

Section 5

Recovery

"Crisis intervention has been defined as a helping process aimed at assisting school staffs, students, and families survive an unsettling event so that the probability of debilitating effects is minimized, and the probability of growth is maximized."

(Slaikau, 1998)





Unit 1

Recovery

Introduction

Schools and the community are confronted with putting the pieces back together following sudden, tragic events such as death or serious injury to students and staff, bus accidents, fires, natural or man-made disasters and violence. The aftermath of tragedies on individual children and adults is not simple to predict.

Recovery during an emergency can address immediate short-term needs, while *long-term* recovery can last for months or years. The scope of recovery operations will be determined by the size and nature of the events, at times relying on a chain-reaction of school, LEA and Government responses.

Immediate Vs. Ongoing Recovery

It is essential to understand recovery at two distinct levels: immediate and ongoing. Immediate support is needed from the first moments of a traumatic event through the first few days following it. Frequently, recent victims of major trauma are in a state of shock, and at this time basic human needs of food, shelter, and clothing are often a primary focus. Long-term recovery needs may not be readily apparent, and many will require ongoing support. Ongoing recovery assistance provides for individuals weeks, months, or years following a tragic event. Schools should recognize that people recover at different rates and should take this variance into consideration when conducting all recovery operations.

The goal after an emergency is to return to the business of learning and to restore the infrastructure of the school as quickly as possible. There are four key components of recovery that need to be addressed in order to achieve a relative state of normalcy.

- Physical/Structural Recovery
- Business/Fiscal Recovery
- Academic Recovery
- Emotional Recovery

Physical/Structural Recovery

In the aftermath of an emergency, buildings and grounds may need repairing, repainting and/or relandscaping. Restoring facilities to enable the educational operations is an essential part of the planning process. Relocation of educational services and administrative operations may be necessary. Communication will be key with all stakeholders; students, staff, parents and community.

Considerations for Physical Recovery:

- Assess building/structural component (e.g., Recovery Team)
- Ensure human safety at educational sites and staff availability to teach
- Resume transportation and food services
- Determine availability of equipment and supplies (books)

Large-Scale Physical Facilities Recovery

Large-Scale Physical Facilities Recovery is the process of implementing the policies, procedures, and actions to resume normal operation after a building/structure sustains significant damages or a lengthy school closure/relocation. While an LEA will in some way mitigate all school-based emergencies, there may be some emergencies which require a system wide response. Part of planning for such an emergency is preparing to rebound quickly from the unwelcome event and resuming normal operations. Advance planning will make recovery less difficult by making school facilities and essential functions more resilient to hazards. A coordinated effort can translate into fewer losses and less downtime.

Business/Fiscal Recovery

Critical business functions within the school/LEA have to be restored as soon as possible after the occurrence of an emergency or crisis. It is imperative that the staffs are supported. Administrative functions such as payroll systems, accounting departments, and personnel records will be necessary for full operation of the school system, making it necessary for the Agency of LEA to develop a Continuity of Operations Plan (COOP), presented in *Section 2, Unit 3* of this Guide. Unexpected expenses can tax the budget or large dedicated donations and gifts can require time and resources to manage, and should be incorporated into the planning process.

Considerations for Business Recovery:

- Functional responsibilities
- Identify, in advance, who has responsibility for closing schools, or sending students/staff to alternate locations
- Identify who is responsible for restoring which business functions for schools/districts
- Identify succession plans
- Ensure systems are in place for rapid contract execution in the event of an emergency
- Institute a system for registering out of district students, and for registering students into other schools

Academic Recovery

The following collection of recovery measures is designed to assist teachers and other professionals as they help students as well as adults begin the recovery and healing process. It is essential for school administrators to recognize that recovery is a long-term process of supporting normal people who have experienced abnormal stressors. Initially, individuals may be in shock and may require support to meet basic physical and social support needs. Restoring structure and routine is the key purpose of Academic Recovery and a quick return to "a normal school day" will enhance the healing process.

Short Term Academic Considerations:

- Quick decision making regarding school/academic routines
- Brief administrators and staff regularly
- In general, maintaining the school routine is helpful
- Communicate with parents/guardians on events and the plan
- Can the school remain open?
- Can the school routine be maintained? Modified?
- Are academic materials needed?

In the months and years that follow a critical incident, individuals may require additional assistance and continued academic support.

Long Term Academic Considerations:

- Arrange for home tutoring services for students unable to attend school
- Encourage and support students in the hospital
- Rearrange tests or assignments as needed
- Determine curriculum "triggers"
- Allow for periodic visits to school counselors (around anniversaries, similar events, etc.)

Emotional Recovery

The purpose of emotional recovery is to promote coping and resiliency for students, staff, and their families following an emergency or crisis. An assessment of their emotional needs is important to determine those who will need intervention by a school counselor, school psychologist, or other mental health professional. Community-based resources need to be identified prior to an emergency and available for families, who may seek treatment. Planning for emotional recovery involves establishing key community partnerships, developing policies, providing training, and developing appropriate Memorandum of Understandings (MOA).

For some trauma victims, adverse effects fade with emotional support and the passage of time. Others are more deeply affected and experience long-term consequences. These reactions are normal responses to an abnormal event. Although no one can predict who will experience the most severe reaction to trauma, the more direct the exposure to the event, the higher the risk for emotional harm.

Suggestions for Schools

- Restoring a learning environment as quickly as possible
- Modeling how to recover from the event
- Maintaining basic educational goals

Suggestions for administrative staff, counselors and teachers

- Creating working partnerships among groups inside and outside of the school
- Following familiar school routines
- Acknowledging the trauma through shared activities and observances
- Having trained crisis intervention personnel be highly visible in the schools following a crisis
- Remembering that children and their communities are resilient when supported adequately

Assessment, Crisis Intervention, and Support

Children and their parents, faculty, staff and administrators, public safety personnel, and the larger community are all impacted by tragic events and will benefit from immediate and ongoing mental health support. For some traumatic events, in-school student services personnel may be adequate to provide immediate and ongoing recovery services. Emergencies that affect a small number of people may be well served by crisis counseling and recovery from the School Crisis Team (SCT), local community mental health providers, employee assistance programs, and similar services.

For large-scale emergencies, services such as triage, assessment, outreach, and crisis intervention are best delivered through a trained rapid response network. For large-scale disasters, site-based personnel normally assigned to these functions are now victims/survivors themselves. SCT professionals provide a structured, immediate first response system. Site-based personnel will be activated to provide the ongoing support services once the immediate crisis has passed. Their effectiveness will be strengthened if needed support is provided during the early days of recovery. Recognizing the impact of critical incident stress on all school and district staff members while supporting outreach efforts will ensure that quality care of the school's most valuable resource—its personnel—is a priority.

Understanding Emotional Trauma

Trauma knows no bounds. Schools and their larger community are confronted with putting the pieces back together following sudden, tragic events such as death or serious injury to students and staff, bus accidents, fires, natural or manmade disasters, and violence. The aftermath of tragedies on individual children and adults is not simple to predict. According to the National Institute of Mental Health, research indicates that both adults and children demonstrate a wide range of reactions following a catastrophic event. The range of human responses can include physical, cognitive, and emotional symptoms including nausea, sleep disturbance, slowed thinking, bad memories, regressed behavior, anxiety, guilt, depression, anger, and a host of other responses.

For some trauma victims, these adverse affects fade with emotional support and the passage of time. Others are more deeply affected and experience long-term consequences. These reactions are normal responses to an abnormal event. Although no one can predict who will experience the most severe reactions to trauma, the more direct the exposure to the event, the higher the risk for emotional harm.

Schools can help children by:

- Restoring the learning environment;
- Modeling how to recover from the event; and
- Maintaining basic educational goals.

Administrative staff, counselors, and teachers can help their school community by:

- Reducing conflict among groups;
- Creating working partnerships among groups inside and outside of the school;
- Following familiar school routines;
- Acknowledging the trauma through shared activities and observances;
- Representing safety and security;
- Supporting children and their families;
- Creating opportunities to support caregivers;
- Having trained crisis intervention personnel maintain high visibility in the schools following a crisis; and
- Remembering that children and their communities are resilient when supported adequately.

As outlined in the Introduction to this Guide, school administrators need to recognize that recovery is a long-term process of supporting normal people who have experienced abnormal stressors. During the acute phase, Critical Incident Stress Management Principals (CISM) is one way to provide a comprehensive structure of response. Initially, individuals may be in shock and may require support to meet basic physical and social support needs. In the months and years that follow a critical incident, individuals may enter a grief phase and need continued support.

Symptoms of Distress in Children

As a result of traumatic experiences, some children will show a variety of symptoms of distress. The teacher must first know a child's baseline (*usual*) behavior and cultural/ethnic responses before he/she can identify *unusual* or problem behavior in a child. These behaviors may include:

- Any unusual complaints of illness.
- Keeping isolated from the rest of the group.
- Child seems so pressured, anxious that he/she somehow dominates, has to distract others, or is otherwise “needy.”
- Changed behavior/appearance.
- Resistant to opening up (however, child might just be shy, may have language or cultural barrier).
- No eye contact (note: In some cultures, making eye contact with adults is “defiant behavior”).
- Difficulty concentrating, can't focus.
- Feisty or hyperactive/silly, giddy.
- Any emotional display; crying, “regressed” behavior (less than age-appropriate).
- Lack of emotional expression.
- Poor performance.
- Can't tolerate change; can't move to next task.
- Lethargic, apathetic.

