changes & School Safety Strategies
3. Curriculum Approaches to Preventing Crisis Events (Personal and Social)
 - a. Violence Prevention
 - b. Suicide Prevention
 - c. Physical/Sexual Abuse Prevention

** For a discussion of the six major facets of a Comprehensive Approach to Addressing Barriers to Learning, see Policymakers Guide to Restructuring Student Support Resources to Address Barriers to Learning. Available at from the Center for Mental Health in Schools at UCLA.*

***The range of activity related to crisis response and prevention is outlined extensively in a set of self-study surveys available from the Center for Mental Health in Schools at UCLA.*

Crisis Response and Prevention

From a Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Prepared by the Center for Mental Health in Schools, Available at the Center or visit: <http://www.smhp.psych.ucla.edu>

1. Crisis Teams, Response and Aftermath					
Title of Project/ Program *	Length of Intervention Evaluated	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. School Crisis Intervention Teams</i>	1 year	All students	Students, Staff	Previous crisis drills conducted in a crisis intervention program prevented more deaths from occurring during an incident at Cleveland Elementary School where a gunman opened fire, killing 5 students.	None cited
<i>b. School-Based Health Centers and Violence Prevention</i>	Various project evaluations	Early, middle and high schools	Students	Fewer suicide attempts and fights on campus, improved attendance among truant/disruptive students, improvements in students' attitudes and behavior, and greater sense of school safety.	None cited
<i>c. Project Rebound</i>	Aftermath	All students	Students	Those in this short-term crisis therapy program report that the counselors are supportive and allowed them to develop positive coping skills.	Teachers found that students who were involved in the program were more prepared to learn.
<i>d. Research Studies</i>					
>. <i>Cokeville School Bombing Study</i>	Aftermath	Aftermath	Students	Those students who participated most in group crisis discussion sessions recovered most quickly from a school bombing in Cokeville, WY.	None cited
>. <i>Experimental study with High School Seniors</i>	Pre- and post-intervention evaluations plus a 1-year follow-up	Seniors in high school	Students	Those in a crisis coping program had scored significantly higher on self-efficacy and rational beliefs, and used more cognitive restructuring strategies when presented with a scene depicting a potentially traumatic transition.	None cited

Crisis Response and Prevention

From a Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Prepared by the Center for Mental Health in Schools, Available at the Center or visit: <http://www.smhp.psych.ucla.edu>

2. School Environment Changes and School Safety Strategies					
Title of Project/Program*	Length of Intervention Evaluated	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
<i>a. Westerly, Rhode Island: School District</i>	Over a 4-year period	Students in all grades	Students, Families, Staff, School, School District	Reduced behavioral problems, schools safer and more productive for all students, dramatic drop in suspensions and other disciplinary incidents.	None cited
<i>b. Center for the Prevention of School Violence</i>	During Spring 1997	High Schools	School	36% of schools surveyed rated physical design and technology as highly effective for preventing violence in their schools. Of all surveyed safe school strategies, implementing school environment changes and/or using technology was rated as the 2nd highest effective strategy for preventing violence.	None cited
<i>c. Playground Safety Studies</i>					None cited
> <i>Community Intervention</i>	Over several years	Children, adolescents, families	School, Community	A multi-faceted community intervention that refurbished park equipment and included safety programs for a target age group found that, across time, this program decreased the risk of all injuries in the target age group.	None cited
> <i>National SAFE KIDS Campaign</i>	Multiple years	Students	School, Community	Found that protective surfacing under and around playground equipment can reduce the severity of, and even prevent, playground fall-related injuries. Protective equipment, safe play conditions, and safety rules help reduce the number and severity of sports- and recreation-related injuries.	
<i>d. PeaceBuilders</i>	3 years	K-5th grade	Students	Preliminary post-test results of rigorous ongoing CDC evaluation of PeaceBuilders shows significant reductions in students' fighting-related injury visits to school nurse.	None cited

Crisis Response and Prevention

From a Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Prepared by the Center for Mental Health in Schools, Available at the Center or visit: <http://www.smhp.psych.ucla.edu>

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal)					
Title of Project/Program*	Length of Intervention Evaluated	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention					
<i>a-1. Second Step: A Violence Prevention Curriculum</i>	Measures at pretest, after two weeks into program, and six-month follow-up	Preschool, elementary, and junior high school students	Students	Data from behavioral observations showed an overall decrease in physical aggression and an increase in neutral/ prosocial behavior in the intervention groups as compared to the control groups. Effects persisted six months later.	None cited
<i>a-2. Responding in Peaceful and Positive Ways (RIPP)</i>	25 Weekly Sessions	6 th graders	Students	Participants showed a lower rate of fighting, bringing weapons to school and in-school suspension.	None cited
<i>a-3. First Step to Success</i>	Initial evaluation plus follow up for two years	K-3rd grade	Students, family, staff	Sustained changes in adaptive behavior, aggressive behavior, maladaptive behavior, and time spent in teacher-assigned tasks. Effects persist up to two-years beyond end of intervention phase.	None cited
<i>a-4. Project ACHIEVE***</i>	Since 1990	Elementary children with below average academic performance	Students, Family, Staff, School System	Dramatic drops in disciplinary referrals, disobedient behavior, fighting, and disruptive behavior. 75% decrease in referrals for at-risk students for special education testing. Suspensions dropped to 1/3 of what they had been three years before.	Reduction in grade retention.

Crisis Response and Prevention

From a Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Prepared by the Center for Mental Health in Schools, Available at the Center or visit: <http://www.smhp.psych.ucla.edu>

3. Curriculum Approaches to Preventing Crisis Events (Social and Personal) (cont'd)					
Title of Project/Program*	Length of Intervention Evaluated	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention (cont'd)					
<i>a-5. Bullying Prevention Program</i>	2 Years	Elementary, middle and junior high school students	Students, Family, Staff	Substantial reductions in boys' and girls' reports of bullying and victimization; in students' reports of general antisocial behavior (e.g., vandalism, fighting, theft and truancy); significant improvements in the "social climate" of the class.	None cited
<i>a-6. Conflict Resolution and Peer Mediation Projects (CR/PM)</i>	Various project evaluations	Various grades (K-12)	Students, Family, Staff	Reduced the frequency of fighting and other undesirable behaviors at school, increased knowledge and modified student's attitudes about conflict, improved school discipline, and increased attendance.	None cited
<i>a-7. PeaceBuilders</i>	Three year study	Elementary school children	Students, Families, Staff	Dramatic drops in school suspensions and children arrested for crimes in the community.	None cited
<i>a-8. Positive Adolescent Choices Training (PACT)</i>	Ratings before and after training	At-risk youth ages 12-16	Students (especially African-American students)	Reduction in violence-related behavior, gains in skills predictive of future abilities to avoid violence.	None cited
<i>a-9. Resolving Conflict Creatively Program (RCCP)</i>	1988-1989 school year	Preschool-12th grade students	Students, Staff	RCCP students got in fewer fights and engaged less frequently in name-calling. Effective peer mediators program.	None cited

Crisis Response and Prevention

From a Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning. Prepared by the Center for Mental Health in Schools, Available at the Center or visit: <http://www.smhp.psych.ucla.edu>

Title of Project/Program*	Length of Intervention Evaluated	Target Population	Focus of Change	Outcomes	Nature of Academic Improvement
3a. Violence Prevention (cont'd)					
<i>a-10. Meditation in the Schools Program</i>	Multiple evaluations, one each year	at-risk students	Students, Staff, Special Curriculum	Students were more in control and empowered, and exhibited higher self-esteem. Staff reported decreases in violence since the program's inception, and teachers witness less violence among students.	None cited
3a. Suicide Prevention					
<i>b-1. Suicide Prevention Project 1</i>	12 weeks	8 th graders	Students	Increased empathy, reduced suicidality.	None cited
<i>b-2. Suicide Prevention Project 2</i>	7 weeks	11 th graders	Students	Reduced suicidal tendencies	None cited
3c. Physical / Sexual Abuse Prevention					
<i>Good Touch/Bad Touch Program</i>	3 sessions	Pre-school to sixth-grade students	Student	Results show significant improvement in children's ability to recognize abuse and to know what to do if it occurred.	None cited

Section VI

Addressing Specific Areas of Concern

Natural Disasters

Addressing Neighborhood Problems that Affect the School

Suicidal Crisis

Family Violence

Sexual Assault

Grief and Loss

Hostage Situations

Post Traumatic Stress Disorder

Recommendations on the Support/Safety of Gay & Lesbian Students

Natural Disasters

In the Aftermath of a natural disaster, schools need to plan for the immediate aftermath and long-term concerns.

The Center developed the following series of “Guidance Notes” as Specific resource aids:

- About Planning and Action for the Mental Health Needs of Students and School Staff in the Aftermath of a Natural Disaster
- The School’s Role in Addressing Psychological Reactions to Loss
- Schools Helping Students Deal with Loss (on p. 48)

About Planning and Action for the Mental Health Needs of Students and School Staff in the Aftermath of a Natural Disaster

In addition to reporting on what we are hearing from others, we want to highlight a few matters from the Center's work over the years.

While there will be many needs to address in the coming weeks and months, the following are four major areas of concern that require immediate enhanced planning and implementation:

(1) Transition concerns from a mental health and individual engagement perspective – It is one thing to facilitate enrollment of students and their families and to add new staff; it is another thing to establish interventions to ease their transition into a new school, support their proactive engagement at school, and address any significant school adjustment problems.

Now is the time to enhance *welcoming interventions* and ensure effective *social support mechanism* and *anti-bullying measures* are operational.

In the next few weeks, it is essential to enhance interventions to identify and assist anyone who has not been able to make an appropriate *school adjustment*.

Those students and staff at schools experiencing a significant influx will be under additional stress and strain, and planning will need to focus on some proactive actions to minimize the impact of all this and to identify and provide assistance for anyone who is coping well.

(2) Ensuring Special Assistance for New Students Who Needed it Prior to the Disaster – It is extremely important to quickly identify and provide appropriate supports and accommodations for the many students, including those with IEPs, who were having difficulty at school before the disaster. Changing schools can be an opportunity or it can exacerbate their problems. (Younger students attitudes about future schooling are at stake; some older students probably already will use the event as a further reason to dropout.) Some students will be on special regimens (including medications). In the case of students with IEPs, it will be important to start a process to ensure certain mandates are waived for a while.

