Mental Health in Schools +
UCLA
Center
Program and Policy Analysis

A Resource Aid:

Responding to
Crisis at a School

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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**

- **Who Should Be Responsible?**

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SCHOOL-BASED CRISIS INTERVENTION

> *Crises are dangerous opportunities.*
>
> Chinese saying

Crisis, emergency, disaster, catastrophe, tragedy, trauma -- all are words heard too frequently at schools today. Almost every school has had a major crisis; every school is likely to have one. Besides natural disasters such as earthquakes and fires, students experience violence and death related to the suicide of friends, gang activity, snipers, hostage-taking, and rape. Some students react with severe emotional responses -- fear, grief, post traumatic stress syndrome. Moreover, such experiences and other events that threaten their sense of worth and well-being can produce the type of intense personal turmoil that leads students to think about hurting themselves or others.

> If no effort is made to intervene, emotional reactions may interfere with a student's school and home performance, can be imminently life threatening, or may be the start of long-term psychosocial problems. And, when a significant portion of the student body is affected, major facets of a school's functioning are likely to be jeopardized.

As used here, the term, school-based crisis intervention, refers to a range of responses schools can plan and implement in response to crisis events and reactions. All school-based and school-linked staff can play an important role in crisis intervention.

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.

Planning for Crises

Every school needs a plan for school-based crisis intervention. It is important to anticipate the specifics of what may happen and how to react. Once the need for a plan is recognized, it underscores the need to identify *who* will be responsible for planning responses to crisis events.

Once identified, planners of school-based crisis intervention can work out criteria, procedures, and logistics regarding such general 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 inservice staff development and training are needed.

- how will everyone be informed about emergency and crisis procedures

As part of the general plan, it is essential to address contingencies.
What will be done if someone is not at school to carry out their crisis response duties? What if a location is not accessible for carrying on a planned activity?

It should be stressed that school crises often are community crises. Therefore, the school's plan should be coordinated with community crisis response personnel and, where feasible, plans and resources should be seamlessly woven together. The same is true with respect to neighboring schools. A blending of planning and implementation resources assures a wider range of expertise and can increase cost-efficacy.

Once a general plan is made, over time, planners can work out further details related to specific concerns (see Section VI of this resource aid). In doing so, they should give priority to those that seem to occur with the greatest frequency.

Figure 1 presents a matrix outlining the scope of crisis events and phases to be considered in intervention planning. In Section II, there is an outline of general ideas related to a school-based response to school-wide crises.

Scope of Event

	Major School-wide crisis (e.g., major earthquake, fire in building, sniper on campus)	Small Group Crisis (e.g., minor tremor, fire in community, suicide)	Individual Crisis (e.g., student confides plan to hurt self/others)
Phases for which to plan — During the Emergency			
Immediate Aftermath			
Days/Weeks Following			
Prevention in the Future			

Figure 1.   Scope of Crisis Events and Intervention Phases

Several points should be highlighted related to Figure 1. Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes how many staff members 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).

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.

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.

"School-based Crisis Intervention: An Organizational Model"

David Schonfeld, Marsha Kline, and their colleagues at Yale University note:

Schools are no longer the "islands of safety" that they once were believed to represent, as street crime, random violence, and large-scale accidents pervade schools in all parts of the country and affect children of all ages on a regular basis . . . . In a survey conducted in 1978 in two public high schools in Kansas City, Kansas, nearly 90% of the students reported having experienced the death of a grandparent, aunt, uncle, sibling, or someone else they cared about, 40% of the students reported the death of a close friend of their, own age, and approximately 20% had witnessed a death. In a 1990 survey involving urban high school students, half the students reported that they knew someone who had been murdered, 37% had witnessed a shooting, and 3l %, a stabbing (Pastore *et al*., 1991). In another survey of students attending 10 inner-city high schools, rates of direct gun-related victimization were alarmingly high; 20% of the students reported having been threatened with a gun and 12% had been the target of a shooting (Sheley *et al*., 1992). The exposure to community violence and violent deaths is not restricted to adolescents and adults .... In a 1992 study conducted in an. urban pediatric continuity clinic in Boston, 7% of the children had witnessed a shooting or stabbing before the age of 6 years . . . . As schools face an escalating number of crises, the probability that any child or group of children will experience violence or sudden death of a friend and/or loved one is increasing.

These events often require a response from the school in order to address the children's developmental needs during times of crisis and uncertainty. These crisis periods can disrupt learning, at a minimum, and also have the potential to retard children's emotional and psychological adjustment to the event and impair their subsequent development.

Despite the overwhelming need for a crisis prevention and response plan, many schools remain unprepared. . . . School systems, therefore, need to develop and institute a coordinated and systematic response plan before another crisis occurs. School systems, however, may be reluctant to consider the potential for crises to occur and may deny the need for crisis intervention services . . . . This organizational denial of the need for crisis intervention services may also be reflected in an organizational push to resolve a crisis prematurely -- "to get things back to normal as soon as possible." . . . . Schools increasingly need an effective crisis prevention and response plan in order to avert disasters where possible and to ameliorate their impact on children when the disasters cannot be avoided . . . .

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**

- **After a Disaster: How to Help Child Victims**

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.

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(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, page 8.

(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   ____ communications
____ first aid (medical, psychological)   ____ crowd management
____ media   ____ 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   ____ home
____ students   ____district offices and other schools
____ crisis team   ____community
____ media   ____ 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 *Prepare for Emergencies*	During a Crisis *Respond competently as crisis unfolds*	After a Crisis *Help students and staff recover*

• Creating a plan
   - 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?
   - Evaluating the plan
   - Updating the plan
   - Re-evaluating the plan
	• Day one - first hour
	• Day one - first 12 hours
	• Day one - evening
	• Day two
	• First week
	• Back to school
		• 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 Cope
With Violence and Disasters

The National Institute of Mental Health has joined with other Federal agencies to address the issue of reducing school violence and assisting children who have been victims of or witnesses to violent events. Recent nationally reported school shootings such as those that occurred in Bethel, Alaska; Pearl, Mississippi; West Paducah, Kentucky; Jonesboro, Arkansas; Edinboro, Pennsylvania; Springfield, Oregon; and Littleton, Colorado have shocked the country. Many questions are being asked about how these tragedies could have been prevented, how those directly involved can be helped, and how we can avoid such events in the future.

Research has shown that both adults and children who experience catastrophic events show a wide range of reactions. Some suffer only worries and bad memories that fade with emotional support and the passage of time. Others are more deeply affected and experience long-term problems. Research on post-traumatic stress disorder (PTSD) shows that some soldiers, survivors of criminal victimization, torture and other violence, and survivors of natural and man-made catastrophes suffer long-term effects from their experiences. Children who have witnessed violence in their families, schools, or communities are also vulnerable to serious long-term problems. Their emotional reactions, including fear, depression, withdrawal or anger, can occur immediately or some time after the tragic event. Youngsters who have experienced a catastrophic event often need support from parents and teachers to avoid long-term emotional harm. Most will recover in a short time, but the minority who develop PTSD or other persistent problems need treatment.

The school shootings caught the Nations attention, but these events are only a small fraction of the many tragic episodes that affect children's lives. Each year many children and adolescents sustain injuries from violence, lose friends or family members, or are adversely affected by witnessing a violent or catastrophic event. Each situation is unique, whether it centers upon a plane crash where many people are killed, automobile accidents involving friends or family members, or natural disasters such as Hurricane Andrew where deaths occur and homes are lost- but these events have similarities as well, and cause similar reactions in children. Helping young people avoid or overcome emotional problems in the wake of violence or disaster is one of the most important challenges a parent, teacher, or mental health professional can face. The purpose of this fact sheet is to tell what is known about the impact of violence and disasters on children and suggest steps to minimize long-term emotional harm.

After a Disaster:
How to Help Child Victims

Children who experience an initial traumatic event before they are 11 years old are three times more likely to develop psychological symptoms than those who experience their first trauma as a teenager or later. But children are able to cope better with a traumatic event if parents, friends, family, teachers and other adults support and help them with their experiences. Help should start as soon as possible after the event.

It's important to remember that some children may never show distress because they don't feel upset, while others may not give evidence of being upset for several weeks or even months. Other children may not show a change in behavior, but may still need your help.

Children may exhibit these behaviors after a disaster:

- Be upset over the loss of a favorite toy, blanket, teddy bear or other times that adults might consider insignificant, but which are unimportant to the child.

- Change from being quiet, obedient and caring to loud, noisy and aggressive or may change from being outgoing to shy and afraid.

- Develop nighttime fears. They may be afraid to sleep alone at night, with the light off, to sleep in their own room, or have nightmares or bad dreams.

- Be afraid the event will reoccur.

- Become easily upset, crying and whining.

- Lose trust in adults. After all, their adults' were not able to control the disaster.

- Revert to younger behavior such as bed wetting and thumb sucking.

- Not want parents out of their sight and refuse to go to school or childcare.

- Feel guilty that they caused the disaster because of something they had said or done.

- Become afraid of wind, rain, or sudden loud noises

- Have symptoms of illness, such as headaches, vomiting or fever.

- Worry about where they and their family will live.

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Section III

A Few Strategic Guides
for Responding to Crisis

- **A Few Indicators of Reactions to Trauma**

- **Psychological First Aid: Responding to a Student in Crisis**

- **A Crisis Screening Interview**

- **Informing the Student and Staff**

- **Sample Letter to Send Home**

- **Facilitating Class Discussion**

- **Aftermath Classroom Activities**

- **Dealing With The Media**

- **District Policy Considerations**

A Few Indicators of Reactions to Trauma

No one should be overzealous in seeing normal variations in student's development and behavior as problems. At the same time, school professionals don't want to ignore indicators of significant problems. The following are meant only to sensitize responsible professionals. They should not be seen as a check list.

If a student is of significant concern, a request should be made to an appropriate person on the school staff who can do some further screening/assessment.

If they occur frequently and in a variety of situations and appear rather serious when you compare the behavior with other students the same age, the following behaviors may be symptomatic of significant problems.

Emotional appearance
(Emotions seem excessive. Displays little affect. Very rapid shifts in emotional state.)

very unhappy, sad, teary, depressed, indicates a sense of worthlessness, hopelessness, helplessness

very afraid, fearful

can't seem to control emotions

excessive anger or self-blame (especially if it is expressed as threats to harm self or others

doesn't seem to have feelings

Personal Actions
(Acts in ways that are troublesome or troubling)

frequent outbursts, violent

hurts self, self-abusive

cruel to others

truancy, school avoidance

sleep problems and/or nightmares

trouble learning and performing

wetting/soiling at school

eating problems

agitated and easily distracted

ritualistic behavior

destroys things

isolates self from others

accident prone

unaccounted for weight loss

excessive/uncontrolled talking

substance abuse

often doesn't seem to hear

runs away

Interactions with others
(Doesn't seem interested in others. Can't interact appropriately or effectively with others.)

doesn't pay attention	refuses to talk
cruel and bullying	promiscuous
highly manipulative	excessively reactive and resistant to authority
alienates others	highly aggressive to others -- physically, sexually
has no friends	

Indicators of Unusual Thinking
(Has difficulty concentrating. May express very strange thoughts and ideas.)

worries a lot	may indicate fear s/he is losing her/his mind
doesn't stay focused on matters	is preoccupied with some idea (often bizarre) or with death
can't seem to concentrate on much	
seems disoriented, has trouble knowing what day it is or relating recent events	seems to hear or see things, delusional, may experience flashbacks
	denies apparent problems

Psychological First Aid:
Responding to a Student In Crisis

Pynoos and Nader (1988)* discuss psychological first aid 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 for students/staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

(1) Managing the situation
A student who is upset can produce a form of *emotional contagion*.
   To counter this, staff must
   - present a calm, reassuring demeanor,
   - clarify for classmates and others that the student is upset
   - if possible indicate why the student is upset (correct rumors and distorted information)
   - state what can and will be done to help the student.

(2) Mobilizing Support
The student needs *support and guidance*.
   Ways in which staff can help are to
   - try to engage the student in a problem-solving dialogue
     >normalize the reaction as much as feasible
     >facilitate emotional expression (e.g., through use of empathy, warmth, and genuineness)
     >facilitate cognitive understanding by providing information
     >facilitate personal action by the student (e.g., help the individual do something to reduce the emotional upset and minimize threats to competence, self-determination, and relatedness)
   - encourage the student's buddies to provide social support
   - contact the student's home to discuss what's wrong and what to do
   - refer the student to a specific counseling resource.

(3) Following-up
Over the following days (sometimes longer), it is important to check on how things are progressing.
   - Has the student gotten the necessary support and guidance?
   - Does the student need help in connecting with a referral resource?
   - Is the student feeling better? If not, what additional support is needed and how can you help make certain that the student receives it?

Another form of "first aid" involves helping needy students and families connect with emergency services. This includes connecting with agencies that can provide emergency food, clothing, housing, transportation, and so forth. Such basic needs constitute major crises for too many students and are fundamental barriers to learning and performing and even to getting to school.

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

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.

Aftermath Classroom Activities

In addition to discussion, teachers can help students deal with their reactions to a crisis through a variety of classroom activities.

The work done on this by the Los Angeles Unified School District has been found useful by schools around the country. For example, Genesee County in Michigan has included the following adaptation in their crisis handbook.

Classroom activities enable students to express and discuss feelings about crises. The following are simply examples to stimulate teachers' planning.

PRE-SCHOOL AND KINDERGARTEN ACTIVITIES

Play Reenactment

Toys that encourage play reenactment of students' experiences and observations during a traumatic experience can help integrate the experiences. Useful toys include fire trucks, rescue trucks, dump trucks, ambulances, building blocks and dolls.

Physical Contact

Children need lots of physical contact during times of stress to regain a sense of security. Games involving structured physical touching help meet this need.

Nourishment

Extra amounts of finger foods and fluids help provide the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary, because children tend to revert to more regressive or primitive behavior in response to feelings that their survival or security is threatened.

Puppets

Playing with puppets can be effective in reducing inhibitions and encouraging children to discuss their feelings.

Art

Have the children do a mural on butcher paper with topics such as what happened when the traumatic event occurred. This is recommended for small groups with discussion afterward, directed by an adult. Have the children draw individual pictures about the event and then discuss or act out elements of their pictures. This activity allows for discussing experiences, and helps children discover that others share their fears.

Stories

Read stories to the children that tell about other children's (or animals') experiences in a disastrous event. This can be a nonthreatening way to convey common reactions to frightening experiences, and to stimulate discussion. It helps to emphasize how people resolve feelings of fear.

Large Muscle Activity

When children are restless or anxious, any activities that involve large muscle movements are helpful. You might try your own simple version of doing exercises to music, like skipping and jumping.

ELEMENTARY SCHOOL ACTIVITIES

Play Reenactment

For younger children, using toys that encourage play reenactment of their experience and observations during the traumatic event can help integrate the traumatic experience. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

Puppets

Play with puppets can be effective in reducing inhibitions and encouraging children to talk about their feelings and thoughts. Children often will respond more freely to a puppet asking about what happened than to an adult asking the questions directly. Help or encourage students to develop skits or puppet shows about what happened in the event. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Art and Discussion Groups

Do a group mural on butcher paper with topics such as "What happened in your neighborhood (school name or home) when the traumatic event occurred?" This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help students feel less isolated with their fears and provide the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note (such as a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis:), in addition to providing the opportunity to talk about their feelings about what took place.

Share Your Own Experience

Stimulate group discussion about disaster experiences by sharing your own feelings, fears or experiences. It **is** important to legitimize feelings to help students feel less isolated.

Disaster Plans

Have the children brainstorm their own classroom or family disaster plan. What would they do if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family?

Reading

Read aloud, or have the children read, stories or books that talk about children or families dealing with stressful situations, pulling together during times of hardship, and similar themes.

Creative Writing or Discussion Topics

In a discussion or writing assignment, have the children describe in detail a very scary intense moment in time and a very happy moment. Create a group story, recorded by the teacher, about a dog or cat that was in an earthquake, flood or other disaster. What happened to him? What did he do? How did he feel? You can help the students by providing connective elements. Emphasize creative problem-solving and positive resolution.

Playacting

In small groups, play the game, "If you were an animal, what would you be?" You might adapt discussion questions such as "If you were that animal, what would you do when some traumatic event occurred?" Have the children take turns acting out an emotion in front of the class, without talking, and have the rest of the class guess what the feeling is and why the student might have that feeling. Do this for good as well as bad feelings.

Other Disasters

Have the children bring in newspaper clippings on disasters that have happened in other parts of the world. Ask the students how they imagine the survivors might have felt or what they might have experienced.

Tension Breakers

A good tension breaker when students are restless is the co-listening exercise. Have the children quickly pair up with a partner. Child #1 takes a turn at talking about anything he or she wants to, while Child #2 simply listens. After three minutes, they switch roles and Child #2 talks while Child #1 listens.

Also, when the children are anxious and restless, any activities that involve large muscle movements are helpful. You might try doing your own version of exercises to music, like skipping or jumping.

MIDDLE SCHOOL AND HIGH SCHOOL

Activities

Classroom activities that relate the traumatic event to course study can be a good way to help students integrate their experiences and observations, while providing specific learning experiences. In implementing the following suggestions, or ideas of your own, it is important to allow time for the students to discuss feelings stimulated by the projects or issues being covered.

Home Room Class

Group discussion of their experiences of the event is particularly Important among adolescents. They need the opportunity to express feelings, as well as to normalize the extreme emotions they may have experienced. A good way to stimulate such a discussion is for the teacher to share his or her own reactions to the event. The students may need considerable reassurance that even extreme emotions and crazy thoughts are normal in a traumatic event. It is important to end such discussions on a positive note, such as talking about what heroic acts were observed.

