

Resources on
Crisis
Intervention
and
Reactions to
Trauma

Assessing Needs for Crisis Prevention and Intervention

- Find out why students behave in negative ways:

What are the goals sought by their violent or self-destructive behaviors?
The answer to this question would be part of a proactive prevention plan

- Determine what messages about safety and violence are being sent out to students by the school/parent

What is the school's commitment to safety?
Do we celebrate learning?

- Assess perceptions of your school climate.

How does it feel to come into our school?

- Develop a data base on tie-signs to a safe school which celebrates learning.

Do we have a reporting system which identifies issues we need to address?

- Establish policies which value student contributions; promote mutual respect and reduce tension.

Do we have clear positive statements about the behaviors our school expects students to exhibit?

Do we have both prevention as well as consequences for problem behaviors?

Adapted from, *Safe Schools, Safe Students* (1998)

Understanding a Student in Crisis

The following are illustrative of questions which have helped crisis team members in acquiring an initial understanding of students who were suffering severe emotional crisis. One should expect, of course, to modify these questions in light of a particular situation.

- "What brought you here (or to this situation) today instead of yesterday?"
- "What started all this?"
- "How did it make you feel at first and how do you feel now about how this is turning out?"
- "What do you think is happening that will not go away?"
- "What have you tried to do?"
- "What does it make you feel?"
- "What does it make you feel like doing?"
- "Who else is involved and how have they made it worse or better?"
- "Is anyone hurting you? Who?"
- "What is so hard about this situation?"
- "What do you think has to be done or could be done to resolve the crisis?"
- "Do you think this is normal?"
- "Do you think you've generally handled your situation like most people would?"
- "How do you think your situation is different from one of your friends?"
- "Have you talked to any of your friends about this? What did they say? What was your reaction to them?"
- "Who else knows about your situation? What has been their response? Have they tried to help you? Have they taken your situation seriously?"
- "Do you know what you would like for me to do? Is there anything that you can't do for yourself? If you did would it solve your problems?"

When answers to the above kinds of questions are coupled with extemporaneous probing, one should acquire an understanding of any perceived or real dangers a student might face.

STEPS IN THE INTERVENTION PROCESS

I. Immediacy

- Act to relieve emotional responses
- Relieve anxiety
- Clarify, prevent further disorientation
- Ensure safety, prevent further harm.

II. Control

- Enter the crisis scene cautiously
- Be clear about who you are and what you are about to do
- Take control away from the aggressors and victims
- Present a stable and supportive stance
- Promise *only* what you can deliver
- Separate disputants if necessary
- Speak in a loud, authoritative voice to gain focus on you
- Speak in a quieter tone to victims
- Shift focus away from conflict

III. Assessment

- What created the crisis?
- What maintaining people in the crisis?
- What aspect of the crisis needs to be addressed immediately?
- What must I address first in order to handle other problems?
- Ask short, direct questions
- Ask one question at a time
- Allow time for responder to think
- Look at the crisis from the victim's perspective
- Maintain positive regard for participants; do not prejudge.

IV. Disposition

- Focus on reducing victim's anxiety about crisis
- Work on improving cognitive functioning of victim to explore options and think less narrowly about crisis
- Explore strengths which victim has already put into operation
- Suggest social resources available for support
- Develop options

V. Referral

- Address what can be resolved through resources at hand
- Consider what issues are in need of more specialized services
- Identify the who, how, and the why of obtaining additional resources
- Consider bringing in resources or expert consultation to supplement your own if either overwhelmed by numbers or dealing with unfamiliar issues.

VI. Follow-up

- Assure that victims have received assistance's
- Assess the impact of your intervention on the resolution of the crisis
- Reassure that referring reason actually was central factor in the crisis

HELPING PEOPLE IN CRISIS

CRISIS:

A situation which is not usual; circumstances which cause considerable emotional discomfort:

- anger and volatile reactions
- vulnerability and hopelessness
- loss of focus and confusion
- diminished self-esteem

SCHOOL CRISES:

School- related crises by definition are negative events which occur without warning to the school community and have the potential of overwhelming the coping mechanisms of students, staff, and parents. The most common elements of school crises are - shock, sense of loss, helplessness, and occasionally violence.

