

Recovery From Large-Scale Crises: Guidelines for Crisis Teams and Administrators

The United States has recently experienced numerous large-scale crises that resulted in high death tolls and extensive property damage. Critical incidents such as suicide contagion, natural disasters, or mass casualty events have the potential to cause traumatic reactions and significantly affect children's sense of safety and security. School administrators and crisis team members tasked with meeting the needs of students and staff following such large-scale events must consider how they might support the school community both within the immediate aftermath of a crisis, as well as over the long term. The challenges encountered and the needs exhibited will vary and change with time and crisis teams must be prepared to address these as they face them. This resource was developed by a number of highly experienced school-based crisis responders with the intent of assisting administrators and crisis teams in crisis response and recovery efforts following a large-scale disaster or crisis.

IMMEDIATE AFTERMATH: THE FIRST DAYS AND WEEKS

The response immediately following a crisis or disaster is critical because it has the potential to greatly decrease the likelihood of further trauma; therefore, administrators and crisis teams must be prepared to engage in effective crisis response and intervention as soon as the danger has passed.

What to Expect: Challenges and Needs

1. *Identifying and assessing traumatized individuals.* It is critical to understand the relationship between crisis event variables and increased risk of developing trauma reactions as not everyone will react the same way. Processes and procedures for assessing the impact on children and youth must be in place; this ensures appropriate decisions are made regarding interventions and supports.
2. *Finding space to provide crisis intervention services.* Finding space to deliver supports can be a challenge. Thus, space that allows for the provision of both group and individual multitiered supports is critical and must be planned for.
3. *Timing the return to school.* If the incident resulted in an interruption to students attending school, making the decision as to when to have them return can be a bit tricky. Staff supports must be provided before students can return to schools. Consideration also needs to be given to modifying the daily schedule, at least in the short-term. An alternate location may also need to be considered, depending on the extent of the damage to the school building.
4. *Helping adults manage their own reactions.* Often, the adults who are expected to provide support to affected children are experiencing difficulties themselves. These adults will need support in learning to manage their own reactions and stress.
5. *Responding to spontaneous memorials and other remembrances.* Selecting and managing memorial activities can pose a challenge. Having an established school policy that addresses memorials can be helpful in mediating these challenges.

Recommendations to Address Challenges

1. *Conduct psychological triage to assess level of impact.* Psychological triage involves determining who is at risk for psychological trauma following a crisis. It is vital to estimate the number of individuals who will need mental health support and to determine what services may need to be provided. Research indicates that proximity—

both physical and emotional—is one of the greatest risk factors for more severe reactions and subsequent posttraumatic stress disorder. Consequently, immediate intervention priorities are directed to individuals who were directly exposed to the incident and those who are closest to these individuals. In addition, individuals with precrisis vulnerabilities and those who exhibit more severe crisis reactions need to be identified and supported as appropriate.

2. *Use an off-site location such as another school, a rec center, or a church to offer crisis intervention supports if the school is unavailable immediately following a crisis.* This site allows affected individuals to come together and be reunited with social supports prior to school resuming. Social supports aid in reaffirming physical health and safety, as well as promoting a sense of psychological safety and security. In addition, a range of crisis interventions can be provided as needed, including psychoeducational groups and group crisis intervention. Trained school mental health crisis responders must be available to provide multitiered group and individual crisis interventions, and rooms will be needed to offer these services. Attending to basic needs is also important, so having food and water available is important. Additionally, keep in mind the importance of pets to many individuals and—therapy dogs have been a critical support after many large-scale crises.
3. *Return students to school and familiar routines as soon as possible.* Getting students back to school helps establish stability and continuity and is associated with reduced traumatic stress. It also allows staff to continue triage and monitor the needs of the school community. It is generally best to ease students back into academics, perhaps starting out with a shortened day or somewhat lighter expectations in terms of assignments and performance. If the extent of the damage prevents a return to the school building, alternative placements for all students must be determined as part of planning and preparedness.
4. *Provide caregiver trainings and facilitate access to employee assistance programs and outside resources.* This can include victim’s assistance, community mental health supports, the Red Cross, and state disaster response and management agencies. This can go a long way in supporting parents and school personnel who have been impacted by the incident. Substitute teachers should be on-call to help cover classes, as teachers may need a break because of unanticipated crisis reactions.
5. *Consider a variety of memorial options.* When a spontaneous memorial occurs, designate it as a temporary site and immediately determine how long it will remain and how it will be removed. Involve staff and students in decision-making as appropriate to help determine whether a memorial activity is needed. Memorials allow people to come together to express their feelings and reduce a sense of isolation; however, they will not be needed in all situations. Consider a variety of activities such as a making a memory book; distributing memory ribbons; writing a poem, story, or song about the loss; or adding related units to the curriculum, such as teaching tolerance or conflict resolution programs. Consider a living memorial that benefits others (e.g., donations for a suicide prevention program).