As one student support staff member noted: “Students who are IDEA-eligible will be arriving and needing services without any records whatsoever. Typically, we would start serving those students after a transition multi-disciplinary team meeting, and when we got no records after 30 days or so, we would initiate a re-evaluation. For certain students ... conducting a re-evaluation will be a total waste of time, money, resources, and services. These students are likely to be traumatized by the events surrounding the hurricane, safety issues, loss, grief, etc. and any evaluation will reflect that trauma, rather than their actual disability. ... [Someone needs] to petition the federal government to relax IDEA timeline requirements for mandatory re-evaluations for these students. Some of these students will take a much longer time to recover from their trauma than others. I would rather serve them than conduct formal evaluations.”

And, given the need to help so many, this may be particularly auspicious time to enhance the use of *volunteers*.

(3) Ensuring Special Assistance for New Teachers Who Needed it Prior to the Disaster – While all teachers new to a school (and/or to teaching) need mentoring and support, those who already were having difficulty before the disaster will need particular attention now. Plans must clarify how those who need it will be identified and assisted.

(4) Identifying and providing special assistance for those who have been so-traumatized that they require Psychological Aid – In most cases, referral and treatment systems will be swamped.

Now is the time to delineate school and community capacity for providing special assistance for short-term interventions and to redesign referral, triage, and support systems at a school so that as many as feasible of those who need immediate assistance can be identified and helped.

In the next few weeks, teachers and families will be seeing signs of delayed reactions and will need to learn how they can help directly and when a referral is indicated.

We stress that the key is to begin planning immediately to maximize proactive actions.
Student support administrators and staff can lead the way in planning.

#####

A few relevant Center resources that can be downloaded at no cost:

What Schools Can Do to Welcome and Meet the Needs of All Students and Families
(Guidebook) – <http://smhp.psych.ucla.edu/WELMEET/welmeetcomplete.pdf>

Crisis Assistance and Prevention: Reducing Barriers to Learning
http://smhp.psych.ucla.edu/qf/crisis_tt/crisisindex.htm

Responding to Crisis at a School
(Resource Aid Packet) – <http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>

Transitions: Turning Risks into Opportunities for Student Support
<http://smhp.psych.ucla.edu/pdfdocs/transitions/transitions.pdf>

Student & Family Assistance Programs & Services to Address Barriers to Learning
http://smhp.psych.ucla.edu/qf/student_tt/studentfamily.htm

Bullying Prevention (Quick Training Aids)
<http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/bullyingprevention.pdf>

School-Based Client Consultation, Referral, and Management of Care
<http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf>

Volunteers to Help Teachers and Schools Address Barriers to Learning
<http://smhp.psych.ucla.edu/pdfdocs/volunteer/volunt.pdf>

Other resources can be readily found and accessed by topic through our Quick Find Online Clearinghouse. See <http://smhp.psych.ucla.edu/websrch.htm>

And, if you can't find something you need, contact us directly:
By email — Ltaylor@ucla.edu
Toll free phone – (866) 846-4843

The School's Role in Addressing Psychological Reactions to Loss

I. Loss and Grief Reactions Are Normal Responses to an Abnormal Situation;

Forms of Loss Differ Significantly;

So Do Psychological Reactions to Loss

“Of Course I’m Feeling It.”

II. Because Disasters Such as Hurricanes, Earthquakes, Floods Bring Losses to Many,
Many Students Have Experienced Loss,

So Schools must Respond with More than Clinical Strategies

“Saving Starfish and Building Bridges”

III. Initial School Responses Focus on

> Supporting Resiliency by Facilitating a Normative and Supportive

Environment School-wide and in the Classroom

>Promoting Broad-based “Natural” Support in a Systemic Way

>Reducing Existing Stressors on Everyone Who Is Affected

>Responding Appropriately to Individuals as Needed

IV. Over Time: Schools Need to Maintain

>Awareness of Need

>Follow-up

>Follow-through

Natural Disasters (cont.)

Some Basic Questions and Answers About the School's Role in Addressing Psychological Reactions to Loss

Q. Why should schools play a role in addressing psychological reactions to loss?

A. As the Carnegie Task Force on Education has stressed:

*School systems are not responsible, for meeting every need of their students.
But when the need directly affects learning, the school must meet the challenge.*

Q. What makes the current disaster a high priority mental health concern?

A. Unprecedented dislocation and devastation

Q. What is the range of events that create a sense of loss?

A. Frequent and common events → severe and infrequent events

Q. What is the range of responses to loss?

A. Normal developmental responses → troublesome psychological reactions → mental health disorders

Q. What are some of the immediate roles for a school to play?

A. Welcoming relocated students and providing a range of supports; not adding stressors; providing special assistance when individuals can't cope

Q. What can I do to help schools, districts, organizations, communities in responding to students who need assistance in dealing with loss?

A. Share what you are learning about this matter and direct them to resources.

Use the resources available from the Center for Mental Health in Schools and use the Center website as a gateway to a world of resources - <http://smhp.psych.ucla.edu>

Go to the Quick Find online clearinghouse and access topics such as:

- Crisis Prevention and Response
- Depression
- Environments that support learning
- Grief and bereavement
- Homeless Children and Youth
- Peer relationships and peer counseling
- Post-traumatic stress
- Resilience/protective factors
- Support for Transitions

For each of these topics you will see links to Center materials, to other online resources, and to others centers that focus on the topic.

Addressing Neighborhood Problems that Affect the School

We are having difficulty with older students bringing neighborhood "beefs" and vendettas to school. Tensions are escalating in my classroom.

This is a problem often associated with, but not limited to neighborhood gangs.

Ultimately, addressing the matter calls for systemic changes that produce the type of climate in the school and classroom that enhances a sense of community among students and with the staff. And, changes related to student interpersonal conflicts require engaging involved students in problem solving with the goal of becoming leaders for creating a positive school climate.

The following are ways for a teacher to begin addressing the problem.

- (1) Tap into the student grapevine to ensure early warnings about student conflicts and threats of retribution.
- (2) Ask the student support staff to establish a system for teachers, other staff, student, families to report early warnings.
- (3) Use one or more staff meetings to establish ways to respond to early warnings (e.g., prevention strategies).
- (4) In the classroom, create and facilitate a problem solving group consisting of those involved and others who will be accepted. Seek out support and guidance from other staff with conflict resolution and mediation skills (e.g., the school's psychologist, counselor, social worker, an assistant principal). Be sure to teach the group how to function appropriately. Such a group offers many teachable moments for enhancing social-emotional learning and a variety of other basic knowledge, skills, and attitudes.
- (5) After the classroom group is functioning appropriately, they should consider establishing a comparable schoolwide group to focus not only on schoolwide problem solving, but on addressing neighborhood factors contributing to the problem. At this level, they can invite in community resources (e.g., youth recreation folks, local police, gang unit) to assist in identifying and working out a plan to reduce problems stemming from community conflicts.

In preparing the group to function, there are many resources to draw upon. For example, see discussions of model programs such as:

>*Peace Works* – <http://www.peaceeducation.com>

>*Productive Conflict Resolution Program: A Whole School Approach* –
<http://www.schoolmediationcenter.org>

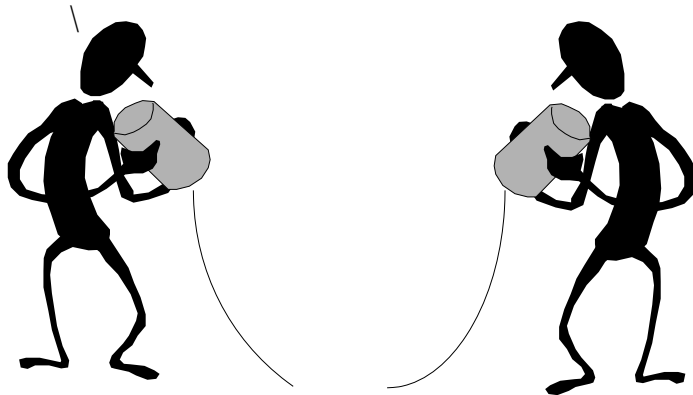
For other resource aids, see our Online Clearinghouse Quick Finds on:

>*Gangs* – http://smhp.psych.ucla.edu/qf/p3009_01.htm

>*Violence Prevention & Safe Schools* –
http://smhp.psych.ucla.edu/qf/p2108_03.htm

>*School Climate* – <http://smhp.psych.ucla.edu/qf/environments.htm>

Did you hear: The meeting designed to solve the problem has been canceled due to a conflict.



***Classroom Problems: What Can I Do Right Away? A Learning Supports Practice Series for Teachers**

Often the best way to learn is by addressing a specific concern that needs an immediate response.

With this in mind, the Center is producing a series of resources focused on daily classroom dilemmas teachers experience and some initial ways to deal with such concerns. The emphasis is on engaging and re-engaging students in classroom learning.

As a school moves to develop a unified and comprehensive system of learning supports, this series can help augment professional development by providing a stimulus for discussion by teachers and other staff.

What can I do right away?

To date, this learning supports practice series for teachers includes the following topics:

- >*Bullying* – <http://smhp.psych.ucla.edu/pdfdocs/bullypn.pdf>
- >*Disengaged Students* – <http://smhp.psych.ucla.edu/pdfdocs/disengpn.pdf>
- >*Fidgety Students* – <http://smhp.psych.ucla.edu/pdfdocs/fidgetypn.pdf>
- >*Homework Avoidance* – <http://smhp.psych.ucla.edu/pdfdocs/homeworkpn.pdf>
- >*Students in Distress* – <http://smhp.psych.ucla.edu/pdfdocs/distresspn.pdf>
- >Minimizing Referrals out of the Classroom –
<http://smhp.psych.ucla.edu/pdfdocs/referralspn.pdf>
- >Addressing Neighborhood Problems that Affect the School –
<http://smhp.psych.ucla.edu/pdfdocs/neighpn.pdf>

See the complete series and other resources for professional development at
<http://smhp.psych.ucla.edu>
(Click on Resources/Publications)

**Feel free to email similar concerns to the Center for discussion as part of
our weekly community of practice listserv. See**
<http://smhp.psych.ucla.edu/pdfdocs/mhpractitioner/practitioner.pdf>

Suicidal Crisis

(<http://smhp.psych.ucla.edu/pdfdocs/practicenotes/suicide.pdf>)

In developing our Center's Resource Aid Packet on *Responding to Crisis at a School*, we were impressed by the good work being done by so many people around the country. The unfortunate fact that so many students feel despair and consider suicide has resulted in important common practices at school sites.