Break the class into small groups and have them develop a disaster plan for their home, school or community. This can help students regain a sense of mastery and security, as well as having practical merit. The small groups can then share their plans in a discussion with the entire class.

Conduct a class discussion and/or support a class project on how the students might help the community recovery effort. It's important to help them develop concrete and realistic ways they might be of assistance. Community involvement can help overcome feelings of helplessness and frustration, and deal with survivors guilt and other common reactions in disaster situations.

Have a home safety or preparedness quiz. What would you do under certain circumstances (such as finding a hurt child, being without water or electricity, or having an earthquake hit the area). Talk about what is necessary to survive in the wilderness. How does this knowledge apply to a community following a disaster? Encourage students who have had first aid training to demonstrate basic techniques to the class.

Science

Conduct projects on stress, physiological response to stress, and how to deal with it.

Creative Writing

Ask the students to write about an intense moment they remember very clearly not a day or an hour, but a short period of time lasting no more than three minutes. Make up a funny disaster. Write a story about a person who is in a disaster and give it a happy ending.

Literature or Reading

Have the students read a story or novel about young people or families who have experienced hardship or disaster. Have a follow-up discussion on how they might react if they were the character in the story.

Psychology Class

Initiate a discussion on how course content might apply to the stress reactions students observed during and following a traumatic event. Discuss post-traumatic stress syndrome. Have a guest speaker from Mental Health Services or a therapist involved in counseling victims speak to the class.

Peer Listening

Provide information on common responses to traumatic events. Use structured exercises using skills students are learning in class to help them integrate their experiences. Point out that victims need to repeat their stories many times. Students can help family and friends affected by the event by using good listening skills.

Health Class

Discuss emotional reactions to the event and the importance of taking care of one's own emotional well being. Discuss health hazards in a disaster, such as water contamination or food that may have gone bad due to lack of refrigeration. Discuss health precautions and safety measure. Guest speakers from public health and/or mental health and from the fire department might talk to the class.

Art Class

Have the students portray their experiences or observations of the event in various art media. Have the students do a group project, such as a mural, showing the community recovery efforts following a disaster.

Speech/Drama

Have the students portray the catastrophic emotions that come up in response to a traumatic event. Have the students develop a skit about some aspect of the event.

Math Class

Have the class solve mathematical problems related to the impact of the event.

Social Studies/Government

Study governmental agencies responsible for aid to victims. How do they work? How effective are they? Write letters or petitions to agencies responsible for handling disasters. Discuss the political implications of the event within a community.

History Class

Discuss historical events and disasters. Discuss how the victims and survivors of those events might have felt. Have the students bring in newspaper clippings on current events in other parts of the world. What kinds of experiences might the victims have had?, Have you experienced anything similar?

DEALING WITH THE MEDIA

Media reports can make responding to crises more difficult. Thus, it is essential to have a media coordinator/liaison 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 bc deceptive.

* Don't let anyone bate you into an argument because you arc 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.

DISTRICT 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 arc 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.

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 presession 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.

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

Roles/Functions	Name (One person may serve more than one role/function)	Chain of Command (Who's in charge? Back-ups?)	Contact Information
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 if 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*.
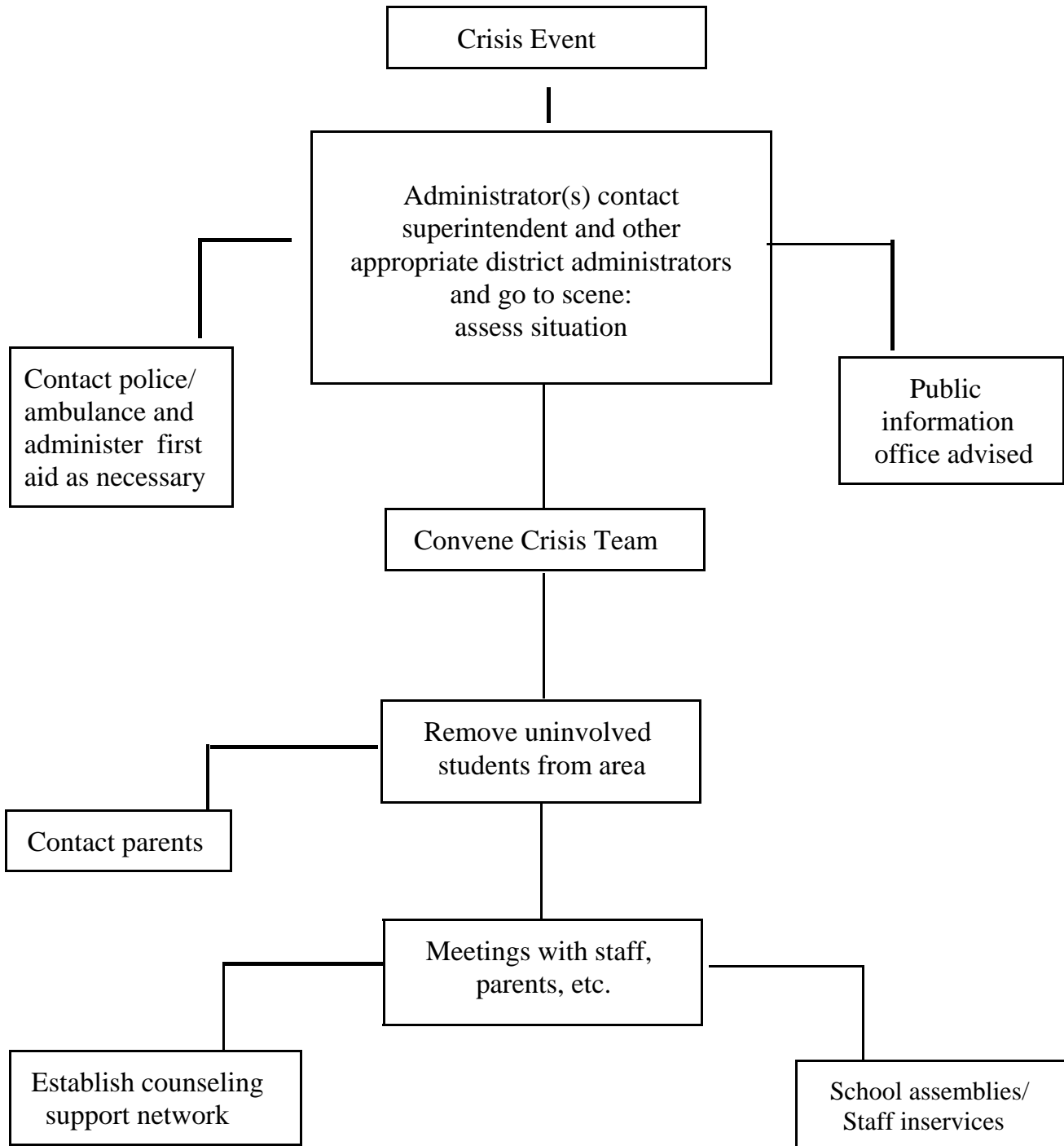
Date of the meeting: Meeting time keeper:

Meeting facilitator: Meeting scribe:

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Crisis Intervention Flow Chart

Personal/Life Threatening Event

```
                          ┌─────────────────────┐
                          │     Crisis Event    │
                          └─────────────────────┘
                                     │
                    ┌──────────────────────────────────┐
                    │  Administrator(s) contact         │
                    │  superintendent and other         │
                    │  appropriate district administrators│
                    │  and go to scene:                 │
                    │  assess situation                 │
                    └──────────────────────────────────┘
   ┌──────────────────┐                        ┌──────────────────┐
   │ Contact police/  │                        │     Public       │
   │ ambulance and    │                        │   information    │
   │ administer first │                        │ office advised   │
   │ aid as necessary │                        └──────────────────┘
   └──────────────────┘
                          ┌─────────────────────┐
                          │  Convene Crisis Team │
                          └─────────────────────┘

                          ┌─────────────────────┐
                          │  Remove uninvolved   │
                          │  students from area  │
                          └─────────────────────┘
   ┌──────────────────┐
   │  Contact parents │
   └──────────────────┘
                          ┌─────────────────────┐
                          │  Meetings with staff,│
                          │  parents, etc.       │
                          └─────────────────────┘
   ┌──────────────────┐                        ┌──────────────────┐
   │ Establish counseling                      │ School assemblies/│
   │ support network  │                        │ Staff inservices │
   └──────────────────┘                        └──────────────────┘
```

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(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.
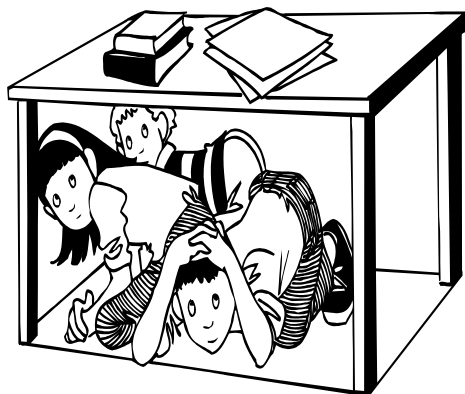
Work in this area requires (1) systems and programs for emergency / crisis response at a site, throughout a school complex, and community-wide (including a program to ensure follow-up care), (2) prevention programs for school and community to address school safety / violence reduction, suicide prevention, 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
a. School Crisis Intervention Teams	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
b. School-Based Health Centers and Violence Prevention	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
c. Project Rebound	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.
d. Research Studies					
>. *Cokeville School Bombing Study*	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
>. *Experimental study with High School Seniors*	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
a. Westerly, Rhode Island: **School District**	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
b. Center for the Prevention of School Violence	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, imple-menting school environment changes and/or using technology was rated as the 2nd highest effective strategy for preventing violence.	None cited
c. Playground Safety Studies					None cited
>. **Community Intervention**	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
>. **National SAFE KIDS Campaign**	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.	
d. PeaceBuilders	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

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					
a-1. Second Step: A Violence Prevention Curriculum	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
a-2. Responding in Peaceful and Positive Ways (RIPP)	25 Weekly Sessions	6th graders	Students	Participants showed a lower rate of fighting, bringing weapons to school and in-school suspension.	None cited
a-3. First Step to Success	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-tears beyond end of intervention phase.	None cited
*a-4. Project ACHIEVE***	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.

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)					
a-5. *Bullying Prevention Program*	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
a-6. *Conflict Resolution and Peer Mediation Projects (CR/PM)*	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
a-7. *PeaceBuilders*	Three year study	Elementary school children	Students, Families, Staff	Dramatic drops in school suspensions and children arrested for crimes in the community.	None cited
a-8. *Positive Adolescent Choices Training (PACT)*	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
a-9. *Resolving Conflict CreativelyProgram (RCCP)*	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)					
a-10. Meditation in the Schools Program	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					
b-1. Suicide Prevention Project 1	12 weeks	8th graders	Students	Increased empathy, reduced suicidality.	None cited
b-2. Suicide Prevention Project 2	7 weeks	11th graders	Students	Reduced suicidal tendencies	None cited
3c. Physical / Sexual Abuse Prevention					
Good Touch/Bad Touch Program	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

Crisis Response and Prevention

The following are brief summaries and related information on the crisis response and prevention programs listed in Table D.
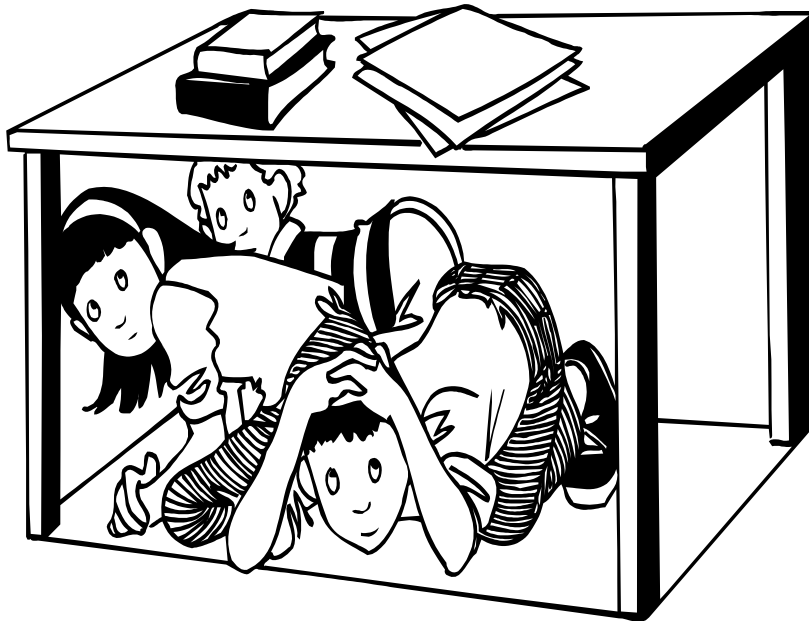
1. Crisis Teams, Response and Aftermath

a. *School Crisis Intervention Team:* Poland and Pitcher (1990) described how conducting crisis drills legitimized the crisis intervention program. Also, they emphasize crisis drills because students are not going to do what you need them to do in a moment of crisis unless you have practiced it with them and have clearly emphasized the need for students to follow the directives of an adult with no questions asked. For example, Cleveland Elementary School had a policy of conducting crisis drills on their playground. In 1989, a gunman opened fire on students and teachers on the playground, killing 5 students. Researchers report that the crisis drills conducted on that very playground prevented more deaths from occurring. The school also provided facts to everyone involved and were able to accommodate cultural and language barriers in their debriefing procedures.

> *For more information, see:*
> Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review, 23*, 175-189.
>
> Poland, S. & Pitcher, G. (1990). Best practices in crisis intervention. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology* (Vol. 2, pp. 259-275). Washington, DC: National Association of School Psychologists.

b. *School-Based Health Centers and Violence Prevention*: Three community health centers--in West Virginia, Maryland, and California--developed projects to improve and increase violence prevention and mental health services through school-based health clinics. Each site developed its own package of mental health/violence prevention services to meet the need of its clients and community, and address local issues related to violence. Since the mental health centers were implemented, all three sites reported fewer suicide attempts, fewer fights on campus, and improved attendance among previously truant students or those with discipline problems. Teachers and staff also report general improvements in students' attitudes and behavior, and a greater use of conflict resolution tools by students. Both teachers and students also report a greater sense of school safety.

> *For more information, see:*
> *Healing Fractured Lives: How Three School-Based Projects Approach Violence Prevention and Mental Health Care.* Bureau of Primary Health Care, U.S. Department of Health and Human Services.

c. *Project Rebound*: Project Rebound is a 10 week art therapy program designed to help children who have experienced a crisis express concerns, fears, anxieties, anger and helplessness in a safe and supportive environment. Student 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.

> *For project information, contact:*
> The Psychological Trauma Center, 8730 Alden Drive, Room C-212A, Los Angeles, CA 90048, (310) 423-3506 Fax (310)423-0114.

d. Research Studies

    Cokeville School Bombing Study: Following a school bombing in Cokeville, WY, the school administrator took steps to manage the crisis and provide leadership to the community. Students returned to school the next day, and attended meetings with other students and parents where they had an opportunity to discuss their feelings and concerns in an open, safe forum. Those students who participated most in the group sessions recovered most quickly.

    For more information, see:
Sandall, N. (1986). Early Intervention in a disaster: The Cokeville hostage/bombing crisis. *Communique, 15, 1-2.*

    Poland, S. (1994). The role of school crisis intervention teams to prevent and reduce school violence and trauma. *School Psychology Review,* 23, 175-189.

    Experimental Study with High School Seniors: Fifty-seven high school seniors were provided with graded crisis experiences to work through under circumstances that favored successful outcomes. Three types of coping strategies, including relaxation, cognitive restructuring, and problem solving, were provided to help them deal with the crisis experiences. Following participation in the 6-week program, participants, as opposed to those in a control group, evidenced significantly higher scores on tests measuring self-efficacy and rational beliefs. When presented with a scene depicting a potentially traumatic transition at the end of the program, participants (compared to controls) used significantly more cognitive restructuring strategies.

    For more information, see:
Jason, L.A., & Burrows, B. (1983). Transition training for high school seniors. *Cognitive Therapy and Research,* 7, 79-91.

2. School Environment Changes and School Safety Strategies

a. *Westerly School District (RI)*: The Westerly school district went from having 100 Office of Civil Rights violations to becoming a model program for students who are receiving a continuum of support services for behavioral problems. Policies were restructured to emphasize both prevention and intervention. Over a 4-year period, behavioral problems were reduced, self-contained classrooms for students with emotional and behavioral problems were reduced from 13 in 1990 to only 2 in 1994, and the schools became safer and more productive for all students, at all levels: elementary, middle and high schools. Compared to other Rhode Island districts, when one divides the total number of suspensions by the total student enrollment, Westerly's index is .038, compared to the state index of .232. Similarly, the index for disciplinary incidents in Westerly is .05 compared to .09 and .31 for other Rhode Island districts similar to Westerly in size and demographics.