NEED:

Crises come into being when a situation is perceived as threatening by others. When faced with a crisis, members of the school community typically exhibit stress - related reactions. Feelings, thoughts, and behaviors which young people may experience are:

- *anxiety* - fear of the unknown
 - personal threat
 - overwhelmed, shock
 - concern for others' well-being
 - worry about their ability to cope - disorientation
 - intense interest in rumors
- *guilt* - questioning own role
 - unable to let go of troubling thoughts
 - survivor guilt
 - possible unresolved negative feelings about victim of crisis
- *sadness* - depressed, apathetic
 - withdrawal, denial
 - let down after rush of adrenaline
 - sadness over reality of a loss
 - hollow, empty feeling
 - feeling life is changed, not as safe as before.

MANAGEMENT:

A plan of intervention which is based upon identification of those at risk, prevention of self-destructive behaviors, and support for the development of coping skills.

CRISIS MANAGEMENT STRATEGIES:

1. **Remain calm**; the negative ways in which others respond to a crisis can provide a disruptive model to others in the school community.
2. The most **helpful demeanor** is to remain focused on supporting those affected by a crisis. People experiencing turmoil look for a strong center of calm. The helper's quiet tone of voice is a reassuring counterbalance to raised voices, hysterical reactions, and hurried recommendations and contradictions. Physical closeness and touch is often needed by those who feel abandoned, alone, or shaky in the aftermath of a crisis.
3. **Avoid simplistic promises** that everything will be okay and vague speculation over who must be responsible for what happened.
4. Focus on the **belief that the other person can face his worst fears and survive**.
5. Try to **draw the person out** by:
 - letting him explain his understanding of the situation. Correct his misunderstanding and cut off unhelpful speculation and rumors.
 - helping him to describe how the crisis affected his feelings, to articulate his thoughts about his role in it, and to define other reactions he may have had to the crisis.
 - exploring the helpee's concerns about the here and now in order to help him gain a sense of control within an unsettling situation.
 - examining courses of actions to help others, assist real victims, and prevent future inappropriate responses to crises.

***PREVENTION** is your focus; a proactive process of creating conditions or personal attributes that promote the well-being of people.*

THREE BASIC TRUTHS ABOUT PREVENTION

People are less likely to harm themselves if:

- *they feel good about themselves.*
- *they communicate their thoughts, feelings, and needs.*
- *they make good decisions that promote their health.*

Who is to be Considered “At Risk” in a Crisis?

- Students who are alienated or depressed.
- Students who have attempted self destructive acts in the past.
- Students who demonstrate an unusual degree of disequilibrium, impaired social functioning, disorientation, excessive anger, or withdrawal
- Students experiencing debilitating emotional reactions.
- Students who may have manifested milder forms of dysfunction in a crisis (headaches, crying, apathy, stomach complaints, sadness) but now the symptoms persist several weeks after the crisis

What are the Goals of Crisis Intervention?

- Assure immediate support.
- Establish a network of related assistance using the school's liaison person's knowledge of community resources.
- Address personal areas of concern broader than precipitating crisis.
- Equip those experiencing a crisis within coping skills.
- Deal honestly with the reality of loss.

Personal Skills needed of Effective Crisis Intervention.

- Good observer of human behavior
- Active listener, empathic respondent
- Structured in questioning skills to establish client's knowledge of crisis
- Collaborator in action planning
- In touch with own grief experiences.

Qualities in Effective Crisis Intervention Communication.