Teachers and Staff Helping Children After a Critical Incident

Emergencies hit children hard. It's difficult for them to understand and accept that there are events in their lives that can't be controlled or predicted. Worst of all, we adults can't fix a disaster, can't solve it, and can't keep it from happening again.

This resource is designed to help teachers assist children and is useful for general disasters as well as emergencies that occur in the lives of individual children.

Ways Teachers Can Assist Students—

- Cope with your own natural feelings of helplessness, fear, and anger; until you do this, you won't be able to effectively help the children.
- Learn to recognize the signs and symptoms of distress and post traumatic stress reactions.
- Put the emergency or critical incident in context; provide a perspective.
- Communicate a positive “*I'm not helpless*” attitude.
- Start the healing process; help children to feel relieved and soothed.
- Identify children who may need crisis intervention and referral to mental health professionals or other helpers.

Understanding “Critical Incidents”

Critical incidents overwhelm an individual’s capacity to cope; they can cause psychological and emotional turmoil, cognitive problems, and behavioral changes. “Critical Incident Stress Management” (CISM, Everly & Mitchell, 1999) is a comprehensive, integrated multi-component crisis intervention system. CISM provides a framework for the application of education and crisis intervention during the acute stage following a critical incident or crisis. These services enhance and complement delivery of traditional mental health services and are provided by SCTs.

Critical Incident Stress Management (CISM)* : A Model for Schools

CISM is designed to promote emotional and psychological resilience following a critical incident. Whether an event is an act of violence, a sudden death, or a large-scale disaster, those involved often experience stress reactions. These reactions can affect employees, students, parents, emergency responders, police, witnesses, and the families of these individuals.

Impact

Stress reactions experienced following a critical incident can include insomnia, depression, anger, headaches, ulcers, and a host of other manifestations. These conditions often translate into higher rates of absenteeism and turnover, as well as lower school and job performance.

Much of this suffering and loss can be reduced if the affected individuals receive CISM from experienced counselors in the hours, days, and weeks following a traumatic incident. CISM uses both crisis intervention and educational processes targeted at mitigating or resolving the psychological distress associated with a critical incident. CISM services include precrisis consultation, briefings, individual consultation, group debriefings and defusing, organizational consultations, referrals, etc.

CISM gives students, school employees, and others affected by an event the opportunity to express their thoughts and feelings about what happened and how it was handled.

Depending on their developmental level, children have different coping skills for dealing with traumatic events and memories of those events. Adolescents are often able to verbalize their thoughts, while younger children may require involvement and use of nonverbal means of communication. Whether using verbal or nonverbal communications, the intent of CISM is to help activate and enhance individual problem-solving and crisis-coping skills.

“Critical Incident Stress Management” (CISM, Everly and Mitchell, 1999) is a comprehensive, integrated multi-component crisis intervention system. CISM services provide a framework for the application of education and crisis intervention during the acute stage following a critical incident. These services

* Adapted with permission from *Guide for Preventing and Responding to School Violence*, International Association of Chiefs of Police, 1999.

enhance and complement the delivery of traditional mental health services and include:

- ***Pre-crisis preparation***—Working with schools to help set expectations for what to do when a critical incident occurs;
- ***Individual consultation***—A structured one-to-one technique used by a trained peer counselor or professional after a critical incident;
- ***Briefing***—A presentation to groups following a crisis or critical incident to share information, reduce and dispel rumors, and provide details of action plans;
- ***Defusing***— A group crisis intervention technique conducted by a trained facilitator, usually occurring in the first 12–24 hours after a critical incident;

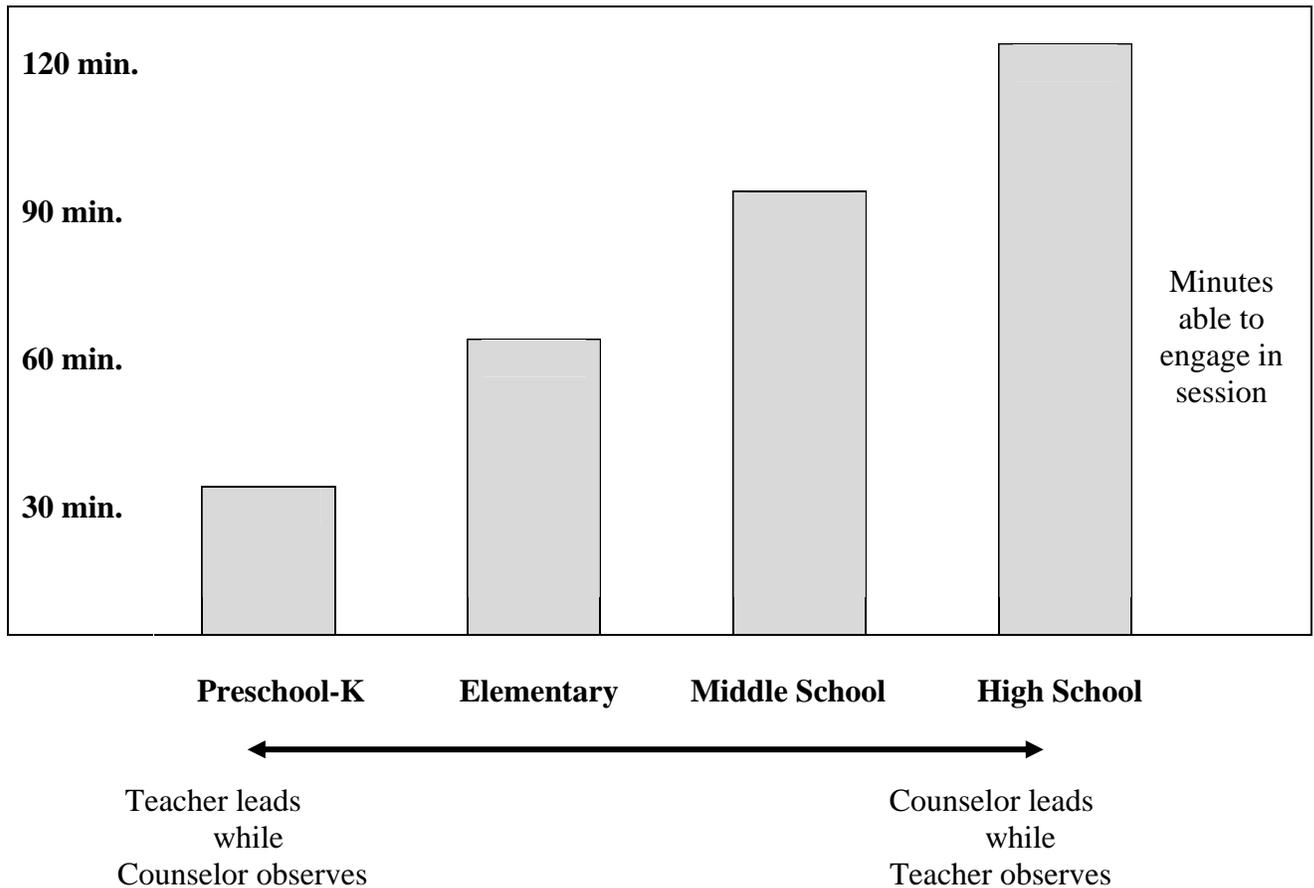
- ***Debriefing***—(A.k.a., Critical Incident Stress Debriefing or CISD.) A structured small-group process targeted toward mitigating or resolving the psychological distress associated with a critical incident or traumatic event, usually occurring in the first 10 days following an event;
- ***Parent/family/organization consultation***—A group process conducted to provide ongoing educational and support to families, parent groups or organizations following a critical incident; and
- ***Referral/followup***—A process to assure that individuals experiencing intense symptoms and who need ongoing support will be referred for appropriate mental health services.

A common way to organize the above interventions is to set up a “Drop in Room.” A Drop in Room is a safe, welcoming place for students or staff to gather during the school day for group or individual support from trained team members.

In the event of a large scale event that affects large portions of an LEA or the city, a large scale recovery may become necessary. (See system-wide recovery later in this section).

Age-Appropriate CISM Interventions

When providing CISM interventions, it is essential to tailor your approach to the developmental level of the students involved. The chart below[†] demonstrates how long students should be engaged by teacher or counselor-led intervention sessions after the emergency event. Furthermore, younger students need more teacher-led interventions using activities (as opposed to discussions), while older students benefit from counselor-led, verbal discussions.



[†] Adapted from Johnson, 1998.

Talking Method and Drawing Method

In using the General to Specific approach, many methods or activities may be effective. Two suggested methods/techniques to use in a school after a critical incident are: The Talking Method and The Drawing Method. The following pages provide suggested questions or themes, and specific techniques to help students cope with their feelings after an emergency has occurred.

