Understanding the Role of Behavioral Health in Emergency Planning in Schools

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Behavioral Health Response Planning

Mental Health Awareness

- Post-Traumatic Stress
- Shame
- Stress
- Phobia
- Depression
- Anxiety
- Grief
- Panic
Phases of Crisis Planning and Response
Preparedness

• Creation of school mental health crisis planning and response teams

• Identification of community mental health resources

• Identification of psychologically vulnerable students and staff

• Scheduled exercises or drills, education of MH school response team

• Annual training of staff on procedures, practices, policies, and protocols
  • Training and orientation of new staff.
Prevention

• Reducing incidents and managing behaviors before they escalate.

• Awareness, knowledge, and practices that promote sound mental health can greatly reduce and often prevent a crisis.

• Schools provide students a safe and supportive learning environment.
  • A strong emphasis on prevention is a central component of any comprehensive school crisis plan.
Response

• Restoring equilibrium to address immediate and short-term MH needs of students, staff, and parents of involved students

• Contact and utilize school and community professionals identified during planning stage to address the specific crisis

• MH crisis response team to support students and staff in calm and nurturing manner
  • Teach appropriate evidence-based coping strategies, problem solving and decision-making strategies designed to restore equilibrium.

• Identify students and staff needing follow-up during recovery phase
  • Start connecting to initial resources to address immediate and short-term needs.
Schools’ Role in Crisis Response

• Clearly a need

• School personnel have both legal and ethical responsibilities to prevent youth suicide whenever possible (Miller, 2014)
  • Most likely if evidence–based “best practices” in prevention and intervention are implemented
Recovery

• Restoring social and emotional equilibrium of the school community by promoting positive coping skills and resilience in students and adults.

• Most students and staff do recover with the support and assistance of caring educators and mental health professionals.

• Recovery includes immediate and ongoing support both short and long term for individuals and the entire community affected by the crisis.
Recovery (or Postvention)

“The scars you cannot see are the hardest to heal.”
What is Postvention?

• The provision of crisis intervention, support, and assistance in the aftermath of (or post) a death by suicide.

• Primarily to help survivors of suicide loss
  • Family, friends, co-workers, schoolmates, faculty/staff, communities
  • Survivors of suicide can also be viewed as victims needing assistance coping with grief and other reactions
  • Mitigate risk of contagion

  *Shneidman, 1985*
Why Postvention Is Important

• Because suicide/trauma is a rare occurrence, ‘response’ set is not within personal coping repertoire

• Grief responses after suicide/trauma can be complicated

• Suicide contagion is a concern with adolescent population
Advantages of a Postvention Plan

- Can anticipate pressures that come from different directions
- Quickly defuse competing agendas
- Outline clearer roles for staff and students (increases sense of competence and ability to contribute to healing)
- Recognize staff experience and expertise
- Involve community resources more proactively
- Make adaptations for culture and resources
Key Points to Remember About Postvention

1. School’s role is critical but limited
2. Nothing should be done to glamorize or sensationalize the event
3. Doing nothing can be as dangerous as doing too much
4. All school staff are impacted
5. Staff need to be helped first in order to be helpful to students
The Basics of Postvention for Schools

- Control
- Support
- Structure
The Basics of Postvention

Providing **Control**

- Proactive planning that is reviewed with staff on yearly basis
- Using formal versus informal communication
- Outlining clear responsibilities for crisis team members
- Providing information and direction to faculty & staff
- Managing media requests
- Reaching out to parents
- Considering elements of control in all proposed responses
The Basics of Postvention

Providing Support

• Acknowledging & addressing the needs of all members of school community
• Providing both permission & opportunity to talk about feelings
• Providing extra support to vulnerable students & staff
• Including ancillary staff in outreach efforts
• Recognizing differential impact of the crisis so type of support is developmentally appropriate
The Basics of Postvention

Providing Structure

• Includes strategies that focus on all components of the competent school community
• Provides ‘readiness assessment’ for administrators to guide proactive development of policies & procedures
• Addresses needs of elementary, middle & high school students
• Includes handouts to insure consistent messaging
Crisis Response Teams
Who Are ‘Vulnerable’ Students?

- Close friends
- Teammates, neighbors
- All students at same grade level
- DECEASED or AFFECTED
Effective Crisis Response

• Is proactive
• Speaks to common reactions
• Offers calm reassurance
• Anticipates challenges
• Can be adapted to emerging needs
• Includes debriefing and honest evaluation
Crisis Response Team

Creating a crisis response team can help in the healing process and will:

- Reduce fear.
- Facilitate grieving if appropriate.
- Support parents.
- Promote education.
- Plan for post-incident response actions.
Crisis Response Team Members

• Trained to handle emotional responses.
• Have the ability/authority to make decisions.
• Must be:
  • Respected
  • Sensitive
  • Calm
Role of Crisis Team

• Facilitates healing in the school community after a crisis

• Manages and contains the effects of the crisis by providing:
  • SUPPORT
  • CONTROL
  • STRUCTURE
The Crisis Team: A School’s Key Players

• Represents the competent community
• Includes diverse skill set
• Understands its mission
• Understands its limitations
Compassion Fatigue
(Secondary Trauma Syndrome)

“The emotional stress caused by the stress of caring for traumatized people.”

