

Module 1 - Four Phases of Emergency Management

Introduce –
4 Phases of Emergency
Management

Definition: Prevention

Questions: What other
preventive activities can
be conducted?

Definition:
Mitigation

Questions: What other
mitigation activities can
be conducted?

Definition:
Preparedness

Four Phases of Emergency Management

Mitigation & Prevention

Where school officials conduct an assessment to identify potential hazards and develop procedures designated to prevent or mitigate the damage that these hazards might cause.

The positioning of those measures and activities that will lessen the possibility or the impact of an adverse incident in an organization. The primary goals and objectives of prevention are to protect an organization's assets and to manage risk.

Prevention activities

- Review traffic patterns for dangerous conditions.
- Examine existing landscaping looking for tripping hazards, hiding spots and other unsafe conditions.
- CPTED – Crime prevention through environmental design.
- Use security equipment such as cameras (CCTV – Closed Circuit Television), access control systems, and metal detectors.
- Conduct searches of isolated areas.
- Develop student codes of conduct.
- Encourage staff to provide input and feedback into the crisis planning process.
- Review incident data and UVIR's.
- Review the last safety audit.
- Determine the major problems in your school with regard to student crime and violence.
- Assess how the school addresses these problems.
- Conduct an assessment to determine how these problems—as well as others—may impact your vulnerability to certain crises.

Mitigation is any action of a long-term, permanent nature that reduces the actual or potential risk of loss of life or property from a hazardous event.

Mitigation activities

- Assess site selections for schools, annexes and athletic venues.
- Acquire automatic external defibrillators (AED's.)
- Properly secure bookcases and lighting fixtures.
- Correct conditions identified under the prevention activities.
- Ensure televisions are strapped down on movable carts.
- Limit combustible wall and ceiling hangings.
- Connect with community emergency responders to identify local hazards.
- Determine who is responsible for overseeing violence prevention strategies in your school.

Preparedness

Where school officials develop plans and protocols to prepare for the possibility that the hazards previously identified in the mitigation/prevention phase will in fact occur.

Those activities, programs, and systems that exist prior to an emergency that are used to support and enhance response to an emergency or disaster.

Questions: What other preparedness activities can be conducted?

Preparedness activities

- Conduct orientation seminars with students, parents, and staff.
- Establish response teams.
- Conduct fire drills and shelter-in-place drills.
- Determine what crisis plans exist in the district, school, and community.
- Document plans for responding to emergencies.
- Establish MOU's (Memorandum of Understandings)
- Learn ICS (Incident Command System) and NIMS (National Incident Management System.)
- Identify all stakeholders involved in crisis planning.
- Develop procedures for communicating with staff, students, families, and the media.
- Establish procedures to account for students during a crisis.
- Gather information that exists about the school facility, such as maps and the location of utility shutoffs.
- Identify the necessary equipment that needs to be assembled to assist staff in a crisis.

Response

Where school officials implement the plans and protocols developed in the preparedness phase to respond to an emergency or disaster in or around a school.

Definition: Response

The efforts to minimize the risks created in an emergency by protecting the people, the environment, and property, and the efforts to return the scene to normal pre-emergency conditions; the reaction to an incident or emergency to assess the damage or impact and to ascertain the level of containment and control activity required.

Questions: What other response activities can be conducted?

Response activities

- Determine if a crisis is occurring.
- Identify the type of crisis that is occurring and determine the appropriate response.
- Activate response teams.
- Activate the incident management system.
- Activate and follow established response plans.
- Ascertain whether an evacuation; reverse evacuation; lockdown; or shelter-in-place needs to be implemented.
- Maintain communication among all relevant staff at officially designated locations.
- Establish what information needs to be communicated to staff, students, families, and the community.
- Monitor how emergency first aid is being administered to the injured.
- Decide if more equipment and supplies are needed.

Definition:
Recovery

Recovery

Where school officials work closely with community and government stakeholders to help the affected school(s) recover and return to a sense of normalcy as quickly as possible.

Recovery refers to those non-emergency measures following a disaster whose purpose is to return all systems, both formal and informal, to as normal as possible.

Recovery activities

- Strive to return to learning as quickly as possible.
- Restore the physical plant, as well as the school community.
- Monitor how staff are assessing students for the emotional impact of the crisis.
- Identify what follow up interventions are available to students, staff, and first responders.
- Conduct debriefings with staff and first responders.
- Assess curricular activities that address the crisis.
- Allocate appropriate time for recovery.
- Capture “lessons learned” and incorporate them into revisions and trainings.