> *For more information, see:*
> Keenan, S., McLaughlin, S., & Denton, M. (1995). *Planning for inclusion: Program elements that support teachers and students with emotional/behavioral disorders*. Highlights from the Second Working Forum on Inclusion. Reston, VA: Council for Children with Behavioral Disorders.
>
> Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works*! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
>
> *For project information, contact*:
> Mark Hawk, Director of Special Education, Westerly Public Schools, 44 Park Ave, Westerly, RI 02891-2297, (401) 348-2711 Email: mhwak@westerly.k12.ri.us.

b. *Center for the Prevention of School Violence (CPSV)*: According to the CPSV, preventing school violence through assessing physical design and, if necessary, using technology (like metal detectors or cameras) offers a strategy that enables school officials to provide safe and secure learning environments in which students can achieve and succeed. The CPSV conducted a telephone survey of all high schools in North Carolina during Spring, 1997, to determine which safety and security strategies are being used in these schools. Almost 74% of schools participating in the survey have performed assessments of their physical layouts. In addition to controlling access to school, 80% implement some kind of parking lot security. In terms of maintaining control, various types of policies exist with hall monitoring, occurring at 88% of the schools, and campus identification tags and book-bag policies, newer forms, in place at 19% of the schools. 60% of the schools have metal detectors with 64% using one or two of them. Of the schools with metal detectors, 90% have portable ones, 16% have stationary ones located at the entrances of football stadiums. The frequency of use varies with 4% using them daily and 62% using them randomly. 12% have them but never use them. Most schools do not have surveillance cameras; only 24% use such cameras. Other technologies applied to make schools safe and secure include two-way radios, identified by 22% of the schools, and alarm systems, identified by 10% (These numbers may be low given that the other technologies were not specifically asked about.). Two schools indicated that they have Breathalysers. Using a seven-point scale with "one" representing a perceived highest level of effectiveness and "seven" a perceived lowest level, improving safety through changes in the physical design of the school and use of technology was rated by respondents. Almost thirty-six percent of respondents rated physical design and technology a "one" or "two" indicating their perception that, for their schools, effectiveness on preventing violence is high with reference to this strategy. Only sixteen percent rated it "six" or "seven," reflecting low effectiveness. Also, of all of the safe school strategies surveyed, implementing

changes in the physical school environment and/or utilizing technology was rated as the second highest effective strategy out of six strategies (including peer mediation & conflict management, S.A.V.E., law-related education, teen/student court, and having a school resource officer). Having a school resource officer was listed as the most effective strategy.

For more information, contact:
Center for the Prevention of School Violence, Joanne McDaniel, Director.1801 Mail Service Center, Raleigh, NC 27699-1801, 1-800-299-6054 or 919-733-3388, Fax: 919-515-9561 Email: joanne.mcdaniel@ncmail.net or download a summary from www.ncdjjdp.org/cpsv/

c. *Playground Safety Studies*: A multi-faceted community intervention (starting in 1989) including: repair of all playgrounds major capital improvements in 5 playgrounds and parks, painting of building murals, development of recreational programs for target age group, traffic safety programs and bicycle helmet promotion was implemented in Central Harlem and Washington Heights. Across time, this program showed a decrease in the risk of all injuries in the target age group in Central Harlem and in Washington Heights (compared to a younger, non-targeted group). However, there was no decrease in outdoor fall injuries in the target age group.

For more information, see:
Davidson, L.L., Durkin, M.S., Kuhn, L., O'Connor, P., Barlow, B., & Heagarty, M.C. (1994). The impact of the Safe Kids/Health Neighborhoods Injury Prevention Program in Harlem, 1988 through 1991. *American Journal of Public Health, 84*, 580-586.

National SAFE KIDS Campaign reports that protective surfacing under and around playground equipment can reduce the severity of and even prevent playground fall-related injuries. In addition, protective equipment, safe play conditions (e.g., field surfacing, maintenance) and development and enforcement of safety rules help reduce the number and severity of sports and recreation-related injuries.

For more information, contact:
The National SAFE KIDS Campaign, 1301 Pennsylvania Ave, NW, Suite 1000, Washington, DC 20004-1707, (202)662-0600, (202) 393-2072 Fax, http://www.safekids.org, info@safekids.org

d. *PeaceBuilders*: PeaceBuilders, is a K-5 program of Heartsprings, Inc. in Tucson, AZ. The program emphasizes praising others, avoiding negative comments, being aware of injustices, righting wrongs and seeking out "wise people." The program offers excellent classroom management suggestions, particularly for handling discipline and "unruly" kids. The program also contains many extras including an intensive peace building program for especially disruptive students, a family program, playground program, planning guides for teachers, a leadership guide for administrators, manuals for school staff, bus drivers, cafeteria workers, etc. Preliminary post-test results of rigorous ongoing CDC evaluation shows significant reductions in fighting- related injury visits to school nurse by students.

For project information contact:
PeaceBuilders: PO Box 878 San Bruno, CA 94066-0878, Toll Free: (877) 473-2236

For more information see:
Safe Schools. Safe Students: A Guide to Violence Prevention Strategies. (1998). Drug Strategies, Washington, D.C.

School Health Starter Kit, Council of Chief State School Officers, One Massachusetts Avenue, NW Suite 700, Washington, D.C. 20001-1431, (202) 336-7000 Fax (202) 408-8072

3. Curriculum Approaches to Preventing Crisis Events
(Social and Personal)

3a. Violence Prevention

a-1   *Second Step: A Violence Prevention Curriculum*: Second Step is a school-based social skills curriculum for preschool through junior high that teaches children to change the attitudes and behaviors that contribute to violence. Second Step teaches the same three skill units at each grade level: Empathy, Impulse Control, and Anger Management. Lesson content varies according to the grade level, and the skills practiced are designed to be developmentally appropriate. There were no significant teacher- or parent-reported differences between those students participating in Second Step and a control group. However, two-weeks after the intervention was completed behavioral observations revealed that students in Second Step showed an overall decrease in physical aggression, and an increase in neutral/prosocial behavior, compared to the control group. Most of these effects persisted six months later.

> *For more information, see:*
> Grossman, D.C., Neckerman, H.J., Koepsell, T.D., Liu, P. Asher, K.N., Beland, K., Frey, K., & Rivara, F.P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*(20), 1605-1611.
>
> Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). Safe, drug-free, and effective schools for ALL students: What works! Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.
>
> *For project information, contact:*
> *Second Step: A Violence Prevention Curriculum:* Committee for Children, 568 First Ave. South, Suite 600, Seattle, WA 98104-2804, (800) 634-4449 Ext. 6223, (206) 343-1445, Email: info@cfchildren.org

a-2   *Responding in Peaceful and Positive Ways (RIPP) Program:* The 25 session RIPP program focuses on social/cognitive skill-building to promote nonviolent conflict resolution and positive communication. The 25-session sixth grade curriculum is taught during a 45-minute class period once a week. Participants showed significantly lower rates of fighting, bringing weapons to school, and in-school suspensions than control subjects.

> *For project information, contact:*
> Farrell, A.D. & Meyer, A.L., & Dahlberg, L.L. (1996). The effectiveness of a school-based curriculum for reducing violence among urban sixth-grad students. *American Journal of Public Health, 87*, 979-984
>
> Farrell, A.D., Meyer, A.L. & Dahlberg, L.L. (1996). Richmond youth against violence; A school based program for urban adolescents. *American Journal of Preventive Medicine, 12*, 13-21.
>
> Farrell, A.D. & Meyer, A.L. (in press). Social Skills Training to Promote Resilience in Urban Sixth Grade Students: One product of an action research strategy to prevent youth violence in high-risk environments. *Education and Treatment of Children.*

a-3 *First Step to Success:* An early intervention program for grades K-3 that takes a collaborative home and school approach to diverting at-risk children from a path leading to adjustment problems, school failure and drop-out, social juvenile delinquency in adolescence, and gang membership and interpersonal violence. By recruiting parents as partners with the school, this program teaches children a behavior pattern that contributes to school success and the development of friendship. Children are screened for antisocial behavior, they participate in a social skills curriculum, and parents are taught key skills for supporting and improving their child's school adjustment and performance. Students who successfully complete the program show sustained behavior changes in the following areas, as indicated by teacher ratings and direct observations: adaptive behavior, aggressive behavior, maladaptive behavior, and the amount of time spent appropriately engaged in teacher-assigned tasks. Follow-up studies show that intervention effects persist up to two-years beyond the end of the initial intervention phase.

For more information, see:
Walker, H.M. (1998). First step to success: Preventing antisocial behavior among at-risk kindergartners. *Teaching Exceptional Children,* 30(4), 16-19.

Walker, H.M., Severson, H.H., Feil, E.G., Stiller, B., & Golly, A. (1997). *First step to success: Intervening at the point of school entry to prevent antisocial behavior patters.* Longmont, CO: Sopris West.

Walker, H.M., Stiller, B., Severson, H.H., Kavanagh, K., Golly, A., & Feil, E.G. (in press). First step to success: An early intervention approach for preventing school antisocial behavior. *Journal of Emotional and Behavioral Disorders,* 5(4).

For program information, contact:
Jeff Sprague & Hill Walker, Co-Directors. Institute on Violence and Destructive Behavior, 1265 University of Oregon, Eugene, OR 97403. (541) 346-2465, Email: jeffs@oregon..uoregon.edu

a-4 *Project ACHIEVE:* A school wide prevention and early intervention program, that targets students who are academically and socially at risk. Students learn social skills, problem-solving methods, and anger-reduction techniques. Since 1990, the program has reduced aggression and violence in Project ACHIEVE schools. Disciplinary referrals decreased by 67%. Specifically, referrals for disobedient behavior dropped by 86%, fighting by 72% and disruptive behavior by 88%. Referrals for at-risk students for special education testing decreased 75% while the number of effective academic and behavioral interventions in the regular classroom significantly increased. Suspensions dropped to one-third of what they had been three years before. Grade retention, achievement test scores, and academic performance have improved similarly, and, during the past four years, no student has been placed in the county's alternative education program. The project's success has led to the adoption of the Project ACHIEVE model in over 20 additional sites across the United States.

For more information, see:
Knoff, H.M. & Batsche, G. M. (1995). Project ACHIEVE: Analyzing a school reform process for at-risk and underachieving students. *School Psychology Review, 24*(4), 579-603.

Knoff, H.M. & Batsche, G. M. *Safe Schools, Safe Students.* Edited by Ronda C. Talley & Garry R. Walz. National Education Goals Panel and National Alliance of Pupil Services Organizations. Produced in collaboration with ERIC Counseling and Student Services Clearinghouse.

Quinn, M. M., Osher, D., Hoffman, C. C., & Hanley, T. V. (1998). *Safe, drug-free, and effective schools for ALL students: What works!* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

For project information, contact:
Howard M. Knoff Director, Project ACHIEVE, 8505 Portage Ave., Tampa, FL 33647,
Ph: 813-978-1718 Fax: 813-972-1392 Email: knoffprojectachive@earthlink.net
Website: http://www.projectachive.info

a-5 *Bullying Prevention Program*: A universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. Program targets are students in elementary, middle, and junior high schools. All students within a school participate in most aspects of the program. Additional individual interventions are targeted at students who are identified as bullies or victims of bullying. The Bullying Prevention Program has been shown to result in: a substantial reduction in boys' and girls' reports of bullying and victimization; a significant reduction in students' reports of general antisocial behavior such as vandalism, fighting, theft and truancy; and significant improvements in the "social climate" of the class, as reflected in students' reports of improved order and discipline, more positive social relationships, and a more positive attitude toward schoolwork and school.

> *For more information, contact*:
> Dan Olweus, Ph.D., University of Bergen, Research Center for Health Promotion (HEMIL), Christiesgt. 13, N-5015, Bergen, Norway, 47-55-58-23-27, E-mail: nobully@clemson.edu
> Website: http://www.clemson.edu/olweus/

a-6 *Conflict Resolution and Peer Mediation Projects (CR/PM)*: Nine CR/PM programs throughout the country were evaluated. Data from this evaluation suggests that CR/PM projects may reduce the frequency of fighting and other undesirable behaviors at school, increase knowledge and modify student's attitudes about conflict, improve school discipline, and increase attendance. However, these findings are based on preliminary data, and success varies depends on how the curriculum is implemented.

> *For more information, see:*
> Altman E. (1994). *Violence Prevention Curricula: Summary of Evaluations.* Springfield, Ill: Illinois Council for the Prevention of Violence.
>
> Powell, K. E., Muir-McClain, L., & Halasyamani, L. (1995). A review of selected school-based conflict resolution and peer mediation projects. *Journal of School Health, 65* (10), 426-431.
>
> Tolan, P. H. & Guerra, N. G. (1994).*What Works in Reducing Adolescent Violence: An Empirical Review of the Field.* Boulder, CO: Center for the Study and Prevention of Violence.

a-7 *PeaceBuilders:* A school-wide violence prevention program for elementary schools (K-5). This program is designed to prevent violence by reducing students' hostility and aggression by changing the school climate and promoting prosocial behavior. The project involves norm-setting, peace-building, and communication skills development. It reinforces prosocial behavior and enhances parent education and involvement, and includes mass media tie-ins. A year before PeaceBuilders began, 120 children were suspended and about 30 were arrested for crimes in the community. Two years into PeaceBuilders, the number of suspensions had dropped to five, and there were no arrests for community crimes. One school using the PeaceBuilders program reported that major student fights dropped from 125 to 23; another school reported a decrease from 180 to 24. Outcome assessments are still underway.

> *For more information, see:*
> Embry, D.D., Flannery, D.J., Vazsonyi, A.T., Powell, K.E., & Atha, H. (1996). PeaceBuilders: A theoretically driven, school-based model for early violence prevention. American Journal of Preventive Medicine. Youth Violence Prevention: Description and Baseline Data from 13 Evaluation Projects (Supp.), 12 (5), 91-100.
>
> Walker, H.M., Colvin, G., Ramsey, E. (1995). *Anti-Social Behavior in Schools: Strategies and Best Practices*. Pacific Grove, California: Brooks/Cole.
>
> *For program information, contact:*
> Heartsprings, Inc., P.O. Box 12158, Tuscon, AZ 85732, (877)473-2236 Fax (520) 332-9983, Email: custrel@heartsprings.org.

a-8 *Positive Adolescent Choices Training (PACT):* Designed to reduce the chances that African-American and other at-risk adolescents will become victims or perpetrators of violence. Primarily targets youth between 12 and 16 identified as socially deficient or with a history of violence. Participants receive hands-on training and practice in 3 areas: prosocial skills, anger control, and violence risk education. Data suggest that those who completed the program showed reduced violence-related behavior as well as gains in skills predictive of future abilities to avoid violence. The data also suggest that others perceived the trained participants to have improved social skills and that trainees themselves had more confidence in their abilities to perform the new behaviors.

> *For more information, see:*
> Hammond, W.R., & Yung, B.R. (Winter, 1991). Preventing violence in at-risk African-American Youth. *Journal of Health Care for the Poor and Underserved*, 359-373.

> *For program information, contact:*
> B. Yung, Center for Child and Adolescent Violence Prevention, Wright State University, Ellis Human Development Institute, 9 N. Edwin C. Moses Blvd, Dayton, OH 45407, (937) 775-4300.

a-9 *Resolving Conflict Creatively Program (RCCP)*: Curriculum stresses modeling of nonviolent alternatives for dealing with conflict and teaches negotiation and other conflict resolution skills. Conflict resolution and communication skills are taught in the classroom and practiced at least once a week. Several students are trained as "mediators" to assist others in resolving conflicts. Teachers who participate report decreases in name-calling and physical violence among students. When students are tested, most learn the key concepts of conflict resolution and are able to apply them when responding to hypothetical conflicts. In addition, students themselves have reported getting in fewer fights and engaging less frequently in name-calling compared with matched control groups. For the peer mediation component, 80% of students and teachers report that students are helped by contact with mediators. Nine out of ten teachers who participated in the program said that they had improved understanding of children's needs and were more willing to let students take responsibility for resolving their own conflicts.

> *For more information, see:*
> DeJong, W. *Building the Peace: The Resolving Conflict Creatively Program (RCCP)*. National Institute of Justice: Program Focus. US Dept. Of Justice, Office of Justice Programs.

> *For project information, contact:*
> Linda Lantieri, RCCP National Center, 163 3rd Ave, Room 103, New York, NY 10003, (212) 509-0022
> Ext. 226, Fax (212) 509-1095, Email: llantieri@rccp.org

a-10 *The Mediation in the Schools Program:* Promotes positive resolution of conflict in schools. The program consists of three components: conflict management curriculum for the classroom; adult modeling of mediation in conflict resolution; and training of student mediators to provide mediation services to other students. Evaluation showed that the program seemed to be "owned" by the students. Students were described as being more in control and empowered, as well as exhibiting higher self-esteem. Coordinators and administrators reported decreased levels of violence since the introduction of the program. Program teachers perceived less violence and hurtful behaviors among students believed that the program was effective in teaching students alternative, positive dispute resolution strategies and in decreasing levels of violence at school.

> *For more information, see:*
> Carter, S.L. Evaluation report for the New Mexico center for dispute resolution. *Mediation in the Schools Program, 1993-1994 school year.* Albuquerque: New Mexico Center for Dispute Resolution, 1994.

> Lam, J.A. *The impact of conflict resolution programs on schools: A review and synthesis of the evidence*. Amherst, Mass.: National Association for the Mediation in Education, 1988.

> *For program information, contact:*
> National Resource Center for Youth Mediation, New Mexico Center for Dispute Resolution, 800 Park Avenue SW, Albuquerque, NM 37102, (505) 247-0571 / f ax: (505) 242-5966

> *For evaluation information, contact:*
> Susan Lee Carter, Ph.D, P.O. Box 67 Cerrillos, NM 87010, (505)424-0244

a-11 Lions-Quest Working Toward Peace: This program is designed to help young people develop lifelong habits o peaceful conflict resolution. The four-part course of study for grades 6-8 includes sessions on managing anger, resolving conflicts peacefully, and promoting peace. An optional one-day workshop provides an introduction too and hands-on experience with the curriculum. Program goals are: To help students understand the value of peaceful conflict resolution and study peaceful role models; To enable students to learn ways to manage their own anger; to teach students a wide repertoire of techniques for reducing the level of tension in conflicts and resolving the conflicts peacefully; To encourage young people to apply their skills by planning and carrying out a service-learning project relating to peaceful conflict resolution. It is viewed as equipping educators and parents to help young adolescents take responsibility for finding peaceful solutions to conflict. Program implementation results in improved school climate, fewer discipline referrals, a safer school environment, and increased family an community involvement.