Suggested Questions To Ask/Themes To Represent:

- Where were you when it (the disaster/event) happened?
- What were you doing?
- Where were your friends? Where was your family?
- What was your first thought when it happened?
- What did you see? What did you hear?
- What sound did it make? What did you smell?
- Did you know anyone who was killed or injured?
- What can you do now to help others feel better?
- How did you feel?
- What did other people around you do (during, after)?
- What was the silliest thing you did?
- Were you injured?
- What happened to pets or other animals around you?
- What dreams did you have after it?
- What reminds you of it? When do you think about it?
- What do you do differently since the event?
- How do you feel now? What makes you feel better?
- How have you gotten through rough times before?
- What would you do differently if it happened again?
- How did you help others? How would you help next time?
- What can you do now to help others?

Special Considerations

- Allow for silence for some with low language skills, shyness, discomfort, etc. Encourage peer support for these children.
- The teacher should accommodate the child if a child has low English skills (e.g., consider asking for a translator or a peer to help the child express in words)
- Create a chance for verbal expression in any language.

Note: As the teacher, you might think of more questions to ask the children. Be sure your questions are “open-ended,” which means they cannot be answered by simply a “Yes” or “No.” Open-ended questions serve to facilitate verbal discussion.

Talking Method

- Child tells a story (allow metaphors).
- Puppets “tell” or “live” a story.
- Have an open discussion: Using previous questions, ask for volunteers to begin with...talk general to specific.
- Use photos, drawings, etc., to facilitate discussions.
- Use video prior to discussion to get it going.
- Create a skit, play or do role-playing, related to the critical incident (provide “dress-up” clothes if available, including uniforms if possible to represent emergency workers seen during the disaster, etc.).
- Do “show-and-tell” related to the event.
- Inform/educate the children about the event to make it less threatening to talk/act about.
- When the children begin to understand their feelings and things have returned to normal, they begin to regain control.

Note: Remember to keep yourself in a facilitative/guiding role, not in a role of “control” of the discussions/stories etc. This will be most helpful to the children. Reassure the children by verbally acknowledging and “normalizing” their experiences.

For some children, the talking method is not helpful—

- In some cultures, talking openly is not comfortable, appropriate (or even “polite”)
- Some children have been raised in families where “talking-out one’s feelings” was not possible or supported
- Some children have been raised in situations where talking openly was not practiced or encouraged
- Some children simply prefer not to discuss their feelings openly due to personality type, privacy concerns or lack of trust in the process
- All these reasons should be respected as valid

Drawing Method

The drawing method is a playful experience to express feelings.

First Introduce Drawing as:

- Another way of “talking,” but with pictures instead of words.
- A means of expression used by many (point out that some people express themselves by talking, some by singing, some by dancing, some by drawing).
- Remember when introducing drawing of any sort to clearly say that the goal is not to draw a “pretty picture” but rather, a picture of expression.
- Drawing should be presented to the child as an option for expression, not as a required activity.

REMEMBER: Use previous questions to help lead these activities: A question can become a theme for a drawing.

Drawing Method Activities

- Draw/write a book together or make journals with pictures.
- Do a collective drawing such as a mural (murals tell a collective story, develop/support teamwork, and feel safer for some children, as opposed to individual art).
- Give the mural a “place of honor” in the classroom.
- Make the mural accessible for everyday viewing.
- Celebrate the mural: Use it to demonstrate getting through something tough, or to facilitate discussions.
- Take photos/slides of the mural when completed.
- Draw aspects of the event (people, places, activities, etc.).
- Suggest lots of options, not specifics (e.g., rather than saying “draw a fireman, helping someone,” say, “draw a person you saw doing something helpful...”
- Create a collage (a variety of materials) using a leading question such as, “Where were you when the disaster happened?”
- The teacher may draw/paste on the central image, then the children add photos, magazine pictures, articles, fabric pieces, etc., around a theme, or may draw directly onto it.
- Collages are the “safest” form of drawing because child is using others’ symbols. The child may feel he/she is “losing” less of himself/herself.
- Collages provide boundaries for the child; this can act as an emotional safety net.
- You may also want to look at other pictures (drawings, paintings) and talk about what they communicate.
- Avoid use of use paint in this method as it is too “loose” a medium for a traumatized child; the child might use it to bring up things not easily handled in a classroom.
- Allow a full range of expression: some kids draw recognizable things, others draw abstracts; respect all varieties.
- Allow children to discard their artwork.
- Emphasize to the children that their work will not be judged, graded, or necessarily shown to others.
- Only exhibit the artwork if a child desires to share with others.
- Reassure them that there is no right way to draw.
- Allow the use of various mediums (pastels, crayons, pencils, markers, etc.).
- It’s preferable to do the drawing method with more than one adult present.
- Exercise as little control as possible over the artwork.

Concluding Drawing Activities

- A key element of the Drawing Method is the followup discussion. This can help bring closure to the experience, an important step in the process of expressing feelings.
- Allow those who want to, to talk about their drawings.
- Others will “close” by listening to others.
- Use open-ended questions in this process.
- Sometimes a child’s artwork may be especially expressive of his/her feelings; a drawing can give clues to some deeper problems or feelings within the child.
- Try to read the picture in the same way you might read words; what might it be telling you?

- Look at it as a piece of communication, not just fantasy.

Keep in Mind

- Colors, forms, etc., have different meanings to children of various cultural backgrounds and to different children within each culture.
- Regard the artwork as just a part of what's going on with a child; look at the child with a holistic view.
- The best source for what's going on behind the drawing is the child...ask him/her.

If You Have Concerns

In both methods (Talking and Drawing), you may notice a child exhibiting more serious problems. If you have concerns, refer those children to your school counselor.

One sign of successful defusing of your students is that they feel better. Another sign of success might be that the defusing process surfaced other problems that will come to your attention. These problems might take on a variety of forms:

- Symptoms might be the same as those for anxiety or depression (physical symptoms, persistent avoidance of being alone, unrealistic worries about harm).
- Child is not able to let go of a memory.
- The degree of emotions and the degree of silence are both clues (be sure to talk with the child and simply ask them quietly, confidentiality, how they are feeling and coping).
- Note other physical manifestations of stress (as a result of the impact of the event).
- Be aware of different forms of adjustment in each child.
- The teacher must know the child's baseline behavior and cultural/ethnic responses before identifying a child as having *serious* problems.
- The teacher is not meant to be in the role of diagnostician; refer those children you are concerned about.
- Some children may be predisposed to adverse reactions following a critical incident (generally, these are children who have experienced other loss, relocation, death, abuse, crime, etc.).
- An anniversary date of a disaster or death is a predictable time when memories and associated problems may resurface

Refer the Student If You Are Unsure

- Alert parent/guardians of your concerns
- Contact your school counselor/social worker/school psychologist
- Refer the student to the Student Assistance Team (if applicable)
- Consider a referral to mental health professionals in the community

Through using the methods and techniques in this Guide and adding your own unique perspective, expertise, and energy, you may help children, and perhaps yourself, recover from a traumatic experience.

Assisting Children When Someone Dies

Children may experience a number of powerful feelings when confronted with the death of a classmate or another individual. The following outline describes the CISM interactive process to facilitate student's expression of these feelings. The school's Emergency Management Team or the District Support Team can assist students individually and in groups to process their feelings and reactions following a death that affects the school community. This process is most effective when you focus on the events in this sequence:

- Introductory Phase;
- Fact Phase;
- Feeling Phase;
- Reaction/Teaching; and
- Closure Phase.

Introductory Phase

- Introduce team members or helpers to discuss why we are here and what we hope to accomplish.
- Stress the need for confidentiality and ask for a verbal agreement to keep what is said confidential.

Fact Phase

- Give all known relevant facts about the death/incident.
- Is this your understanding of what happened?
- Does anyone have any other information?
- Is there any other information you want to have about his/her death?
- How did you find out?
- Where were you when you first heard?
- What were your first thoughts?
- Is there anyone not here that perhaps needs to be? Who are you worried/concerned about?

Feeling Phase (Make an effort to include everyone in the discussion)

- How did you feel when you first heard? Explore feelings (shock, denial, anger, fear etc.).
- How are you feeling now? (All feelings are okay.)
- We did not know (name), could anyone tell us about him/her? What was he/she like?
- When do you think it will hit you that he/she is really gone, or when do you think you'll miss him/her?
- Does anyone have a photo of him/her? (Pass around.)
- What are some of your memories of (name)?
- How do you think he/she would like to be remembered?

Reaction/Teaching Phase

- Explore the physical, emotional, and cognitive stress reactions of the group members.
- What are some things you usually do when you are really upset or down?

- Has anyone lost anyone close recently? What were some of your reactions to his/her death?
- Take this opportunity to teach a little about the grief process, if appropriate.
- Talk about effective coping techniques.
- Determine if students have someone they can talk to.

Closure Phase

- Give information about wake/funeral if available.
- Students will often make comments about wanting to take a collection, plant a tree, dedicate a page in the yearbook, let them talk, then refer them to school staff without either encouraging or discouraging them.
- Encourage students to support one another.
- Remind them that it may take a long time before they will feel settled and that's normal.
- Encourage them to talk with someone in their family about their sadness.

NOTE: This process needs to conclude with quiet, reflective time.

Preparing the Class

The following is designed to assist the teacher or counselor in preparing the class to help a student who has experienced a tragedy prior to their return to the class.