Changing systems in schools to support students and reduce unnecessary stress is the first line of defense. However, when concerns arise about a specific student, school staff must be ready to respond. The suicide assessment and follow-through checklists on the following pages are a compilation of best practices and offer tools to guide intervention.

When a Student Talks of Suicide . . .

You must assess the situation and reduce the crisis state (see accompanying Suicidal Assessment Checklist). The following are some specific suggestions.

What to do:

- Send someone for help; you'll need back-up.
- Remain calm; remember the student is overwhelmed and confused as well as ambivalent.
- Get vital statistics, including student's name, address, home phone number and parent's work number.
- Encourage the student to talk. Listen! Listen! Listen! And when you respond, reflect back what you hear the student saying. Clarify, and help him or her to define the problem, if you can.

Consider that the student is planning suicide. How does the student plan to do it, and how long has s/he been planning and thinking about it? What events motivated the student to take this step?

- Clarify some immediate options (e.g., school and/or community people who can help).
- If feasible, get an agreement to no-suicide ("No matter what happens, I will not kill myself.")
- Involve parents for decision making and follow-through and provide for ongoing support and management of care (including checking regularly with parents and teachers).

What to avoid:

- Don't leave the student alone and don't send the student away
- Don't minimize the student's concerns or make light of the threat
- Don't worry about silences; both you and the student need time to think
- Don't fall into the trap of thinking that all the student needs is reassurance
- Don't lose patience
- Don't promise confidentiality -- promise help and privacy
- Don't argue whether suicide is right or wrong

When a Student Attempts Suicide . . .

A student may make statements about suicide (in writing assignments, drawing, or indirect verbal expression). Another may make an actual attempt using any of a variety of means. In such situations, you must act promptly and decisively.

What to do:

- Be directive. Tell the student, "Don't do that; stand there and talk with me." "Put that down." "Hand me that." "I'm listening."
- Mobilize someone to inform an administrator and call 911; get others to help you; you'll need back-up.
- Clear the scene of those who are not needed.
- An "administrator" should contact parents to advise them of the situation and that someone will call back immediately to direct the parent where to meet the youngster.
- Look at the student directly. Speak in a calm, low voice tone. Buy time. Get the student to talk. Listen. Acknowledge his or her feelings "You are really angry." "You must be feeling really hurt."
- Secure any weapon or pills; record the time any drugs were taken to provide this information to the emergency medical staff or police.
- Get the student's name, address and phone.
- Stay with the pupil; provide comfort.
- As soon as feasible, secure any suicidal note, record when the incident occurred, what the pupil said and did, etc.
- Ask for a debriefing session as part of taking care of yourself after the event.

What to avoid:

- Don't moralize ("You're young, you have everything to live for.")
- Don't leave the student alone (even if the student has to go to the bathroom).
- Don't move the student.

In all cases, show concern and ask questions in a straightforward and calm manner. Show you are willing to discuss suicide and that you aren't appalled or disgusted by it. Open lines of communication. Get care for the student.

Read Some More

Adolescent Suicide: Assessment and Intervention

by A.L. Berman & D.A. Jobes (1991). Washington, D.C.: American Psychological Association.

Youth Suicide: A Comprehensive Manual for Prevention and Intervention by B.B. Hicks (1990). Bloomington, IN: National Educational Service.

SUICIDAL ASSESSMENT -- CHECKLIST*

Student's Name: _____ Date: _____ Interviewer: _____

(Suggested points to cover with student/parent)

(1) PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH

Does the individual have frequent suicidal thoughts? Y N

Have there been suicide attempts by the student or significant others in his or her life? Y N

Does the student have a detailed, feasible plan? Y N

Has s/he made special arrangements as giving away prized possessions? Y N

Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife? Y N

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress? Y N

Have there been major changes in recent behavior along with negative feelings and thoughts? Y N

(Such changes often are related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts often are expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.)

(3) PSYCHOSOCIAL SUPPORT

Is there a lack of a significant other to help the student survive? Y N

Does the student feel alienated? Y N

(4) HISTORY OF RISK-TAKING BEHAVIOR

Does the student take life-threatening risks or display poor impulse control? Y N

*Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course, is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high risk indicators include the student having made final arrangements and information about a critical, recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

FOLLOW-THROUGH STEPS AFTER ASSESSING SUICIDAL RISK -- CHECKLIST

- ____(1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.
- ____(2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.
- ____(3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.
- ____(4) Try to contact parents by phone to
 - a) inform about concern
 - b) gather additional information to assess risk
 - c) provide information about problem and available resources
 - d) offer help in connecting with appropriate resources

Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

- ____(5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:
 - *student's name/address/birthdate/social security number
 - *data indicating student is a danger to self (see Suicide Risk -- Checklist)
 - *stage of parent notification
 - *language spoken by parent/student
 - *health coverage plan if there is one
 - *where student is to be found
- ____(6) Follow-up with student and parents to determine what steps have been taken to minimize risk.
- ____(7) Document all steps taken and outcomes. Plan for aftermath intervention and support.
- ____(8) Report child endangerment if necessary.

Family Violence

Family violence takes many forms and includes child abuse and neglect.

Family Violence

Any intentional mistreatment of one family member by another constitutes family violence. It may include neglect, sexual abuse, and verbal and psychological abuse. It may range from mild to lethal.

Child Abuse and Neglect

Legally, most school professionals are mandated to report child abuse, but because family violence is so widespread, it is often not seen as crisis. Yet, when family violence occurs, it can be experienced as a major trauma by a child.

Abuse occurs when a child's caretaker through willful neglect or intention causes the child to be injured or places the child in danger.

Abuse includes

- causing internal and external physical injury (watch for students who, more often than their classmates, have large bruises, serious lacerations, burns, fractures)
- causing neonatal addiction to drugs
- deprivations that cause failure to thrive (growth and developmental delays)
- sexual abuse.

Causing serious emotional trauma also constitutes abuse.

Chronic problems or abrupt changes in behavior may be indicators of child abuse. Watch for children who, more often than their classmates, are

- restless
- negativistic, unresponsive, and anti-social
- dejected and self-deprecatory
- fearful/withdrawn
- compulsive
- apathetic
- apt to provoke others to attack

Any form of family violence may be experienced as a major trauma by a child. Sometimes such children act out what they have observed -- physically and sexually abusing others.

Neglect is chronically not attending to a child's basic health or welfare needs (failure to provide nurturance and safety; adequate food, clothing, and shelter; appropriate medicine and education). Caretakers are seen as neglectful if their attention to a child is improper or inadequate or if they fail to provide appropriate care, supervision, education, and emotional support.

In addition to symptoms of emotional, learning, and behavioral problems, neglected children often show significant indications of

- malnutrition
- fatigue/listlessness
- poor hygiene
- not having adequate clothing for the weather conditions

Report *and* Help

In meeting reporting obligations, professionals often are creating another crisis for the child. Thus, it is essential to institute an individually oriented crisis response.

Over the long run, schools need to play a greater role in developing programs that contribute to the prevention of all forms family violence.

Sexual Assault

Sexual assault includes not only rape or incest, but also any forced physical contact with genitals and even being forced to look at genitals, undress or expose oneself. Incest is sexual assault and abuse by a family member (sibling, parent, step-parent, grandparent, uncle, aunt or other relative).

Force includes not only physical force, but use of bribes, trickery, or emotional pressure to engage someone in sexual contact or inappropriate touching. Examples of bribes are offering money, special privilege and treats.

A Few Myths Regarding Sexual Assault

Myth: Few children are sexually assaulted.

Fact: Recent findings suggest that at least one out of eight boys and one of four girls will be sexually assaulted by the age of eighteen. A rape is reported in the U.S.A. approximately once every six minutes.

Myth: Victims provoke their sexual abuse.

Fact: No one has a right to hurt another. The attitude that victims are partly responsible makes them feel at fault and makes others treat sexual assault as a lesser crime.

Myth: Discussing sexual assault is bad for children.

Fact: Inaccurate or false information is bad for anyone. Informing children about sexual abuse can be seen as basic safety information and a facet of prevention.

Indicators of Sexual Abuse

Any common symptoms of learning, behavior, and emotional problems may be an indicator of sexual abuse. Professionals often are told to watch for children who indicate they don't want to go home or want to stay with you or who make unusual statements about their contact with specific adults.

"S/he wears funny underwear." "S/he told me everyone does it and showed me pictures." "S/he said I mustn't tell anyone -- or else."

A few other possible but obviously fallible indicators are:

- Young children with unusual knowledge of sexual topics
- Unusual interest in the genitals of people or animals
- Public masturbation/promiscuity with peer
- Difficulty in walking or sitting
- Pain or itching in genital area or other stress-related somatic complaints
- Regression to infantile behavior (thumb sucking, baby talk)
- Sleep disturbances (nightmares, bedwetting, fear of sleeping alone)
- Eating problems

Students who are raped report feeling powerless and fear being killed or seriously injured. Afterward, the feeling of vulnerability continues and may be accompanied with shock and disbelief, sleep disturbances, flashbacks, mood swings, difficulty concentrating, guilt, shame, and self-blame. These symptoms may not occur immediately but may arise days or weeks after the rape.

Crisis Response

If a student has just been raped, the first crisis responses are to ensure safety, arrange for medical treatment, and report the matter to the proper authorities.

Subsequent crisis response for all sexual assaults must include intervention to ensure victimization does not recur. Crisis counseling and aftermath therapy can assist victims in understanding what they are going through and will likely experience; this can prevent exacerbation of the problem and help speed up recovery. One paradox of discussing assault with a victim is that some experience a crisis of disclosure. It helps to ensure privacy and as much confidentiality as is appropriate (remembering that a few key professionals will need to know if they are to help).

Preventing Teen Dating Violence

[Note: Raven Bennett, a student at Swarthmore College, came to the Center at UCLA for a summer internship funded by the Eugene Lang Opportunity Scholarship. Based on her interest in the topic, she generated a draft for this resource as one facet of her work at the Center. The Center Co-directors edited and added to the draft.]

The ultimate goal is to stop dating violence before it starts. Strategies that promote healthy relationships are vital. During the preteen and teen years, young people are learning skills they need to form positive relationships with others. This is an ideal time to promote healthy relationships and prevent patterns of dating violence that can last into adulthood.