Questions: What other recovery activities may be conducted?

Module 2 – A Public Health Approach to School Crisis and Disasters

Introduce – A Public Health Approach to School Crisis and Disasters

Immediate post-crisis response

Post-crisis response focuses on re-establishing the social and emotional equilibrium of the school environment, encouraging students to return to school, providing a nurturing and supportive environment and that emphasizes inclusiveness and reaching out to students and staff who may feel isolated and alone.

- Active outreach and assessment.
 - The primary method of assessment is gathering information about student and staff exposure to the incident.
- Organizing services.
 - School crisis intervention teams can assist in restoring the learning environment by providing education about the range of normal response to a traumatic event, support and comfort of students and teaching them new ways to cope with fear and anxiety.
- Integration with emergency operations and response plans.
 - An effective post-crisis response assumes the existence of a plan and protocols for assessment, triage and intervention, an incident commander and a crisis response team, comprised of members who know their roles and responsibilities.
- Integration with communications team.
 - Communications response is critical to minimizing emotional trauma both inside the school and within the community.

Range of Traumatic Events

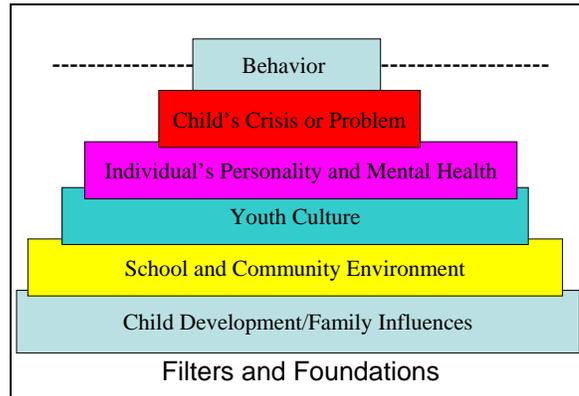
Trauma is embedded in the fabric of daily life.

- Child Abuse and maltreatment
- Domestic violence
- Community violence
- Medical trauma
- Natural disasters
- Terrorist attacks

What is TRAUMA?

- Trauma is an acute stress response that one experiences when confronted with **sudden, unexpected, unusual human experience**.
- Trauma occurs because the event **poses a serious threat to the individual's life** or physical integrity or to the life of a family member or close friend, or to one's surrounding environment.
- Individuals who may have witnessed the event are also at risk to develop a trauma stress response.

Behavior is an Iceberg



Link between Violence Exposure and Chronic PTSD with:

- Substance Abuse
- Reckless Behavior
- High-risk Sexual Behavior
- Gang Participation
- Disturbances in Academic Functioning
(Kilpatrick, Saunders & Resick, 1998)

Multi-Level Intervention Options

Tier 1 – General School-Based Interventions

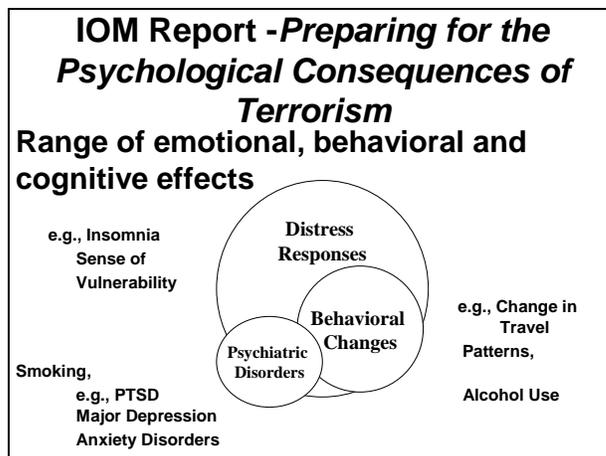
Psychoeducation
Coping Skills
Support

Tier 2 – Specialized School-Based Interventions

Trauma / Grief - Focused Counseling
Group, Individual, Family
Short-Term

Tier 3 – Specialized Community-Based Interventions

Referral to On or Off-Site Mental Health Services



Secondary Adversities Compound Trauma

- Loss of home, car, cherished belongings.
- Loss of social, personal, or familial ties.
- Loss of self-esteem, control over one's life.
- Loss of resources such as food, money, physical abilities.

