National Crime Prevention Council

Why Mental Health Recovery Has to be Part of Managing School Emergencies

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Academic achievement and social-emotional learning have long been at the heart of education. Few moments are as rewarding as watching students become engaged in learning projects, solve a complex equation, or build healthy relationships among peers. Teachers and administrators balance endless competing priorities and while no one will argue the importance of focusing extensive resources on academics, the link between academics and school safety is often overlooked. Though not commonly thought of as major components of No Child Left Behind, perceptions of safety, school culture and climate, and social-emotional well-being are fully related to academic success.

Perhaps on no other topic do teachers and administrators feel as ill prepared and vulnerable as they do on emergency management in schools. Few teacher/administrator training programs adequately address this topic, yet it is a subject that eats at the back of many educators' minds come opening day of school or when any high-profile acts of school violence occur.

Fortunately, the field of school safety and emergency management has evolved significantly in the last ten years. Tragic events at places such as Columbine and events such as Hurricane Katrina have taught us many poignant lessons. These lessons include the need for school emergency operations plans (EOPs) that are realistic, communications channels that are clear, the importance of addressing traumatic stress, and the challenges of working with parents and the news media during desperate moments.

Multi-agency collaboration is key

Of particular note, Congress and the Department of Education's Office of Safe and Drug Free Schools have placed significant resources into its Emergency Response and Crisis Management program and into Project SERV (School Emergency Response to Violence) initiatives. These programs are charting new ground in emphasizing the need for schools to adopt emergency management structures already used by police, fire, and emergency medical service providers across the nation.

These initiatives also call for strengthening interagency collaboration on school safety hazard and vulnerability assessments; creating protocols for responding to pandemic flu; and institutionalizing recovery plans that incorporate not only short term, but also mid- and long-term mental health recovery interventions for students and staff.

Collaboration with the public safety community is important because school-level vulnerability assessments alone do not provide a comprehensive risk analysis. Partnerships with city police and fire departments, as well as using information already collected by county/state level emergency management offices, are also key to gaining a full picture of school risk.

Similarly, large-scale emergency events or acts of targeted school violence may create significant mental health needs within schools. Prenegotiated emergency response partnerships with community mental health agencies and private practitioners may be essential to restoring the learning environment.

The emergency management cycle in schools

The Department of Education's ERCM program helps schools place many of their safety activities within the context of the four-part emergency management cycle. Regardless of a given school's participation in ERCM, administrators, teachers and staff are well-served to gain familiarity with this model as each phase of this cycle relates directly or indirectly to academic achievement and social and emotional learning.

The first phase, **Prevention and Mitigation**, prevents emergency situations to begin with, or minimizes their impact if they do occur. Schools assess and address the safety and integrity of facilities, as well as their culture and climate. In many ways, the prevention and mitigation phase should be a natural extension of the positive, proactive programs and policies schools aalready implement. These may include bullying and suicide prevention programs, positive behavioral supports initiatives, and anonymous reporting systems. Data collection is also critical in this phase because building-level assessments and school safety/climate surveys provide insight into the strengths and weaknesses of a given school. Many useful vulnerability assessments may be found online (for examples, visit www.ercm.org). One nationally unique, effective climate survey is the Safe Schools Assessment and Resource Bank, SSARB (www.ssarb.com.)

During the second phase, **Preparedness**, schools prepare for emergency situations that cannot be prevented. In collaboration with community partners, schools develop or refine emergency operations plans and emergency procedures, define building and district-level incident command systems structures, and conduct extensive training and exercises. Overall, the goal of this phase is to facilitate a rapid, coordinated, and effective response in the event of an actual emergency. Conducting multi-agency tabletop, functional, and full-scale exercises are some of the most important steps in the entire emergency management cycle. Information on planning such events may be found at www.training.fema.gov/emiweb/IS/is139.asp.

In the third phase, **Response**, action is taken to effectively contain and resolve an emergency and to reduce the potential for escalation into a crisis. During this phase, the school's emergency operations plan and emergency procedures are executed. The key to success in this and the fourth phase lies in adequately addressing the earlier two phases. Examples of activities in the response phase include activating the incident command system, conducting emotional and medical triage, managing parent-child reunification, holding media briefings, and most importantly, working effectively with emergency response agencies.