Centers for Disease Control and Prevention (CDC)

The National Center for Victims of Crime (2012) defines dating violence as controlling, aggressive, and abusive behavior in a dating relationship. Such behavior can include verbal, emotional, sexual, or physical abuse (including stalking). Dating violence can take place in person or electronically, such as repeated texting or posting sexual pictures of a partner online. Dating violence is one of the most prevalent forms of peer-to-peer violence. Estimates suggest that one in three adolescents in the U.S. has been victimized by a dating partner (Love is Respect, 2013). Additionally, 20 percent of a sample of 13- to 14-year-olds reported that they know friends or peers who have been physically abused by a dating partner (Teen Research Unlimited, 2008).

Victims of dating violence experience physical, emotional, social, and academic problems. They are more likely to engage in physical fights, sexual activity, binge drinking, drug use, and suicide attempts (Ackard, 2007). They may suffer from problems with self-esteem and body image (Ackard & Neumark-Sztainer, 2002), and often continue to experience patterns of violence in their future relationships (Smith, White, & Holland, 2003).

African American youth are estimated as two-times more likely to experience dating violence than white youth (Centers for Disease Control & Prevention, 2006). Age and gender are also risk factors for dating violence victimization, with younger individuals and females particularly vulnerable (Wolitzky-Taylor, 2008). Research suggests that having friends in violent relationships may be an even stronger predictor of dating violence perpetration and victimization than witnessing inter-parental violence (Arriaga & Foshee, 2004). Exposure to inter-parental violence and history of parental victimization is another factor that has been listed as putting youngsters at risk (Leiderman & Almo, 2001; Manseau, Fenet, Halbert, Collin-Vezina, & Blais, 2008; Tschann, Pasch, Flores, & VanOss Marin, 2009;).

What Is Being Done to Prevent Dating Violence?

Primary prevention entails targeting a potential threat before it occurs. In the case of teen dating violence, primary prevention programs are often either universal, addressing an entire population, or targeted, delivered to individuals who have risk markers that indicate they are more likely to be involved in dating violence. Interventions are most often implemented in schools, but some are administered at non-profit organizations. Programs may take on a variety of forms including traditional lecture style presentations, film screenings, role-playing, discussion groups, poster competitions, and theater play productions. While many varieties of primary prevention programs for dating violence exist, few have undergone rigorous research on effectiveness. The following Exhibit offers some major examples.

*The material in this document was culled from the literature and written up by Raven Bennett as part of her work with the national Center for Mental Health in Schools at UCLA.

The center is co-directed by Howard Adelman and Linda Taylor in the Dept. of Psychology, UCLA,
Email: smhp@ucla.edu Website: <http://smhp.psych.ucla.edu> Send comments to ltaylor@ucla.edu

Exhibit: Sampling of Primary Prevention Programs

>**Safe Dates** (Hazelden Publishing, 2015). This dating abuse prevention program is designated as a Model Program by the Substance Abuse and Mental Health Services Administration and was selected for the National Registry of Evidence-based Programs and Practices. It aims to help teens recognize the difference between caring, supportive relationships, and controlling, manipulative, or abusive dating relationships. The program is co-ed and addresses both victimization and perpetration in abusive relationships. It includes a 10-session curriculum, student-parent booklets to encourage at-home discussions, a poster contest, and a school play.

Students who participated in the program reported less acceptance of dating violence, stronger communication and anger management skills, less gender stereotyping, and greater awareness of community services for dating abuse. Four years after implementation, students who participated reported 56 percent to 92 percent less physical, serious physical, and sexual dating violence victimization and perpetration than nonparticipants. Data suggest the program is equally effective for males and females and individuals of any race.

>**Shifting Boundaries** (Taylor, Stein, Mumford, & Woods, 2012). This dating violence and sexual harassment primary prevention program for middle school students was rated as "promising" by the National Institute of Justice. The program is composed of two parts: a classroom-based curricula and a school-wide component. The classroom-based curricula includes six lessons that cover the construction of gender roles, setting and communicating boundaries in interpersonal relationships, healthy relationships, bystander intervention, the consequences of perpetration, and the state and federal laws related to dating violence and sexual harassment. The school-wide intervention includes identifying and responding to dating violence and sexual harassment, the introduction of temporary school-based restraining orders, the installation of posters in the school to increase awareness and reporting of dating violence and harassment, and the mapping of student reported unsafe 'hot spots' in order to determine the placement of faculty or school security supervision.

While research found the classroom-based curricula alone was not effective, the combination of the school-wide and classroom-based components, as well as the school-wide component alone, were found to reduce sexual violence victimization involving either peers or dating partners at 6 months post-intervention. In addition, the school-wide only intervention resulted in a 27 percent reduction in the frequency of total violent victimization by a peer, a 35 percent reduction in the frequency of sexual victimization, a 54 percent reduction in the frequency of dating partner violent victimization, and a 50 and 53 percent reduction, respectively, in prevalence and frequency of dating partner sexual victimization. For students in the combined intervention group, there was a 34 percent reduction in the prevalence and 41 percent reduction in the frequency of total sexual victimization, as well as a 33 percent reduction in the frequency of total victimization by a peer, but no significant reduction in prevalence of victimization by a peer. There was also a 26 percent reduction in the frequency of sexual harassment compared to the control group, but no reduction in the prevalence of sexual harassment.

>**Coaching Boys into Men** (Miller et al., 2012). This dating violence prevention program targets coaches and high school male athletes. The program trains coaches to deliver violence prevention messages to their athletes, address norms that foster dating violence perpetration, and teach bystander intervention skills. Coaches undergo a 60-minute training led by a trained violence prevention advocate to introduce the Coaches Kit, a resource which includes 11 "Training Cards" that prompt coaches to lead their athletes in 10 to 15 minute discussions about respect and dating violence. These discussions occur during practice throughout the sports season.

Athletes who participated in the Coaching Boys into Men program reported increased intentions to intervene if they saw a peer committing dating violence and more positive bystander behavior than those who did not participate in the program. In addition, those who did not receive the program showed decreased intentions to intervene and more emotional and verbal perpetration toward a female counterpart over time.

A 2011 CDC nationwide survey found 23% of females and 14% of males first experienced some form of partner violence between age 11 and 17. A 2013 survey found approximately 10% of high schoolers reported physical victimization and 10% reported sexual victimization from a dating partner in the previous 12 months.

What Are the Barriers and Supports to Violence Prevention Programs?
(From: Farrell, Mehari, Kramer-Kuhn, Mays & Sullivan, 2015)

Barriers	Supports
<ul style="list-style-type: none"> ● Normative beliefs supporting aggression <ul style="list-style-type: none"> • Belief that aggression leads to better outcomes • Belief that others' provocative behavior warrants or deserves an aggressive response • Belief that fighting is justified in self-defense • Parental values supporting aggressive behavior ● Skill is not consistent with youngster's beliefs or values <ul style="list-style-type: none"> • Belief that some people deserve to be the targets of violence • Perception that using a skill will make youngster feel weak • Skill inconsistent with sense of self • Belief that skill is ineffective ● Skill not considered personally relevant <ul style="list-style-type: none"> • Youngster has his or her "own way" of handling situation ● Situational impediment to use of skill <ul style="list-style-type: none"> • Unsure of the situation, the likely outcomes, or how others might react to use of skill • Does not feel capable of using the skill successfully • Feels too angry, scared, or nervous to use skill • Does not remember to use skill • Noisy and crowded environment • Presence and behavior of bystanders • Location of situation • Peers do not support use of skill • Threat to reputation • Threat of isolation • Age and size of the other person involved in situation • Number of others involved 	<ul style="list-style-type: none"> ● Beliefs or values that support use of skill <ul style="list-style-type: none"> • Belief that aggression and other delinquent behaviors are inconsistent with youngster's goals, values, or sense of self • Belief that aggression is morally wrong • Belief that skill is effective • Skill consistent with sense of self • Skill consistent with knowledge of right or wrong • Skill consistent with parental messages • Skill consistent with life goals ● Belief that use of skill will result in positive outcomes <ul style="list-style-type: none"> • Using a skill could help avoid a negative outcome • Skill has worked in the past ● Situational facilitation of skill use <ul style="list-style-type: none"> • Feels capable of using the skill effectively • Remembers to use skill • Has prior knowledge about the situation or the other person involved • Previous experience in similar situations • Location of situation • Peers supporting use of skill • Environment well-suited for use of skill

A Synthesis of School Policy and Practice Recommendations Related to Teen Dating Violence

Various organizations and researchers have offered policy and practice suggestion. The following is a brief synthesis. [From: Adelman & Taylor, 2010; American Bar Association, 2006; Centers for Disease Control and Prevention, 2015; Davis & Gidycz, 2000; Farrell, Mehari, Kramer-Kuhn, Mays & Sullivan, 2015]

Policy

All middle and high schools should have explicit policy about

- sexual and dating violence (e.g., defining what is not acceptable, such as language that dehumanizes and sexually objectifies others, touching without consent, threatening and coercive behavior)
- school staff development that
 - >ensures understanding of federal and state laws regarding sexual and dating violence
 - >enhances understanding and capacity to address the problem of dating violence (e.g., general and specific time-and-place monitoring to minimize problems, what to do if a student reveals personal information regarding sexual or dating violence -- immediate response and follow-up interventions that support and protect survivors in compliance with Title IX, including, but not limited to, no contact orders, protection against retaliation, and counseling and educational support)
 - >supports activities and a school-wide culture/climate that promotes interpersonal relationships, prevent problems, and respond effectively when a problem is identified
- mechanisms that should be in place to ensure policies are enforced effectively and with positive outcomes

Practice

- Address factors within the school and peer environment that increase the likelihood of problems occurring
- Address factors within the school and peer environment that reduce the likelihood of problems occurring
- Ensure educational materials account for individual differences (e.g., level of development, motivation, cultural background, language, etc.)
- Focus on developing understanding, attitudes, and skills for addressing the problem (including underlying beliefs and values about aggression, dealing with aggressors, peer resistance emotional regulation; explore examples of frequently encountered problem situations that place youth at-risk and how to deal with them)
- Facilitate active learning and retention (e.g., role playing, simulations, discussions/debates; motivated and spaced practice activities outside of the classroom and school setting)
- Provide special interventions (or referrals) to address victim and perpetrator problems.

