

Crisis Response for Shoreline Schools: "What to do and say in the first 3 minutes to 3 hours"

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Introduction

There are many valuable educational materials for how to respond to school age children and teens following school crises, emergencies and disasters. A quick perusal will reveal the stage of crisis response the author is addressing. It's important to recognize that the majority of writings on crisis response are written for disaster responders whose focus is the first days and weeks -- the timeframe it takes to get responders into the impacted zone.

My practice as a First Responder Chaplain puts me in the midst of the chaos immediately following precipitating events. In the circles of crisis intervention I travel, we speak of the first 3 minutes to 3 hours. But we are also keenly interested in the first 3 hours to 3 days - the period of time crisis victims are still "open" and able to receive the fullest benefit from age-appropriate and effective crisis intervention. Practitioners in the field of critical stress refer to this period following a critical incident as "wet cement". It's as though a crisis creates ruts on impressionable young minds, and we have brief window to help ensure a true, coherent, and consistent understanding is gained that promotes recovery.

So let me state up front, the focus of this document is the first 3 minutes to 3 hours. My purpose is to inform and equip school administrators and teachers for the relatively brief window they have to stabilize students manifesting crisis reactions following major crises, emergencies or disasters. Once the student is stabilized they can be transferred over to the long term support of their parents/guardians, older siblings, extended family, or friends.

This is the objective of crisis intervention: stabilize and transfer. The most celebrated crisis responder ever written about did just that. We don't have his name, but he's referred to as the Good Samaritan; and what he did is at the core of what it takes to effectively administer crisis intervention. He treated a victim in crisis as he himself would want to be treated - without regard to personal differences. Obviously, there's a lot more to it than just the Golden Rule. But with this as our starting point we'll add information, crisis intervention principles, and a model that should equip us to provide the best possible support with the simplest of methodologies, amid the worst of circumstances.

What is a Crisis?

I take the view that a crisis is an acute response. Having responded to many critical incidents involving all age groups, I have observed not every child, teen, or adult goes into acute crisis mode. There are a number of factors why this is true. Some are as basic as proximity to the event. Another factor is the nature of relationships with those who've suffered threat, injury or death.

A crisis may be thought of either as an event, or as an acute response to events that are:

- * Unwanted
- * Unexpected
- * Overwhelming
- * Life-changing

This understanding that a crisis is a reaction does away with the "one size fits all" approach that assumes everybody within any proximity of an emergency or disaster must receive the same treatment. In short, it forces us to make better assessments by observing and listening to the needs of our students.

The following formula focuses on indicators that may, or may not lead to acute crisis reactions:

Formula for Anticipating Personal Impact

$$\mathbf{A} \text{ (Precipitating Event + One's View of the Event)} - \mathbf{B} \text{ (Present Resources + Past Coping Skills)} = \mathbf{C} \text{ (Personal Impact of the Event)}$$

Every student, regardless of age, has their own way of assessing how large "A" and "B" are; we can't do that for them. The challenge to responding to various age groups is they may or may not have language skills to put what they are experiencing into words. But even when language gets in the way, know your being there, listening, and taking time to focus on a student in crisis generally helps lessen their crisis reactions.

Common Crisis Reactions

While not all children are impacted the same, all will experience increased stress from being separated from family, home, pet(s) and belongings at a time their "world is coming apart". These all represent more than just caring people and familiar things. These are our student's sources of identity, safety and security. Therefore, we should anticipate both reactions to the precipitating event, plus reactions to the absence of powerfully symbolic attachments.

Reactions in the first 3 minutes to 3 hours can vary from child to child, and across the age groups. The following list contains examples of common crisis reactions you can expect:

Feelings

- * Fear, terrified
- * Anxiety
- * Sadness
- * Guilt
- * Rage, anger, irritability
- * Helplessness
- * Excited
- * Numbness

Thinking

- * Difficulty concentrating and thinking
- * Difficulty learning new information
- * Difficulty making decisions
- * Self-blame or thinking they are responsible for what happened
- * Intrusive thoughts, memories, and flashbacks
- * Worry about safety of themselves and others
- * Preoccupation with death and dying
- * Suicidal ideation (adolescents)

Physical Effects

- * Fatigue
- * Agitation
- * Easily startled
- * Physical complaints (e.g., headaches, stomach aches)
- * Decreased or increased appetite
- * Increased activity/hyperactive
- * Wet or soil pants

Behaviors

- * Crying, whining
- * Trembling
- * Clinging
- * Withdrawn
- * Argumentative
- * Active Avoidance
- * Screaming, yelling
- * Hyperventilating, rocking
- * Difficulty getting along with others
- * Asking a lot of questions
- * "Fight, Flight or Freeze"
- * Frantic searching