- *Acceptance by* -
 - 8 valuing clients
 - 8 engendering trust, an emotionally safe environment
 - 8 supporting client's struggle to cope
 - 8 respecting helpee's skills.
- *Empathic Understanding by* -
 - 8 projecting self into helpee' s world
 - 8 identifying and sharing perceptions with client
 - 8 identifying with helpee thoughts and reactions connected to crisis.
- *Acceptance of Painful Feelings by* -
 - 8 acknowledging helpee's pain without the need to rescue
 - 8 encouraging helpee to face emotions
 - 8 assuring helpee that pain can be worked through
 - 8 validating the strength of helpee.

Trauma & grief differ

By: Cheri Lovre, ASCA Pre-conference Presenter

Trauma is fundamentally and profoundly different than grief. Grief is an emotionally -base, natural response to the loss of someone loved. As Alan Wolfelt, PhD, says, "If a child is old enough to love, they're old enough to grieve." With a solid support system and lots of nurturing, we cope and adjust and become deeper and more compassionate people because of having faced and made peace with our losses and disappointments.

Trauma often has very little to do with grief. A student standing at the bus stop doesn't have to know the child he sees hit by a passing car to have nightmares for months. This child is not grieving the loss of a friend. He is struggling to integrate a horrific scene into his sense of the norm of life. He didn't come to the bus stop expecting to witness carnage, suffering or death. The terror left behind by these events usually overwhelms the child's ability to cope and is too great to integrate into one's concept of life.

Much of what differentiates traumatic response from grief lies in the biochemistry and unique memory storage of those events. For those in grief, identifying and naming the emotions they're experiencing relative to their losses brings about a sense of relief and allows opportunity for a compassionate listener to validate their experience. For those in grief, identifying and naming the emotions they're experiencing relative to their losses brings about a sense of relief and allows opportunity for a compassionate listener to validate their experience. For those in trauma, attempting to identify and name the emotions related to their terror often reactivates the adrenaline-based fight-or-flight response, perpetuating the traumatized state. For some, this will mean repeated flashbacks of their most terrifying "memory picture," while for others, the result will be living in a perpetual state of hyper arousal and anxiety.

How this plays out in the school following a traumatic event is fascinating. Many schools have a well-planned team approach to crisis response which includes providing a room of students who are struggling with their grief process when the majority of the students are ready to return to academics. Often, however, those students who were in close proximity and have seen someone die a violent or unexpected death act out and are difficult to manage either in the "safe room." Being a close to peers who are openly grieving and feeling intense emotions is a huge trigger for those who are traumatized and tends to "rekindle" their terrifying experience.

In one such event, a 16 year-old boy suffered a heart attack in his car in the parking lot of a school following an evening FFA meeting. About a dozen students rushed to assist

him and provided whatever they knew about CPR until a teacher was summoned to take over. The teacher continued the

efforts until the ambulance arrived. The student was taken to the hospital and despite heroic efforts, could not be saved. Eight members of the crisis responses team provided support to the high school the following day. Within a short time, team members in the "safe room" were clear that they were unable to manage the acting-out behavior of several of the students. All were those who had been on the scene the night before.

Once those student and the teacher involved in the resuscitation efforts were called together and given the opportunity for a Victim-Oriented Intervention, they returned to the "safe room" able to move into their feelings and express their emotions of loss. About 10 minutes after their return from the intervention, one of safe room staff noted that the room would probably function very well of those youth were left on their own those who had been on the scene were now



Trauma and the aftermath of violence

Rarely recognized or understood, trauma is a unique phenomenon to which all people are vulnerable following specific kinds of events.

Trauma is seldom. The devastating long-term effects vary and may include:

- ? uncontrollable, repetitive nightmares
- ? crippling inability to concentrate
- ? flashbacks
- ? intrusive thoughts of fear
- ? chronic anxiety or hyper-arousal as well as many other debilitating consequences

All too often, people who seek training in trauma debriefing learn the model used for police and firefighters, called first responders. Victims and by-standers have entirely different psychological issues and responses, and it is crucial that their unique needs to appropriately addressed.

