School Crisis Recovery

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National Child Traumatic Stress Network/SAMHSA
Psychological Reactions to Disaster

Pre-disaster

Warning  Threat

Impact

“Heroic”

Honeymoon (Community Cohesion)

Disillusionment

(Coming to Terms) Working Through Grief

Reconstruction A New Beginning

Trigger Events and Anniversary Reactions

1 to 3 Days  --------- TIME --------- 1 to 3 Years
Terror in School and Community

May 1927 Bath MI
Jan 1979 San Diego CA
Feb 1984 Los Angeles
May 1992 Yuba CA
Jan 1993 Grayson KY
Jan 1993 Los Angeles
Feb 1993 Los Angeles
Apr 1993 Sheridan WY

Feb 1994 Fort Meyers FL
May 1994 Union KY
Jan 1995 Redlands CA
Nov 1995 Lynnville TN
Feb 1996 Moses Lake WA
Feb 1997 Bethel Alaska
Oct 1997 Pearl MS
Dec 1997 Paducah KY
Terror in School and Community

Feb 1998 Hoboken NJ
Mar 1998 Jonesboro AR
Apr 1998 Edinboro PA
Apr 1998 Pomona CA
May 1998 Houston TX
May 1998 Fayetteville TN
May 1998 Springfield OR
June 1998 Richmond VA
Apr 1999 Taber Canada
May 1999 Conyers GA
Aug 1999 Granada Hills, CA
Valley Jewish Community Ctr
Nov 1999 Deming NM
Dec 1999 Fort Gibson OK
Feb 2000 West Palm Beach, FL
Jan 2001 Oxnard CA
March 2001 Santee CA
March 2001 El Cajon CA
March 2001 Gary, Indiana
Dr. Marleen Wong, Sandy Hook

We will never forget you.
We will never forget the Columbine High School shootings.

2/22/2013
Rationale/Need for Recovery Services
Trauma Creates Barriers to Learning

- Physical Changes
- Emotional Changes
- Cognitive Changes
- Behavioral Changes
- Spiritual Changes
How Does a School Begin to Recover?

It begins with student and teacher perceptions of renewed security.
Understanding the Components of Recovery
Students with significant post-traumatic stress symptoms after an event

3-7 Days

1-3 Months

1 Year
Institute of Medicine Report - *Preparing for the Psychological Consequences of Terrorism*

Emotional, behavioral and cognitive effects:

- e.g., Insomnia
- Sense of Vulnerability
- e.g., PTSD
- Alcohol Use & Abuse
- Major Depression
- Panic & Anxiety Disorders

Distress Responses

Behavioral Changes

Psychiatric Illness

- e.g., attendance
- classroom behavior
- peer and teacher interactions
Planning For School Crisis Recovery and Infrastructure

Selecting and Training Crisis Team Members
An Interdisciplinary Crisis Recovery Team

Who Should be on the Crisis Team?

Principal selects the School and District Crisis Team Members
- Team Members can be:

  • School Psychologist
  • School Counselor
  • School Nurse
  • Psychiatric Social Worker
  • Custodian
  • Welfare and Attendance Counselor
  • School Resource Officer
  • Administrators
  • Secretaries
  • Other Support Staff
Desirable Qualities for Crisis Team Members

A sense of responsibility beyond routine

• Ability to establish rapport quickly
• Ability to listen to difficult feelings and experiences of others
• Ability to forge consensus/Reduce conflict
• Clear about feelings thoughts biases
• Maintain confidentiality
• Aware of limitations
• Aware of the need for self care
The Objective of the Recovery Phase: Restore the Learning Environment

• Act to re-establish a sense of emotional safety
• Return the school to calm routine/schedule
• Assist with Coping and Understanding of Reactions to Danger and Traumatic Stress
• Support the Emotional Stabilization of Teachers and Parents
How do you determine exposure? TRIAGE

Physical Proximity

Emotional Proximity

Similar Previous Experience

Fragile Personality

History of Emotional Disturbance
Common Action Steps to School Recovery
Importance of Project SERV – School Emergency Response to Violence