ONE MONTH AFTER THE CRISIS

What to Expect: Challenges and Needs

Some of the same needs and challenges listed above will continue.

1. *Ensuring access to ongoing care for those most affected and those who have had previous incidents of trauma.* This may be needed for several weeks after an incident. Challenges often include dwindling support from outside resources and the emotional and physical impact on crisis response work has on school-based mental health professionals and crisis team members.
2. *Monitoring continuing trauma reactions.* Ongoing monitoring and follow-up is required in order to ensure that individuals with delayed or longer-term reactions have the support they need. The challenge relates to both decreasing outside support and the need for school-based mental health personnel to get back to their day jobs.
3. *Protection from subsequent trauma.* Often, the potential for trauma from a large-scale crisis or disaster does not end once the physical danger has passed. Continued exposure to property damage and devastation, media exposure, and legal proceedings can result in further psychological pain.
4. *Identifying and addressing continued community-based stressors (e.g., relocation challenges, legal or financial challenges).* This can be difficult in the face of tackling more immediate needs.

5. *Maintaining connections to community based mental health, health, and other service providers.* As time passes, it becomes more difficult to maintain communications and relationships with outside providers and resources. These connections are critical to ensuring that ongoing crisis-related needs are met for those most affected by the crisis.
6. *Addressing the needs of students who are now ready and able to process the event.* With time, the adaptive initial responses of shock and denial begin to dissipate, and some students will want to discuss and process their experience a month or so after the event. This often comes as a surprise to school personnel who may not be equipped to address this.

Recommendations to Address Challenges

The above suggestions continue to be relevant for those ongoing challenges and needs. Also, acknowledge that some additional time may be needed to reclaim some sense of normalcy.

1. *Have memorandums of understanding (MOUs) with agencies that can provide support personnel to help provide continuous services.* For example, an MOU with a community mental health center to allow for the provision of mental health services in the school setting that school-based mental health professionals are unable to provide because of job responsibilities (such as IEPs). In addition, it is helpful to try to distribute crisis responders over time so that some are kept in reserve for the hard work down the road.
2. *Use an easily accessible electronic tracking form and train classroom teachers to assist in monitoring trauma reactions and the need for mental health services.* Logging information for individual students who were affected and required crisis intervention allows for easy tracking and follow-up. In addition, ensuring that teachers know what to look for and how to refer students they are concerned about can aid in continued monitoring of trauma reactions.
3. *Prepare and educate students and parents for potential continued trauma,* as this can help mitigate some of the secondary wounds. This should include information regarding the dangers of exposure via the media and social media. Also, facilitate activities that build community and reinforce the notion that “we are in this together.” Plan for and imbed mental wellness and stress-reducing activities in school programming. Ensure complications of disrupted schedules are addressed when planning future activities and engage student leaders in developing activities that will promote normal routines, when possible.
4. *Coordinate with FEMA, local and state Offices of Victim Assistance.* Red Cross rescue centers/shelters, pet shelters, and other community groups can facilitate recovery and healing from continued stressors. The school should publicize local support services such as housing, health, mental wellness, financial, and legal. Also, open schools as soon as possible since schools are places most people feel comfortable in times of crisis.
5. *Designate a lead mental health person, preferably a school-employed mental health professional,* who will use the circle of vulnerability to follow up with the approximately 20% most affected. Having this built into the lead’s role will help to ensure students and staff are connected to needed outside, longer-term support.
6. *Continue to provide both individual and group crisis interventions and opportunities for students to process and share their experiences in an appropriate and supportive context.* School-employed mental health professionals (e.g., school psychologists, counselors, and social workers) should always take the lead in providing these interventions as they are familiar with the school community; however, enlisting carefully screened outside mental health professionals to assist with any ongoing needs is crucial if school resources are exceeded.

SIX MONTHS POSTDISASTER

What to Expect: Challenges and Needs

Continuation of some of the same needs and challenges listed above. Providing ongoing triage, support, and monitoring for those affected can be challenging for exhausted crisis teams and/or administrators.