The fourth phase, **Recovery**, assists students, staff, and their families in the healing process and restoring educational operations in schools. This phase involves conducting damage assessments, implementing business continuity plans, conducting debriefings/ after action reviews, implementing repairs, and processing traumatic grief and traumatic stress. Recovery may be a long-term process. However, when conducted effectively, actions in this phase not only better prepare schools for future events and nurture emotional resiliency, they also become prevention and mitigation strategies themselves.

The importance of mental health recovery in schools

Children successfully perform important tasks such as learning, in part, to the predictability of activities and expectations on any given normal day. Unpredicted, emergency and crisis events undermine our sense of normalcy and in some individuals, may impair cognitive functioning. Thus, the ability to

address the mental health needs of students, staff, and emergency responders is very important.

Research documents show that exposure to traumatic events has a significant impact on learning and may predispose certain individuals to take social and emotional risks, as well as make unhealthy choices across their life span. Research has shown the link between trauma and lower grade point averages, increased absenteeism, decreases in reading ability, decreased graduation rates, and increases referrals for disciplinary reasons and aggressive behavior (Armsworth and Holida 1993; Bremner et al,. 1993; Delaney-Black et al., 2003; Grogger, 1997; Hurt et al., 2001).

According to Melissa Brymer, of the National Center for Child Traumatic Stress (2005), and Kelly Ryan-Biskup, of Windham School Department in Maine, traumatic stress is an acute distress response that is experienced after exposure to a catastrophic event. Traumatic stress occurs because the event poses a serious threat to the individual's life or physical integrity, the life of a family member or close friend, and/or one's surrounding environment. Similarly, individuals who have witnessed injury or death are also at risk to develop a trauma stress response.

Of particular importance to teachers, parents, and school administrators is the fact that the Centers for Disease Control and Prevention (CDC) says trauma is one of the most significant issues facing children today. Research indicates that approximately one in four children experience a significant traumatic event before age 16 and 20 percent to 50 percent of children are victims of violence (family/school/community). Additionally, approximately 4 million adolescents have been victims of a serious physical assault and approximately 9 million adolescents have witnessed serious violence during their lifetime. Given these rates of exposure, it is estimated that traumatic stress response causes impairment to daily living in approximately 12 to 22 percent of children. Children under age 11 within this group are three times more likely to develop Post Traumatic Stress Disorder (PTSD) (Alat, 2002; Civitas, 2002; National Incident-Based Reporting System, 1999; Straus and Gelles, 1990).

From a schools' perspective, one of the critical steps to take in a post-emergency situation is to identify those individuals most at risk for experiencing traumatic stress. One emergency recovery strategy promoted by school mental health experts, such as Dr. Marleen Wong from the Los Angeles Unified Public Schools (Stein et al., 2003), is to identify students and staff based on their:

- Emotional proximity (the degree to which they knew or identified with the victims or the accident)
- Physical proximity (the degree to which they were directly involved as victims or witnesses) to the incident.

The next step is to provide age and culturally appropriate psycho-education to students, staff, responders, and family members as uniquely vulnerable to traumatic stress. This process helps individuals understand the normal range of emotions that are possible after an event, and provides resources to seek additional assistance if necessary. One particularly effective technique is to incorporate Psychological First Aid (PFA) strategies in the response efforts. PFA is a research-based approach designed to reduce the initial distress, ensure the victim is not retraumatized in the recovery process, and to foster short- and long-term adaptive functioning (Brymer et al., 2005). For more information about PFA visit: http://www.ncptsd.va.gov/pfa/PFA_9_6_05_Final.pdf.

According to Brymer and colleagues at the National Child Traumatic Stress Network (www.nctsn.org) and the National Center for Post Traumatic Stress Disorder (www.ncptsd.va.gov), core features of PFA are to

- Initiate contact and engagement
- Ensure safety and comfort
- Stabilize

- Gather information on current needs and concerns
- Provide practical assistance
- Connect with social supports
- Provide information on coping
- Link with collaborative services

Far too often, administrators and teachers attempt to return the school to “normal” functioning prematurely. Just as there should be procedures in place for determining what events should trigger the early dismissal or cancellation of school, so too do administrators need to define what thresholds of safety need to be met before school is reopened.

While it is important to restore the learning environment and regain routines, it is equally important to recognize that students and staff need time to make sense of the event. In our need to return to the academic curriculum, we must allow space, time and support for those individuals who may be reconsidering their place in the world.