• Provide Psychoeducation
• Triage and Assess
• Make Individual and Group Crisis Counseling Available Beyond the First Year After a Crisis Event
• Prepare for Immediate and Long Term Effect
• Be Aware of Secondary Trauma and Adversities
Symptoms of Traumatic Stress

• Difficulty Concentrating
• Difficulty Sleeping or Staying Asleep
• Recurring Traumatic Images
• Hypervigilence
• Fear of Recurrence
• Avoidance of and Reactions to Traumatic Reminders
Triage Questions

• Where were you when the incident occurred?
• If you did not see what happened, what were you told?
• What is the most difficult part of this experience for you?
• Do you or your friends have disturbing thoughts about the incident, can’t eat or sleep or have thoughts about harming yourself?
Multi-Level Short and Long Term Interventions

**Tier 1 – General School-Based Interventions**
- Psychoeducation, Triage and Assessment
- Psychological First Aid for Schools: Listen Protect Connect

**Tier 2 – School-Based Interventions**
- Trauma and Grief - Focused Counseling
- Short-Term Group or Individual Counseling

**Tier 3 – Specialized Community-Based Interventions**
- Referral to On or Off-Site MH Services
Example of Tier 1 School-Based Intervention: Psychological First Aid for Schools: Listen Protect Connect

Evidence Informed – Universal Prevention
5 Step Intervention/ Trauma and Grief - Focused Short-Term Group or Individual Intervention
Developed in schools for school use by
Dr. Robin Gurwitch, Duke, Dr. Merritt Schreiber, California University at Irvine, Dr. Marleen Wong, University of Southern California
www.cbits.org
What is Psychological First Aid?

- Psychological First Aid is a set of supportive actions that help people cope more effectively during times of stress.

  - American Red Cross
Psychological First Aid after Traumatic Crises: The Responsibility of Caring Adults

- Listen
- Protect
- Connect
- Model
- Teach
The Goals of PFA

• Establish safety
• Stabilize the emotions and behaviors
• Create a compassionate Recovery Environment
• Return students, faculty and staff to an improved mental and emotional state to the classroom, ready to resume education and re-engagement in school, peer and family relationships
Example of Tier 2 School-Based Intervention: Cognitive Behavioral Intervention for Trauma in Schools - CBITS

Evidence Based
Trauma and Grief - Focused
Short-Term Group or Individual Counseling
10 Sessions

Developed in schools for school use
Dr. Lisa Jaycox, RAND.org
CBITS MANUAL
www.cbits.org
Example of Tier 3 Mental Health Intervention: Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Evidence Based Intervention
15 Sessions Intervention/ Trauma and Grief - Focused

Developed by
Dr. Judy Cohen, Duke, Dr. Tony Mannarino
Pittsburgh
Evaluating Efforts

• Desirable Outcomes
  • Returns to average educator and student attendance
  • Resumes peer and student relationships
  • Maintains academic achievement of class(es)
  • Look at grades and standardized tests scores

• Undesirable Outcomes
  • Increased discipline referrals
  • Educators absenteeism
  • Resignation
War in America - September 11, 2001
8 million witnesses to violence in NYC
1.2 million students in the New York City Public Schools
Preliminary Report to the Board of Education

On the World Trade Center Attack on NYC Public School Students
Gender and Ethnicity of NYC School Survey Participants Grades 4-12 (N = 8,266)

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<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>African-American</td>
<td>12.3%</td>
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<tr>
<td>Hispanic</td>
<td>28.2%</td>
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<tr>
<td>White</td>
<td>37.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>8.1%</td>
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<tr>
<td>Other/Mixed</td>
<td>13.5%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Female</td>
<td>46.9%</td>
</tr>
<tr>
<td>Male</td>
<td>53.1%</td>
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2/22/2013  Dr. Marleen Wong.Sandy
Hook Commission
Numbers of NYC Students in Grades 4-12 Estimated to Have a Probable Disorder with Impairment 6 Months After the 9/11 Attack