> *For more information, see:*
> http://www.lions-guest.org.n2
>
> *For program information contact:*
> Program Representative at 800/4462700

a-12 Michigan Model for Comprehensive School Health Education: This is implemented in over 990% of Michigan's public schools and more than 200 private and charter schools servicing grades K-12. The model is also in place in over 42 states, foreign countries, universities and medical schools. The program was established as a cooperative effort of seven state agencies to provide an efficient delivery mechanism for key disease prevention and health promotion messages. The current curriculum facilitates interdisciplinary learning through lessons that integrate health education into other curricula (e.g., language arts, science, math). States advantages of the program include: Cost savings on the purchase of support materials; training for teachers; responsiveness to the need for new curricula; efficient delivery of a wide range of curricula and support materials; mechanisms for parent support; and a nationally recognized, research based curriculum. Research reports indicate that the Michigan Model substance abuse lessons had a statistically significant positive impact in curtailing rates of alcohol, tobacco and marijuana use in middle school students. A 1996 national program analysis done by Drug Strategies, Inc. of Washington, D.C. and published under the title "Making the Garde", designated the Michigan Model as one of the top substance abuse prevention programs in United States. The Michigan Model was the only comprehensive health program to receive this "A: designation. They also rates the Michigan Model as one of the best violence prevention programs in the United States.

> *For more information, see:*
> *Bridging Student Health Risk and Academic Achievement through Comprehensive School Health Programs Journal of School Health, August 1997,* 67, (6)*;*
>
> *For Program information and resources, contact:*
> The Educational Materials Center (EMC) at Central Michigan University, 139 Combined Services Building, Central Michigan University, Mt. Pleasant, MI 48859 Ph: 800/214-8961 or (989) 774-3953 Fax: (989) 774-3943 Email: emc@cmich.edu

3-b   Suicide Prevention

b-1   Project I: Demonstrated positive effects on suicide risk for junior-high students in Israel. In a randomized trial with 237 8th grade students, the 12-week group cognitive-behavioral program produced significant reductions in suicides, as measured by the culturally adapted Israeli Index of Potential Suicide (IIPS), among treatment boys. Effects for girls on the IIPS did not reach the level of significance.

> *For more information, see:*
> Klingman, A., & Hochdorf, Z. (1993). Coping with distress and self-harm: The impact of a primary prevention program among adolescents. *Journal of Adolescence. 16,* 121-140.

b-2   *Project 2*: Demonstrated a significant reduction in suicides, in this case among 11th grade students from 6 high schools in Israel. This program was evaluated in a randomized trial examining 393 students (including some conduct disordered students). Across all schools, the authors report significant effects on suicidal tendencies, coping skills, and ego identity.

For more information, see:
Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity and coping. *Suicide and Life-Threatening Behavior, 23*(2), 120-29.

3-c   *Physical/Sexual Abuse Prevention:* Program is a child abuse prevention program for preschool aged to sixth-grade students. Developed in 1984 in Geogia, the goal of the program is to prevent or stop child abuse and to reduce the trauma associated with it. The curriculum includes accurate, age-appropriate information and helpful strategies to limit emotional and sexual abuse. Modifications have been made for the developmentally delayed. Evaluation results from this small sample suggest that children as young as kindergarten age can learn knowledge and skills for the prevention of sexual abuse.

For program information, contact:
Heather Harvey, Project Director, Prevention and Motivation Programs, Inc., P.O. Box 1960, 659 Henderson Dr, suite H, Cartersville, GA 30120, (770)607-9111 / fax: (770)607-9600

For evaluation information, contact:
Garnett Stokes, Dept of Psychology, University of Georgia, Athens, GA, 30602-3013
Ph: (706)542-2174

Section VI

Addressing Specific Areas of Concern

- ■   **Natural Disasters**

- ■   **Community and Gang Violence**

- ■   **Suicidal Crisis**

- ■   **Family Violence**

- ■   **Sexual Assault**

- ■   **Grief and Loss**

- ■   **Hostage Situations**

- ■   **Post Traumatic Stress Disorder**

- ■   **Recommendations on the Support and Safety of Gay and 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

- Addressing School Adjustment Problems

- Dropout Prevention

**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

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.

Schools Helping Students Deal with Loss

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 excepts 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.*

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*Resilience has been described as a phenomenon whereby individuals show positive adaptation in spite of significant lifetadversities (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.

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)

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Exhibit 3: Stages of Grieving

Grieving disrupts a students 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).

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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

Recognize the loss and encourage students to talk about what about what happened and how they are feeling. ("Tell me what happened." "I'm so sorry")

Tell them as a group what happened and respond emotionally. Directly relate the facts and let them know how you feel.

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.

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).

In the situation where a student is returning to school after experiencing sever 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.").

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.

Addressing School Adjustment Problems

It is only a matter of weeks (sometimes days) after students enter a new school or begin a new year that it is clear to most teachers which students are experiencing difficulties adjusting (e.g., to new content and standards, new schools, new teachers, new classmates, etc.). It is particularly poignant to see a student who is trying hard, but is disorganized and can't keep up. If these difficulties are not addressed, student motivation for school dwindles, and behavior problems increase.

This is the time to be *proactive* and to address any problems in the earliest stages. This is the time for *staff development* to focus on the type of strategies stressed in this guidance. This is the time for *student support staff to work with teachers in their classrooms* to intervene before problems become severe and pervasive and require referrals for out-of-class interventions.

This guidance focuses on
> addressing transition problems
> enhancing engagement in learning
> working as a team to prevent problems from escalating.

Also, included are links to in-depth prevention and early intervention strategies.

SOME GUIDELINES:

> Through enhanced personal contacts, build a positive working relationship with the youngster and family.
> Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).
> Ask about what the youngster doesn't like at school.
> Explore the reasons for "dislikes" (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
> Explore other possible causal factors.
> Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).

SOME BASIC STRATEGIES

Try new strategies in the classroom – based on the best information about what is causing the problem. Enhance student engagement through (a) an emphasis on learning and enrichment options that are of current greatest interest and which the student indicates (s)he wants to and can pursue and (b) a temporary deemphasis on areas that are not of high interest.

If a student seems easily distracted, the following might be used:

> **T** identify any specific environmental factors that distract the student and make appropriate environmental changes
> **T** have the student work with a group of others who are task-focused
> **T** designate a volunteer to help the student whenever s/he becomes distracted and/or starts to misbehave, and if necessary, to help the student make transitions
> **T** allow for frequent "breaks"
> **T** interact with the student in ways that will minimize confusion and distractions (e.g., keep conversations relatively short; talk quietly and slowly; use concrete terms; express warmth and nurturance)

If a student needs more direction, the following might be used:

- **T** develop and provide sets of specific prompts, multisensory cues, steps, etc. using oral, written, and perhaps pictorial and color-coded guides as organizational aids related to specific learning activities, materials, and daily schedules
- **T** ensure someone checks with the student frequently throughout an activity to provide additional support and guidance in concrete ways (e.g., model, demonstrate, coach)
- **T** support student's efforts related to self-monitoring and self-evaluation and provide nurturing feedback keyed to the student's progress and next steps

If the student has difficulty finishing tasks as scheduled, the following might be used:

- **T** modify the length and time demands of assignments and tests
- **T** modify the nature of the process and products (e.g., allow use of technological tools and allow for oral, audio-visual, arts and crafts, graphic, and computer generated products)

TO ACCOMPLISH THE ABOVE: Enhance use of aides, volunteers, peer tutors/coaches, mentors, those in the home, etc. not only to help support student efforts to learn and perform, but to enhance the student's social support network. Encourage structured staff discussions and staff development about what teachers can do and what other staff (mentors, student support staff, resource teachers, etc.) can do to team with teachers in their classrooms to enable school adjustment.

WHAT IF THE ABOVE STRATEGIES DON"T WORK?

> If the new strategies don't work, *talk to others* at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).
> After trying all the above, add some tutoring designed to enhance student engagement in learning and to facilitate learning of specific academic and social skills that are seen as barriers to effective classroom performance and learning.
> Only after all this is done and has not worked is it time to use the school's referral processes to ask for additional support services. As such services are added, it, of course, becomes essential to coordinate them with what is going on in the classroom, school-wide, and at home.

##

THE FOLLOWING RESOURCES WILL BE HELPFUL FOR STRUCTURED STAFF DISCUSSIONS:

> Enabling Learning in the Classroom – http://smhp.psych.ucla.edu/enabling.htm
> Re-engaging Student in Learning –
> http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf
> Support for Transitions to Address Barriers to Learning (Training Tutorial)
> Enhancing Classroom Approaches for Addressing Barriers to Learning –
> http://smhp.psych.ucla.edu/qf/transition_tt/transindex.htm
> Quick Find: links to resources on Classroom Focused Enabling and on Motivation

Other resources also can be readily found and accessed by topic through our Quick Find Online Clearinghouse -- see http://smhp.psych.ucla.edu/websrch.htm   All Center materials are available for downloading, copying, and sharing on the Center website.

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

Dropout Prevention

There is a high school dropout crisis far beyond the imagination of most Americans, concentrated in urban schools and relegating many thousands of minority children to a life of failure. We urgently need to address this problem as a nation. Our goal ... is to make the public aware of this issue and make improving high school graduation rates a central part of national education reform. We believe the first step must entail highlighting the severe racial disparities in high school graduation rates that exist at the school and district levels.

> Gary Orfield (2004)
> *Dropouts in America: Confronting the Graduation Rate Crisis*
> http://gseweb.harvard.edu/~hepg/dropoutsinamerica.html

Every year, across the country, a dangerously high percentage of students — disproportionately poor and minority — disappear from the educational pipeline before graduating from high school. Nationally, only about 68% of all students who enter 9th grade will graduate "on time" with regular diplomas in 12th grade. While the graduation rate for white students is 75%, only approximately half of Black, Latino, and Native American students earn regular diplomas alongside their classmates. Graduation rates are even lower for Black, Latino and Native American males. Yet, because of misleading and inaccurate reporting of dropout and graduation rates, the public remains largely unaware of this educational and civil rights crisis.

> The Civil Rights Project, Harvard University, March 24, 2005
> From: *Confronting the Graduation Rate Crisis in California*
> http://www.civilrightsproject.harvard.edu/research/dropouts/dropouts05.php

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Young adults who leave school short of high school graduation face many potential hardships and society pays a great price. As a recent report from the Harvard Civil Rights Project states: "When high numbers of youth leave school ill-prepared to contribute to our labor force and to civic life, our economy and our democracy suffer. Life opportunities for these youth and for their offspring are dramatically curtailed. According to Russell Rumberger, Professor at the University of California at Santa Barbara, the 66,657 students who were reported as dropouts from the California public schools in the 2002-03 will cost the state $14 billion in lost wages. These costs rise significantly when one considers that the actual number of students who leave school without diplomas is much higher than the estimates provided by the state. Since the greatest economic benefits of earning a high school diploma as are realized in the next generation, the most significant loss is to their — and our — future."

> For some quick facts on the impact of the dropout problem, see
> http://www.dropoutprevention.org/stats/quick_facts/econ_impact.htm

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What Does the Literature on Dropouts Tell Us to do About the Problem?

Be proactive in preventing the problem. See the
>>*Dropout* "At Risk" Checklist in the Center's intro packet on dropouts
http://smhp.psych.ucla.edu/pdfdocs/DropoutPrev/dropout.pdf

Available research suggests that being held back is the single strongest predictor of dropping out and that its effect is consistent for both early and late dropouts.
School factors can account for approximately two thirds of the differences in mean school dropout rates.

For prevention to be effective, schools must engage all students in learning, and they must focus specifically on the problem of re-engaging students who have become disengaged from classroom learning. See:
>>*Re-engaging Students in Learning* (Quick Training Aid)
http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/reengagingstudents.pdf
>>*Re-engaging Students in Learning at School* (newsletter article)
http://smhp.psych.ucla.edu/pdfdocs/Newsletter/winter02.pdf
>>*Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling* (Continuing Education Modules)
http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf

The literature points to the need to provide one-on-one intensive attention to at-risk students, who often must be convinced that they are competent and can be successful in school. Children at-risk need to be identified at a young age (as early as preschool) so that early sustained intervention can be applied. See:

>>*Youth in Transition* – http://www11.hrsdc.gc.ca/en/cs/sp/hrsdc/arb/ publications/research/2002-000121/page01.shtml

This long-term study of school dropouts provides many insights about the problem and what needs to be done. The document reports that being held back one grade increases the risk of dropping out later by 40 percent to 50 percent, two grades by 90 percent. However, there are some strategies that can be used as alternatives to retention.

Enhance the professional development of teachers to ensure they have the knowledge and skills to teach a wider range of students to meet standards

Redesign school structures to support more intensive learning

Provide students the support and services they need in order to succeed

Use classroom assessments that better inform teaching

Retention efforts for junior high and high school students use out-of-school efforts such as tutoring, mentoring, service learning, career advising, and arranging for older students (who might otherwise drop-out) to work with younger ones. Service learning, for example, is a teaching methodology, which integrates community service into the academic curriculum. Using service-learning, elementary school students tutor younger students, and both improve their mastery of essential literacy skills. Investigators have found that when rigorous study in academic disciplines is linked to serious work on real needs, students' motivation to learn increases. When teachers are rigorous about partnering with young people to design and carry out service-learning projects that are tied to curricular objectives and standards, they are likely to benefit in the following ways: Academic and intellectual benefits, Civic and ethical benefits, and social and personal benefits.

Educational alternative programs provide a non-traditional approach to curriculum by utilizing alternative teaching strategies. Programs focus upon the needs and interests of students by offering positive school experiences, which are geared for achievement, enhancement of positive self-concept, motivation, reduction of truancy, reduction of disruptive behavior, and reduction of teenage pregnancy.

The *National Dropout Prevention Center/Network* has identified 15 effective strategies that have the most positive impact on the dropout rate. These strategies have been implemented successfully at all education levels and environments throughout the nation.

School and Community Perspective	Mentoring/Tutoring
Systemic Renewal	Service-Learning
School-Community Collaboration	Alternative Schooling
Safe Learning Environments	After-School Opportunities
Early Interventions	Making the Most of Instruction
Family Engagement	Professional Development
Early Childhood Education	Active Learning
Early Literacy Development	Educational Technology
Basic Core Strategies	Individualized Instruction
	Career and Technical Education (CTE)

For more information, see: http://www.dropoutprevention.org/effstrat/effstrat.htm

See the specially developed Center Introductory Packet entitled:
>>*Dropout Prevention* – http://smhp.psych.ucla.edu/pdfdocs/DropoutPrev/dropout.pdf

Need More?

Use the Center's Online Clearinghouse Quick Find on *Dropout Prevention* :
(It contains links to key references, empirically supported programs, and centers specializing in the topic and related topics.)

Other **Quick Finds** that may be helpful:

>>Alternative Schools and Alternative Education   >>Motivation
>>Barriers to Learning   >>Parent/Home Involvement in Schools
>>Bullying   >>Parenting Skills and Parenting Education
>>Classroom Climate/Culture   >>Prevention for Students "At Risk"
>>Classroom-focused Enabling   >>Resilience/Protective Factors
>>Environments that Support Learning   >>School Avoidance
>>Gangs   >>Self-Esteem
>>Hotlines   >>Social Promotion
>>Learning Supports: Students to Succeed   >>Substance Abuse
>>Mentoring   >>Teen Pregnancy

Among the links you will find on various of the above Quick Finds are:

>>*Dropout Rates in the United States: 2001*
   http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2005046
>>*Keeping Kids in Schools* from the American School Board Journal
   http://www.asbj.com/2002/12/1202research.html
>>*The Real Truth about Low Graduation Rates, An Evidence-Based Commentary*
   http://www.urban.org/url.cfm?ID=411050

A Few Websites Dealing Directly with Dropout Prevention

http://www.dropoutprevention.org/ - National Dropout Prevention Centers
http://www.tpronline.org/ — The Prevention Researcher
http://www.focusas.com/Dropouts.html - Focus Adolescent Services: Youth Who Drop Out
http://www.ed.gov/programs/dropout/dropoutprogram.html — School Dropout Prevention Program
http://nces.ed.gov/ccd/pub_dropouts.asp— NCES: Public High School Dropouts and Completers
   from the Common Core of Data
http://www.truancyprevention.org/ — National Center for School Engagement
http://www.tutorsforkids.org/ — Tutors for Kids
http://www.youthbuild.org/ — Youth Build USA

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

Community and Gang Violence*

Increasing concern about violence on campus has led to multifaceted intervention activity:

      (1)   to anticipate violence

      (2)   to deal with violence when it occurs and with its aftermath

      (3)   to prevent violence and create safe campuses

Anticipating Violence

In some instances, violence is anticipated. Schools need to have planned and rehearsed their response to such events. Take, for example, a situation where there is potential conflict between two gangs on campus. Obviously, steps should be taken to warn off perpetrators. In addition, there is a need to

- put appropriate school staff on alert

- enlist and enable those who can play a special role (e.g., cover the classes of teachers who can relate positively with gang members; recruit students who may be able to play a constructive role; solicit help from others in community who have a special relationship with gang members)

- increase the visibility of authority (e.g., staff, police)

- begin an open interchange with gang leaders and mediate between the factions

- move unresponsive student elements from the campus to another locale

- implement rumor control processes

- immediately take steps to remedy all justified grievances

- keep working with conflicting parties until a workable agreement is achieved.

Dealing with Violence and its Aftermath

Should violence occur, the first steps to be implemented are emergency mobilization and crisis response procedures (e.g., activation of security procedures). For example, a coded emergency P.A. announcement often is used to

- alert teachers to lock their doors and ask students to stay put during the emergency
- alert classified staff to assume assigned stations (e.g., at outside doors allowing only authorized persons in and helping with other specific responses)
- seek aid from community agencies.