Grief and Trauma

GRIEF

- Generalized reaction: **SADNESS**
- Pain is the acknowledgement of the loss.
- Guilt may focus on: "I wish I would/would not have..."
- Dreams tend to be of the deceased.
- Generally grief reactions stand alone and do not involve trauma reactions.

TRAUMA

- Generalized reaction: **TERROR**
- Pain triggers tremendous terror, sense of powerlessness and loss of safety.
- Guilt may focus on: "It was my fault. I could have prevented it. It should/could have been me."
- Dreams are about the self as the potential victim.
- Often involves grief reactions (sadness, etc.) in addition to trauma reactions: flashbacks, startle reactions, hypervigilance, numbing, etc.

Violence and Trauma affects School Performance

Children with life threatening violence exposure

- Lower GPA
- More negative comments in permanent record
- More absences

Children with Depression and Posttraumatic Stress Disorder

- Even Lower GPA
- More absences

**First and Most Important
Every Adult on Campus Plays an Important Role
Your Attitude and Actions Make All the Difference**

Who Should Be Members of a School Crisis Response Team?

- School psychologist
- School counselor
- School nurse
- Psychiatric social worker
- Custodian
- Welfare and attendance counselor
- School resource officer
- Administrators
- Secretaries
- Other support staff

Question: Who is on your team?

Desirable Qualities for School Crisis Team Members

- Understanding of school culture/mission.
- A sense of responsibility beyond routine.
- Ability to establish rapport quickly.
- Ability to listen to difficult feelings and experiences of others.
- Clear about feelings thoughts biases.
- Maintain confidentiality.
- Aware of limitations.
- Aware of the need for self care.

Team member responsibilities

<u>Principal or site administrator</u> -	Acts as Incident Commander, officially convenes the school site team; requests additional support, if needed from district administration; keeps central informed.
<u>Assistant Principal</u> -	Assesses the extent of physical and emotional impact on the school; serves as logistics coordinator (identifies rooms for media, counseling, parent meetings, etc.)
<u>Teachers</u> -	Maintains calm and support students in the classroom; help identify students who are traumatized and refer students to counselors as needed.
<u>School counselor, Psychologist, and Social worker</u> -	Leads the crisis counseling team; provide individual and group counseling and psychological first aid to students and staff.
<u>School Nurse</u> -	Monitors health problems and somatic complaints initiated by crisis event.
<u>Attendance Counselor</u> -	Monitors student attendance and organize outreach to parents and students to return fearful students to school.
<u>Plant Manager / Custodian</u> -	Maintains and repairs the facility and conducts hazard mitigation.

Module 3 – INTERVIEW PROTOCOLS

Introduce – Initial Interview Protocols

INITIAL INTERVIEW PROTOCOL

I. Factual Information

- Where was s/he when the event occurred?
- What was seen, heard and /or told to the child of the event?
- How does s/he know the victims and others involved?
- Has s/he had any previous experience with violent trauma, serious illness, or sudden, unexpected loss?

II. Subjective Response to the Event

- How was s/he feeling just before the event?
- What is his/her recall of the day?
- What was the most disturbing moment?
- What was the worst fear?
- What keeps coming back to mind the most about what was seen, heard, and/or told?
- Does s/he have bad dreams?
- What kinds of things most remind him/her about what happened?
- What kinds of things make him/her think it will happen again?

III. New Behaviors

- What new fears does s/he have? (i.e. being alone, going to certain places, going to sleep, going to the bathroom alone, etc.)
- Are there any new regressive behaviors?
- Does s/he worry that something bad will happen to parents, siblings or self? (Won't let them out of sight, asks when they are coming back, talks about steps to protect them.)
- Are there avoidant behaviors? (i.e. won't go near certain places or things.)
- Are there unusual aggressive behavior or misconduct?
- Is there traumatic play? (Repetition of event or rescue theme.)

IV. New Concerns

- What feeling does the child say is the toughest to handle?
- What concerns does the child have about how the parents or siblings are reacting? (e.g. seeing them crying or anxious.)
- Is the child afraid to let the parents know how s/he is feeling for fear it would upset or anger them?
- Have there been changes in the child's life or daily routine because of the event?

V. Type of Grief Response

- What thought or dreams does s/he have involving the victims?
- If sad, what does the sadness make him/her think of?
- If angry, what makes him/her angry?
- What is his/her understanding of the physical reality of death?