CDC's website (<http://www.cdc.gov/violenceprevention/pdf/teen-dating-violence-factsheet-a.pdf>) recommends the following sites for learning more about the problem and hotlines for help:

- CDC's Dating Matters: Strategies to Promote Healthy Teen Relationships
www.cdc.gov/violenceprevention/datingmatters
- National Dating Abuse Helpline and Love is Respect: 1-866-331-9474 or text 77054 or
www.loveisrespect.org
- National Sexual Violence Resource Center www.nsvrc.org
- National Domestic Violence Hotline 1-800-799-SAFE (7233)
- National Sexual Assault Hotline 1-800-656-HOPE (4673)

Concluding Comments

It is unlikely that problems such as teen dating violence will be solved simply by developing better strategies for schools to focus specifically on prevention. Such strategies can help, but ultimately what a school needs is to embed such a focus into a unified, comprehensive, and equitable system for addressing barriers to development and learning and re-engaging disconnected students.

The time has come for schools to move away from stand-alone programs for addressing problems such as peer-on-peer violence. Just adding another program worsens the marginalized, fragmented, and piecemeal status of efforts to help students.

Rather than pursuing yet another discrete program, it is essential to use each concern that rises to a high policy level as an opportunity to catalyze and leverage systemic change. The aim should be to take another step toward transforming how schools go about ensuring that all students have an equal opportunity to succeed at school and beyond. It is time to embed advocacy for discrete programs into advocacy for unifying and developing a comprehensive and equitable system.*

*Addressing barriers to learning and teaching and re-engaging disconnected students is a school improvement imperative. Developing and implementing a unified, comprehensive, and equitable system of student and learning supports is the next evolutionary stage in meeting this imperative. It is the missing component in efforts to enhance safe schools, close the achievement gap, enhance social and emotional development and improve interpersonal relationships, reduce dropout rates, shut down the pipeline from schools to prisons, and promote well-being and social justice.

See the *National Initiative for Transforming Student and Learning Supports* –

<http://smhp.psych.ucla.edu/newinitiative.html>

See *Transforming student and learning supports:*

Developing a unified, comprehensive, and equitable system.

<http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf>

***Equity of opportunity is fundamental to enabling civil rights;
transforming student and learning supports is fundamental to
enabling equity of opportunity and promoting whole child development.***

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Additional Resources from CDC

- **CDC TV's *Break the Silence: Stop the Violence***
In this video, parents talk with teens about developing healthy, respectful relationships before they start dating. <http://wwwdev.cdc.gov/CDCTV/BreakTheSilence/index.html>
- ***Dating Matters: Understanding Teen Dating Violence Prevention***
This 60-minute, interactive training is designed to help educators, youth-serving organizations, and others working with teens understand the risk factors and warning signs associated with teen dating violence. <http://www.vetoviolence.org/datingmatters>
- ***Dating Matters: Strategies to Promote Healthy Teen Relationships***
CDC's new teen dating violence prevention initiative seeks to reduce dating violence and increase healthy relationships in high-risk urban communities through comprehensive, multisector prevention. <http://www.cdc.gov/ViolencePrevention/DatingMatters/index.html>
- ***Division of Adolescent and School Health***
This CDC Division promotes the health and well-being of children and adolescents to enable them to become healthy and productive adults. <http://wwwdev.cdc.gov/HealthyYouth>
- ***Preventing Intimate Partner and Sexual Violence: Program Activities Guide***
This guide describes CDC's public health activities and research related to intimate partner and sexual violence. http://wwwdev.cdc.gov/violenceprevention/pub/ipv_sv_guide.html

[Raven and the Center Co-directors thank the Eugene M. Lang Opportunity Scholarship Program for supporting Raven's internship. Each year the Program elects up to six members of Swarthmore College's sophomore class as Lang Scholars. Selection criteria include distinguished academic and extra-curricular achievement, leadership qualities and demonstrated commitment to civic and social responsibility. As its central feature, the Program offers each Scholar the opportunity and related funding to conceive, design and carry out an Opportunity Project that creates a needed social resource and/or effects a significant social change or improved condition of a community in the United States or abroad. In addition, it offers each Scholar a diverse succession of undergraduate and graduate financial and other benefits.]

Grief and Loss

Schools must be prepared to respond to those experiencing grief and loss. Students and staff die. There are deaths in the family. Pets die. Parents divorce. Friends move away. And on and on.

Many useful “what to do” resources are available. Ideas culled from various sources are offered below. More help on this topic can be found by using the Quick Find search on our website: <http://smhp.psych.ucla.edu>

Stages of Grieving

Grieving disrupts normal functioning, but it need not be a long lasting problem. “Working” through grief can help restore emotional health. Although grief stages may not occur in order, they are described as follows:

- *Shock* – usually the first reaction – often experienced as numbness or physical pain and withdrawal.
- *Denial* – acting as if no loss has occurred
- *Depression* – feeling pain, despair, emptiness – may not be accompanied by an emotional release such as crying
- *Guilt* – self-blame for not having expressed more caring or belief the loss was his/her fault
- *Anxiety* – panic reactions as reality sets in
- *Aggression* – toward those who might have prevented the loss and sometimes toward the lost object (may have trouble acknowledging anger toward the object of loss, but expressing such anger is seen as helping recovery)
- *Reintegration* – loss is accepted (although there may be periods of relapse).

Helping Students/Staff Deal with Loss

One of the most difficult losses is the death of someone who was loved. As in all loss situations, those grieving need to experience school as a safe place to think about and express their loss. To this end, anyone doing counseling needs to:

- (1) Recognize loss; encourage students/staff to talk about what happened and how they feel. (“Tell me what happened.” “I’m so sorry.”)

- (2) Tell others as a group what happened and respond emotionally. Directly relate the facts. Let them know how you feel. (“It hurts to know your mother died.”)
- (3) Allow students/staff to express their reactions and then validate the emotions that emerge at each grief stage. Offer time for them to share feelings and facilitate the process with warmth and understanding. For groups, validate the feelings expressed – even if they seem harsh. (There will be expressions of anger, fear, guilt, and so forth. Some will even indicate relief that what happened to someone else didn’t happen to them. Others may find it hard to express anything.) All need to be told it is O.K. to cry.
- (4) Answer questions directly and sensitively. Relate the facts of an event as best you can. In discussing death, recognize its finality – don’t compare it with sleeping (that can lead to sleep problems).
- (5) In a situation where someone returns to school after experiencing a cherished other’s death, be sure that students and staff are prepared for what to say and how to act. It is critical that they welcome the person and not shy away (“Glad you’re back, sorry about your brother.” “When you feel like it, let’s talk about it.”).
- (6) Don’t forget to take care of yourself – especially if the loss is one for you too.

Helping the Bereaved Return to School

Individuals experiencing loss sometimes don’t want to return to school. There are many reasons for this. Crisis response plans should address what to do to maximize someone’s return after a loss.

Outreach. A home visit can help assess needs and how to address them. A step-by-step plan can be made with the individual’s family.

Special support and accommodations at school. Inform teachers and other staff about plans and specific ways to help a student or colleague readjust. Connect the person to special friends and counselors who will be especially supportive. Ensure that everyone understands grief reactions and is ready to be appropriately responsive. Add support around classroom learning activities and job functions to help if someone is having trouble focusing.

Counseling to help the person through the stages of grief. In general, the individual needs to have prompt and accurate information about what happened, honest answers to questions, an opportunity to work through the grief, and lots of good support.

Hostage Situations

Fortunately, hostage situations are rare. Nevertheless, crisis response plans need to specify what to do until the police arrive and what to do to assist the police.

Immediate Response

- (1) Call 911.
- (2) Activate crisis response -- being very careful not to sound alarms that might cause others to move into dangerous areas. The first priority is safety and care of students and staff.
- (3) Seal off the area.
- (4) Avoid confronting or in any way further agitating the hostage taker.
- (5) In talking with the hostage taker:
 - keep your voice calm and try to keep the conversation from being in any way threatening;
 - express concern ("I'm concerned about you and those with you." "What is it you would like us to do?");
 - refer to captives only in people terms (children, boys, girls, women, men). This may help the hostage taker to keep thinking of them as human beings -- not objects);
 - acknowledge and restate the captor's requests;
 - avoid making promises or commitments (but if pushed to respond, do so agreeably and diplomatically).

Above all else try to buy time and keep the situation from getting worse while waiting for the hostage negotiators to arrive.

- Evacuate the area/school only if absolutely safe and secure routes are available. If evacuation is not feasible, direct everyone to stay put, stay down, and stay out of sight.

To Assist the Police

If there are witnesses, the police will appreciate having them readily accessible. Such individuals can help clarify the current situation and what happened. (In this regard, they will need to be sequestered in a safe place, with a supervision who can both provide emotional support and can keep them from talking with each other in ways that will lead to distorted recall.) If the hostage taker is known to the school, the police will also want to talk to anyone who knows the person and may want any school records on the individual and on the hostages.

The police also will want maps and the person who knows the most about the physical school plant so that they can clarify the location of doors, windows, hallways, closets, roof access, basements, control panels, fire extinguishers, communication links, and so forth.

Finally, the police will probably want to handle the media but may want someone from the school to be available.

Post-Traumatic Stress Disorder

There is increasing concern that post-traumatic stress is not just an adult problem.

School-age children who experience trauma directly or indirectly may

- *re-experience the trauma* (intrusive imagery or sound or a full re-experiencing of a violent incident).
- *experience a numbing of responsiveness* physically and emotionally (becoming less involved and interested in activities and people -- even close friends and parents).
- report and manifest *a variety of symptoms* (grief reactions, avoidance of things that remind them of the event, poor school performance, jumpiness and nervousness, sleep disturbances, separation anxiety related to a person about whom they are worried).

Pynoos and Nader (1988)* discuss psychological first aid and treatment for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). Their work helps all of us think about some general points about responding to a student who is emotionally upset.

Psychological first aid and treatment for students/
staff/parents can be as important as medical aid.
The immediate objective is to help individuals deal
with the troubling psychological reactions.

*Pynoos & Nader (1988), Psychological first aid and treatment approach to children exposed to community violence. *Journal of Traumatic Stress, 1*, 445-473.

Defining Trauma and Child Traumatic Stress

from the National Child Traumatic Stress Network - http://www.nctsnet.org/nccts/nav.do?pid=faq_def

Trauma

Children and adolescents experience trauma under two different sets of circumstances.