*Also available from the Center is an Introductory Packet on *Violence Prevention and Safe Schools.*

Other tactics during the event involve

- encouraging students to verbalize their feelings
- providing a place for students to talk out their concerns
- being honest -- promise only what can be delivered.
- buying time in other ways that can help cool the situation, without violating due process

If the situation cannot be controlled, the police will have to take over.

At all times, maintain effective communications with the staff and security personnel..

In the rare case of a hostage situation, there is the additional problem of dealing with the hostage taker. Again, it is important to alert and mobilize staff. Then, the person best equipped to do so can try to make contact with the perpetrator. In communicating with the captor, however, there are some things to do and not to do:

(1)   try to calm everyone, including the captor down and buy time until a trained negotiator can get there (e.g., ask captor what is wanted and restate requests; indicate you want to help the person get what s/he wants; if you can, find out who s/he is)

(2)   don't confront or threaten with ultimatums

(3)   personalize references to the captor and captives (i.e., try to use names and emphasize everyone involved is a person not an object -- not a hostage-taker, a hostage, or a negotiator); if s/he won't tell you, try to find out names from staff and students

(4)   if it is safe to do so, quietly evacuate everyone who is not needed and close off area; otherwise direct everyone to avoid complicating the situation (e.g., to keep a low profile)

(5)   get information about the physical plant ready for the police (e.g., maps, information about phones, access ways)

In providing help in the *aftermath*, special attention should be given to exploring with an individual (a) the degree of trauma s/he may have experienced (e.g., Were they directly victimized or a close friend of a victim?), (b) what specifically is bothering her/him (e.g., Are they feeling frightened, angry, guilty, vengeful?), and (c) what s/he feels might help currently (e.g., Is there someone with whom s/he would like to talk?).

After the immediate needs of those affected are addressed, the following procedures can help prevent a recurrence:

- debrief to review what happened and revise response and prevention plans as needed
- especially review channels for student grievances (Are students aware of such procedures? Are students' voices of concern really being heard and responded to?)
- maintain involvement of parents and agencies that came to school in the time of crisis
- expand involvement of school and community stakeholders in planning.

A few guidelines to highlight related to responding to crises that involve criminal acts on school grounds (including knife and gun wounds) include:

- taking care of the victim (if someone can do so, apply first-aid; do not remove a knife -- it may be preventing excessive bleeding; try to keep the individual from making the wound worse)
- quickly alerting administrators who will call 911 for appropriate assistance
- isolate the area
- being certain staff are responding to other students in ways that minimizes rumor and unrest
- preparing for the media
- informing parents/guardians -- in doing so, try to be calm. State "Your child has been hurt (not shot) and we would like for you to meet your child at the hospital (not the school)." Because you will not usually know how bad the wound is, tell them you are unsure of the extent of injury. If it is unclear where the student will be taken, tell the parent you will call back in a few minutes with the information. Keep the conversation brief. Focus on minimizing panic and avoiding stirring up a situation where someone might come running to seek revenge.

Whether a result of violence or other causes, should a death occur, the school should consider making provisions to

(1) announce
  - the occurrence
  - facts about any special circumstances surrounding the death with a view to countering rumors
  - times and places for the funeral and related services
  - times and places for grief groups and counseling

(2)   provide concerned classroom teachers with guidelines for
  - sharing the experience with their classes
  - teaching about death and bereavement

(3)   send representatives to
  - visit the family at home
  - the funeral and related services

(4)   work with students who want to
  - express their sense of loss to each other and to the family
  - arrange a tribute or memorial
  - help the family if they are financially unable to pay death-related costs

Preventing Violence

Curriculum approaches to violence prevention provide a framework for schools to adapt for their specific needs. One such curriculum and an accompanying 1 hour training video have been developed by Dr. Deborah Prothrow-Stith. The focus is on teaching students the risks of physical violence and positive methods for dealing with anger. There are 10 lessons

covered in the manual, along with related student handouts, background information, and a resource list. The lessons arc entitled:

    (1)   There is a lot of violence in society
    (2)   Homicide: statistics and characteristics
    (3)   Exploring risk factors
    (4)   Anger is normal
    (5)   There are healthy and unhealthy ways to express anger
    (6)   There's more to lose than to gain from fighting
    (7)   What happens before, during, and after a fight?
    (8)   Preventing violence
    (9)   Fighting--what else is there?
    (10) Practice throwing a curve

The manual can be purchased from Teenage Health Teaching Modules, Education Development Center, Inc., 55 Chapel Street, Newton, MA 02160.

Another approach specifically focuses on gangs with the intention of creating a *safe and neutral campus* environment. As a basis for such work, it is essential to establish a group of school staff members who are or will become educated about gangs in general and those in the immediate community.

Increasingly, schools are developing gang-oriented, safe-school programs. Such programs tend to have three major elements.

(1) Reduction of stimuli that can precipitate conflict

    For example:

- dress code and conduct rules focused on minimizing blatant symbols of gang affiliation

- patrols to deter graffiti or to remove it as soon after it appears as is feasible

(2) Prevention

    For example:

- educating students, families, staff about factors leading to violence at school, indicators of a student's possible gang involvement, factors that make a student a target of gang recruitment or attack, what can be done to contribute to a safe and neutral campus

- development of positive alternative opportunities for involvement to counter anti-social activity such as establishment of a wider range of course options, a peer counseling program, and so forth

(3) Corrective intervention

    For example:

- establishment of support groups and after school tutoring for use on a voluntary basis and as a one time option to punishment for gang activity and major rule infractions

- referral for other forms of help such as treatment for alcohol and other drug abuse

Suicidal Crisis

Students may make a statement about suicide (in writing assignments, drawing or indirect verbal expression). Another may make an actual attempt. And, some do end their lives.

Suicidal Thoughts -- What to do

Assess the situation and reduce the crisis state (see accompanying Suicidal Assessment

Checklist).

The following are some specific do and don'ts if you are worried that the act is imminent.

Some do's:

- Send someone for help.
- Remain calm; remember the student is overwhelmed and confused as well as ambivalent.
- Get vital statistics, including the 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 options (e.g., school and/or community people who can help, e.g., a school mental health professional, a community mental health clinic or a hospital.
- If feasible, get an agreement to no-suicide ("No matter what happens, I will not kill myself." If the student refuses or the promise is vague, contact the principal or the school district.)

Some don'ts:

- 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

Suicide in Progress -- Acting Promptly

The individual may use a gun, rope, knife, medications and other drugs, or a place from which to jump. You must act promptly and decisively.

Some do's:

- Be directive. Tell the student, "Don't do that; stand there and talk with me." "Put that down." "Now talk with me." "Hand me that." "I'm listening."
- Mobilize someone to inform an administrator and call 911 and get others to help you..
- Clear the scene.
- The administrator or a designee should contact parents to advise them their child is hurt and that you will call back immediately to direct the parent to the hospital to meet the child.
- 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." "You must be feeling humiliated."
- Secure any weapon or pills; record the time any drugs were taken so you can. provide this information to the emergency medical staff or police.
- Get the student's name, address and phone number.
- Stay with the pupil; provide comfort.
- Secure any suicidal note and factually note when the incident occurred and what the pupil said and did.
- Ask for a debriefing session as part of taking care of yourself after the event.

Some don'ts

- 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.

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   Y N
others in his or her life?

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   Y N
feel guilty or as a way to get to a happier afterlife?

(2) REACTIONS TO PRECIPITATING EVENTS

Is the student experiencing severe psychological distress?   Y N

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

(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).

GRIEF AND LOSS

Students experience a variety of losses -- some of which are so significant as to lead to grief reactions. Students manifesting major grief reactions are experiencing a personal crisis.

Stages of Grieving

Grieving disrupts a students 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).

Helping Students Deal with Loss

One of the most difficult losses is the death of someone who was loved. 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, crisis counselors and other school staff need to be prepared to

(1) Recognize the loss and encourage students to talk about what 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. ("It hurts to know your mother died.")

(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. Students need to told it is O.K. to cry.

• 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).

(4) In the situation where a student is returning to school after experiencing the death of a cherished other, 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 back, sorry about your brother." "When you feel like it, let's talk about it.").

(5) Don't forget to take care of yourself -- especially if the loss is one for you too.

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 home visit 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.

Handouts on Grief and Loss

Included here are some well-designed handouts for students and staff developed by the Genesee County Community Mental Health agency.

Finding Hope Beyond Grief

You have experienced a loss whether it be a loss of a relative or a friend: Or as a rape, assault, violence victim; or in moving or changing jobs. There are many situations which can lead to loss and it is important to note there are many kinds of loss. A loss of a friendship, loss of dignity, loss of independence. or a loss of trust are just a few examples.

Understanding loss is a healing process which you need to work toward. The time it takes for an emotional wound to heal varies from person to person. The healing process is best done openly and honestly. The following suggestions may help ease recovery for adults and teens.

1. **Let your friends and family help you**. Take advantage of their offers to help you. It makes them feel good, they are doing something for you.

2. **Share your feelings.** If you are feeling overwhelmed, talk it over with a trained counselor or another bereaved person. Objectivity is often helpful.

3. **Do not use alcohol and drugs.** The work of mourning does not proceed while you are numb. It resumes when sedation wears off.

4. **Work on acknowledging reality.** Tell yourself, "it happened. I have to deal with it".

5. **Anger is natural.** Try to keep it in focus.

6. **Try to replace "why" with "what"?** Stop looking for causes and begin to think about next steps. Ask, "What do I do now?" The answer may be .1 nothing" and that's normal. One day at a time is all you can manage.

7. **Begin your what with small questions. "**What should I wear?", for example.

8. **Pain is part of the process, accept it.** It will be bad, but pain is a by-product of the healing process - like the pain you feel when a broken bone is mending.

9. **Give yourself quiet time.** You will need time alone to let your mind run free, let it roam. Don't fight. This will help you heal.

10. **Adjust to your own time frame.** You cannot rush the grieving process. Listen to your innerself and your feelings.

11. **Remind yourself of your worth.** Take good care of yourself emotionally physically, socially and mentally.

12. **Be ready for relapses.** You will wake up one day feeling good and think it is over. It is not. Later that day you may feel a vivid reminder. Do not despair. Healing takes time. Be patient with yourself.

For the person experiencing loss, life has changed significantly and there are many adjustments to be made. It takes time and patience to deal with a significant loss. Following the suggestions above should take away some of th e pain and stress associated with these types of experiences.

HELPING TO SURVIVE A LOSS

Death is never easy to deal with but it is a part of life. The loss of a loved one is one of life's most stressful events. Because of the pain associated with someone dying, it is important that you know how to confront and acknowledge the intense emotions of those times.

All people go through a process of grief when someone close dies. Grief is a natural, healthy response to a significant loss in our lives. Although the grief process is never the same in everyone, certain feelings are common. These feelings include shock, denial, anger, guilt, depression, loneliness, and hopefully, acceptance. Usually people can get through the grieving process alone, but sometimes there is a need for professional help to understand the "facts of death".

The period of bereavement is not an easy one for anybody. Family members need to be consoled and helped through the traumatic ordeal. Here are some things you can do to help the grieving process go smoother for those closest to the deceased.

1. Listen. Allow the grieving person to talk openly about the person who has died, the death, etc. if that is what they want to do. There is no right or wrong way to grieve. While some people are very talkative, others are quiet and introspective. Remember, it's more important for you to be a help than a hindrance during this time.

2. Be present. Your mere presence can sometimes be of more comfort than you realize. Giving a hug or holding hands can be a tremendous source of support. If you can't be with the grieving person, call, write or send flowers or a sympathy card. These and similar gestures will be appreciated.

3. Be patient. The grieving process takes time. Each phase must be addressed. Don't try to rush the person through it or try to protect them from their loss. As hard as it may be to watch, the pain and the waiting are necessary to their recovery from their loss.

4. Offer sincere support. Be certain you are of comfort to the grieving person. Supportive remarks would include "It takes time", "I know you'll miss your loved one and your life together, I will too" and "She was such a good person". Comments like "it was his time to go" or "You'll get over it with time" probably won't comfort the grieving person.

5. Be useful. You can take some of the pressure off of the grieving person by taking care of household chores, assisting with thank-you notes, helping with meals and answering the telephone. Someone who is experiencing the death of a loved one may not feel like attending to these tedious activities.

If you would like more information on helping someone deal with their grief, or you need help in getting through your own grief process, call (810) 257-3740. A professional counselor is there to listen and help.

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GRIEF

Sharing the Burden

Grief is a healthy, natural and necessary reaction to a significant change or loss in life. Many situations can result in grief: death of a family member or friend, divorce, injury, loss of a job, or giving up a dream.

There is a great deal that you and your family can do to help those close to you cope with grief. Try to place yourself in the grieving person's situation. Decide what type of support would be most helpful.

Grief is a painful experience. The time it takes for an emotional wound to heal varies from person to person.

Many experts like to list stages of grief. There is no real order to the grieving process. It is better to think of grief as a cluster of reactions.

You can help by understanding what grieving people commonly experience

An immediate response is probably shock and numbness. Often it is difficult to believe the loss has happened.

Feelings of anger toward themselves and others for preventing the loss are typical.

It is common for those grieving to blame themselves for something they did or didn't do prior to the loss.

Feelings of depression are often prevalent. Many times grieving people are unwilling to perform even routine task because of a lack of motivation.

Increased responsibility leaves the grieving person wondering where to begin or turn.

Eventually the grieving person will begin to accept the loss. remember with less pain and focus on a future filled with hope.

Helping partnerships are essential to easing and sharing the burden of grief. Immediately following a change or loss the grieving person needs to accept support from family members, friends or a minister.

Gradually family members and friends return to their lives. For the grieving person, life has been changed permanently and there are many adjustments to be made. As numbness wears off, often comforting friends and family members may no longer be close by.

Ways You Can Help Someone With Grief

- Show you care by giving the person a hug.
- Empathize. Be a good listener.
- Be patient.
- Talk about similar experiences you have had.
- Provide practical assistance with everyday chores.
- If you feel your loved one may need additional advice. a counselor can listen and help with setting new goals and adjusting to the loss. Call (810) 257-3740, a counselor is always available.

Recovery takes time. People often need the most help after the initial shock of a loss. Continue to provide support for as long as it's needed.

HELPING KIDS TO COPE WITH GRIEF

A lot of people have very wrong ideas when it comes to helping children to deal with grief. Sometimes these misconceptions can prove to be more damaging than helpful. Listed here are several myths commonly associated with grief. We have offered some alternatives to help you if you are helping a child or young person who is grieving or if you have lost a loved one.

Myth #1: Tears are a sign of weakness.
Tears are a very normal way to release the intense emotions a grieving person is feeling inside. Encouraging a child to withhold his or her feelings is encouraging potential emotional problems.

Myth #2: It is best to avoid talking about the death with or around a child who is grieving.
People who are grieving the loss of a loved one usually are grateful to those who keep memories alive, and who are not afraid to talk about the death. Depending on the age of a child, he or she may want to know more about the deceased person or details about the death.

Myth #3: Once you're over the grief process, you have stopped caring about a loved one.
Recovering from a significant loss is healthy. The love a youngster has developed for someone close who has died will last long after they have gotten over the shock of the death.

Myth #4: Children should be sheltered from grief.
Kids need to vent their feelings about the loss of a loved one just like adults. According to their age, adults need to explain the loss and the grieving process to children. This will help them to better understand the feelings they are experiencing that they are not accustomed to.

Myth #5: The grieving process is the same for everyone and you can identify each phase in order.
The grieving process is a very complicated one and differs from person to person. You will not see a grieving child changing neatly from one defined stage to another. In fact, it is common for people to drift back and forth between the stages of anger, denial and acceptance.
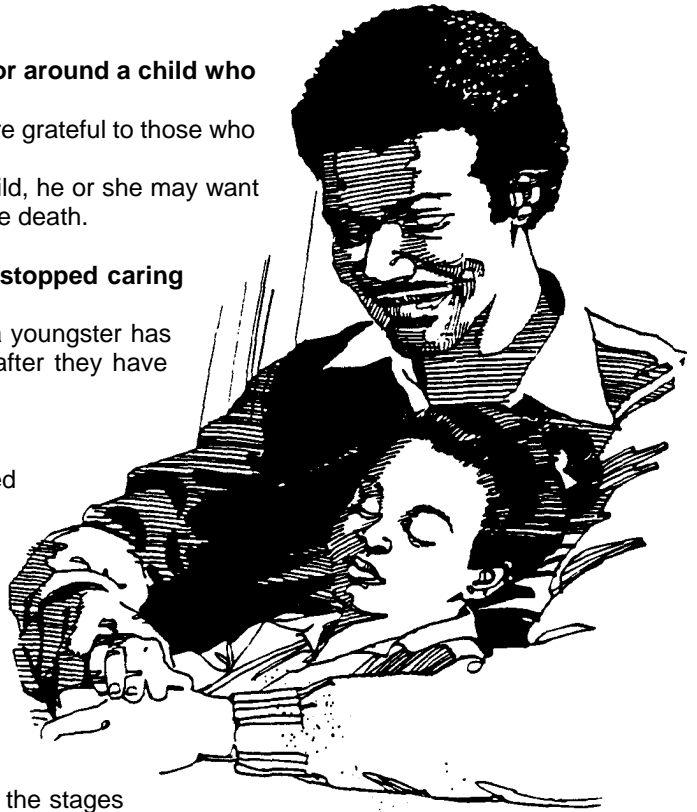
The loss of a loved one, whether it is a parent, grandparent, sibling or other relative, can be especially difficult for children. Death is one of life's most stressful events and is a period which needs to be handled with extreme sensitivity. If you know a young person who is grieving or you need some help getting through this tough time yourself, call (313) 257-3740. A professional counselor is always there to help.