VI. Exploring Coping Responses

- What thought or memories help him/her feel better?
- What would help him/her feel better or safer right now?
- Who are the people (friends, family members, teachers, clergy, etc.) s/he can turn to when feeling badly?
- What constructive action or activity have they taken or been involved in since the tragic event?

VII. Closing The Interview

- Briefly review what the student has told you. (“Can I review what you’ve told me? Tell me if I’ve heard you correctly.”)
- Give the student your admiration and praise. (“I really admire you for being able to share your experience with me. You are a very courageous person. You’ve been through something that all people, adults and children, would find difficult”)
- Share your professional experience about expectable outcomes. (Describe the range of normal somatic, cognitive and emotional responses to trauma, the course of strength and duration of symptoms, the need for professional assistance if symptoms persist in strength over time.)
- Identify helping professionals in the school should the student have questions or want counseling. Share your schedule of availability; if appropriate thank the student for his/her time and for permitting you to understand more about what s/he has gone through in the aftermath of tragedy.

Module 4 – Threat Assessment and Management

Introduce – Threat Assessment and Management

Threat Assessment and Management

Pioneered by the US Secret Service to investigate threats against the President of the United States and other officials

- Process of assessing risks of a particular target, group of individuals, or individual.
- Designing and implementing intervention and management strategies to reduce that risk or threat.

Violent Behavior

- Threats and intimidation
- Bullying
- Stalking
- Relationship violence
- Weapon possession
- Suicidal behavior
- Physical assault
- Homicide

School Violence Myths

- Myth: It won't happen here
 - Reality: It can happen anywhere.
 - Reality: Denial leads to the ignoring of important warning signs.
 - Reality: Realistic awareness, not paranoia, can increase school safety.
- Myth: Sometimes people just snap!
 - Reality: The snap theory is a fairy tale.
 - Reality: Violent behaviors are progressive.
 - Reality: There are observable signs along the way.

Safe School Initiative US Dept of Education and Secret Service

- Targeted violence rarely impulsive.
- Planned attack in advance.
- Observable behaviors caused concern or indicated need for help.
- Attackers had difficulty coping with significant losses or personal failure.

Violence is Progressive: There are behavioral warning signs

- Many felt bullied, persecuted or injured by others prior to attack.
- Many considered or attempted suicide.
- Other students knew, some were involved in some way.
- Most had access to or had used weapons prior to attack.

Three Elements to Begin

- **Authority to Conduct an Assessment** - A formal policy identifying team members, roles, threshold of concern for initiating a threat assessment.
- **Capacity to Conduct Inquiries** – An Investigative, inquisitive mindset, viewing information with healthy skepticism – what are the real FACTS.
- **Multi-Systems Relationships Boundary Spanners** – Individuals who build and maintain relationships across disciplines and agencies.

Questions: Does your facility have a Threat assessment Team? Who else should be on this team?

Desired Characteristics of TAT Members

- A questioning, analytical and skeptical mindset.
- An ability to relate well to parents, colleagues, other professionals and students.
- Solid knowledge of child development, the school environment, safe schools practices.
- A school and community reputation for fairness and trustworthiness.
- Training in collecting and evaluating information.
- Discretion, respect for confidentiality.
- Respect for the authority given to the TAT: Take actions that help not harm.

Who should be on the Threat Assessment Team?

Core members at the school site

- Site Administrator - Principal
- School Resource Office / Police Officer
- School Mental Health Professional (Counselor, School Psychologist, Social Worker, Nurse or Attendance Worker)

Additional members

- District Administrator
- Legal Counsel, as Appropriate

What are the Objectives of the Threat Assessment Team?

Prevent School violence

1. Assess the safety needs of the school in light of the threat.
2. Assess the risk posed by the student.
3. Design and implement effective strategies and interventions for the school.
4. Maximize resources and interventions for the student posing the threat.

Eleven Key Questions

1. What are the student's motives and goals?
2. Have there been any communications suggesting ideas or intent to attack?
3. Has the subject shown inappropriate interest in any of the following?
 - a. School Attacks or Attackers.
 - b. Weapons, including recent acquisitions.
 - c. Incidents of mass violence such as terrorism, workplace violence, mass murderers.
4. Has the student engaged in attack related behaviors?
5. Does the student have the capacity to carry out an act of targeted violence?
6. Is the student experiencing hopelessness, desperation and/or despair?
7. Does the student have a trusting relationship with at least one responsible adult?
8. Does the student see violence as an acceptable or desirable...or the only way to solve problems?
9. Is the student's conversation and "story" consistent with his or her actions/reality?
10. Are other people concerned about the student's potential for violence?
11. What circumstances might affect the likelihood of an attack?