Death of a friend or family member—

- Explain what is known of the loss.
- Ask if other students have experienced the death of a friend or family member.
- Are there things people said or did that made you feel better?
- How do you think our classmate might be feeling?
- That could you say that might help him/her know you care? This is your chance to guide students responses to helpful comments as you guide them away from less helpful comments.
- What would you want someone to say to you if you experienced the death of someone close?
- Are there things you could do that may help them feel better?
- We can take our cues from the person that will guide our actions. What might some of those cues be?

First Words for Students When a Grieving Classmate Returns

- The classmate probably feels like he/she is from a different planet when returning to school.
- At least say, "Hello," "Welcome back," "I'm glad to see you," or something similar.
- The brave might even say: "I missed you," "I'm so sorry to hear about your _____'s death."
- Even braver friends might make statements like, "It must be incredibly tough to have your _____ die."
- Other options include: write a brief note or card, call, etc.
- If your classmate cries, that is okay; you did not cause the grief; offer comfort and a tissue

Helping the classmate adjust to the class—

- Offer to provide notes from missed classes.
- Offer to provide notes for comparison for the next week or so (your classmate's attention span will probably vary for several weeks).
- Give the classmate your phone number to call if having problems with homework.
- Ask your classmate if you can call to check on how homework is going.
- Offer to study together in person or over the phone; this might help with both motivation and concentration; grieving students frequently do not feel like doing school work.

Some don'ts—

- Don't shun the student, speak to them.
- No cliché statements (e.g., "I know how you feel" when nobody knows the unique relationship the classmate had with the deceased).
- Don't expect the person to snap back into the "old self."
- Don't be surprised if classmate seems unaffected by the loss. Everybody has his/her own way of grieving.
- Don't be afraid to ask appropriate questions about the deceased, like "what did you and your _____ enjoy together?" (People often like to talk about the people they grieve.)
- Just because the classmate may seem to be adjusting to school again, don't assume the grieving has stopped, nor the need for comfort and friendship.

Suicide

A school's general response to a suicide does not differ markedly from a response to any death emergency. However, some issues exclusive to suicide require specific attention.

School administrators must allow students to grieve the loss of a peer without glorifying the method of death. Over emphasis on a suicide may be interpreted by vulnerable students as a glamorization of the suicidal act, which can assign legendary or idolized status to taking one's own life.

The following DOs and DON'Ts will help school staff limit glamorization of suicide:

- Do acknowledge the suicide as a tragic loss of life.
- Do allow students to attend funeral services.
- Do provide support for students profoundly affected by the death.
- Don't organize school assemblies to honor the deceased student.
- Don't dedicate the yearbook or yearbook pages, newspaper articles, proms, athletic events, or advertisements to the deceased individual.
- Don't pay tribute to a suicidal act by planting trees, hanging engraved plaques or holding other memorial activities.

A suicide in the school community can heighten the likelihood, in the subsequent weeks, of "copycat" suicide attempts and threats among those especially vulnerable to the effects of a suicide. To prevent further tragedies, students considered to be especially susceptible to depression/suicide must be carefully monitored and appropriate action taken if they are identified as high risk. These efforts require a limited, rather than school-wide, response.

Students Attending a Visitation or Funeral

Keep in mind

- Expect to feel nervous when going to a funeral home or a funeral.
- Go with a friend or ask a parent to accompany you.
- If this is the first time you've seen the parents, simply offer your condolences; just say, "I am so sorry about _____'s death." (This may open a conversation.)
- Point out something special to you about the deceased.
- If the visitation or funeral is open casket, view the body if you want; you do not have to.

Later Involvement

- After the funeral, you may choose to continue to visit the parents; they may continue to want to see the friends of their deceased child.
- Continue to talk about their deceased child from time-to-time.

When Students Visit Grieving Parents

This information should be helpful to students when interacting with the parents of a deceased friend. Always respect the wishes of grieving parents. These suggestions must fit the parents' needs and requests, as well as the student's own comfort level.

First Steps

- In the vast majority of cases, the parents find it comforting to see friends of their deceased child.
- If you were a close friend of the deceased and you know the parents, then go visit them at their home.
- If you were a friend but had not met the parents (yet they know who you are), you might still visit the home.
- Other friends might wait until the visitation or funeral.
- Send the parents a note or card.

Communication

- When you visit, do not worry about what to say; your presence is all that is needed. If you wish to take a flower or anything meaningful, that's all right too.
- Don't be afraid you will upset the parents by asking or talking about the deceased; they are already upset.
- Just sitting with the parents will most likely fill the silence.
- Listen, no matter what the topic.
- If you were a really close friend, the parents might be pleased for you to visit the deceased friend's room (if you are comfortable doing so).
- You might ask what you can do for them; ask other relatives what you might do to help.
- Do not try to take away the grieving parent's pain.
- Talk about the deceased person. (Grieving people often like telling stories about the deceased, for example, "Do you remember the time....")

- Offer suggestions only when advice is asked.
- Do not tell the parents to feel better since there are other children and loved ones still alive.

Caring for the Caregiver

First Reactions May Include

- Numbness, shock, difficulty believing what has occurred or is in the process of occurring.
- Physical and mental reactions may be very slow or confused.
- Difficulty in decision-making; uncertainty about things; difficulty choosing a course of action or to making even small judgment calls.

Ongoing Reactions May Include

- Loss of appetite, difficulty sleeping, loss of interest or pleasure in everyday activities.
- Desire to get away from everyone, even family/friends.
- Emotional liability; becoming irritable or upset more quickly than usual.
- Feelings of fatigue, hopelessness, helplessness.
- Digestive problems; headaches, or backaches.
- Difficulty accepting that the emergency has had an impact or difficulty accepting support from friends and the community.

Things That Can Be Helpful

- Take time to relax and do things you find pleasant; getting away for a few hours with close friends can be helpful.
- Stick with your regular routine for a while; avoid making changes, even if it appears to be a positive change.
- Get regular exercise or participate in a regular sport; activity soothes anxiety and helps you relax.
- Keep your days as simple as possible; avoid taking on any additional responsibilities or new projects.
- Tap sources of assistance with your workload; have students, instructional assistants, or volunteers help grade papers, take care of copying, or help with other time-consuming tasks.
- If symptoms of stress persist beyond a few weeks or are severe, seek professional help.

School-Based Emergency Recovery Operations

In the immediate aftermath of a critical incident, SERT and School Crisis Teams should be prepared to work together to create a structure for short-term recovery operations. Because there will be overlap between these two teams, those members moving from SERT to SCT (e.g., principal, school nurse) must accurately communicate the nature and scope of the critical incident during the transition. The SCT uses information about the event to implement an appropriate short-term response.

Each SCT is comprised of, if available: the principal, assistant principal(s), school counselor(s), health assistant and/or nurse, school psychologist, and social worker. The principal or designee should be identified as the SCT chairperson. SCTs provide prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. They are also responsible for deciding if additional support is needed from the Central Crisis Team (CCT).

The SCT, in consultation with the SERT, will create an effective short-term response plan that addresses the following issues:

- Parent Reunification Centers;
- Identification of the primary, secondary, and tertiary levels of people impacted by the event;
- Appropriate counseling services for all who need assistance;
- Enlisting, if necessary, the CCT;
- Effective communication regarding available counseling services;
- Maintenance of appropriate staffing levels;
- Parent Relations (Including families of possible victims and perpetrators);
- Media relations;
- In case of death, providing funeral/visitation information to the entire school community;
- Convening all staff to promote expression of feelings and reactions;
- Restoring a learning environment;
- Maintaining basic educational goals; and
- Building/facility repairs.

School Emergency Response Teams (SERT)

The School Emergency Response Team (SERT) has responsibilities that *extend past the mitigation of a critical incident and extend into recovery operations*. They must be prepared to coordinate with School Crisis and Recovery Teams in order to transition from mitigation to short-term and long-term recovery. Some members of the SERT also may have roles to fulfill on the Crisis Team or Recovery Team. Their ability to communicate the details of the critical incident to all of those affected by recovery operations is essential.

School Crisis Teams

Each school will develop a School Crisis Team (SCT) which will include but is not limited to the principal, school nurse or other medically trained personnel, counselors/social workers, and faculty to deal with the immediate impact of a traumatic loss or event. The SCT provides prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. The SCT is also responsible for determining if additional support is needed from the Central Crisis Team (CCT), if applicable to the Local Education Agency (LEA). The CCT is comprised of social workers and psychologists from the Department of Mental Health (DMH) and in some cases the LEAs themselves.

Suggested Roles and Responsibilities

The information below describes the roles and responsibilities of an SCT and includes the activation of the CCT if warranted. In LEAs that consist of one school, the SCT will serve a dual role as the SCT and the CCT. All LEAs can request assistance from DMH as appropriate.

Principal/Designee Only

- Identify all school-based team members responsible for coordinating the school's crisis response and post names around the school.
- Verify facts of the crisis incident.
- Assess impact of crisis on the school community that may affect students, staff, parents, and local community members.
- The Principal/Designee contacts the following offices (as applicable) to inform of crisis event and give assessment information:
 - DCPS Office of the Chancellor, DC Public Charter School Board, or LEA Administrative Office;
 - Security; and
 - Supervisor of Social Workers/Central Crisis Team Coordinator or DC DMH 24-hour Access Helpline, 1-888-793-4357.
- Authorize intervention efforts.
- Consult with school security to assure the safety of the students, staff, and community.
- Notify appropriate central office personnel and other affected schools of crisis incident.
- Notify school-based administrators and school-based student services personnel of crisis incident.
- Initiate phone tree for school-based personnel.
- Be highly visible, show presence, support, and control of crisis.
- Facilitate before-school faculty information meeting.
- Keep all teachers, students, and other school-based personnel updated on facts, events, circumstances, funeral arrangements, etc.
- Inform parents of facts, events, circumstances, funeral arrangements, etc.
- Provide direction about rescheduling activities.