Some types of traumatic events involve (1) experiencing a serious injury to yourself or witnessing a serious injury to or the death of someone else, (2) facing imminent threats of serious injury or death to yourself or others, or (3) experiencing a violation of personal physical integrity. These experiences usually call forth overwhelming feelings of terror, horror, or helplessness. Because these events occur at a particular time and place and are usually short-lived, we refer to them as acute traumatic events. These kinds of traumatic events include the following:

- * School shootings
- * Gang-related violence in the community
- * Terrorist attacks
- * Natural disasters (for example, earthquakes, floods, or hurricanes)
- * Serious accidents (for example, car or motorcycle crashes)
- * Sudden or violent loss of a loved one
- * Physical or sexual assault (for example, being beaten, shot, or raped)

In other cases, exposure to trauma can occur repeatedly over long periods of time. These experiences call forth a range of responses, including intense feelings of fear, loss of trust in others, decreased sense of personal safety, guilt, and shame. We call these kinds of trauma chronic traumatic situations. These kinds of traumatic situations include the following:

- * Some forms of physical abuse
- * Long-standing sexual abuse
- * Domestic violence
- * Wars and other forms of political violence

Child Traumatic Stress

Child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations, and when this exposure overwhelms their ability to cope with what they have experienced.

Depending on their age, children respond to traumatic stress in different ways. Many children show signs of intense distress—disturbed sleep, difficulty paying attention and concentrating, anger and irritability, withdrawal, repeated and intrusive thoughts, and extreme distress—when confronted by anything that reminds them of their traumatic experiences. Some children develop psychiatric conditions such as posttraumatic stress disorder, depression, anxiety, and a variety of behavioral disorders.

While some children "bounce back" after adversity, traumatic experiences can result in a significant disruption of child or adolescent development and have profound long-term consequences. Repeated exposure to traumatic events can affect the child's brain and nervous system and increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships. Traumatic stress can cause increased use of health and mental health services and increased involvement with the child welfare and juvenile justice systems. Adult survivors of traumatic events may have difficulty in establishing fulfilling relationships, holding steady jobs, and becoming productive members of our society. Fortunately, there are effective treatments for child traumatic stress.

Trauma: A Barrier to Learning and Teaching

Trauma is not an event itself, but rather a response to one or more overwhelmingly stressful events where one's ability to cope is dramatically undermined. These experiences in childhood can lead to a cascade of social, emotional and academic difficulties. As students get older, exposure to traumatic experiences can also lead to the adoption of self-medicating behaviors such as substance abuse, smoking, and overeating. All of these responses to traumatic events can interfere with a child's ability to learn at school.

The Trauma and Learning Policy Initiative

School and community shootings, natural disasters, death of a family member or friend, physical, emotional, and sexual abuse, abandonment and neglect, exposure to family abuse or illness – all can be traumatic for students and staff. And for some, the psychological impact can become a barrier to learning and teaching. Data from a recent student health survey in a large urban school district found that 98 percent reported experiencing one or more stressful or traumatic life events in the past 12 months. At least half were viewed as suffering from moderate to severe symptoms of Post-Traumatic Stress Disorder (PTSD). This may reflect the growing numbers of youngsters growing up in poverty, those who are homeless, those living in violent communities, immigrant students coming from war-torn countries, and students who are chronically bullied.

No one doubts the importance of helping students with trauma histories. Schools have a clear stake in this since traumatized students often manifest learning and behavioral problems at school. The following highlights some current literature on addressing problems related to trauma in schools and then clarifies why the focus needs to go well beyond clinically-oriented mental health interventions.

Trauma Defined

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” Traumatic effects may be acute or chronic. They may be manifested in a variety of ways, such as anxiety, shock, denial, heightened arousal, difficulty concentrating, confusion, sadness, fear, guilt, shame, self-blame, hopelessness, withdrawal, feeling disconnected or numb, disturbed sleep, difficulty paying attention, anger, irritability, reactivity, repeated and intrusive thoughts, depression, mood swings, and a variety of behavioral, academic, and interpersonal problems. A cluster of such reactions often are diagnosed as Post-Traumatic Stress Disorder (PTSD).

At the same time, it is important to remember that not everyone who encounters a traumatic experience develops PTSD. Youngsters can be resilient. Many develop inner strengths and defenses that help them cope effectively with toxic events; others benefit from external protective buffers such as various forms of social support.

SAMHSA stresses that addressing trauma requires (a) understanding the impact of trauma and potential paths for recovery; (b) recognizing the symptoms in those affected (e.g., individuals, family members, staff), (c) responding by fully integrating knowledge about trauma into policies, procedures, and practices, and (d) developing ways that actively resist re-traumatization.

<http://www.samhsa.gov/nctic/trauma-interventions>

*The material in this document reflects work done by Kathryn Munguia as part of her involvement with the national Center for Mental Health in Schools at UCLA.

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What Trauma Professionals Propose for Schools

Trauma professionals want schools to (1) be trauma sensitive, (2) provide school-wide help after potentially traumatizing events, and (3) assure that suffering individual students and staff receive appropriate treatment. As we will clarify below, a focus on trauma is necessary, but needs to be embedded into a unified, comprehensive, and equitable system for addressing barriers to learning and teaching.

Trauma Sensitive Schools

The Trauma and Learning Policy Initiative, a collaboration of Massachusetts Advocates for Children and Harvard Law School, outlines six attributes of trauma sensitive schools:

- There is a shared understanding among all staff.
- The school supports all children to feel safe physically, socially, emotionally, and academically.
- The school addresses students needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
- The school explicitly connects students to the school community and provides multiple opportunities to practice newly developing skills.
- The school embraces teamwork and staff share responsibility for all students.
- Leadership and staff anticipate and adapt to the ever-changing needs of students.

For elaboration of each of the above, see

<http://traumasensitiveschools.org/trauma-and-learning/the-solution-trauma-sensitive-schools/>.

Providing School-wide Help to those Potentially Traumatized

Classroom discussions and school-based trauma and grief-focused groups commonly are used when many students and staff share an experience such as a shooting on campus, an earthquake, or other trauma producing events. In addition, attention recently has been directed at the traumatic impact of living and working in a chronically toxic environment.

An example of a school based trauma- and grief focused group psychotherapy program is provided by Saltzman, Pynoos, Layne, Steinberg, and Aisenberg (2001). Students in a community with high gang activity and economic disadvantage were screened, interviewed, and then chosen to participate in the therapy if they met trauma criteria. The 20 session therapy focused on traumatic experiences, reminders of trauma and loss, the interplay of trauma and grief, posttrauma adversities, and developmental progression to "build a foundation of group cohesion and coping skills, process traumatic experiences, promote adaptive grieving, and promote normal developmental progression." The researchers report that the intervention reduced PTSD and grief symptoms and improved academic performance.



One Teacher's Perspective

A high school teacher who was recently interviewed had a good deal to say about trauma and how it is handled at her school. As an example, she indicated that three students were recently shot. In response, the district sent in a crisis team. However, she was not given any specific instructions of what to do, except for a sheet listing symptoms to watch for (e.g., anger, truancy, a short attention span). Specifically, she felt she should have been informed about how to address trauma concerns in her classroom.

Her general impression is that many students need mental health supports, but the district cannot meet the need. She also emphasized that teachers experience trauma as a result of personal events and working under chronically difficult conditions. Despite all this, the school on average has the equivalent of one full time student support professional. (She noted that the school was able to add a Restorative Justice Coordinator only by applying for an extramural grant.)

Her recommendations:

- train teachers to understand potentially trauma producing circumstances and how to respond to address problems
- improve the school environment (e.g., smaller classes, more staff)

Intensive Individual Help

A variety of therapies have been designed to address individuals manifesting significant indicators of traumatization. SAMHSA describes some well-known trauma-specific interventions that are “based on psychosocial educational empowerment principles that have been used extensively in public system settings.” They stress that these interventions are listed for informational and educational purposes only (not for endorsement). See <http://www.samhsa.gov/nctic/trauma-interventions>.

A review of therapies that use Cognitive Behavioral Therapy (CBT) is provided by Black, Woodworth, and Tremblay (2012). They focus on: (1) Multimodal Trauma Treatment (MMTT), (2) Trauma-Focused Cognitive Behavior Therapy (TF-CBT), (3) Stanford’s Cue-Centered Therapy (CCT), (4) Seeking Safety, and (5) Trauma Affect Regulation: A Guide for Education and Therapy (TARGET). The following descriptions draw on their review and on SAMHSA’s website and the individual websites of the designated therapies.

- (1) MMTT is described as taking CBT techniques and adjusting them for children so that development is not disrupted. It can be used with groups. The review reports that 57% of adolescents experienced reduced symptoms of PTSD immediately after treatment and 86% no longer had symptoms of PTSD at 6-month follow up. While school-based MMTT was the most effective of the four therapies, it has not been tested on students who experience more than one incident of trauma, such as those who live in a community with high rates of violent crime.
- (2) TF-CBT also is described as focusing on the student's developmental level. It may include sessions with the parent alone or with the youngster. The review indicates that the focus is on helping a youngster learn the skills needed “to master the stress that is brought on by traumatic memories” and master reactions reminders of trauma and ultimately move beyond feelings of victimization. Findings reported include significant reductions in depression, behavior problems, and other trauma-related symptoms immediately after treatment.

- (3) CCT is described on its website as “a brief psychotherapy (15-19 sessions) for youth ages 8 and older who are experiencing chronic, ongoing trauma. The treatment primarily focuses on individual therapy with the child, with 3-4 conjoint sessions with the caregiver. CCT is founded upon the principle that trauma exposure can cause cognitive, emotional, physiological, and behavioral symptoms, all of which interact with one another. Re-exposure to traumatic reminders (cues) can cause exacerbation of these symptoms. CCT is a hybrid intervention that combines empirically supported treatment components drawn from different therapeutic modalities. It integrates cognitive and behavioral interventions with other relaxation, supportive, insight-oriented, self-efficacy, psycho-education, and parental coaching methods.”
- (4) Seeking Safety is described on the SAMHSA website as “designed to be a therapy for trauma, post-traumatic stress disorder (PTSD), and substance abuse. ... The developer feels that this model works for individuals or with groups, with men, women or with mixed-gender groups, and can be used in a variety of settings.... The developer indicates that the key principles of Seeking Safety are safety as the overarching goal, integrated treatment, a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse, knowledge of four content areas (cognitive, behavioral, interpersonal, and case management), and attention to clinical processes.
- (5) TARGET is described by SAMHSA as designed for use by organizations and professionals with a broad range of experience with and understanding of trauma.... The developer indicates that TARGET is an educational and therapeutic approach for the prevention and treatment of complex Post Traumatic Stress Disorder. The developer suggests that this model provides practical skills that can be used by trauma survivors and family members to de-escalate and regulate extreme emotions, manage intrusive trauma memories experienced in daily life, and restore capacities for information processing and memory.” It is also noted that the developer states that the therapy can be used “in all levels of care for adults and children.”