- ? evaluation of the event and situation
- ? short-term school-wide strategies
- ? swift & focused debriefings
- ? long-term planning & follow up
- ? meeting the needs of high -risk students
- ? addressing staff support

In this time of spiraling violence, no school can afford to ignore the effects of trauma. Effective intervention makes all the difference, and is the essential element of the school's response to a traumatic event.?

leading the grief process instead of avoiding and thwarting it. The change was remarkable.

In another school, where one student had murdered another, some students who had witnessed the event came to school the next day and simply couldn't stop talking about the gore and carnage of the death. They were attempting to "debrief" themselves in the only way they knew, but this traumatized their classmates and teachers. Within hours the schools was, as the principal stated, in "pandemonium, hysteria and chaos." The following day, many measures were put in place to stem the tide, but the key element as use of the Victim Oriented Intervention strategies in every classroom in which as witness had related graphic details. At no time on the second day was the tenor of the school anything but calm.

Not all students will be able to use the imagery techniques. Many students come from homes where chaos is standard. Some students will have had traumatic episodes in their pasts for which a current event is simply a trigger. Some students will still experience a drop in grades or school performance even with the opportunity for intervention. Generally, however, both the students and the school can return to homeostasis much more quickly if those were exposed to trauma can get their needs met.

The window of opportunity is brief. The desire to bury these memories is great. But we learned from Vietnam that buried memories surfaces years later. Many of those veterans came home to loving wives and supporting families who could have successfully supported their husbands through a profound loss and resulting grief. But no amount of love and caring can lessen the flashbacks. That takes some "rewiring" of the memory.

Those who struggle with symptoms of trauma can often make fine use of an approach which activates the left brain, helps contain story or event, and includes imagery to aid in management of intrusions (flashbacks, nightmares). The Lovre Model of Victim-Oriented Intervention offers strategies for acknowledging the element of surprise, use of language in building new brain pathways which engage the left brain, and imagery to empower victims to manage disconcerting symptoms.

Ms. Lovre will be presenting a pre-conference workshop on this model at the 1996 ASCA National Conference in Indianapolis, IN, June 27, 1996. Grasp this opportunity and learn the strategies of managing rumors and even school-wide hysteria which can surface in the aftermath of trauma. Strategies which address the uniqueness of the traumatic response can make all the difference in the school environment as well as the individual student's recovery.

THE EFFECTS OF TRAUMA ON CHILDREN AND ADOLESCENTS

Developmental Issues

Since the trauma occurs while the nervous system and cognitive structures are still forming, it can produce major impairment.

Some of the PTSD literature written about adults may not relate to younger people's experiences.

Cognitive Effects

Due to egocentrism, children are likely to blame themselves for their victimization. They may ruminate about the trauma to gain mastery over it or try to forget and be troubled because terrifying thoughts and images continue to intrude themselves. Some dissociative thinking may occur, emotional numbing, or careless risk-taking behaviors may be reported. The opposite reaction might be to become hypervigilant and very guarded.

Some traumatized children seem to lack goals for and hope in the future. They develop a pessimistic view of the world.

Affective Effects

Young people have two general feelings responses: hyperresponsive or hyporesponsive. This can be seen in increased sensitivity to threats, depressive reactions from emotional withdraw to angry outbursts, feelings of guilt and shame, powerlessness to distress, diminished self-esteem, fearing omens of disaster.

Behavioral Effects

Disruptive behaviors from poor attendance through issues of noncompliance are sometimes seen in traumatized young people. It is common to find a history of trauma in the lives of students who have been placed in alternative school programs. Withdrawing from social contact and efforts of others to help may be commonly experienced. Younger children tend to engage in repetitive play in which they reenact the traumatic event without the relief that comes from it when done by adults.

Physiological -Somatic Effects

Startle responses, failure to thrive, sleep disturbances, and/or somatic problems (real or imagined).