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Families Facing Loss

PARENT

TALK

Imagine that your family has just experienced a loss of some kind. Will you know how to handle the intense emotions that accompany a crisis? Different family members may have different reactions to a loss. These responses may range from anger and denial to shock and depression. It is natural to have many reactions to a loss.

Losing someone or something close is different for a youngster than for an adult. A crisis to a young person might seem trivial to a parent or older sibling. Moving to a new neighborhood, changing schools, losing close friends, losing a pet or a favorite teacher or the loss of a meaningful object are examples of traumatic events in a young person's eyes. Because they view crises differently, children may react in ways that adults may not understand.

In response to a crisis, your 3-10 year old child may:

1) become more active and restless or easily upset;
2) become quiet or withdrawn - not wanting to talk about their experience;
3) be afraid of loud noises, rain, thunderstorms, etc.;
4) be angry and act out by hitting, screaming and throwing;
5) feel guilt that he may have caused the loss because of a previous wish or past behavior;
6) worry about what will happen to them;
7) be afraid to be left alone or to sleep alone;
8) revert to infant behaviors - thumb sucking, bed wetting, wanting a bottle, wanting to be held;
9) experience symptoms of illness - nausea, headache or fever.

Children can experience the same heightened emotions as you do following a significant loss or change. if the loss occurred suddenly, emotions tend to be intensified because the child was not prepared for it. This is a time for increased sensitivity to your child's feelings. You may want to leave a night light on for your child, rock him or her to sleep and be a little lenient with household rules.

Most reactions to a crisis or loss are normal and need to be handled with sensitivity and tolerance. No matter what the crisis or loss is, it is hard for children to understand what has happened. Some youngsters, depending on their age, will need your continued guidance and understanding to help them through the experience. How you help your child may have a lasting effect.

If your child has experienced a loss at home, be sure to share that information with your child's school teacher. No matter what the situation is, it is always helpful to have someone to talk problems out with. You may need to seek professional assistance. Call (313) 257-3740 to talk to a trained counselor who will listen to your concerns.

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Helping Children Recover From Loss

Sometimes during a family crisis, children may get lost in the shuffle and confusion. Unfortunately, they are left to deal with a significant loss alone which can be damaging to the child. Adults and children need help coping with a loss whether it's a death, a move to a new neighborhood or school, divorce, etc., but children are especially vulnerable to the effects of such a loss. A child may have experienced a loss at school like a friend who has moved away or a favorite teacher who has been replaced.

While most parents would like to shield their child from the details of a crisis of any kind, it is much better to be open and honest with him or her. It is important that the loss is explained in terms the child can understand.

You can help your child through a crisis by:

1) **Talking with him or her.** Give correct and simple information. Allow him or her to tell their stories of what has happened.
2) **Listening** with a neutral perspective to what he or she is saying and how he or she says it. This helps you and your child clarify feelings. You may say, "How does (the loss) make you feel?" to elicit feedback from your child.
3) **Reassuring him or her**. Help him or her feel safe and secure. You may need to repeat this reassurance many times: "We are together and we will take care of YOU."
4) **Providing physical comfort.** Touching, hugging and contact is important during this time.
5) **Observing your child at play.** Listen to what is said and how the child plays. Frequently, children express feelings of fear or anger while playing with toys or friends.
6) **Providing play which relieves tension.** Allow the child to play with playdough, paint, pillows, balloons or balls.
7) **Allowing your child to grieve and mourn.** Giving a child the opportunity to express feelings is important to good emotional growth. Telling a child to "grow up" or "be a big boy/girl" can be detrimental to a child's emotional recovery.

You can help your child the most through a crisis situation by including him or her in the grief and recovery process. Children are very perceptive and may feel that they are being left out because the crisis was their fault. If you sense your child feels guilty or responsible for the loss, you may need to relieve them of their burden. You may have to say, 'Maybe what you said or did wasn't nice, but you are not responsible for this.' A loss is more difficult to deal with when there is regret or guilt.

This is a time for increased sensitivity to your child's feelings. You may want to leave a night light on for your child or rock him or her to sleep. It may also help to be a little lenient with household rules.

If your family has recently experienced a crisis or a significant loss and you need help dealing with your feelings and 1hose of your children, call (313) 257-3740. A professional counselor is there to help in any way possible.

GENESEE COUNTY COMMUNITY MENTAL HEALTH
PREVENTION &INFORMATION SERVICES
420 W. Fifth Avenue * Flint Michigan * (810) 257-3705

HOSTAGE SITUATIONS

Fortunately, hostage situations are rare. Nevertheless, crisis response plans need to specific 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 problem 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.

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.

Excerpted from: http://www.doe.mass.edu/hssss/GSA/safegl.html

Section VII

Center QuickFind Online 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

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

The following reflects our most recent response for technical assistance related to this topic. This list represents a sample of information to get you started and is not meant to be exhaustive.
(Note: Clicking on the following links causes a new window to be opened. To return to this window, close the newly opened one.)

Center Developed Documents, Resources and Tools

Articles

- **School and Community Collaboration to Promote a Safe Learning Environment**

Fact Sheets

- **Schools Helping Students Deal with Loss**
- **The School's Role in Addressing Psychological Reactions to Loss**

Introductory Packet

- **Violence Prevention and Safe Schools**

Newsletter

- **Safe Students/Healthy Schools: A collaborative Process**

Other

- **Resources for Responding to and Coping with Hurricane Related Events**
- **Hotline Numbers**

Practice Notes

- **Grief and Loss**
- **Suicidal Crisis**
- **When a Student Seems Dangerous to Self or Others**

QuickFinds

- **Grief and Bereavement**
- **Post-traumatic Stress**
- **the Enabling Component**

Quick Training Aid

- **School-Based Crisis Intervention**

Resource Aid Packets

- **Responding to Crisis at a School**
- **Addressing Barriers to Learning: A Set of Surveys to Map What a School Has and What It**

> [Needs](#)

Technical Assistance Sampler

- [A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning:](#)
    - [Crisis Teams, Response and Aftermath (PDF Document, 10K)](#)
    - [School Environment Changes and School Safety Strategies (PDF Document, 12K)](#)
    - [Curriculum Approaches to Preventing Crisis Events (Social and Personal) (PDF Document, 25K)](#)

Technical Aid Packet

- [School-Based Consultation, Referral, and Management of Care](#)

Tools for Practice

- [Tools for Practice: Crisis Assistance and Prevention: A Self-study Survey](#)

Training Tutorial

- [Crisis Assistance and Prevention](#)

- **Other Relevant Documents, Resources, and Tools on the Internet**

  - [After a Disaster: A Guide for Parents and Teachers](#)
  - [After Katrina: Shared Challenges for Rebuilding Communities (2007)](#) **C. De Vita, Urban Institute**
  - ["Blueprints for Violence Prevention Overview" (Center for the Study and Prevention of Violence)](#)
  - [The Child Survivor of Traumatic Stress Electronic Newsletter](#)
  - [Child Traumatic Stress](#) **(From the National Child Traumatic Stress Network)**
  - [Children and the News](#)
  - [Children, Terrorism & Disaster](#)
  - [Communication in a Crisis: Risk Communications Guidelines for Public Officials, 2002 (SAMHSA)](#)
  - [Communicating with Children about Disasters- The American Academy of Pediatrics](#)
  - [Coping After Terrorism: A Guide for Healing and Recovery (US DOJ)](#)
  - [Coping with a traumatic event: Information for the public](#)
  - [Coping With a Traumatic Event – For Health Professionals](#)
  - [Coping With Disaster fact sheets](#) **(From NMHA)**
  - [Coping with Emotions after a Disaster, "Stress Response to Traumatic Events"](#)
  - [Coping with Traumatic Events](#) **(From NIMH)**
  - [Coping with Traumatic Events](#) **(From SAMHSA)**
  - [Creating & Maintaining Healthful Psychosocial Environments in the Aftermath of Disasters](#)
  - [Crisis Communication Guide & Toolkit (National Education Association)](#)
  - [Crisis Intervention Resource Packet- A Guide for School-Based Clinicians (CSMH)](#)
  - [Crisis Planning and Preparation (International Association of Chiefs of Police)](#)
  - [Crisis response: creating safe schools](#)
  - [Critical Incident Stress Information Sheets](#) **(from the International Critical Stress Foundation)**
  - ["Deadly Lessons: Understanding Lethal School Violence"](#)
  - [Disaster Mental Health Primer: Key Principles, Issues and Questions](#)
  - [Disaster Mental Health for Responders: Key Principles, Issues and Questions](#)
  - [Disaster Mental Health for States: Key Principles, Issues and Questions](#)
  - ["Disaster Handouts and Links"](#)
  - [Disaster Resources](#) **(from EMSC)**
  - ["Early Warning Signs of Youth Violence: Fact, Fiction, or Fad?"](#)

- **Emergency Mental Health and Traumatic Stress: Tips for Talking About Disasters**
- **Emergency Planning- U.S. Department of Education**
- **Emergency Preparedness: Multi-Lingual Materials** (From AAPCHO)
- **Field Manual for Mental Health and Human Service Workers in Major Disasters**
- **Finding Funding: A Guide to Federal Sources for Child Traumatic Stress and Other Trauma-Focused Initiatives** (from the Finance Project)
- **"Helping Children After a Disaster" (AACAP)**
- **Helping Teenagers With Stress**
- **How Safe is Your Child's School?**
- **How Schools Can Help Students Recover from Traumatic Experiences** (**Rand Gulf States Policy Institute**)
- **Hurricane Awareness**
- **Hurricane Awareness Week**
- **Hurricane Evacuation Checklist**
- **Hurricane Help for Schools**
- **Hurricane-Related Distress**
- **Indicators of School Crime and Safety: 2006**
- **The Long-term Impact of a Traumatic Event: What to Expect in Your Personal, Family, Work, and Financial Life**
- **Maintaining a Healthy State of Mind After a Terrorist Event**
  - **Info for Parents & Caregivers**
  - **Info for Middle School Students**
  - **Info for High School Students**
  - **Info for Adults**
  - **Info for Seniors**
- **Managing Anxiety in Times of Crisis**
- **Managing Traumatic Stress: Tips for Recovering From Disasters and Other Traumatic Events**
- **Mental Health Response To Mass Violence And Terrorism: A Field Guide**
- **OVC Bulletin: School Crisis Response Initiative (US DOJ)**
- **"A Practical Guide for Crisis Response in Our Schools" (5th Ed.) 2002**
- **"Practical Information on Crisis Planing: A Guide for Schools and Communities" (US DOE)**
- **Practical School Security: Basic Guidelines for Safe and Secure School**
- **PREPaRE: School Crisis Prevention and Intervention Training Curriculum** (National Association of School Psychologists)
- **The Preparedness of schools to respond to emergencies in children: A National Survey of School Nurses**
- **Preparing for and Responding to Crises in Schools** (National Center for Mental Health Promotion and Youth Violence Prevention)
- **Psychological First Aid Field Operations Guide** (from the NCTSN)
- **Psychosocial implications of disaster or terrorism on children: a guide for the pediatrician**
- **Recovery: After a Hurricane**
- **Resources for Responding to and Preventing School Violence and Suicide (SAMHSA's Safe Schools/Healthy Students Initiative)**
- **"The Road to Resilience" helping people in times of hardship (APA)**
- **Self-Care Tips for Emergency and Disaster Response Workers**
- **School-based Crime Prevention.   By Denise Gottfredson (1997). In Lawrence Sherman, et al. (Eds.), *Preventing Crime: What works, what doesn't, what's promising.* Washington D.C.: US DOJ**
- **School Crisis Response Initiative**
- **School Critical Incident Planning: A Resource Directory**
- **School Safety, Violence and Security Center for Faculty, Educators and Administrators**
- **School-Violence Fact Sheets (a selection of fact sheets on a variety of school violence issues, provided by the Center for the Study and Prevention of Violence)**

- **Stress Management for Health Care Providers**
- **Suggestions for Educators: Meeting the Needs of Students- U.S Department of Education**
- **Surviving Field Stress for First Responders**
- **Teaching Students About Terrorism and Related Resources (PBS Educational Services)**
- **"Terrorism & Schools: School Terrorism, School Security, Emergency Planning"**
- **Thinking Broadly: Financing Strategies for Child Traumatic Stress Initiatives** (from the Finance Project)
- **Traumatic Incident Stress: Information for Emergency Response Workers**

Clearinghouse Archived Materials

- **Intervening Against Violence in the Schools. By, M. Weist and B. Warner (1996). Annals of Adolescent Psychiatry.**
- **Response to Violence in Our Schools. By, L. Lopez (1988). A report from the Office of Instruction, Los Angeles Board of Education.**
- **Violence Prevention: Curriculum for Adolescents. By, D. Prothrow-Stith (1987). A report from Teenage Health Teaching Modules: Education Development Center.**
- **Preventing and Managing Conflict in Schools. By, N. H. Katz and J. W. Lawyer (1994). The Practicing Administrator's Leadership Series.**
- **Healing Fractured Lives. A report from the Bureau of Primary Health Care (1996).**
- **Violence in Schools: How to Proactively Prevent and Defuse it. By, J. L. Curcio and P. F. First (1993).**
- **What happens to victims? A research guide for disaster-response studies (2006) H. Hatry, et al, Urban Institute**
- **What to expect after trauma…possible reactions of students** (from APA)
- **When Children Grieve - How counselors and others can help bereaved kids**
- **Working Parents Newsletter**

Related Agencies and Websites

- **American Psychological Association** (Help Center: Disasters & Terrorism)
- **Center for Effective Collaboration and Practice**
- **Center for Mental Health Services/Emergency Services and Disaster Relief Branch**
- **Center for the Prevention of School Violence**
- **Department of Education: Safe and Drug-Free Schools Program**
- **Disaster Mental Health Institute (Univ. of South Dakota)**
- **Education Development Center**
- **Educator's Reference Desk**
- **Federal Emergency Management Agency (FEMA)**
- **National Alliance for Safe Schools**
- **National Association of School Psychologists**
- **National Center for Children Exposed to Violence**
- **The National Center for Mental Health Promotion and Youth Violence Prevention**
- **National Center for PTSD**
- **National Child Traumatic Stress Network**
- **National Consortium of School Violence Prevention Researchers and Practitioners**
- **National Crime Prevention Council (NCPC)**
- **The National Institute for Trauma and Loss in Children**
- **National School Safety Center**
- **National School Safety and Security Services**
- **Office of Juvenile Justice & Delinquency Prevention (OJJDP)**
- **Partnerships Against Violence Network (PAVNET) Online**
- **Substance Abuse & Mental Health Services Administration (SAMHSA)**

- ○ **Safe Schools / Healthy Students Initiative**
- **The Peace Center**
- **Trauma Information Pages**

Relevant Publications that Can Be Obtained through Libraries

- *Alternatives to Debriefing and Modifications to Cognitive Behavior Therapy for Post-traumatic Stress Disorder.* **By Paul Stallard & Emma Salter (2005).** *Clinical Child Psychology & Psychiatry, 8(4),* **pp.445-457.**
- *An Integrated Model of School Crisis Preparedness and Intervention- A Shared Foundation to Facilitate International Crisis Intervention.* **By Shane Jimersonm Stephen Brock & Sarah Pletcher (2005).** *School Psychology International, 26(3),* **pp. 275-296.**
- **Applying Effective Strategies to Prevent Substance Abuse, Violence, and Disruptive Behavior Among Youth. By Scattergood, Dash, Epstein & Adler (1998).**
  Cindy Gillespie Hendrick Springfield, IL, US: Charles C. Thomas Publisher, Ltd. (2003). xvii, 454 pp.
- *Early Interventions for Trauma: Current Status and Future Directions.* **By B.Litz, M.Gray, R.Bryant, A.Adler (2002).** *Clinical Psychology Science & Practice, 9,***112-134.**
- **In the Aftermath of Trauma: Normative Reactions and Early Interventions. By Richard Bryant (2004). Edited by Gerald Rosen. In** *Post-traumatic Stress Disorder: Issues and Controversies,.* **New York, NY: John Wiley & Sons Ltd, pp. 187-211.**
- *Planning for Safer and Better Schools: School Violence Prevention and Intervention Strategies.* **By Ronald D. Stephens (1994).** *Psychology Review, 23,* **pp.204-215**
- *Post Traumatic Stress Disorder: The Latest Assessment and Treatment Strategies.* **By Matthew J. Friedman (2000). Kansas City, MO: Compact Clinicals.**
- **Provision of Trauma Services to School Populations and Faculty. By J.Horenstein (2002). Edited by Mary Beth Williams & John Sommer, Jr. In** *Simple and Complex Post-Traumatic Stress Disorder: Strategies for Comprehensive Treatment in Clinical Practice.* **Binghampton, NY: Haworth Maltreatment and Trauma Press/The Haworth Press, Inc. pp.241-260.**
- *Responding to Terror: The Impact of September 11 on K-12 Schools' Responses.* **By Richard Auger, John Seymour, Walter Roberts, Jr. (2004).** *Professional School Counseling, 7(4),* **pp.222-230.**
- **Safe School Planning. By Ronald D. Stephens. Edited by Delbert S. Elliott, Beatrix A. Hamburg, et al. (1998). In** *Violence in American schools: A new perspective.* **New York: Cambridge University Press.**
- **School Counselor Consultation: Skills for Working Effectively with Parents, Teachers, and Other School Personnel. By Greg Brigman, Fran Mullis, Linda Webb, JoAnna White (2005).** *New York, NY, US: John Wiley & Sons, Inc. 196 pp.*
- *School Crisis Management Manual: Guidelines for Administrators. Second Edition by Judie Smith, ISBN-1-55691-198-X, 187 p. 2001 ERIC document*
- *School Violence Intervention: A Practical Handbook. By Scott Poland (1997). Edited by Arnold P. Goldstein & Jane Conoley. In School Crisis Teams. New York: The Guilford Press.*
- *Secondary Prevention for Youth Violence: A Review of Selected School-Based Programs. By Irma Molina, Catherine Dulmus & Karen Sowers (2005). Brief Treatment & Crisis Intervention, 5(1), pp.1-3.*
- *Strengthening Rural Schools: Training Paraprofessionals in Crisis Prevention and Intervention (2003) by Melissa Allen, Betty Ashbaker, Kathryn Stott, ERIC document*
- *Suicide Talk in an Elementary School Community. By Lisa Romano-Dwyer & Glenn Carley (2005). Social Work Education, 24(2),pp.245-250.*
- *Survival guide for childhood trauma helpers. By Christina Van Puymbroeck, Jeffries McWhirter(2004). PsycCRITIQUES*
- *The Real World: Good Ideas Are Never Enough (2004) By Jane Close Conoley, Jeremy Sullivan In School violence intervention: A practical handbook (2nd ed.). (pp. 416-437). Jane Close Conoley & Arnold Goldstein, (Eds). (2004). New York, NY, US: Guilford Press. xiv, 543 pp.*
- *The State Department of Education's Role in Creating Safe Schools. By Marilyn L. Grady; Bernita L. Krumm; Mary Ann Losh (1997). Edited by Arnold P. Goldstein, Jane Close Conoley, Eds. In School*

Violence Intervention: A Practical Handbook.   New York: The Guilford Press.
- *Toward a Positive Perspective on Violence Prevention in Schools: Building Connections.   By Douglas Smith & Daya Sandhu (2004).   Journal of Counseling & Development, 82(3), pp.287-293.*
- *When Terrorists Strike: What School Counselors Can Do. By Gerald Juhnke (2002).   ERIC Clearinghouse Report: EDO-CG-02-09.*

We hope these resources met your needs. If not, feel free to contact us for further assistance.For additional resources related to this topic, use our [search](#) page to find people, organizations, websites and documents. You may also go to our [technical assistance page](#) for more specific technical assistance requests.