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Rate</th>
<th>Estimated # of Students</th>
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<tbody>
<tr>
<td>PTSD</td>
<td>10.5</td>
<td>75,176</td>
</tr>
<tr>
<td>Major Depression</td>
<td>8.4</td>
<td>60,141</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>10.3</td>
<td>73,744</td>
</tr>
<tr>
<td>Separation Anxiety</td>
<td>12.3</td>
<td>88,064</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>10.9</td>
<td>78,040</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>9.3</td>
<td>66,585</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>15.0</td>
<td>107,395</td>
</tr>
<tr>
<td>Any of the Above Disorders</td>
<td>26.5</td>
<td>189,731</td>
</tr>
</tbody>
</table>
Link between Violence Exposure and Chronic PTSD with:

- Substance Abuse
- Reckless Behavior
- High-risk Sexual Behavior
- Gang or High Risk Peer Activity
- Disturbances in Academic Functioning

(Kilpatrick, Saunders & Resick, 1998)
Violence and Trauma affects School Performance

Children with life threatening violence exposure

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

Children with Depression and Posttraumatic Stress Disorder

- Even Lower GPA
- More absences
Schools are Human Systems

Is it an Open or Closed “Family System”?
How did it deal with human problems and conflicts?
How is it Affected by Trauma?
What is the message of leadership?
  Letters to parents
  Communication with students
How quickly can it convert to Emergency Operations?
Dr. Pamela Cantor, Children’s Mental Health Alliance, New York

• “The shock, trauma and complexity of our societies don’t permit the establishment of working alliances within 60 days. This was the most significant limiting factor in mobilizing an effective response in New York...schools and communities (must) know that collaborative relationships need to be forged, meetings held, and procedures developed well before an event occurs and the immediate phase begins.”
Traumatic stress affects both victims and caregivers.
Disaster Despair

• Ultimate Death
• Freedom to Live as We Will It
• Existential Loneliness
• Traumatic Loss
• Absence of Meaning or Sense to Life
“There is a cost to caring. We professionals who are paid to listen to the stories of fear, pain, and suffering of others may feel, ourselves, similar fear, pain and suffering because we care.”

“Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events.”

Charles R. Figley, Ph.D.
Recommendations

• Readiness Emergency Management for Schools
• Integrated School and Community Crisis Response and Recovery Training
• Teacher Preparation Program Training
• School Based Staff Development Training
• School Based Mental Health Services – President’s Commission
• Trauma Informed and Evidence Based Interventions
• School and Community Based Systems Approach
• National Commission on Children and Disasters Recommendations
Additional Resources

• Listen, Protect, Connect, Model, and Teach: Psychological First Aid for Students and Teachers

• REMS Helpful Hints, “Psychological First Aid (PFA) for Students and Teachers: Listen, Protect, Connect - Model & Teach”

• Additional resources, worksheets and exercises will be posted with the archived webinar on the REMS TA Center website http://rems.ed.gov
Additional Resources

ProQOL website
• http://www.proqol.org

Compassionate Schools Website
• http://www.k12.wa.us/CompassionateSchools/

The Heart of Learning and Teaching
• http://www.k12.wa.us/CompassionateSchools/HeartofLearning.aspx

National Association of School Psychologists
• http://www.nasponline.org/

National Child Traumatic Stress Network
• http://www.nctsn.org/

SAMHSA Disaster Technical Assistance Center
• http://www.samhsa.gov/dtac/

SAMHSA Oil Spill Distress Helpline
• http://oilspliddistress.samhsa.gov/oil-spill-distress-helpline

Additional resources, worksheets and exercises will be posted with the archived webinar on the REMS TA Center website
• http://rems.ed.gov
Contacting the REMS TA Center

• **Telephone:** 1-866-540-7367 (REMS)
  - When you have a quick question, follow-up (e.g., training events).

• **Website:** [http://rems.ed.gov/](http://rems.ed.gov/)
  - When you need information or resources, or would like to request assistance through the online request form.

• **E-mail:** [tasupport@remstacenter.org](mailto:tasupport@remstacenter.org)
  - When you have a question or need assistance.