Beliefs/Worldview

- * Questioning their beliefs *and/or* view of the world and humanity

In the physical world, blood is supposed to stay INSIDE the body. When we see it on the outside, we don't hesitate to locate the cause and apply first aid to stop the bleeding, clean the wound, and apply bandages. The objective is to avoid infection and promote healing in order to regain full function as soon as possible. When we see our students manifesting common crisis reactions, we likewise know immediate steps need to be taken. The challenge is we can't "see" the wounds. While they are very real, they are invisible. It helps to have a general list of how traumatic events can adversely impacts our students:

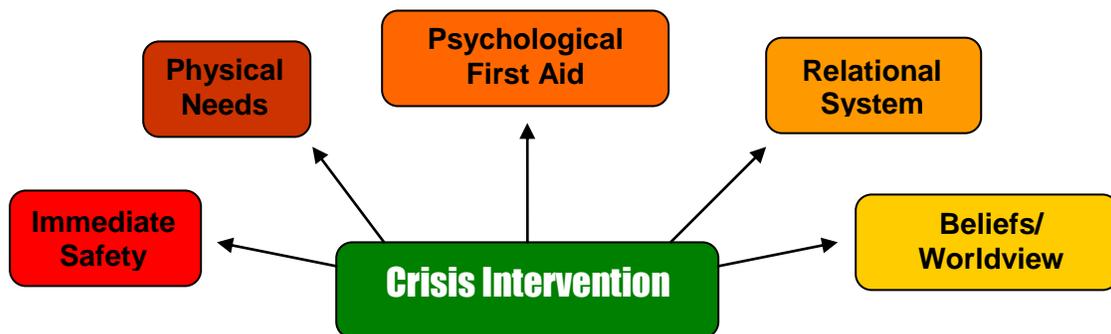
- * Wounds to the soul (psyche)
- * Violates the sense of rightness
- * Steals safety, security
- * Robs the individual of peace
- * Creates guilt, shame
- * Triggers previous traumatic events
- * Overwhelms resources
- * Upsets worldview
- * Terrorizes, and creates fear
- * Upsets balance (homeostasis)
- * Forces new normal
- * Changes life

As you can imagine from the list above, there are consequences of not intervening. Just like we can expect infection to settle in an untreated flesh wound, we can expect recurring traumatic reactions (post traumatic stress) for those whose wounded psyche has been left unattended. Mental and emotional "infections" can be more damaging than the original invisible wound.

Once again, it's commonly accepted that the first 72 hours following a traumatic event is the most critical time for crisis intervention. This is the time before the mind "hardens" and the crisis victim "closes-up". Crisis intervention properly applied can help vulnerable and impressionable minds arrive at a coherent and consistent perspective that will promote coping and normal functioning.

5 Components of Crisis Intervention

There are 5 components of crisis intervention response (see diagram). Each is essential, yet dependent upon the others for providing the most efficacious crisis intervention to students experiencing an acute crisis reaction.



5 Components of Crisis Intervention *(continued)*

Immediate Safety

Immediately following the precipitating event(s), the key to effective crisis intervention is the physical safety of your students. First, make sure the surroundings are safe. Next, move students out of the sightlines of images that may cause, or exacerbate an acute crisis response. Timely, accurate, and age-appropriate communication at both the group and individual level is important throughout this entire process. When answering questions, carefully consider your answer, and only answer the question being asked. The principle here is to reduce (or mitigate) effects the precipitating event(s) have upon your students.

Physical Needs

Once immediate safety issues are met, assess other factors that may have an adverse physical effect on your students. For example, what is the weather like? Is it too cold? Too hot? Or is it raining, freezing or snowing? Are students thirsty? Are they hungry? Or do they need to use a toilet facility? The principle here is to help insure the physical safety and meet some basic needs.

Psychological First Aid

Once immediate safety issues and physical needs are met, observe and listen to determine if any student is still manifesting acute crisis reactions in their feelings, physical bodies, or behavior (see list for these on page 3). After this initial assessment of each student under your care, check students **breathing**. A good practice is to get yourself and students doing diaphragm breathing to increase oxygen to the brain. This helps reduce acute reactions and promote clearer thinking and problem-solving. Follow these diaphragm breathing guidelines:

1. Put one hand on your chest and one on your stomach.
2. Slowly inhale and exhale through your nose or through pursed lips (4 counts in, and 6 counts out).
3. As you inhale and exhale properly, your hand on your stomach should feel your stomach expand and contract.
4. Repeat 3 times and rest (i.e. breathe normally). Continue steps 1-4 until acute reactions are diminished.

The principle here is to assess the crisis victim's acute reactions and breathing, then begin the SAFER Model of crisis intervention (see next page).