PRESCHOOL THROUGH SECOND GRADE

	<i>Responses to Trauma</i>	<i>Intervention</i>
1.	Helplessness and passivity	Provide support, rest, comfort, food, opportunity to play or draw.
2.	Generalized fear	Re-establish adult protective shield.
3.	Cognitive confusion (e.g., does not understand that the danger is over)	Give repeated, concrete clarifications.
4.	Difficulty identifying what is bothering them	Provide emotional labels for common reactions.
5.	Lack of verbalizations – selective mutism, repetitive nonverbal traumatic play, unvoiced questions	Help to verbalize general feeling and complaints.
6.	Attributing magical qualities to traumatic reminders	Separate what happened from physical reminders such as the place where the trauma occurred.
7.	Sleep disturbances (night terror and nightmares; fear of going to sleep; fear of being alone, especially at night)	Encourage them to let their parents know.
8.	Anxious attachment (e.g., clinging to parents)	Provide consistent caregiving (e.g., assurance of being picked up from school).
9.	Regressive symptoms (thumb sucking, enuresis, regressive speech)	Tolerate regressive symptoms in a time-limited manner.
10.	Anxieties related to incomplete understanding about death; fantasies of “fixing up” the dead; expectations that a dead person will return	Give explanations about the physical reality of death.

THIRD THROUGH FIFTH GRADE

	<i>Response to Trauma</i>	<i>Intervention</i>
1.	Preoccupation with their own actions during the event; issues of responsibility and guilt	Help to express their secretive imaginings about the event.
2.	Specific fears, triggered by traumatic reminders	Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize.
3.	Retelling and replaying of the event (traumatic play)	Permit them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions.
4.	Fear of being overwhelmed by their feelings (of crying, of being angry)	Encourage expression of fear, anger, sadness, in your supportive presence.
5.	Impaired concentration and learning	Encourage letting teachers know when thoughts and feelings interfere with learning.
6.	Sleep disturbances (bad dreams, fear of sleeping alone)	Support them in reporting dreams; provide information about why we have bad dreams.
7.	Concerns about their own and others' safety	Help to share worries; reassure with realistic information.
8.	Altered and inconsistent behavior, (e.g., unusually aggressive or reckless behavior, inhibitions)	Help to cope with the challenge to their own impulse control (e.g., acknowledge, "it must be hard to feel so angry").
9.	Somatic complaints	Help identify the physical sensations they felt during the event and link with possible.
10.	Hesitation to disturb parent with own anxieties	Offer to meet with children and parent(s), to help children let parents know how they are feeling.
11.	Concern for other victims and their families	Encourage constructive activities on behalf of the injured or deceased.
12.	Feeling disturbed, confused and frightened by their grief responses; fear of ghosts	Help to retain positive memories as they work through them more intrusive traumatic memories.

ADOLESCENTS (SIXTH GRADE AND UP)

	<i>Response to Trauma</i>	<i>Intervention</i>
1.	Detachment, shame and guilt	Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.
2.	Self-consciousness about their fears, sense of vulnerability; fear of being labeled abnormal	Help them understand the adult nature of these feelings, encourage peer understanding and support.
3.	Post-traumatic acting out behavior, (e.g., drug use, delinquent behavior, sexual acting out)	Help to understand the acting out behavior as an effort to numb their responses to, or voice their anger over, the event.
4.	Life threatening reenactment, self-destructive or accident-prone behavior	Address the impulse toward reckless behavior in the acute aftermath..
5.	Abrupt shifts in interpersonal relationships	Discuss the expectable strain on relationships with family and peers.
6.	Desires and plans to take revenge	Elicit their actual plans of revenge; address the realistic consequences of these actions; encourage constructive alternatives that lesson the traumatic sense of helplessness.
7.	Radical changes in life attitudes which influence identity formation	Link attitude changes to the event's impact.
8.	Premature entrance into adulthood (e.g., leaving school or getting married) or reluctance to leave home	Encourage postponing radical decisions in order to allow time to work through their responses to the event and to grieve.