Research on PTSD shows us that the latent effects of trauma may not be readily apparent until several months after an event. At this point, schools have often “moved on,” particularly after a small to medium-scale emergency. However, the signs and impacts of PTSD are important to recognize in students and staff. Care must be taken to avoid misattributing certain behaviors such as acting out, difficulty concentrating, hyper-arousal, and social isolation. Far too often such behaviors may be written off as influenced by family events or stereotypes about adolescence when, in fact, such behaviors may be indicators of a psychiatric illness such as PTSD.

The keys to addressing the mid- and long-term mental health needs of staff are to ensure that schools:

- Establish a monitoring system so students and staff who may be particularly vulnerable are assessed at specific time intervals (e.g., three and six months after an event, formally or informally, by a trusted, trained adult.)
- Provide school-wide psycho-education (a primary intervention)
- Conduct focused, clinical interventions, whether school based or clinic/private practice based (secondary interventions)
- Ensure a safe, supportive learning environment where perceptions of safety (perhaps the first sign of recovery) are measured (tertiary interventions)

Conclusion

Ultimately, emergencies are events for which we can never be fully prepared. Similarly, no emergency or crisis will ever unfold as we may have practiced during tabletop or full-scale exercises. Regardless, effective emergency response in schools is critical if we are to ensure the safety and security of students and staff.

Community engagement and multi-agency collaboration is important in the emergency management cycle because relationships drive emergency response and each of the four phases are too important, too complex, for any individual’s or any one team’s responsibility. Similarly, in our need to restore the learning environment, we must ensure that we are addressing not only immediate emotional and physical recovery needs, but also the mid- and long-term mental health needs of student and staff.

Emergencies, whether large or small in scale, occur in schools every single day. We are better equipped to face these than we may think and while responding to such events represents one of the most critical tasks educators face, there are many tools and extensive research to guide planning efforts. While No Child Lefty Behind regulations provide clear expectations regarding student and school achievement, school safety is no less important. It serves as a cornerstone for any successful education

program. Creating safe and supportive schools that are prepared to respond to emergencies must be an equally valued national education priority if we are to uphold our basic responsibility to advance the academic, social, and emotional success of children.

Citations

Alat, K. (2002). "Traumatic events and children: how early childhood educators can help." *Childhood Education, 79, 2-7.*

Armsworth M,. and Holida, M, (1993). "The effects of psychological trauma on children and adolescents." *Journal of Counseling and Development*, v71:1 p. 49-56.

Bremner, J., Scott, T., Delaney, R., Southwick, S., Mason, J., Johnson, D., Innis, R., McCarthy, G., and Charney, D. (1993): "Deficits in short-term memory in post-traumatic stress disorder." *American Journal of Psychiatry,* 150:1015-1019.

Brymer, M., Lane, C., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., and Watson, P. (2005) *Psychological First Aid: Field Operations Guide*. National Child Traumatic Stress Network and National Center for PTSD.

Civitas. (2002). "Right on Course: How trauma and maltreatment impact children in the classroom, and how you can help." Longmont, CO: Sopris West.

Delaney-Black, V., Covington, C., Ondersma, S.J., Nordstrom-Klee, B., Templin, T., Ager, L., and Sokol, R.J. (2003). "Violence exposure, trauma, and IQ and/or reading deficits among urban children." *Journal of the American Academy of Child & Adolescent Psychiatry, 42(1),* 48.

Grogger, J. (1997). "Local violence, educational attainment, and Teacher Pay." *The Journal of Human Resources*, 659-682.

Hurt, H., Malmud, E., Brodsky, N.L., and Giannetta, J. (2001). Exposure to violence: psychological and academic correlates in child witnesses. *Archives of Pediatrics & Adolescent Medicine, 155,* 1351-1356.

National Incident-Based Reporting System, Uniform Crime Reporting Program, 1999 http://www.fbi.gov/ucr/ucr.htm.

Straus, M.A. & Gelles, R.J. (eds.). *Physical Violence in AmericanFfamilies*. New Brunswick, NJ, Transaction Publishers. 1990.

Stein, B.D., Jaycox, L.H., Kataoka, S.H., Wong, M., Tu, W., Eliot, M.N., and Fink, A.

(2003). "A mental health intervention for school children exposed to violence: A

randomized controlled trial." *Journal of the American Medical Association*, 290(5), 603-611.

For more information on traumatic stress visit: www.nctsn.org or view Melissa Brymer and Kelly Ryan-Biskup's Office of Safe and Drug-Free Schools'presentation on mental health recovery found at: http://www.ercm.org/views/documents/RecoveryPresentation_PA.ppt

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