Charles Figley, Ph.D.
How MH Professionals Can Help in Schools

• Support the child and school community (family by extension)
• Provide education about trauma reactions and hope for full recovery
• Help children, families, and communities return to or create normal roles and routines
• Understand child and family cultural perspective relating to the trauma, reactions to the trauma, and need for/ type of intervention
Considering Community Membership for Crisis Team

- Can assist in minimizing potential scapegoating
- Shares responsibility
- Adds resources
- Addresses temporal realities
Children and Trauma

Some Key Definitions and Related Trauma-Impact Research
Trauma

• Experiences that cause intense physical and psychological stress reactions.

• Can refer to “a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and has lasting adverse effects on an individual’s physical, social, emotional, or spiritual wellbeing”

  (SAMHSA, 2012, p. 2)
Trauma Survivor

• Anyone who has experienced trauma or has had a traumatic stress reaction.

• The use of language and words can set the tone for recovery or contribute to further retraumatization, we should put forth messages of hope by avoiding the term “victim”

• Utilize the term “survivor” when appropriate instead.
Retraumatization

• The occurrence of traumatic stress reactions and symptoms after exposure to multiple events (Duckworth & Follette, 2011)
• Effect of being exposed to multiple events
• Process of re-experiencing traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences
  • E.g., specific smells or other sensory input; interactions with others; responses to one’s surroundings or interpersonal context, such as feeling emotionally or physically trapped.
Stress and Psychological Trauma: Impact on Children

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<tr>
<th>Victimization</th>
<th>School Crises</th>
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- Increases probability of developing MH disorders (SAMHSA, 2012)
Trauma Impact on Children & Adolescents
   (American Psychological Association)

• After exposure to a traumatic life event, short-term distress is almost universal

• Nearly all children and adolescents express some kind of distress or behavioral change in the acute phase of recovery from a traumatic event.
  • Not all short-term responses to trauma are problematic
  • Some behavior changes may reflect adaptive attempts to cope with a difficult or challenging experience.
Reactions to Traumatic Event Exposure (APA)

Similar/identical to behaviors MH professionals see daily in their practice

- Development of new fears
- Separation anxiety (particularly in young children)
- Sleep disturbance, nightmares
- Sadness
- Loss of interest in normal activities
- Reduced concentration
- Decline in schoolwork
- Anger
- Somatic complaints
- Irritability
Secondary Trauma

• Exposure to another individual’s traumatic experiences, rather than from exposure directly to a traumatic event.

• Can occur among all professionals who provide services to those who have experienced trauma (e.g., healthcare providers, first responders, school personnel, peer counselors, clergy, intake workers).
Trauma/Death in Children and Adolescents

• Directly confronts developmental tasks
• Can disturb sense of life purpose
• Creates isolation from peers
• Defies adolescent omnipotence
• Unsettles emotionally vulnerable kids
MH Conditions and Children  (Source: NASN)

• 1 in 5 children has mental health condition

• 50% of all lifetime cases of mental health disorders begin by age 14  
  (Stagman & cooper, 2010)

• 5% to 9% of children 9-17 years of age experience serious emotional disturbance each year affecting ability to function at home, school, community  
  (SAMHSA, 2012)
"A school crisis is any traumatic event that seriously disrupts coping and problem-solving abilities of students and school staff."
“Mental Health” Defined

“(A) state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

(World Health Organization, 2013)
Why Mental Health is Important in Crisis Planning

• Traumatic experiences can affect school staff and student mental health and the ability to teach and learn.

• A comprehensive system of school mental health services and supports in place will assist schools to be better prepared to address ensuing mental health needs that arise with any crisis.

• Advanced preparation – schools more able to prevent crises and be ready to come to the immediate aid of vulnerable students, staff, and families should a crisis occur.
Why Mental Health is Important in Crisis Planning

• Important not to overlook impact of traumatic events on student and staff mental health.

• Failure to adequately address mental health issues may result in secondary trauma or even post-traumatic stress syndrome (PTSD)
  • Inability to focus, poor school performance, substance abuse, inflicting abuse on self and others, and even additional school violence (Sonoma Guide).

• Critical schools understand and implement best practices to identify and address mental health issues.
Domains and Indicators of Well-Being
(Keyes, 1988; Ryff, 1989; Ryfe & Keys 1995).

• Emotional well-being
  • Perceived life satisfaction, happiness, cheerfulness, peacefulness.

• Psychological well-being
  • Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships.

• Social well-being
  • Social acceptance, beliefs in potential of people and society as a whole, personal self-worth and usefulness to society, sense of community.
It’s in the Shelter of Each Other…

...THAT WE LIVE
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