- Reschedule activities, appointments, and meetings not of an emergency nature.
- Consult with public information officer regarding release of information to media and public.
- Meet to assess the degree of impact and extent of support needed.
- Assemble the SCT, and, if necessary, the CCT.
- Establish preplanning meeting time for crisis team members as appropriate.
- Develop statement to share with teachers and other school-based personnel.
- Develop statement to share with students.
- Identify at-risk staff.
- Provide followup as needed for staff and students and monitor behavior.

Central Crisis Team Leader, If Applicable

- Assist in planning, coordinating, and provisioning for school-based crisis response.
- Complete all paperwork in timely fashion.
- Send paperwork to Social Work Program Manager and Program Director of School-Based Mental Health of DMH.

Central Crisis Team, If Applicable

- Be available during school hours to school-based and central office-based administrators and student services personnel for consultation in the event of a school crisis.
- Share responsibility outside of school hours for consulting with school-based and central office-based administrators and student services personnel in the event of a school crisis.
- Assist in the coordination, planning, and provision of school crisis responses.

School-Based Counselor and/or School Social Worker

- Support intervention efforts.
- Reschedule activities, appointments, and meetings not of an emergency nature.
- Provide individual and group counseling.
- Maintain a list of students seen by support staff. Make followup calls to families of students in distress and make recommendations for the family to provide support and/or followup.
- Monitor and provide followup services to affected students.
- Be available to staff and provide support, as needed.

Faculty

- Provide accurate, factual information to students.
- Identify students who need support and refer them to school-based support personnel.
- Facilitate classroom discussions that focus on helping students cope with the crisis; if appropriate, provide activities such as artwork or writing to help students cope.
- Dispel rumors.
- Answer questions without providing unnecessary details.
- Model an appropriate grief response and give permission for a range of emotions.
- Structure classroom activities, postpone and reschedule tests, quizzes, and assignments, as appropriate.

Nurse/Physical Education Leader, in Absence of Nurse

- Administer first aid.
- Request that paramedics and an ambulance be called, as necessary.
- Appoint one person to meet paramedics at a designated spot and give directions to location of the injured.
- Arrange for one person to travel with students to the hospital, as appropriate.
- Call for additional school nursing assistance, as needed
- Ask for coverage by a principal's designee if the nurse is needed elsewhere.
- Refer distressed students and faculty to school-based support personnel.

Secretary/Designated Communicator

- Provide accurate, factual information via written statements to inquiring parents and community members.
- Supervise visitor sign-in procedures.
- Direct central office and CCT members to appropriate locations.
- Refer distressed students and faculty to school-based support personnel.
- Provide secretarial support such as copying services to school-based and CCT members, as needed.

Note: See Section 7, Appendices, of this Guide for the complete DCPS *Crisis Response Handbook*. All forms contained in the Handbook can be modified and used by individual LEAs.

Parent Reunification

In the aftermath of a school crisis, an effective Parent Re-unification plan will help parents and families of school personnel locate missing loved ones. Each School Emergency Response Plan shall include potential locations suitable for establishing a Parent Reunification Area. Activities in this facility/area will include parental and family reunification, and transfer of students and personnel to medical facilities. In order to prevent confusion in the aftermath of a crisis, all stakeholders should be made aware of the Parent Reunification site(s). While an outdoor staging area is acceptable, schools should also identify an alternate indoor site in case of inclement weather or other situations which make outdoor reunification impossible. To provide the services necessary for incident recovery, LEAs will utilize physical and virtual options. Execution of this plan involves the participation of various stakeholders, including crisis intervention, mental health, and social services; law enforcement; health and medical personnel.

Reunification Planning

This plan provides the framework for parents and families to reunite and receive support services and information in the aftermath of an emergency. Strong parental assistance and reunification procedures will help parents and families of school personnel in locating missing loved ones. With guidance provided in each school's Emergency Response Plan, re-unification can take place more quickly than otherwise.

Background

Immediately following an emergency, families, students, and LEAs will require detailed information regarding the location of family members; transfer of family members to medical or mortuary facilities; available services for students and personnel; scheduled briefings and news conferences for situational awareness; and schedule of activities including memorial services and counseling services.

Objectives

- Provide a mechanism for locating students and personnel immediately following an emergency;
- Provide a system for tracking the disposition of students and personnel (use the Occupant Accounting Worksheet on in Section 3, Unit 1);
- Provide a comprehensive approach to deliver crisis intervention, mental health, and social services;
- Provide a system for disseminating essential information to students and personnel regarding the incident and/or available services; and
- Establish a Parent Reunification Area; include school-specific procedures in the appropriate section the School Emergency Response Plan (Section 3).

Services To Consider

The Parental Reunification Plan should provide a full range of human services depending upon the nature of the emergency or incident. The plan provides

services and/or referrals for students, parents, employees, and their families.

Services may include:

- Reunification and disposition services;
- Behavioral healthcare services;
- Spiritual care;
- Communications services;
- Information management services;
- Social service referrals (Department of Human Services);
- Medical/healthcare services;
- Information/referral services;
- Safety and security services; and
- Transportation services.

Human Services

- ***Behavioral health care services***—Provide disaster mental health and substance abuse services designed to prevent or ameliorate significant long-term psychological or emotional consequences (resulting from a significant incident), assess future needs, and provide referrals for long-term care. Specific services include but are not limited to:
 - Crisis intervention counseling;
 - Grief counseling;
 - Mental health assessment and referral; and
 - Case management.
- ***Information/referral services***—Direct students, personnel, and families to an external source for assistance or information beyond the scope of the Parent Reunification plan. Referrals include but are not limited to:
 - Spiritual care (long-term);
 - Behavioral healthcare (emergency, intermediate, or long-term);
 - Identification services (permanent, student, and faculty credentials);
 - Social services (funeral homes, funeral/burial assistance programs, victim assistance programs, etc.); and
 - Transportation (replacement of student travel media, including cards and tokens).
- ***Medical/healthcare services***—Administer basic first-aid care or treatment to the injured while awaiting medical transport to a medical facility, including:
 - Basic first aid services;
 - Health screenings (blood pressure and glucose checks);
 - Process fatality information, including the collection of ante-mortem data from family interviews and agencies (i.e., fire and emergency medical services, Department of the Medical Examiner).
- ***Reunification and disposition services***—Provide service to assist individuals in attempting to track, locate, and reunify students and personnel with their families in the aftermath of an emergency. Services include but are not limited to:

- Identify and track disposition of deceased students and personnel.
- Identify and track disposition of injured/living students and personnel transported to area medical facilities.
- Interface with family members or others who are reporting and/or seeking to locate missing students or personnel.
- Activate a call center as a single centralized location to successfully and efficiently manage the reunification process, including collecting information on the student or employee, interface with anxious family members, and manage onsite media.
- Coordinate with human services to provide immediate services (i.e., grief counseling).
- Coordinate with law enforcement to provide accurate student and/or employee data, including emergency contacts.
- Coordinate with law enforcement to identify students and personnel survivors and the deceased.
- Connect with families to coordinate referrals to the appropriate human or technical services.
- Provide information regarding burial assistance programs and other social service referrals.
- Provide information regarding law enforcement agencies and referrals for victim assistance services.

Technical Services

- ***Communications services***—Provide communication assistance enabling students, employees, and their families to connect with family members and services, as necessary:
 - Telephone access: telephone and facsimile services;
 - Internet access: access online services;
 - Translation services and sign language interpreter services: language access line;
 - Special needs services: TTY/TTD or other needs communication devices; and
 - Provide publications, audio, and/or Braille in various languages.
- ***Temporary childcare services***—Provide temporary childcare services and/or recreation for children, including those with special needs, in a safe/secure environment while students, employees and their families receive services, including as necessary:
 - Child day-care rooms;
 - Licensed day-care providers; and
 - Therapeutic and routine recreation.
- ***Information Management Services***—Collect and communicate incident-related information to students, employees and their families receiving services
 - Coordination of onsite briefings;
 - Dissemination and/or access to web-based information; and
 - Media management.

- ***Safety and security services***—Provide a safe and secure environment for all participants, including:
 - Protection from criminal offenses/offenders;
 - Protection from domestic violence/abuse;
 - Protection from child/adult abuse/exploitation;
 - Protection of all facilities, the perimeter and equipment used for recovery/reunification operations; and
 - Protection from unauthorized media access, including:
 - Provide planned, controlled media access; and
 - Provide protection from abusive, inappropriate, or undesired media exposure.

- ***Transportation services***—Provide appropriate public or private ground services for students, personnel, and service providers as warranted:
 - Onsite transportation coordination for students, employees, and service providers;
 - Transportation tokens, vouchers, or other free-service mechanisms; and
 - Coordination of shuttles to designated sites, utilized to support emergency or incident operations.