If you haven't done so, you may want to contact our sister center, the [Center for School Mental Health](#) at the University of Maryland at Baltimore.

If our website has been helpful, we are pleased and encourage you to use our site or contact our Center in the future. At the same time, you can do your own technical assistance with ["The fine Art of Fishing"](#) which we have developed as an aid for do-it-yourself technical assistance.

Section VIII

A Few Other Resources

- **Agencies, Organizations, Advocacy, Internet Sites & Hotlines**

- **Consultation Cadre**

Agencies, Organizations, Advocacy, Internet Sites & Hotlines

There are many agencies and organizations that help communities and schools respond to crisis and create safe environments for children and adults. A few are listed below. This list is not a comprehensive list, but is meant to highlight some premier resources and serve as a beginning for your search.

When available, World Wide Web addresses are provide for the agencies and organizations listed. The Internet is a useful tool for finding some basic resources. For a start, try using a search engine, such as Yahoo, and typing in the words "violence," "safety," or "prevention." Frequently if you find one useful Webpage it will have links to other organizations with similar topics of research.

American Association of School Administrators – Issues: Safe Schools

801 N. Quincy Street, Suite 700, Arlington, VA 22203-1730
(703)528-0700 / fax: (703)841-1543
Website: http://www.aasa.org   (http://www.aasa.org/edissues/content.cfm?ItemNumber=972)

Description: AASA's mission is to support and develop effective school system leaders who are dedicated to the highest quality public education for all children. The four major focus areas for AASA are: (1) Improving the condition of children and youth (2) Preparing schools and school systems for the 21st century (3) Connecting schools and communities (4) Enhancing the quality and effectiveness of school leaders.

Center for Effective Collaboration and Practice – American Institutes of Research

1000 Thomas Jefferson St., NW, Suite 400, Washington, DC 20007
Toll free: (888) 457-1551, (202)944-5400; Email: cnter@air.org
Website: http://cecp.air.org/

Description: The Center's mission is to improve services to children and youth with emotional and behavioral disorders, including program information for safe, drug-free, and effective schools for students. The website contains full documents on programs that can be downloaded. Descriptions of ongoing programs in various stages of development are also available.

Center for the Prevention of School Violence

1801 Mail Service Center, Raleigh, NC 27699-1801
Toll free: (800) 29-6054, (919) 733-3388 Ext. 332
Website: http://www.ncdjjdp.org/cpsv/

Description: The Centers Safe School pyramid focuses on the problem of school violence. It draws attention to the seriousness of school violence and acts as a resource to turn to for information, program assistance and research about school violence prevention.

Center for the Study and Prevention of Violence

Institute of Behavioral Science, University of Colorado at Boulder
439 UCB, Boulder, CO 80309-0439
(303) 492-8465 / Fax: (303) 443-3297; Email: cspv@colorado.edu
Website: http://www.colorado.edu/cspv/

Description: In an effort to establish more complete and valuable information to impact violence-related policies, programs, and practices, CSPV works from a multi-disciplinary platform on the subject of violence and facilitates the building of bridges between the research community and the practitioners and policy makers. CSPV has a threefold mission. First, the Information House serves to collect research literature and resources on the causes and prevention of violence and provides direct information services to the public by offering topical searches on customized databases. Second, CSPV offers technical assistance for the evaluation and development of violence prevention programs. Third, CSPV maintains a basic research component through data analysis and other projects on the causes of violence and the effectiveness of prevention and intervention programs.

Children's Safety Network (CSN) – National Injury and Violence Prevention Resource Center
Educational Development Center, Inc.
55 Chapel Street, Newton, MA 02458-1060
Phone: (617) 969-7100 Ext. 2722/ Fax: (617) 969-9186, Email: csn@edc.org
Website: http://www.childrenssafetynetwork.org/

Description: This organization and website is designed to provide resources and technical assistance to maternal and child health agencies and other organizations seeking to reduce unintentional injuries and violence to children and adolescents.

Council for Children with Behavioral Disorders
Website: http://www.ccbd.net

Description: CCBD is an international professional organization committed to promoting and facilitating the education and general welfare of children/youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders

Center for Disease Control and Prevention - Natural Disasters and Severe Weather
1600 Clifton Rd, Atlanta, GA 30333
(404) 639-3311; Email: cdcinfo@cdc.gov
Website: http://www.bt.cdc.gov/disasters/index.asp

Description: A collection of resources related to a variety of disasters as well as links to other sources. Many documents are also available in other languages.

The Council for Exceptional Children (CEC)
1110 North Glebe Road, Suite 300, Arlington, VA 22201
(703) 620-3660, TTY: (866) 915-5000 / Fax: (703) 264-9494; Email: service@cec.sped.org
Website: http://www.cec.sped.org/

Description: The largest international professional organization dedicated to improving educational outcomes for individuals with exceptionalities, students with disabilities, and/or the gifted. CEC advocates for appropriate governmental policies, sets professional standards, provides continual professional development, advocates for newly and historically underserved individuals with exceptionalities, and helps professionals obtain conditions and resources necessary for effective professional practice.

Department of Education: Safe and Drug-free Schools Office
U.S. Department of Education, Office of Educational Research and Improvement
National Library of Education, 400 Maryland Avenue SW, Washington, D.C. 20202
Phone: (800) 424-1616, (202) 205-7561 / Fax: (202) 401-0547
Website: http://www.ed.gov/about/offices/list/osdfs/index.html

Description: This program is the Federal government's primary vehicle for reducing violence and drug, alcohol, and tobacco use through education and prevention activities in the nation's schools. The Department of Education's Office for Safe and Drug-free Schools has a website that contains a host of information on policies and programs for promoting safe schools. Several of these documents discuss the issue of safe schools as it pertains to the Goals 2000 educational initiative. They also have publications and many links to other government and private agencies with this focus.

Drug Strategies

1755 Massachusettes Ave., NW Suite 821, Washington, DC 20036
(202) 289-9070; Email: dspolicy@aol.com
Website: http://www.drugstrategies.org

Description: Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public efforts to reduce the demand for drugs through prevention, education, treatment, law enforcement and community initiatives.

Educational Resources Information Center (ERIC)

4483-A Forbes Blvd., Lanham, MD 20706
Toll Free: (800) 538-3742
Website: http://www.eric.ed.gov/

Description: A national information system designed to provide users with ready access to an extensive body of education-related literature. Educational Resources Information Center Clearinghouse on Counseling and Student Services.

The HELP (Handgun Epidemic Lowering Plan) Network

Children's Memorial Hospital
2300 Children's Plaza, #88, Chicago, IL 60614
(773) 880-8170 / Fax: (773) 880-6615; Email: mwitwer@childrensmemorial.org
Website: http://www.helpnetwork.org/

Description: A resource center for organizations and individuals concerned with the growing epidemic of death, disability, and suffering caused by handguns. HELP collects and disseminates related articles, statistics, and slides and can help connect you with other concerned organizations and individuals in your area. The website highlights problems to which handguns contribute and provides news summaries related to guns and youth. Useful handgun disposal information is also provided.

Institute on Violence and Destructive Behavior

1265 University of Oregon, Eugene, OR 97403-1265
(541) 346-3591 / Fax: (541) 346-2594; Email: ivdb@darkwing.uoregon.edu
Website: http://darkwing.uoregon.edu/~ivdb/index.html

Description: Intention is to empower schools and social service agencies to address violence and destructive behavior, at the point of school entry and beyond, in order to ensure safety and to facilitate the academic achievement and healthy social development of children and youth. Combines community, campus and state efforts to research violence and destructive behavior among children and youth.

Join Together

One Appleton Street 4th Floor, Boston, MA 02116 -5223
(617) 437-1500 / Fax: (617) 437-9394; Email: info@jointogether.org
Website: http://www.jointogether.org

Description: Join Together is a national resource center for communities working to reduce substance abuse and gun violence. It targets the link between alcohol and drug use and problems in the communities and schools. Their website has public policy news and updates, community action news alerts, discussions of "hot" issues, and funding sources along with a grant deadline calendar.

National Alliance for Safe Schools

    Ice Mountain, PO Box 290, Slanesville, WV 25444-0290
    (304) 496-8100 / Fax: (304) 496-8105; Email: NASS@raven-villages.net
    Website: http://www.safeschools.org

    Description: The National Alliance for Safe Schools is committed to the belief that no child should go to school in fear. It maintains that schools need to "take back the controls" and identify what local issues cause fear and anxiety among both students and teachers. The organization was established to provide technical assistance, training, and research to school districts interested in reducing school-based crime and violence. The website specializes in disseminating information concerning safe schools and violence prevention. They offer online workshops, school security assessments, and they have a library of publications aimed at promoting safe and drug-free schools and communities.

National Center for Crisis Management

    368 Veterans Memorial Highway
    Commack, NY 11725
    Phone: (800) 810-7550 / Fax: (631) 543-6977; E-mail: info@nc-cm.org
    Website: http://www.nc-cm.org/

    Description: The National Center for Crisis Management® is a multidisciplinary network of professionals who are committed to helping those in crisis. The National Center aims to identify expertise among professionals, across disciplines, and provide meaningful standards for those who work regularly with survivors. The National Center'ss Library and publications provide practical information for survivors and those who help people in crisis.

National Center for Conflict Resolution Education

    Conflict Resolution Education, Inc.
    PO Box 17241, Urbana, IL 61803
    Phone: (217) 384-4118 / Fax: 217-384-4322; E-mail: info@resolutioneducation.com
    Website: http://www.nccre.org/

    Description: The National Center for Conflict Resolution Education provides training and technical assistance nationwide to advance the development of conflict resolution education programs in schools, juvenile justice settings and youth service organizations and community partnership programs.

Natural Center for PTSD

    (802) 296-6300; Email to ncptsd@ncptsd.org
    Website: http://www.ncptsd.va.gov/

    Description: The National Center for Post-Traumatic Stress Disorder (PTSD) was created within the Department of Veterans Affairs in 1989, in response to a Congressional mandate to address the needs of veterans with military-related PTSD. Its mission was, and remains: To advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. This website is provided as an educational resource concerning PTSD and other enduring consequences of traumatic stress, for a variety of audiences.

National Child Traumatic Stress Network

    11150 W. Olympic Blvd., Suite 650, Los Angeles, CA 90064
    (310) 235-2633 / Fax: (310) 235-2612
    Website: http://www.nctsnet.org/

    Description: The National Resource Center for Child Traumatic Stress (NRC-CTS) supports the mission of the National Child Traumatic Stress Network by providing relevant, practical information and resources to professionals and the public, including survivors of childhood trauma, their families, and communities.

The National Crime Prevention Council (NCPC)

1000 Connecticut Avenue, N.W., 13th Floor
Washington, DC 20036-3817
(202) 466-6272 / Fax: (202) 296-1356; Email: shields@mail.ncpc.org
Website: http://www.ncpc.org

Description: NCPC's mission is to prevent crime and build safer, more caring communities. NCPC's website includes information on program ideas and examples for violence prevention and community-wide initiatives. It also contains a host of interactive online activities for children and youth, tools for adults, and vital information for teens. A training calendar and tools for building effective programs are also provided. Information contained on the website is also available in Spanish.

National Institute for Trauma and Loss in Children

900 Cook Rd, Grosse Pointe Woods, MI 48236
Toll Free: (877) 306-5256, (313) 885-0390
Website: http://www.tlcinst.org/

Description: The National Institute for Trauma and Loss in Children's (TLC) mission is to provide direct services to traumatized children and families and to provide school professionals, crisis intervention teams, medical and mental health professionals, child care professionals and clinicians with trauma education, training, consultation, referral services and trauma-specific intervention programs and resource materials needed to help children, parents, families, and schools traumatized by violent or non-violent trauma-inducing incidents.

National School Safety Center

141 Duesenberg Drive, Suite 11, Westlake Village, CA 91362
(805) 373-9977 / Fax: (805) 373-9277; Email: info@nssc1.org
Website: http://nssc1.org

Description: Created to meet the growing need for additional training and preparation in the area of school crime and violence prevention, the National School Safety Center's aim is to focus national attention on cooperative solutions to problems which disrupt the educational process. Areas of particular focus include: crime, violence, drugs, discipline, attendance, achievement, and school climate. The website provides information on publications, links to statistical sites, and information on training programs regarding school safety.

National Youth Gang Center

Post Office Box 12729, Tallahassee, FL 32317
(850) 385-0600 / Fax: (850) 386-5356; Email: nygc@iir.com
Website: http://www.iir.com/nygc

Description: Purpose is to expand and maintain the body of critical knowledge about youth gangs and effective responses to them. Assists state and local jurisdictions in the collection, analysis, and exchange of information on gang-related demographics, legislation, literature, research, and promising program strategies. Also coordinates activities of the Office of Juvenile Justice & Delinquency Prevention (OJJDP) Youth Gang Consortium -- a group of federal agencies, gang program representatives, and service providers.

North Central Regional Education Lab

1120 E. Diehl Road, Suite 200, Naperville, IL 60563
(800) 356-2735 / Fax: (630) 649-6700
Email: info@ncrel.org
Website: http://www.ncrel.org

Description: The goal of the North Central Regional Education Lab is to improve the nation's schools to make them safe and productive places where children can learn and grow. The organization's aim is to strengthen and support schools and communities in systemic change so that all students achieve standards of educational excellence. Their multimedia webpage is part of the North Central Regional Educational Laboratory. It contains a library, online documents related to the promotion of safe schools—from documents pertaining to classroom management and preventative curriculum to system wide and community interventions. Many of the documents have multimedia features that allow you to download lectures and slide shows from experts in the safe schools movement. This site also has links to other relevant sites.

Northwest Regional Educational Laboratory

101 SW Main, suite 500, Portland, OR 97204
(503) 275-9500; Email: info@nwrel.org
Website: http://www.nwrel.org/index.html

Description: The center provides information about coordination and consolidation of Federal educational programs and general school improvement to meet the needs of special populations of children and youth, particularly those programs operated in the Northwest region through the US Department of Education. The website has an extensive online library containing articles, publications, multimedia and the like. They also have a list of other agencies and advocacy groups that address issues pertaining to, among other things, school safety issues and alcohol and drug abuse. In addition, this site is linked with many other valuable Websites.

Office of Juvenile Justice & Delinquency Prevention (OJJDP)

810 7th Street, NW, Washington, DC 20531
(202) 307-5911
Website: http://ojjdp.ncjrs.org/

Description: OJJDP provides Federal Leadership through a comprehensive, coordinated approach, to prevent and control juvenile crime and improve the juvenile justice system. The website contains a comprehensive strategy and framework approach to addressing juvenile justice and delinquency. There is a youth involvement page and information on existing safe schools programs and programs in progress.

Oppositional Defiant Disorder Support Group

Website: http://www.conductdisorders.com/

Description: This site is a companion site to a wonderful message board filled with personal stories.

Partnerships Against Violence Network (PAVNET) Online

(301) 504-5462
Website: http://www.pavnet.org/

Description: Pavnet Online is an interagency, electronic resource on the Internet created to provide information about effective violence prevention initiatives. PAVNET Online is a "virtual library" of information about violence and youth-at-risk, representing data from seven different federal agencies. PAVNET also has online discussion groups, lists of funding sources and resources that service the needs of individual states and local communities. The information in PAVNET Online is available in a 2-volume Partnerships in Violence Resource Guide and on diskette. Call the National Criminal Justice Service for more information: (800) 851-3420.

Office of Safe and Drug-Free Schools (OSDFS)

400 Maryland Avenue, SW, Rm 3E300, Washington, DC 20202-6450
(202) 260-3954 / Fax: (202) 260-7767; Email: osdfs.safeschl@ed.gov
Website: http://www.ed.gov/about/offices/list/osdfs/index.html

Description: This website provides a contingency plan for school campus emergencies. It contains outlined emergency response procedures that can be tailored for individual school sites.