With increasing attention to intergenerational problems, interventions are being developed that specifically focus on such concerns. One example is the Intergenerational Trauma Treatment Model (ITTM) described online at <http://www.theittm.com/>. (Also discussed at length in an article that is online at <http://www.theittm.com/files/KLscott273-v1i3.pdf> .)

Embedding Trauma into a System of Student and Learning Supports

Schools are not in the mental health business, but they can play a significant role in addressing trauma and the many other interrelated concerns that interfere with learning and teaching. To do this effectively, schools need to embed such concerns into a unified, comprehensive, and equitable system of student and learning supports. This includes enhancing supports in regular classrooms to enable learning, supporting transitions, increasing home and school connections, responding to and, where feasible, preventing school and personal crisis and traumatic events, increasing community involvement, and facilitating student and family access to effective services and special assistant as needed. When such a system is implemented effectively, interventions are planned and developed in collaboration with families and community stakeholders to help ameliorate crises and traumatic events. This include creating a caring and safe learning environment, providing immediate assistance in emergencies, and ensuring follow-up care as necessary (e.g., referral to treatment).

For all this to happen requires fundamental systemic changes. And fundamental, large scale systemic changes require expanding school improvement policy and practices from a two to a three component framework and strategically developing a sophisticated operational infrastructure for school, home, and community collaboration. These essential changes will enable schools to transform their student and learning supports into a unified, comprehensive, and equitable system that fully embeds plans

for addressing the needs, rights, and well being of all students. Special attention is needed to minimize all forms of harassment, discrimination, and exclusion at school. School policy must explicitly protect and support all students; curricula must represent and positively portray all subgroups in society; social and emotional learning must emphasize a sense of community and respect for all. (See <http://smhp.psych.ucla.edu/pdfdocs/book/book.pdf> and <http://smhp.psych.ucla.edu/newinitiative.html>.)

Home and Community Working to Limit Youngster's Exposure to Trauma

Research suggests that students who live in neighborhoods plagued by violence do better at school when their out-of-school time is occupied by organized sports and other extra-curricular and supportive activities. The need is to create a variety of attractive and affordable programs at schools, libraries, and park and recreation facilities and publicize and promote them. In addition, schools and libraries need to offer after school homework support and tutoring. And schools need to work with the community to develop mentoring, service learning, job shadowing, and internship opportunities. (For more on this, do a computer search on after school programs, service learning, mentoring, job shadowing, student internships.)

Concluding Comments

Schools clearly need to focus on how to help students, families, and staff with respect to trauma. At the same time, the emphasis should not be on responding to trauma as another ad hoc mental health agenda item. Instead, we suggest broadly conceiving the work as that of addressing barriers to learning and teaching and re-engaging disconnected students (including a full range of psychosocial and mental health concerns). Concerns for trauma fit well into such a unifying concept. From this perspective, we emphasize that trauma and all other student learning, behavioral, and emotional problems can and should be embedded into a unified, comprehensive, and equitable system of intervention within schools and school districts.

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Also see the UCLA Center's Online Clearinghouse Quick Finds on

>Crisis Prevention and Response: http://smhp.psych.ucla.edu/qf/p2107_01.htm

>Post-Traumatic Stress: <http://smhp.psych.ucla.edu/qf/ptsd.htm>

>Grief and Bereavement: http://smhp.psych.ucla.edu/qf/p3003_01.htm

Each Quick Find provides links to resource materials from our center and links to other centers that offer a variety of resources and references.

Also, for immediate aids in an emergency, click on the icon labeled *Responding to a Crisis* on our center's homepage – <http://smhp.psych.ucla.edu/>

Recommendations on the Support and Safety of Gay and Lesbian Students

Public health and educational research has documented that gay and lesbian students and other students dealing with sexual identity issues face increased risk of violent victimization, harassment, and discrimination, impeding their ability to do well in school. In addition, due to their low self-esteem, lack of support, and family difficulties, some of these students may be at greater risk for alcohol and other drug abuse, suicidal behavior, infection with HIV and other sexually transmitted diseases, and homelessness.

In response to these concerns, Governor William F. Weld signed an executive order in February, 1992, establishing the Governor's Commission on Gay and Lesbian Youth. In February, 1993, the Commission issued its report, Making Schools Safer for Gay and Lesbian Youth: Breaking the Silence in Schools and in Families, which makes recommendations regarding educational issues.

Based on the recommendations in this report, the Board of Education voted in May, 1993, to adopt the following steps to improve the safety of schools and school-based support services for these students:

Schools are encouraged to develop policies protecting gay and lesbian students from harassment, violence, and discrimination.

In order to guarantee the rights of all students to an education and to prevent dropping out, school policies should include sexual orientation within anti-discrimination policies, as well as within policies which guarantee students' rights to an education and to equal access to school courses and activities.

In order to make schools safe for all students and to prevent violence and harassment, schools should amend existing anti-harassment policies to include prohibiting violence, harassment, and verbal abuse directed against gay and lesbian students and those perceived to be gay or lesbian. Incidents of anti-gay abuse should be treated with the same discipline procedures as other incidents involving bias and hatred.

Schools are encouraged to offer training to school personnel in violence prevention and suicide prevention.

In order to prevent violence in schools, teachers, guidance counselors, and all school staff should be provided with training in violence and suicide prevention, including the particular issues/concerns of gay and lesbian students.

Schools are encouraged to offer school-based support groups for gay, lesbian and heterosexual students.

In order to support students who are isolated and may be at high risk for suicide, high schools should establish support groups where all students, gay, lesbian and heterosexual, may meet on a regular basis to discuss gay and lesbian youth issues in a safe and confidential environment. These gay/heterosexual alliances should be open to all students and should have a faculty advisor and support from the school administration.

Schools are encouraged to provide school-based counseling for family members of gay and lesbian students.

School systems should extend existing student support teams, guidance services, and partnerships with community agencies to provide counseling services to gay and lesbian students and their families.

Section VII

Quick Find On-line Clearinghouse

About Quick Finds

The Quick Finds section of the Center website (<http://smhp.psych.ucla.edu/>) offers topic areas that are regularly updated with new reports, publications, internet sites, and centers specializing in the topic. Click on Search and Quick Find and use the drop down topical menu to select and click on the topic you want. It should be noted that the Center's Quick Finds contain many more references of relevance and cover a variety of other matters as well.

TOPIC: Crisis Prevention and Response – http://smhp.psych.ucla.edu/qf/p2107_01.htm

Some examples of our center materials found in this QuickFind Topic:

- **Quick Training Aid: School-Based Crisis Intervention**
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=2108&number=9998>
- **Introductory Packet: Violence Prevention and Safe Schools**
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=2108&number=9999>
- **Newsletter, Ideas into Practice: Grief and Loss (Summer, '00)**
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=3001&number=9998>
- **Training Tutorial: Crisis Assistance and Prevention**
<http://smhp.psych.ucla.edu/dbsimple2.asp?primary=2108&number=9997>

Other Relevant QuickFind Topics:

Abuse

<http://smhp.psych.ucla.edu/qf/sexassault.html>

Bullying

<http://smhp.psych.ucla.edu/qf/bully.htm>

Gangs

http://smhp.psych.ucla.edu/qf/p3009_01.htm

Grief and Bereavement

http://smhp.psych.ucla.edu/qf/p3003_01.htm

Hate Groups: Helping Students and Preventing Hate Crime

<http://smhp.psych.ucla.edu/qf/hategroups.htm>

Post-traumatic Stress

<http://smhp.psych.ucla.edu/qf/ptsd.htm>

Prevention for Students "At Risk"

<http://smhp.psych.ucla.edu/qf/prevention.html>

Safe Schools and Violence Prevention

http://smhp.psych.ucla.edu/qf/p2108_03.htm

Section VIII

Agencies, Organizations, Advocacy, Internet Sites & Hotlines

American Association of School Administrators – Issues: Safe Schools -- <http://www.aasa.org>

Center for Effective Collaboration and Practice – American Institutes of Research -- <http://cecp.air.org/>

Center for the Study and Prevention of Violence -- <http://www.colorado.edu/cspv/>

Children's Safety Network (CSN) – National Injury and Violence Prevention Resource Center --
<http://www.childrenssafetynetwork.org/>

Council for Children with Behavioral Disorders -- <http://www.cec.sped.org/>

Center for Disease Control and Prevention - Natural Disasters and Severe Weather --
<http://www.bt.cdc.gov/disasters/index.asp>

The Council for Exceptional Children (CEC) -- <http://www.cec.sped.org/>

U.S. Department of Education: Office of Safe and Healthy Students --
<http://www2.ed.gov/about/offices/list/oese/oshs/index.html>

Drug Strategies -- <http://www.drugstrategies.org>

Educational Resources Information Center (ERIC) -- <http://www.eric.ed.gov/>

Institute on Violence and Destructive Behavior -- <http://darkwing.uoregon.edu/~ivdb/index.html>

National Center for Crisis Management -- <http://www.nc-cm.org/>

National Child Traumatic Stress Network -- <http://www.nctsnet.org/>

The National Crime Prevention Council (NCPC) -- <http://www.ncpc.org>

National Institute for Trauma and Loss in Children -- <http://www.tlcinst.org/>

National School Safety Center -- <http://nssc1.org>

National Youth Gang Center -- <http://www.iir.com/nygc>

Northwest Regional Educational Laboratory -- <http://www.nwrel.org/index.html>

Office of Juvenile Justice & Delinquency Prevention (OJJDP) -- <http://ojjdp.ncjrs.org/>

Oppositional Defiant Disorder Support Group -- <http://www.conductdisorders.com/>

PeaceBuilders -- <http://www.peacebuilders.com>

Solution Tree -- <http://www.solution-tree.com/Public/Media.aspx?ShowDetail=true&ProductID=BKF009>

Where can I obtain professional help for my child or another family member?

If you or your child needs emergency help right away, call **9-1-1** or check the government listing of your local phone book for “mental health crisis hotline” and call the help number. For non-emergencies, you can call **2-1-1** for a referral. **2-1-1** provides callers with information about and referrals to human services such as basic needs (food banks, shelters, etc.), physical and mental health resources, employment support and volunteer opportunities and donations. If the **2-1-1** service is not currently available in your area, you can contact your local United Way or visit www.unitedway.org for a phone listing of your local United Way.