Relational System

Once the student is stabilized, they may be ready to be re-engaged with their relational system. At school, this would be their classmates, especially a favorite friend or circle of friends. If the student truly is stabilized, this should result in the student further demonstrating normal functioning (e.g. talking, able to play games, socializing, etc.). The principle here is to help the crisis victim connect with their social system.

Beliefs/Worldview

Another component of crisis intervention best left up to the student's parents, guardians or clergy addresses the student's beliefs and worldview.

SAFER Model for Crisis Intervention

There are unspoken, yet universal questions of every person in crisis; they are:

1. Does anyone know where I am?
2. Does anyone know that I am hurting?
3. Does anyone care?

Every time we take steps to help our students in crisis, we are answering those questions with a resounding "YES!" The next step is to ask ourselves, "How can I make them SAFER?" Because it answers this memorable question, the SAFER Model is the easiest crisis intervention model to remember in the chaos of an emergency or disaster. It's used here with permission of the author, Dr. George S Everly, Jr. Think of SAFER as a step-by-step process.

Stabilize

The objective here is insuring safety and reducing the crisis victim's stress level. This may be as simple as getting them out of the line of sight of stressful images. You may also need to walk the student a safe distance from an environmental danger, or away from other stressed students. Remember, a calming voice reminding the student of your presence and willingness to be there to help are simple, yet powerful tools. This is a good time to ask: "_____ (their name), I want to try to help, is there anything you need right now?"

Acknowledge

Another important way to reduce stress levels is to acknowledge that the event warrants strong reactions (feelings, behaviors, etc) and to normalize the crisis victim's reactions. The last thing a student needs now is the thought that on top of all the chaos of the event, they've also lost their mind! Again, your willingness to let them vent or act-out (as long as they are not harming themselves or others), and then making a simple statement like, "_____ (their name), this is very difficult time for each of us. It's normal to feel overwhelmed. You are handling this situation as normal people handle it. You are not abnormal."

Facilitate

Once the student is stabilized and are no longer in the crisis "fight or flight" mode, they are able to collect their thoughts and think again. The student should be able to understand basic, simple steps that will help them through the next few hours. They should now be ready to "really hear you" when you say something like: "_____ (their name), our school has been preparing for bad things like this and we've been working on our plan for how we are all going to get through it. Can I tell you about it?"

Encourage

After you've shared the plan for getting through the event, the student may still be tentative or ambivalent about taking steps to help themselves. Here is where you encourage them to see what's available to utilize the skills they have to better cope. You can ask a question: "_____ (their name), have you ever

SAFER Model for Crisis Intervention *(continued)*

had something bad like this happen to you before? How did you get through it? Then encourage them to draw upon that experience to help them now.

Return *(or R efer)*

Remember it was stated earlier that ultimately we want to help students be restored to normal functioning as soon as is possible. One way to help make this happen is to have the student begin to do simple, basic actions that put them back "in control" of themselves. Again, this needs to be age appropriate. But for an example, you might say, "_____ (their name), I sure could use your help with passing out water to the other students. Do you think you could help me?"

NOTE: *In some cases, you will need to refer the student to a mental health professional.*

Self Care After the Crisis

During an acute crisis reaction Epinephrine (Adrenaline), Adrenocorticotropic Hormone (ACTH), Cortisol and other hormones are dumped into the bloodstream to promote the "fight or flight" survival response. The result is a hyper aroused state which slows down metabolism, making it more difficult to eliminate these hormones from our bodies. Lots of water, exercise (going for a good walk), deescalating ourselves through talking it out, and having something healthy to eat (avoiding sugars and fatty foods) can all help the body recover sooner.

I bring to your attention a huge matter has been left out up until this point. In the heat of an emergency or disaster, teachers and administrators get ramped-up and may experience an acute crisis reaction, such as fight, flight or freeze. Before getting down on oneself, take into account that you too are "inside" the emergency or disaster scene and you may also have been adversely impacted!

For this reason our School District has placed Emergency Flip Charts in each classroom. School administrators have an Emergency Preparedness Manual and are trained in Incident Command System for responding to emergencies and disasters. Also, we've purchased emergency supplies for our schools. We still have a ways to go, but you can be confident that we will get there!

Lastly, we urge all teachers and staff to be personally prepared with enough emergency supplies for 3 or more days in your home and vehicle, so you will be comfortable and available to provide crisis intervention for your students.

About the Author:

Charles E. Goodwin has a B.A. (Speech Communications) and M.Div. (Pastoral Ministry); he is ordained and has an Advanced Crisis Response Chaplain Credential (AACC); he is also an Approved Grief Following Trauma Instructor (ICISF); a volunteer with Seattle-King County Public Health Reserve Corps; Certified Traumatic Service Specialist (ATSS); and a Bothell Police, Fire & EMS Chaplain and Northshore Fire Chaplain.