The Peace Center

Bucks County Peace Centers
102 West Maple Avenue, Langhorne, PA 19047-2820
(215) 750-7220 / Fax: (215) 750-9237; Email: peace@comcat.com
Website: http://www.comcat.com/~peace/index.html

Description: The Peace Center's mission is for community peace and social justice. The aim is to educate, empower, and support individuals and organizations efforts to prevent violence, promote peaceful resolution of conflict, and foster inclusive, equitable, and safe communities locally, nationally, and worldwide. The Peace Center's website has an online library covering a variety of anti-violence topics including safe schools. In addition, they also have workshops, training, links to other relevant sites, and a bibliography of books and curriculum that teach tolerance and conflict resolution.

PeaceBuilders

236 East 3rd Street, Suite 217, Long Beach, CA 90802-3174
Toll Free: (877) 473-2236, (562) 590-3600 / Fax: (562) 590-3902; Email: Info@peacebuilders.com
Website: http://www.peacebuilders.com

Description: PeaceBuilders is a long-term, community-based, violence reduction/crime prevention program. It is a program designed to help create an environment that reduces violence and establishes more peaceful ways of behaving, living and working in families, schools, organizations and communities.

SAMHSA Matrix: Disaster Readiness & Response

1 Choke Cherry Road, Room 8-1036, Rockville, MD 20857
Website: http://www.samhsa.gov/Matrix/matrix_disaster.aspx

Description: When disasters strike, State and local substance abuse and mental health agencies are thrust onto the front line for response and recovery efforts. Addressing this critical need, SAMHSA is providing $6.3 million to bolster States' efforts to plan for and provide outreach, crisis counseling and referral services in response to all hazards, including bioterrorism.

The Safetyzone

101 SW Main, Suite 500, Portland, OR 97204
(503) 275-9500 / Fax: (503) 275-0444
Email: safeschools@nwrel.org
Website: http://www.safetyzone.org/

Description: The Safetyzone is operated by the Northwest Regional Educational Laboratory and was established with funding from the U.S. Department of Education's Safe and Drug-Free Schools Program and the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention. The National Resource Center for Safe Schools works with schools, communities, state and local education agencies, and other concerned individuals and agencies to create safe learning environments and prevent school violence. Safe school strategies range from establishing youth courts and mentoring programs to incorporating conflict resolution education into school programming to enhancing building safety, hiring school resource officers, establishing or expanding before and after-school programming and adopting policies and procedures that are consistent, clear, and developed collaboratively by the school community.

Solution Tree

304 W Kirkwood Ave, Bloomington, IN 47404-5132
Toll Free: (800) 733-6786, (812) 336-7700 / fax (812) 336-7790; Email: info@solution-tree.com
Website: http://www.solution-tree.com/
(http://www.solution-tree.com/Public/Media.aspx?ShowDetail=true&ProductID=BKF009)

Description: The Bullying Prevention Handbook: A Guide for Teachers, Principals and Counselors By John Hoover and Ronald Oliver. This handbook provides a comprehensive tool for understanding, preventing, and reducing the day-to-day teasing and harassment referred to as bullying. This collection of effective teaching and counseling models is designed for use by all building-level educators and other professionals involved with disciplinary issues.

School-Based Violence Prevention-Intervention Program – UCLA Trauma Psychiatry Program

Robert S. Pynoos, Director, Email: rpynoos@npih.medsch.ucla.edu
UCLA Department of Psychiatry and Behavioral Sciences
750 Westwood Plaza, Los Angeles, CA 90024
(310) 206-8973 / Fax: (310) 206-4310

Description: The overall goals of this program are to provide early accessible mental health assistance to children and adolescents in order to reduce acute psychological distress, maintain normal developmental maturation and academic performance, and to promote non-violent behavior and a constructive orientation toward the future.

Teen Age Grief, Inc.

Teen Age Grief, Inc.
P.O. Box 220034 Newhall, CA 91322-0034
(661) 253-1932 / Fax: (661) 245-2536
Email: tag@smartlink.net

Description: This website provides resources on the grief process, an understanding of the unique needs of the bereaved teen, and concrete methods to assist the teen in the healing process.

Texas Youth Commission: World of Prevention

    4900 N. Lamar Blvd., Austin, TX 78751
    (512) 424-6130; Email: tyc@tyc.state.tx.us
    Website: http://austin.tyc.state.tx.us/cfinternet/prevention/search.cfm

    Description: This website provides a worldwide directory of programs, research, references & resources dedicated to the prevention of youth problems and the promotion of nurturing children. Relevant links include information on violence prevention, safety, medication & dispute resolution, and delinquency prevention & intervention.

Youth Suicide National Center

    1825 Eye Street, NW Suite 400, Washington, DC 20006
    (202) 429-2016

    Description: This website provides information on youth depression and suicide

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.fema.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/

Center for Mental Health Services: Tips For Talking About Disaster
Excellent website containing advice and activities for discussing disasters with cihldren.
www.mentalhealth.org/cmhs/emergencyservices/after.aps

National Association of School Psychologist: Helping Children After a Natural Disaster
Information for parents and teachers on children's reaction to disasters and how to address them.

Responding to Crisis at a School
Consultation Cadre List

Professionals across the country volunteer to network with others to share what they know. Some cadre members run programs, many work directly with youngsters in a variety of settings and focus on a wide range of psychosocial problems. Others are ready to share their expertise on policy, funding, and major system of concerns. The group encompasses professionals working in schools, agencies, community organizations, resource centers, clinics, and health centers, teaching hospitals, universities, and so forth.

People ask how we screen cadre members. We don't! It's not our role to endorse anyone. We think it's wonderful that so many professionals want to help their colleagues, and our role is to facilitate the networking. If you are willing to offer informal consultation at no charge to colleagues trying to improve systems, programs, and services for addressing barriers to learning, let us know. Our list is growing each day; the following are those currently on file related to this topic. Note: the list is alphabetized by Region and State as an aid in finding a nearby resource.

EAST

Connecticut

Thomas Guilotta
CEO
Child & Family Agency
255 Hempstead Street
New London, CT 06320
Phone: 860/443-2896 Fax: 860/442-5909
Email: tpgullotta@aol.com

Susan Patrick
President
Governor's Prevention Partnership
30 Arbor St.
Hartford, CT 06106
Phone: 860/231-8831 Fax: 860/236-9412
Email: susan.patrick@preventionworksct.org

Delaware

R. Blaine Morris
Counselor
Middletown Adolescent Health Project
Middletown High School
122 Silver Lake Road
Middletown, DE 19709
Phone: 302/378-5776 Fax: 302/378-5760
Email: blainemorris0409_69@hotmail.com

Massachusetts

Pamela Chamberlain
Coordinator, Health Protection Grant
Massachusetts Dept. of Education
350 Main Street
Malden, MA 02148-5023
Phone: 617/388-3300 Fax: 617/388-3476
Email: pchamberlain@doe.mass.edu

Maryland

Beth Warner
Director
University Parent Consultation and Child Evaluation Service
1107 Shoemaker Building
College Park, MD 20742
Phone: 301/314-7673 Fax: 301/314-9206
Email: bwarner1@umd.edu

New Jersey
Debra Wentz
Chief Executive Director
New Jersey Association of Mental Health Agencies, Inc.
3575 Quakerbridge Road # 102
Trenton, NJ 08619-1205
Phone: 609/838-5488   Fax: 609/838-5489
Email: dwentz@njamha.org

New York
Christopher Cintron
Project Director
Bronx-Lebanon Hospital Center
1650 Grand Concourse
Bronx, NY 10457
Fax: 718/583-0460

Mary Jalloh
Director
Upstate Center for School Safety
175 Route 32 North
New Paltz, NY 12561
Phone: 914/255-8989   Fax: 914/255-3836
Email: mjalloh@mhric.org

New York (cont.)
Roy Lubit
Mount Sinai School of Medicine
165 West End Ave. Suite 3K
New York, NY 10023
Phone: 917/846-7829   Fax: 217/874-6012
Email: roy.lubit@mssm.edu

Laura Perry
Public Education Assistant
NY State Office of Alcoholism and Substance Abuse
1450 Western Avenue
Albany, NY 12203-3526
Phone: 518/485-1768
Email: lauraperry@oasas.state.ny.us

Pennsylvania
Josh Bishop
Mental Health Coordinator
Corry Area Middle-High School
534 East Pleasant Street
Corry, PA 16407
Phone: 814/665-8297   Fax: 814/663-072

CENTRAL STATES

Indiana
Elliot B. Hopkins
Director of Educational Services
National Federation of State High School Association
690 W. Washington St.
P.O. Box 6090
Indianapolis, IN 46206
Phone: 317/972-6900   Fax: 317/822-5700
Email: ehopkins@nfhs.org

Iowa
Carol Hinton
Adolescent & School Health Coordinator
Iowa Department of Public Health
Family Services Bureau
Lucas State Office Bldg., 321 E. 12th St.
Des Moines, IA 50319-0075
Phone: 515/281-6924   Fax: 515/242-6384
Email: chinton@idph.state.ia.us

Pamela Tekippe
Clinical Social Worker
Mental Health Clinic of Tama Co.
1309 S. Broadway
Toledo, IA 52342
Phone: 641/484-5234   Fax: 641/484-5632

Michigan
Michael Murphy
Prevention Supervisor
Washtenaw Co. Human Services
555 Towner, P.O. Box 915
Ypsilanti, MI 48197
Phone: 313/484-6620   Fax: 313/484-6634
Email: murphym@ewashtenaw.org

Osualdo Rivera
Director, Fam. Coun.; Comm. MH Services
Arab Community Center for Economic and Social Services
2601 Saulino Court
Dearborn, MI 48120
Phone: 313/843-2844   Fax: 313/842-5150
Email: orivera@accesscommunity.org

Minnesota
Jose Gonzalez
Interpreter / Supervisor
Minneapolis Dept. of Health & Family Support
250 4th St. So., Rm 401
Minneapolis, MN 55415
Phone: 612/673-3815
Email: angela@kuto.org

Missouri

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Program Director
Kids Under Twenty One
2718 South Brentwood Blvd.
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Phone: 314/963-7571   Fax: 314/963-7574
Email: kuto_@hotmail.com

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Clinical Director
Counseling Association Network
1734 East 63rd Street, Suite 410
Kansas City, MO 64110
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Email: clgascntwk@hotmail.com

Ohio

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School of Professional Psychology, Wright State University
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Wisconsin

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NORTHWEST

Oregon

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Eugene Police
520 Blair Blvd
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Phone: 541/-682-8186   Fax: 541/484-7904
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SOUTHEAST

Alabama

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Georgia

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Family Connection Regional Consultant
156 Hopecrest
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Arthur Carder
Regional Executive Director
Region 8 MHMRSA Regional Board
515 Academy Ave
Dublin, GA 31021
Phone: 478/274-7912
Email: adcarder@dhr.state.ga.us

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Roanoke-Chowan Human Service Center
144 Community College Rd.
Ahoskie, NC 27910-8047
Phone: 252/332-4137   Fax: 252/332-8457
Email: regina.parker@ncmail.net

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Patricia Motes
Division Director
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Carolina Plaza
University of South Carolina
Columbia, SC 29
Phone: 803/777-0523   Fax: 803/777-1120
Email: pmotes@sc.edu

Virginia
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Ph.D., ADTR,Co-chair
National Alliance of Pupil Services Organization
7700 Willowbrook Rd.
Fairfax Station, VA 22039
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Email: dianne.dulicai@gte.net

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NEA Health Information Network
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SOUTHWEST

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Section IX

Crisis Assistance and Prevention

- ■ **Surveying and Planning to Enhance Efforts to Address Barriers to Learning at a School Site**

- ■ **About the Self-Study Process to Enhance the Component for Addressing Barriers to Student Learning**

- ■ **Crisis Assistance and Prevention: A Self-Study Survey**

Surveying and Planning to Enhance Efforts to Address Barriers to Learning at a School Site

The following resource aides were designed as a set of self-study surveys to aid school staff as they try to map and analyze their current programs, services, and systems with a view to developing a comprehensive, multifaceted approach to addressing barriers to learning.

In addition to an overview Survey of Learning Supports System Status, there are self-study surveys to help think about ways to address barriers to student learning by enhancing

• Classroom-based Approaches to Enable and Re-engage Students in Classroom Learning

• Crisis Assistance and Prevention

• Support for Transitions

• Home Involvement in Schooling

• Community Outreach for Involvement and Support

• Student and Family Assistance Programs and Services

• School-Community Collaboration

About the Self-Study Process to Enhance
the Component for Addressing Barriers to Student Learning

This type of self-study is best done by teams.

However, it is *NOT* about having another meeting and/or getting through a task!

It is about moving on to better outcomes for students through

    C   working together to understand what is and what might be

    C   clarifying gaps, priorities, and next steps

Done right it can

    C   counter fragmentation and redundancy
    C   mobilize support and direction
    C   enhance linkages with other resources
    C   facilitate effective systemic change
    C   integrate all facets of systemic change and counter marginalization of
the component to address barriers to student learning

A group of school staff (teachers, support staff, administrators) could use the items to discuss how the school currently addresses any or all of the areas of the component to address barriers (the enabling component). Members of a team initially might work separately in responding to survey items, but the real payoff comes from group discussions.

The items on a survey help to clarify
    C   what is currently being done and whether it is being done well and
    C   what else is desired.

This provides a basis for a discussion that

    C   analyzes whether certain activities should no longer be pursued
(because they are not effective or not as high a priority as some others
that are needed).

    C   decides about what resources can be redeployed to enhance current
efforts that need embellishment

    C   identifies gaps with respect to important areas of need.

    C   establishes priorities, strategies, and timelines for filling gaps.

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

Crisis Assistance and Prevention: A Self-study Survey

Schools must respond to, minimize the impact of, and prevent school and personal crises. This requires school-wide and classroom-based systems and programmatic approaches. Such activity focuses on (a) emergency/ crisis response at a site, throughout a school complex, and community-wide (including a focus on ensuring follow-up care), (b) minimizing the impact of crises, and (c) prevention at school and in the community to address school safety and violence reduction, suicide prevention, child abuse prevention, and so forth.

Desired outcomes of crisis assistance include ensuring immediate emergency and follow-up care so students are able to resume learning without too much delay. Prevention outcome indices reflect a safe and productive environment where students and their families display the type of attitudes and capacities needed to deal with violence and other threats to safety.

A key mechanism in this arena often is development of a crisis team. Such a team is trained in emergency response procedures, physical and psychological first-aid, aftermath interventions, and so forth. The team also can take the lead in planning ways to prevent some crises by facilitating development of programs to mediate and resolve conflicts, enhance human relations, and promote a caring school culture.

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

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

	Yes	Yes but more of this is needed	No	If no, is this something you want?
1. crisis management guidelines (e.g., flow charts, check list)?	——	——	——	——
2. plans for communicating with homes/community?	——	——	——	——
3. media relations guidelines?	——	——	——	——

	Yes	Yes but more of this is needed	No	If no, is this something you want?
C. Are stakeholders regularly provided with information about emergency response plans?	——	——	——	——
D. Is medical first aid provided when crises occur?	——	——	——	——
E. Is psychological first aid provided when crises occur?	——	——	——	——
F. Other? (specify) _____	——	——	——	——

II. Providing Follow-up Assistance as Necessary

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. Are there programs for *short-term* follow-up assistance?	——	——	——	——
B. Are there programs for *longer-term* follow-up assistance?	——	——	——	——
C. Other? (specify) _____	——	——	——	——

III. Crisis Team to Formulate Response and Prevention Plans

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. Is there an active Crisis Team?	——	——	——	——
B. Is the Crisis Team appropriately trained?	——	——	——	——
C. Does the team focus on prevention of school and personal crises	——	——	——	——

IV. Mobilizing Staff, Students, & Families to Anticipate Response Plans and Recovery Efforts

With respect to planning and training for crisis response and recovery, are the following stakeholders, are there programs to involve and integrate

	Yes	Yes but more of this is needed	No	If no, is this something you want?
A. learning supports staff?	——	——	——	——
B. teachers?	——	——	——	——
C. other school staff?	——	——	——	——
D. students?	——	——	——	——
E. families?	——	——	——	——
F. other schools in the vicinity?	——	——	——	——
G. other concerned parties in the community?	——	——	——	——

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

V. Creating a Caring and Safe Learning Environment Through Programs to Enhance Healthy Development and Prevent Problems

A. Are there programs for

	Yes	Yes but more of this is needed	No	If no, is this something you want?
1. promoting healthy development	——	——	——	——
2. bullying and harassment abatement?	——	——	——	——
3. school and community safety/violence reduction?	——	——	——	——
4. suicide prevention?	——	——	——	——
5. child abuse prevention?	——	——	——	——
6. sexual abuse prevention?	——	——	——	——
7. substance abuse prevention?	——	——	——	——
8. other (specify) _____	——	——	——	——

B. Is there an ongoing emphasis on enhancing a caring and safe learning environment

	Yes	Yes but more of this is needed	No	If no, is this something you want?
1. school-wide	——	——	——	——
2. in classrooms	——	——	——	——

VI. Capacity Building to Enhance Crisis Response and Prevention

A. Is there an ongoing emphasis on enhancing a caring and safe learning environment through programs to enhance the capacity of

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

B. Is there ongoing training for learning supports staff with respect to the area of crisis assistance and prevention? —— —— —— ——

C. Is there ongoing training for others involved in Crisis response and prevention?
(e.g., teachers, office staff, administrators)? —— —— —— ——

D. Which of the following topics are covered in educating stakeholders?

	Yes	Yes but more of this is needed	No	If no, is this something you want?
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. other (specify) _____				

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

Crisis Assistance and Prevention (cont.)

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

C   Other matters relevant to crises response are found
     in the survey on student and family assistance.

Section X

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Crisis at a School

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