For information and referral for mental health services in your area,
dial 2-1-1 or call your local mental health association.

Some Helpful Websites

FEMA for Kids

FEMA website for children to help them understand and prepare for disaster.
www.ready.gov/kids/

National Hurricane Center (official website)

Information on current and past storms, forecasting models and links to other pertinent websites.
www.nhc.noaa.gov/

SAMHSA: Disaster Preparedness: Response and Recovery --

<http://www.samhsa.gov/disaster-preparedness>

Section IX

Self-Study Survey for Crisis Assistance and Prevention

About Self Study Surveys

Self-study surveys are useful aids in mapping and analyzing student and learning supports and making decisions about priorities for improving the system for addressing barriers to learning and teaching and re-engaging disconnected students.

The first survey is designed to provide a quick 2 step general overview of student and learning supports activity, processes, and mechanisms.

This is followed by surveys of

- Classroom-based Learning Supports to Enable Learning and Teaching
- Supports for Transitions
- Home Involvement, Engagement, and Re-engagement in Schooling
- Community Outreach and Collaborative Engagement
- Crises Assistance and Prevention
- Student and Family Special Assistance

About the Self-Study Process to Enhance the Learning Supports Component

This type of self-study is best done by a workgroup. However, such a self-study is *NOT* about having another meeting, getting through a task, or an accountability measure! The process is about moving on to better outcomes for students.

A group of school staff (teachers, support staff, administrators) can use the items to discuss how the school currently addresses any or all of the learning supports arenas. Workgroup members initially might work separately in responding to survey items, but the real payoff comes from group discussions.

The items on a survey help clarify

- what is currently being done and whether it is being done well and
- what else is desired.

This provides a basis for discussing analyses and decision making. (See the following page.)

The discussion and subsequent analyses also provide a form of quality review.

About Analyzing Gaps; Reviewing Resources; Planning Action

Discussions using the self-study surveys usually involve some analyses.

As you proceed, think about and discuss the following:

- (1) Which learning supports address barriers that your district/school has identified as the most significant factors interfering with students learning and teachers teaching?
- (2) Which of the significant factors are not being addressed at all or not well-enough? (These are critical gaps to fill.)
- (3) Given that all the critical gaps probably can't be filled immediately, discuss priorities.
- (4) Discuss whether any current activities are not effective and probably should be discontinued so that the resources can be redeployed to fill high priority gaps.
- (5) Identify who in the community might be worth outreaching to with a view to establishing a collaboration to help fill high priority gaps.
- (6) Are there other sources of funds available at this time to fill the gaps?
- (7) Decide what steps to take in acting upon the analysis.

Crises Assistance and Prevention

Schools must respond to, minimize the impact of, and prevent school and personal crises. This requires school-wide and classroom-based approaches for

- A. immediate emergency response** – at a site and with other local schools and the surrounding community
- (b) immediate aftermath assistance**
- (c) follow-up** – in the days and weeks after an event,
- (d) prevention in the future** – taking steps at school and in the community to prevent those future events that are preventable and reduce the impact when crises occur (e.g., enhancing school safety, violence reduction, suicide prevention, child abuse prevention, processes to mediate and resolve conflict, a emphasis on improving human relations, promoting a caring school culture, enhancing coping, resilience, problem solving, refining institutional response to crises).

Key overlapping mechanisms in this arena are a planning and development workgroup and a crisis response team. All those involved in this work need preparation related to emergency response procedures, physical and psychological first-aid, aftermath interventions, and so forth.

After a crisis, the first concern is to ensure physical safety and medical first aid; this is followed immediately by attention to psychological considerations. Then, the emphasis is on the school's need to regain stability and a sense of normality so that students and staff can resume learning and teaching. Included here is attention to follow-up care as needed.

Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes how many responders are needed during the various phases of the crisis. Also, difficulties that must be dealt with during the crisis itself raise many problems that are quite distinct from those arising in the immediate aftermath and in the days and weeks following the event (e.g., hysteria and fear as contrasted with grief reactions and post traumatic stress).

The proper handling of school crises is essential to minimizing negative impact on learning and mental health. Comprehensive crisis intervention planning and implementation provides ways for school personnel, students, and families to return to normalcy as quickly as feasible, address residual (longer-term) psychosocial problems, and explore preventive measures for the future.

Crises Assistance and Prevention

Use the following ratings in responding to the item 1-5.

DK = don't know; 1 = not yet; 2 = planned; 3 = just recently initiated; 4 = has been functional for a while; 5 = well institutionalized (well established with a commitment to maintenance)

- 1. Is there a stated policy for enhancing Crises Assistance and Prevention? DK 1 2 3 4 5
- 2. Is there a designated leader or leaders for enhancing Crises Assistance and Prevention? DK 1 2 3 4 5
- 3. Do personnel involved in enhancing Crises Assistance and Prevention meet regularly as a workgroup to evaluate current status and plan next steps? DK 1 2 3 4 5
- 4. Is there a written plan for capacity building related to enhancing Crises Assistance and Prevention? DK 1 2 3 4 5
- 5. Are there written descriptions available to give all stakeholders regarding current Crises Assistance and Prevention? DK 1 2 3 4 5

Use the following ratings in responding to the next items.

- DK = don't know
- 1 = hardly ever effective
- 2 = effective about 25 % of the time
- 3 = effective about half the time
- 4 = effective about 75% of the time
- 5 = almost always effective

With respect to enhancing Crises Assistance and Prevention, how effective are each of the following:

- >current policy DK 1 2 3 4 5
- >designated leadership DK 1 2 3 4 5
- >workgroup monitoring and planning of next steps DK 1 2 3 4 5
- >capacity building efforts DK 1 2 3 4 5

Crisis Assistance and Prevention

Indicate all items that apply.

Yes	Yes but more of this is needed	No	If no, is this something you want?
-----	--------------------------------	----	------------------------------------

I. Ensuring Immediate Assistance in Emergencies/Crises

- A. Is there a plan that details a coordinated response
 - 1. for all at the school site?
 - 2. with other schools in the complex?
 - 3. with community agencies?
- B. Are emergency/crisis plans updated appropriately with regard to
 - 1. crisis management guidelines (e.g., flow charts, check list)?
 - 2. plans for communicating with homes/community?
 - 3. media relations guidelines?
- C. Are stakeholders regularly provided with information about emergency response plans?
- D. Are there sufficient emergency response practices and quality improvements?
- E. Are responders properly prepared to
 - 1. handle the overall situation?
 - 2. provide medical first aid?
 - 3. provide psychological first aid?
- F. Other? (specify) _____

II. Immediate Aftermath

- A. Is there a plan for
 - 1. stabilizing the situation?
 - 2. providing information to all concerned parties?
 - 3. responding to the media?
- B. Are there processes for implementing the aftermath plan?
- C. Are there plans and processes for providing aftermath assistance to all who need it?
- D. Are there plans and processes for providing aftermath assistance to the emergency responders?
- E. Other? (specify) _____

III. Providing Follow-up Assistance as Necessary

- A. Are there plans and processes for providing *short-term* follow-up assistance?
- B. Are there plans and processes for providing *longer-term* follow-up assistance?
- C. Other? (specify) _____

Crisis Assistance and Prevention (cont.)

IV. Prevention

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. Is there an ongoing emphasis on enhancing a caring and safe learning environment	___	___	___	___
1. school-wide?	___	___	___	___
2. in classrooms?	___	___	___	___
3. in the neighborhood?	___	___	___	___
B. Are there plans and processes for				
1. refining the institutional response to crises?	___	___	___	___
2. enhancing coping, resilience, problem solving?	___	___	___	___
3. improving human relations?	___	___	___	___
4. mediating/resolving conflicts?	___	___	___	___
5. bullying and harassment abatement?	___	___	___	___
6. school and community violence reduction?	___	___	___	___
7. suicide prevention?	___	___	___	___
8. child abuse prevention?	___	___	___	___
9. sexual abuse prevention?	___	___	___	___
10. substance abuse prevention?	___	___	___	___
11. other (specify) _____	___	___	___	___

V. Capacity Building to Enhance Crisis Assistance and Prevention

A. Are resources budgeted to enhance to enhance Crisis Assistance and Prevention?	___	___	___	___
B. Are steps taken to enhance broad stakeholder involvement in Crisis Assistance and Prevention?	___	___	___	___
C. Which of the following are involved in Crisis Assistance and Prevention planning:				
1. learning supports staff?	___	___	___	___
2. teachers?	___	___	___	___
3. other school staff?	___	___	___	___
4. students?	___	___	___	___
5. families?	___	___	___	___
6. other schools in the vicinity?	___	___	___	___
7. other concerned parties in the community?	___	___	___	___
D. Is the Crisis Response team appropriately trained?	___	___	___	___
E. Are there plans and processes to enhance the capacity of the following stakeholders to pursue prevention strategies:				
1. learning supports staff?	___	___	___	___
2. teachers?	___	___	___	___
3. other school staff?	___	___	___	___
4. students?	___	___	___	___
5. families?	___	___	___	___
6. other schools in the feeder pattern?	___	___	___	___
7. other concerned parties in the community?	___	___	___	___

Crisis Assistance and Prevention (cont.)

	Yes	Yes but more of this is needed	No	If no, is this something you want?
F. Is there ongoing personnel preparation related to Crisis Assistance and Prevention for				
1. teachers?	___	___	___	___
2. student and learning supports staff?	___	___	___	___
3. administrators?	___	___	___	___
4. office staff?	___	___	___	___
5. other (specify) _____	___	___	___	___
G. Are staff, students, and families well-informed about response and recovery plans and processes?	___	___	___	___
H. Which of the following topics are covered in educating staff and other key stakeholders?				
1. anticipating emergencies	___	___	___	___
2. how to respond when an emergency arises	___	___	___	___
3. how to access assistance after an emergency (including watching for post traumatic psychological reactions)	___	___	___	___
4. indicators of abuse & potential suicide & what to do	___	___	___	___
5. how to respond to concerns related to death, dying, and grief	___	___	___	___
6. how to mediate conflicts and minimize violent reactions	___	___	___	___
7. medical first aid	___	___	___	___
8. psychological first aid	___	___	___	___
9. other (specify) _____	___	___	___	___

Indicate below other things you want the school to do in responding to and preventing crises

Indicate below other ways the school responds to and prevents crises.

Note: Other matters relevant to *Crisis Assistance and Prevention* are included in the other self-study surveys.

Section X

Additional References

Additions to the references cited throughout this document.

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