The impact of crisis incidents on schools

General traumatic stress symptoms

- Intrusive images
- Avoidance reactions
- Hypervigilance
- Psychological and emotional numbing

- Typical responses by age groups
 - **Preschool and early elementary age children**
 - Helplessness.
 - Paralyzing and generalized fears.
 - Confusion.
 - Inability to verbalize their fears and concerns.
 - Engaging in traumatic play, as in repetitive re-enacting of the incident.
 - Clinging behavior and fears of being alone.
 - Emotional distress when away from parents.
 - Regressive symptoms, e.g. thumb sucking, bed wetting.
 - Sleep and eating disturbances, including nightmares, and refusing to eat.

 - **Older elementary and middle school students**
 - Imagining whole scenarios or additional specific ways that violence can recur.
 - Telling and retelling details of the traumatic event.
 - Engaging in games that include traumatic play or re-enactment of the incident.
 - Panic attacks or fears of being overwhelmed by worry and anxiety.
 - Engaging in hostile, aggressive and/or bullying behavior.
 - Impaired sleep, eating disturbances, somatic complaints.
 - Impaired concentration and poor coping skills in the classroom.

 - **Adolescents**
 - Emotional detachment from family or friends
 - Denial that the violent act or disaster has any effect on them.
 - Guilt and/or shame about their feelings of vulnerability.
 - New or increase of risk taking or life-threatening behavior
 - Drug or alcohol abuse.
 - High risk sexual behavior.
 - Criminal or delinquent behavior.
 - Automobile infractions such as speeding drag racing or driving recklessly.

 - **Parents, teachers and other adults**
 - Physical Symptoms
 - Agitation and hyperarousal
 - Heart palpitations
 - High blood pressure
 - Adrenaline pumping
 - Gastrointestinal distress
 - Sleep and/or appetite disturbances
 - Tightness in the throat or chest
 - Fatigue

- Behavioral changes
 - Insomnia
 - Nightmares
 - Hypervigilance
 - Startled responses
 - Inability to experience pleasure in usual activities.

- Emotional changes
 - Anxiety
 - Fear
 - Self-doubt
 - Irritability
 - Anger or rage
 - Sadness
 - Grief or depression
 - Numbness of feelings
 - Hopelessness and helplessness.
 - Despair and defeat
 - Survivor guilt

- Cognitive changes
 - Decreased ability to cope with challenges and stresses of daily life.
 - Difficulty making decisions.
 - Memory loss.
 - Frequent confusion.
 - Decreased ability to take in new information.

Module 5 – School Crisis Recovery

Introduce – School Crisis Recovery

Question: Who else could be on this team?

The Objective of the Recovery Phase:

Restore the Learning Environment

- Re-establish a sense of emotional safety.
- Return the school to calm routine/schedule.
- Assist with coping and understanding of reactions to danger and traumatic stress.
- Support the emotional stabilization of teachers and parents.

Planning for Recovery

- Pre-planning for recovery needs.
- Short-term recovery.
- Long-term recovery.

Pre-Planning for Recovery

- Identify and pre-screen service providers.
- Develop template letters.
- Training for school staff.

Who Should be Involved in the Recovery Pre-planning Process?

- School psychologist
- School counselor
- School nurse
- Psychiatric social worker
- Custodian
- Welfare and attendance counselor
- School resource officer
- Administrators
- Secretaries
- Other support staff

Create Community Partnerships

- Community mental health agencies – public and private non-profit
- County Executive's office
- Police department
- Victim's assistance
- Emergency services

Desirable Qualities for Service Providers

A sense of responsibility beyond routine

- Ability to establish rapport quickly.
- Ability to listen to difficult feelings and experiences of others.
- Clear about feelings, thoughts, biases.
- Maintain confidentiality.
- Aware of limitations.
- Aware of the need for self care.

How Does a School Begin to Recover?

It begins with student and teacher perceptions of renewed security

Short-term Recovery

- Provide accurate information
- Triage and assess
- Make individual and group crisis counseling available during the first week after a crisis event.
- Return to the business of learning.
- Support immediate emotional recovery – staff and students.
- Re-establish a sense of safety.
- Follow-Up – be aware of secondary adversities. Trauma interferes with a sense of Safety

Understanding TRAUMA

- Trauma is an acute stress response that one experiences when confronted with **sudden, unexpected, unusual human experience.**
- Trauma occurs because the event **poses a serious threat to the individual's life** or physical integrity, to the life of a family member or close friend, or to one's surrounding environment.
- Individuals who may have witnessed the event are also at risk to develop a trauma stress response.