Information To Share With Parents

Helping Your Child After a Disaster

Children may be especially upset and express feelings about the disaster. These reactions are normal and usually will not last long. Listed below are some problems you may see in your child:

- Excessive fear of darkness, separation, or being alone;
- Clinging to parents, fear of strangers;
- Worry;
- Increase in immature behaviors;
- Not wanting to go to school;
- Changes in eating/sleeping behaviors;
- Increase in either aggressive behavior or shyness;
- Bedwetting or thumb sucking;
- Persistent nightmares; and
- Headaches or other physical complaints.

Activities That Will Help Your Child

- Talk with your child about his/her feelings about the disaster; share your feelings, too.
- Talk about what happened; give your child information he/she can understand.
- Reassure your child that you are safe and together; you may need to repeat this reassurance often.
- Hold and comfort your child often.
- Spend extra time with your child at bedtime.
- Allow your child to mourn or grieve over lost belongings (e.g., a toy, a lost blanket).
- If you feel your child is having problems at school, talk to his/her teacher or counselor so you can work together to help him/her.

Ongoing Recovery

Please reread this sheet from time-to-time in the coming months. Usually, a child's emotional response to a disaster will not last long, but some problems may be present or recur for many months afterward. Professionals skilled in talking with people experiencing disaster-related problems typically staff your community mental health center.

General Strategies for Followup to Emergencies or Critical Incidents

The following information may be useful in the days and weeks following an emergency. Longer-term follow-up procedures are also listed.

The Day After: Workday Two of Emergency Management

- Convene School Emergency Response Team and faculty/staff members to update them on any additional information/procedures.
- In case of death, provide funeral/visitation information.
- Identify students and staff in need of followup support and assign staff members to monitor vulnerable students:
 - Coordinate counseling opportunities for students.
 - Announce ongoing support for students with place, time, and staff facilitator.
 - Provide parents with a list of community resources available to students and their families.
- Contact Executive Support Team to assist with debriefing.
 - Assess system-wide support needs, and develop planned intervention strategies.
 - Schedule and provide student, family and staff CISM services.
 - Discuss successes and problems.
 - Discuss things to do differently next time.
- Allow staff the opportunity to discuss feelings and reactions and provide a list of suggested readings to teachers, parents and students.

Long-Term Followup and Evaluation

- Amend Emergency Management Protocols, if needed.
- Write thank-you notes to people who provided support during the emergency.

Be alert to anniversaries and holidays. Often students and staff will experience an “anniversary” trigger reaction the following month(s) or year(s) on the date of the emergency, or when similar crises occur.

Memorials

When deaths occur, people will often want to find ways to memorialize students or staff members. When considering memorials for those who died, each LEA should maintain consistent standards for how long the memorial remains in place and who memorials are appropriate for. LEAs should also consider the potential hazards associated with memorials subject to decay, such as flowers, potted plants, stuffed animals, etc. Often, there are painful debates about standards for establishing memorials—consultation with mental health experts is encouraged. By establishing consistent policies, LEAs can avoid accusations of favoritism or prejudice.

Memorials on School Property

Memorials that are erected off of school grounds fall under the jurisdiction of the city agencies (MPD, DDOT etc.) and are outside of LEA control. LEAs are encouraged to work with the city agencies to manage offsite memorials, particularly if they are visible from the school or occupy an area that is used by students, parents, and staff during movement to and from school (i.e., bus stops, Metro stops, sidewalks, roads, etc.). LEAs should make an effort to be aware of all memorials that impact the school population.

While often promoting positive remembrance, memorials can also cause friction in a school environment. Schools and LEAs should take into account any hostility between members of the school population, such as gang/crew activity, when deciding if a memorial is appropriate.

If a memorial will inflame tensions or incite more violence they should not be erected. Each school/LEA should assess the memorials appropriateness and act accordingly.

Memorial Suggestions and Examples

- In general, memorials should focus on the life lived, rather than on the method of death.
- Yearbook memorials should be a regular-sized picture with a simple statement such as, “We’ll miss you.”
- If a school were to create a permanent or lasting memorial for one person, it would be difficult to refuse a similar memorial for another person.
- A school that planted a tree for a student who died, realized this was needed also for a second death and then a third. The resulting group of trees came to be referred to as *The Graveyard* by students.
- Another school had a “memorial tree” die during one dry summer and had to address the hard feelings of the family who thought the tree had not been properly cared for.
- There are many wonderful ways to support students’ and loved ones’ need to remember. Examples include: cards, food, kind words, work parties for relatives, scholarship funds, contributions to a favorite charity, flowers, or being remembered after the urgent time of the tragedy.

- Parents and loved ones especially want to know people miss the person and there was great sadness at the loss; they also want to know people are assisting the grieving friends.
- Permanent or lasting memorials are not encouraged as a way for schools to remember someone who died as a result of suicide.



Unit 2

Recovery Protocols

Introduction

The administrative staff and School Emergency Response Team should be prepared to address immediate short-term needs, as well as long-term recovery efforts. The Protocols in this Unit are procedures to be implemented during the Recovery phase of an emergency response or when a crisis is identified.

These Protocols are based on planning that has already occurred and the utilization of your School Emergency Response Plan to assist in the recovery of the building, community, and/or occupants.

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Central Crisis Team

Depending on Assistance Needed, Call:	
DC Department of Mental Health Crisis Coordinator	202-295-7037
DC Department of Mental Health 24- Hour Access Helpline	888-793-4357
LEA Contact	
CCT Coordinator (<i>DCPS Only</i>)	
Security	
Other	

Situation Description

A crisis is defined as a death or other traumatic event involving a student or staff member due to an accident, community violence, suicide, homicide, illness, natural disaster, or terrorism that interrupts the normal day-to-day functioning of the school. The Central Crisis Team (CCT) is comprised of social workers and psychologists from schools and DMH who have advanced training and expertise in crisis management.

Each school has a School Crisis Team (SCT) comprised of the principal, assistant principal(s), school counselor(s), health assistant and/or nurse, school psychologist, and social worker, as applicable. One of these team members should be identified as the SCT chairperson. School-based teams provide prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. This team is also responsible for deciding if additional support is needed from the CCT.

- The SCT should take into consideration the extent of the impact on the school:
- Is a school wide intervention needed?
- Does the school have enough trained staff to provide an appropriate intervention?

How impacted are the members of the SCT, will they be able to effectively intervene with grieving/traumatized students and staff.

Typically, there are three levels of crisis. Level 1 crisis is usually handled by the SCT. An example of this level of crisis is when a former student dies or a teacher dies after a long illness. A Level 2 crisis is when a current teacher or student dies suddenly. In a Level 2 crisis the CCT team can be called to help with the crisis response. A Level 3 crisis is when a major disaster occurs or when an incident involves more than one school. CCT is called to assist in a Level 3 crisis.

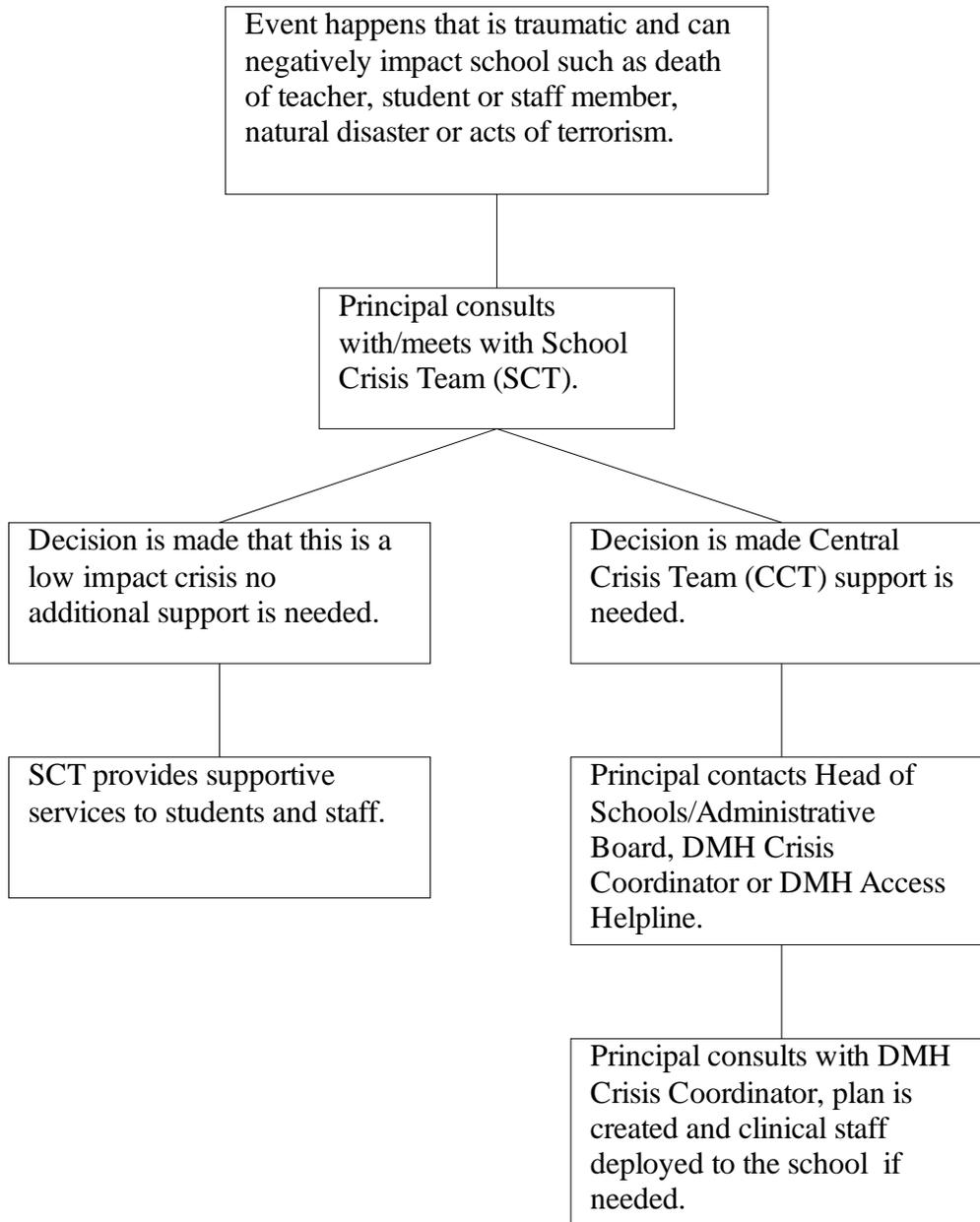
The principal makes the decision to contact the CCT in consultation with the coordinator of the SCT and the Supervisor of Social Workers. If it is determined that additional support is necessary, the Supervisor of Social Workers (DCPS) or for Charter Schools the DMH Crisis Coordinator contacts the appropriate team members. The role of the CCT is to provide consultation, support to the SCT and intervention to the school.

Note: The DCPS School Crisis Response Handbook included in Section 7, Appendices, of this Guide assists school staff and administration in managing school crises in a universal, consistent, and appropriate manner. The Handbook includes suggested procedures and resources to guide the SCT. All responses to crisis situations promote the school system's goal of a safe and orderly learning environment by reducing the impact of grief and loss that interferes with the normal school functioning and the learning process.

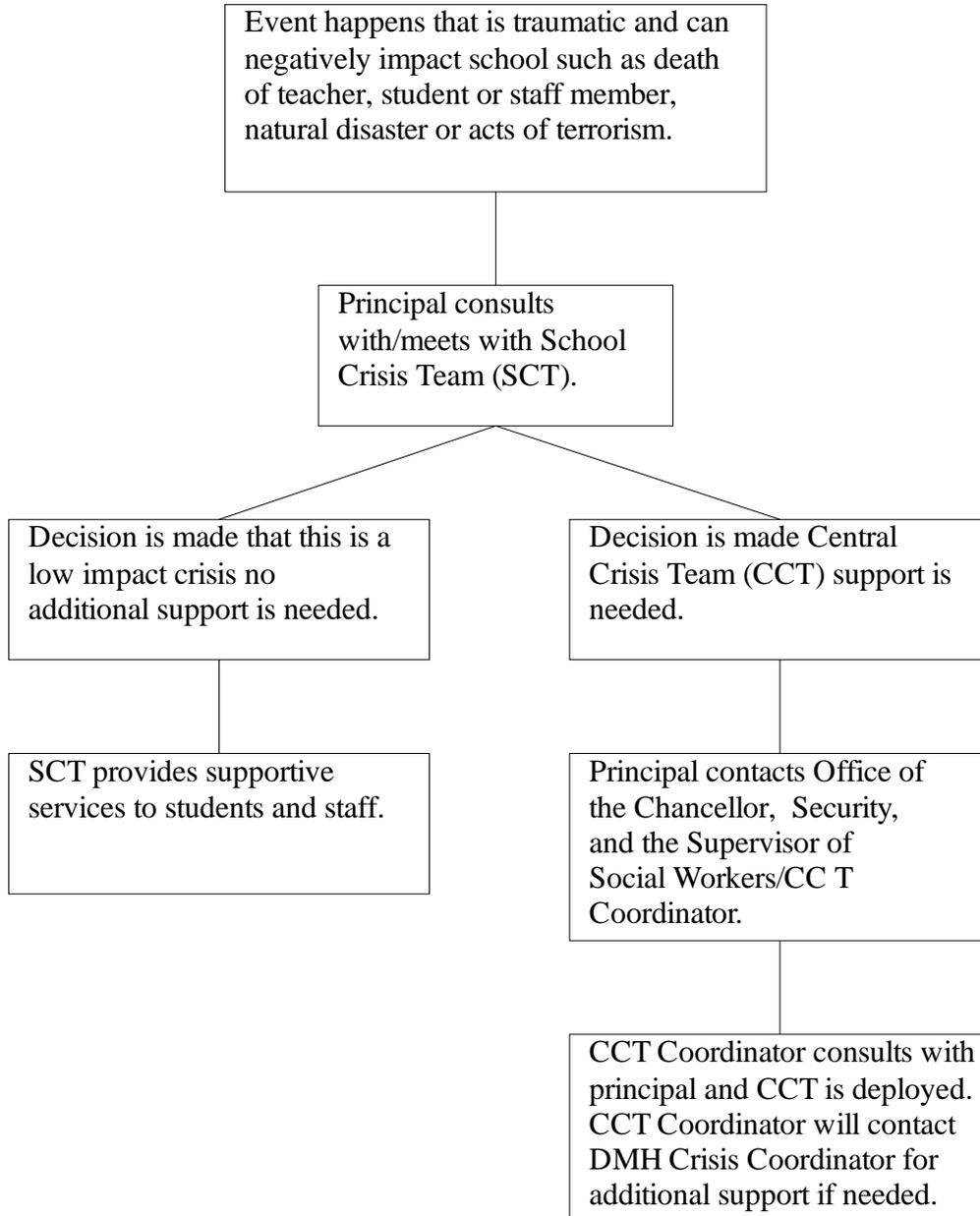
Procedures

- The school principal will identify all school-based team members who will be responsible for coordinating the school's crisis response and post names around the school. The principal will either serve as chair of this SCT or designate a team member to serve as the chairperson.
- The principal/designee along with the SCT will assess impact of crisis on the school community that may affect students, staff, parents, and local community members.
- The principal/designee contacts the following to inform of crisis event and give assessment information:
 - LEA Administrative Offices, or Office of the Chancellor (DCPS);
 - Security; and
 - Schools should contact the DMH Crisis Coordinator at 202-295-7037 or DC DMH 24-hour Access Helpline, 1-888-793-4357. DCPS Schools should contact their Supervisor of Social Workers/CCT Coordinator.
- The Supervisor of Social Workers/CCT Coordinator will assess the Crisis Response Level of Need and deploy CCT members to the school.
- The Supervisor of Social Workers/CCT Coordinator will also assign one CCT member as Team Leader.
- Input from the principal/designee will be relayed to CCT members who will coordinate onsite interventions with SCT members.
- Principal, SCT, and CCT members will provide up-to-date information to staff regarding the crisis, the plan of action, and any other relevant information.
- Intervention will be provided to staff and students according to the plan of action.
- Appropriate correspondence will be sent to parents and community.
- Followup services for students will be planned and scheduled.
- Crisis team is debriefed.
- Documentation of incident will be completed.

DMH Central Crisis Team Deployment



DCPS Central Crisis Team Deployment



Large Scale Physical Facilities Recovery

Depending on Assistance Needed, Call:	
LEA Contact	
EST Manager	
Maintenance	
Security	
Other	

Large Scale Physical Facilities Recovery is the process of implementing the policies, procedures, and actions to resume normal operation after the building/structure sustains significant damages or a lengthy school closure/relocation.

Refer to your LEA-specific COOP Plan in Section 2 of this Guide.

Criteria

This plan goes into effect based on the following criteria.

- EST has completed the short-term emergency intervention.
- The initial estimate of gross loss exceeds \$250,000.
- Crisis intervention and Parent Reunification are necessary.
- Loss results in school closure for more than three days.
- Construction work required to accommodate relocation of students.
- Upon special request by the Mayor, the EST Leader, or his/her designee.

Components

- EST Manager initiates recovery efforts and convenes the Recovery Team.
- EST Leader designates the Recovery Coordinator.
- Recovery Coordinator reports to EST Manager on progress of recovery efforts.
- EST Manager reconvenes the EST for re-occupancy and return to normal operation-based schedule developed by Recovery Coordinator.

Members of the Physical Facilities Recovery Team

- Recovery Coordinator;
- (EST Leader designates Recovery Coordinator)
- Auxiliary Services:
 - Transportation representative; and

- Distribution Services representative.
- Fiscal Services:
 - Purchasing representative; and
 - Accounting representative.
- Facilities:
 - Construction representative;
 - Maintenance representative; and
 - Safety representative.
- Security:
 - Legal Counsel (as needed).
- Information Technology Representative;
- Building Administrator; and
- Team Recorder.