Rationale/Need for Recovery Services

Trauma Creates Barriers to Learning

- Physical changes
- Emotional changes
- Cognitive changes
- Behavioral changes
- Spiritual changes

Symptoms of Traumatic Stress

- Difficulty concentrating
- Difficulty sleeping or staying asleep
- Recurring traumatic images
- Hypervigilance
- Fear of recurrence
- Avoidance of, and reactions to, traumatic reminders

Action Steps: Immediately After the Crisis

• Prepare for 3 levels of intervention

– Tier 1 – General School-Based Interventions Psychoeducation, triage and assessment. Supportive environment

– Tier 2 – School-Based Interventions Trauma and grief - focused counseling Short-term group or individual counseling

– Tier 3 – Specialized Community-Based Interventions. Referral to on or off-site MH services

How do you determine exposure?

TRIAGE

- Physical proximity
- Emotional proximity
- Similar previous experience
- Fragile personality
- History of emotional disturbance

Writing a Triage Letter

Suggested Questions

- Where were you when the incident occurred?
- If you did not see what happened, what were you told? Do you have any questions about what happened?
- What is the most difficult part of this experience for you?
- Do you or your friends have disturbing thoughts about the incident, can't eat or sleep, or have thoughts about harming yourself?

Evaluating Your Efforts

Desirable Outcomes of Crisis Interventions

- Monitor Average Daily Attendance (ADA)
 - Station a crisis counselor in the attendance office
- Evaluate returned triage letters for risk
- Monitor office referrals
- Maintain academic achievement
 - Look at grades and standardized tests
- Monitor expulsions/suspensions/risk taking behaviors

Understanding the Components of Long-Term Recovery from Recent Data and Lessons Learned

Long-term Recovery

- Be aware of need for long-term monitoring of Posttraumatic Stress Disorder (PTSD).
- Prepare for anniversaries.
- Take as much time as needed for recovery.

Three Broad Categories of PTSD Response

Symptoms must be present for **at least 1 month** and must cause significant distress or **impairment in functioning**

- **Re-experiencing:** Recurrent, intrusive, distressing memories of the event; repetitive (traumatic themes) play, trauma dreams or nightmares; acting or feeling as if the trauma were recurring; distress at exposure to traumatic symbolic reminders; and physiological reactions to exposure to those cues and reminders.
- **Avoidance:** Efforts to avoid thoughts, feelings or conversations associated with the trauma; avoid reminders of the trauma; amnesia for important aspects of the trauma.

- **Numbing:** Diminished interest or participation in normal activities; feeling detached or estranged from others; restricted affective (emotional) range; and a sense of a foreshortened future (e.g., believing one will not live a normal life span.)
- **Increased Arousal:** Sleep difficulties, irritability; angry outbursts; difficulty concentrating; hypervigilance; exaggerated startle response

Fear of reoccurrence/Separation anxiety General Anxiety/Regressive behaviors

- Physical complaints
- Wanting to be alone/withdrawal
- Anger/irritability/crying uncontrollably
- Lack of concentration
- Misbehavior at school
- Sleeping in the classroom
- Eating problems
- Use of drugs or alcohol
- Feelings of helplessness

Schools are Human Systems

- Is it an open or closed “Family System”?
 - How did it deal with human problems and conflicts?
 - How is it affected by trauma?
 - What is the message of leadership?
- Letters to parents
Communication with students
- How quickly can it convert to Emergency Operations?

Compassion Fatigue

From the Field of Brain Research

In order for children to learn...

- Eliminate threat from the environment
- Eliminate threat from children’s hearts and minds
- Enrich the learning environment

Sometimes a Crisis Becomes an Opportunity to Make Things Better

- What kinds of program and services could address some of the long term issues?
- Who are the community partners, including service agencies, faith based, and self-help groups who might be able to support kids?
- What kinds of in-school programs and curricula could be enhanced to teach coping and problem solving skills to students?

Assessment Question

As you think about the kinds of crises you’ve had to face...

- What are “next steps” you can take to establish your school’s crisis response system? What kind of help, support or training would help you right now?