Scope of Work

- Review of loss and restoration of operations.
- Evaluation of decisions to repair or replace damaged areas or sites if replacement is chosen; determination whether substitutions will occur on the same or another site.
- Evaluation/estimation of time needed for repair/replacement;
- Review of salvage issues.
- Review of bidding/procurement procedures.
- Subrogation potential and preservation of evidence;
- Resolution of worker's compensation and occupational safety issues;
- Inventory of facility property and assets. Pre-event, the facility manager should maintain an inventory of photographs, floor plans, improvements, maintenance, and repairs due to previous damages for each facility.
- Identification of additional personnel/services, including the need for temporary contractual hires.
- Identification of alternate facilities and procurement of temporary structures in the event permanent structures sustain damage.

The Recovery Team will work concurrently with the EST to meet ongoing emergency recovery demands.

Restoration of Normal Operations and Re-Occupancy

The Recovery Coordinator works with the EST Manager to designate a timeframe to restore normal operations and re-occupancy. They will collaborate with officials from FEMS, DCRA, DOH, DDOE, and other permitting agencies on the status of structural integrity for re-occupancy. The EST Manager convenes the EST to manage transition of students and staff to original or permanent new location.

Youth in Psychiatric Crisis at Home

Depending on Assistance Needed, Call:	
Children and Adolescent Mobile Crisis Services (ChAMPS)	202-481-1450
DC Department of Mental Health 24-Hour Access Helpline (AHL)	888-793-4357
LEA Contact	
CCT Coordinator	
Other	

Situation Description

The purpose of this children crisis protocol is to establish the procedures for collaboration between Children and Adolescent Mobile Psychiatric Services (ChAMPS), District of Columbia Public Schools (DCPS), DC Public Charter Schools and to clarify the roles and responsibilities of all entities.

This protocol is intended to create and foster a proactive approach to potential crises. It prepares school in a coordinated way to manage all possible impact of destabilizing occurrences. What makes this protocol especially valuable is that it can be applied and adapted to the particular culture and organizational structure of on any school in the District of Columbia.

This protocol includes procedures and resources which serve as a guide to schools as they address multiple crisis situations.

Procedures

The referral source or person first made aware of the crisis shall:

- Call ChAMPS at (202) 481-1450 or DMH Access Helpline at (888)793-4357

AHL or ChAMPS deploy a crisis team which shall:

- Respond to the scene of the crisis within 1 hour
- Provide on scene Assessment
- Provide crisis intervention, de-escalate, and develop crisis/safety plan
- Crisis resolved and crisis/safety plan communicated with all involved parties

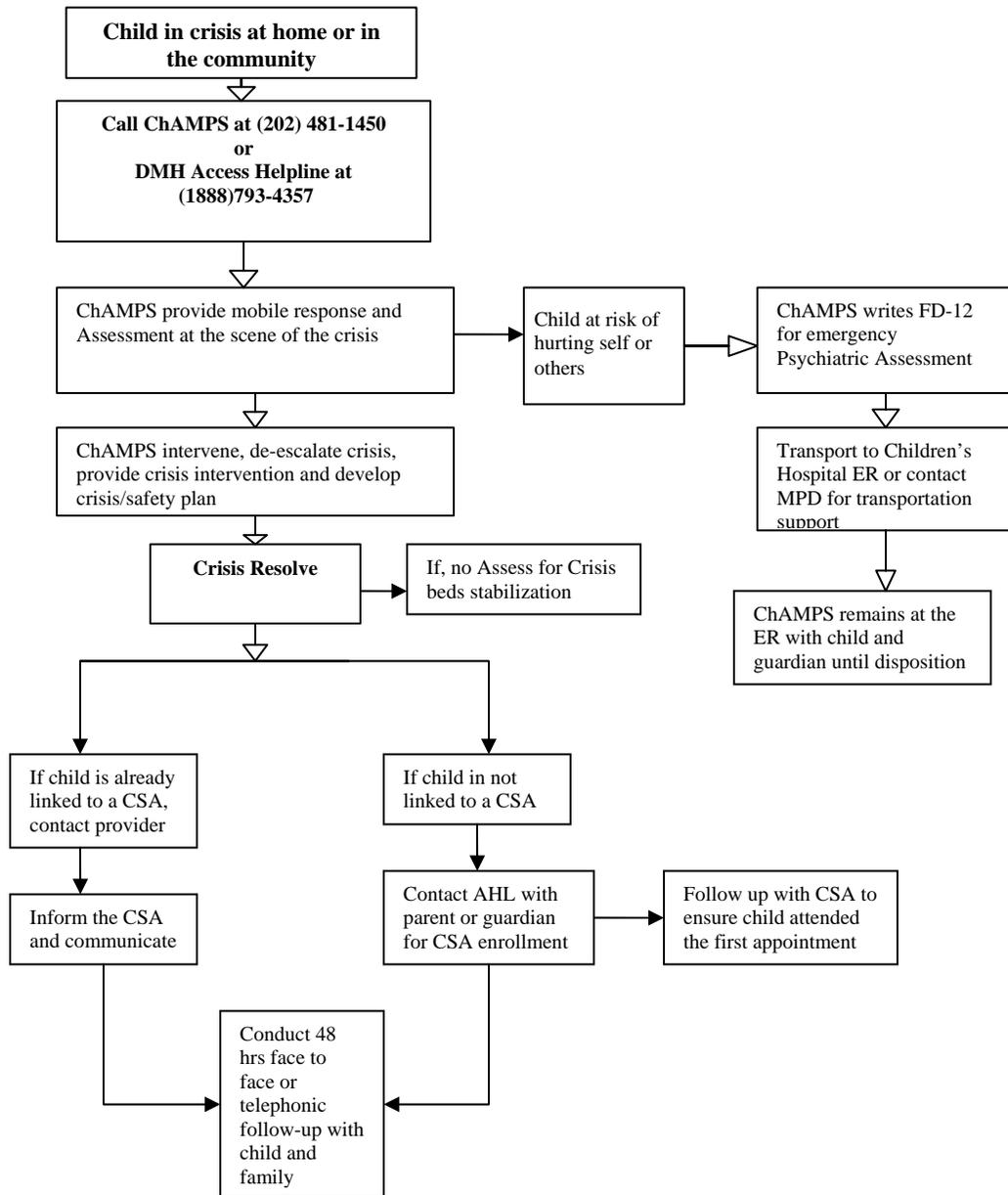
If a child is deemed at-risk to harm self or others ChAMPS shall:

- Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
- Accompany child/parent to Children National Medical Center (CNMC) for evaluation

- Contact MPD for transportation support
- 48 hour Follow up with parent, school and all involved parties
- Notify the existing DMH Core Service Agency or other mental provider

If the crisis is not resolved ChAMPS shall:

- ChAMPS assess the child for crisis/respice bed stabilization
- Facilitate CSA enrollment with parent/guardian for unlinked child
- Follow up with parent one day before the mental health follow up appointment
- Inform existing CSA/mental health provider of the crisis intervention/plan
- Conduct 48 hours face to face or telephonic follow up with child and family



Youth in Psychiatric Crisis at School

Depending on Assistance Needed, Call:	
Children and Adolescent Mobile Crisis Services (ChAMPS)	202-481-1450
DC Department of Mental Health 24-Hour Access Helpline (AHL)	888-793-4357
LEA Contact	
CCT Coordinator	
Other	

Situation Description

The purpose of this children crisis protocol is to establish the procedures for collaboration between Children and Adolescent Mobile Psychiatric Services (ChAMPS), District of Columbia Public Schools (DCPS), DC Public Charter Schools and to clarify the roles and responsibilities of all entities.

This protocol is intended to create and foster a proactive approach to potential crises. It prepares school in a coordinated way to manage all possible impact of destabilizing occurrences. What makes this protocol especially valuable is that it can be applied and adapted to the particular culture and organizational structure of on any school in the District of Columbia.

This protocol includes procedures and resources which serve as a guide to schools as they address multiple crisis situations.

Procedures

The referral source or person first made aware of the crisis shall:

- Notify the Mental Health Professional in the school (i.e. school Social worker, DMH SMHP clinician, School counselor etc.)
- The referral source shall notify the School Principal, School Security or MPD School Security Division
- MPD School Security Division make a report and School security document the crisis
- Principal or designee notify the child's parent

The Mental Health Staff in the school shall:

- Conducts an Assessment
- De-escalate the crisis and provide crisis intervention/treatment and develop crisis plan
- If the crisis is resolved, the child shall return to class

- The crisis plan is communicated with the teacher, school office and other involved parties.

If the crisis requires further support not within the school's mental professional's scope or remains unresolved:

The mental health professional shall:

- Call ChAMPS at (202) 481-1450 or DMH Access Helpline at (888)793-4357

If there are no Mental Health professionals in the School:

- Notify the Principal and School Security or MPD School Security Division
- The Principal shall notify the child's parent
- Call ChAMPS at (202) 481-1450 or DMH Access Helpline at (888)793-4357

When ChAMPS responds to a crisis, ChAMPS shall:

- Respond to the scene of the crisis within 1 hour
- Provide on scene Assessment
- Provide crisis intervention, de-escalate, and develop crisis/safety plan
- Resolve crisis and crisis/safety plan communicated with all involved parties

If a child is deemed at-risk to harm self or others ChAMPS shall:

- Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
- Accompany child/parent to Children National Medical Center (CNMC) for evaluation
- Contact MPD for transportation support
- 48 hour Follow up with parent, school and all involved parties
- Notify the existing DMH Core Service Agency or other mental provider

Emergency Response Plan and Management Guide