1. *Adjustment to transitions.* Some students or teachers may change schools, and some families may relocate within this time frame. This results in many unknowns and stressors for students and primary caregivers.
2. *Potential legal proceedings or challenges.* Incident-related lawsuits and criminal charges can be divisive and stressful and can delay recovery.
3. *Preparations for key milestone times.* Events such as graduation, birthdays of victims, the start of school, and

anniversaries associated with the incident can reopen wounds.

4. *Evaluation of where the school and community are within a recovery process.* Ongoing triage and data collection is required to make decisions regarding the need for ongoing support—including the need for additional responders and school-based caregivers.

Recommendations to Address Challenges

The above suggestions continue to be relevant for those ongoing challenges and needs. Ideally, have school mental health professionals trained to deliver crisis interventions before the crisis. Use trauma-informed programs and curricula such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for groups and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for individual kids. Trained therapy dogs can also be helpful in promoting recovery. Particular attention also must be paid to care for caregivers: Support must be provided for responders, administrators, and school-based mental health personnel. Care for the caregiver plans for staff experiencing difficulties should be implemented, and referrals to employee assistance programs (EAP) should be made as appropriate.

1. *Provide families with psychoeducation and information about community resources and strategies for self-care.* It is important that these resources are provided in print and posted to a website so caregivers can refer to them when needed. Communicate with neighboring schools regarding supports needed for transferring students.
2. *Seek ongoing advice from expert counsel* and coordinate support and recovery efforts with community partner agencies. Examine existing policies and update as appropriate.
3. *Provide psychoeducation regarding potential trigger events and anniversary reactions* and make mental health services available. Share information with the school community regarding how to access these supports.
4. *Keep a postevent timeline* to help evaluate where people are within the process of recovery. Maintain accurate and detailed records, especially if the incident occurred on school property, and monitor media coverage. Administration and school mental health professionals need to be continually assessing and coordinating with community agencies and treatment providers. If outside expertise is needed, ensure the individuals have prior experience working in (not just with) schools and in responding to school crises. While an outside expert can provide important insight, they should never replace the expertise and knowledge of the school professionals who know their community the best.

ONE YEAR POSTDISASTER

As with earlier recommendations, responders must continue to be flexible and adjust to the unique needs of any school crisis or disaster. There are a number of factors that will impact the type of services that need to be provided one or more years after the crisis, including: overall impact of the crisis in terms of numbers of students, staff, and families affected; the degree to which the crisis impacted the community; ongoing legal proceedings; key milestone events; the availability and the accessibility of outside resources.

What to Expect: Challenges and Needs

1. *Continuation of some of the same mental health needs and challenges listed above.* Because staff and students recover in their own timeline, providing ongoing triage and support continues to be important. This can be challenging for school staff and administrators due to fatigue.
2. *Potential legal proceedings or challenges.* Incident-related lawsuits and criminal charges can be divisive and stressful and can delay recovery. Media coverage may cause victim retraumatization.
3. *Addressing key milestones, especially the one-year anniversary.* Media presence will likely be intensive, particularly if the event was high profile. Finding an appropriate level of response may be challenging. Depending on the timing of the crisis, the one-year mark may coincide with the beginning of a new school year and may result in anxiety for returning students.
4. *Evaluation of where the school and community are within a recovery process.* Ongoing triage and data collection are required to make decisions regarding the need for continued support—including the need for in-school services versus outside referrals.

Recommendations to Address Challenges

The above suggestions continue to be relevant for those ongoing challenges and needs. Having a lead school-based mental health person oversee follow-up activities is critical for success. At this point, the most highly impacted students may need access to trauma-informed community mental health services, if they are available. However, some services may continue to be provided at the school (e.g., CBITs, TF-CBT). Care for the caregiver plans and referrals to EAPs should also continue to be made as appropriate.

1. *Seek ongoing advice from expert counsel and coordinate support and recovery efforts with community partner agencies.* Victims' advocates and others can assist in planning support for district staff and students who are potential trial witnesses. Students can be given lessons to help them understand the court and trial system. The media will be present and can be formidable.
2. *The anniversary effect can cause intense feelings and reactions in children and adults, particularly those who suffered a personal loss from or exposure to the tragedy.* How schools choose to mark the events can shape the anniversary experience. Expect to address a broad range of reactions, the intensity and nature of which will vary depending on an individual's personal history and relationship to events. In most cases, symptoms will subside with adult reassurance and support. School staff and students should work together to develop an anniversary plan that meets the needs of the school and community and that addresses: handling media; communication with students, staff, and parents; coordination with community resources; refreshers on school safety plans; and a referral system for students demonstrating symptoms. Use this opportunity to focus on the survivors and the positives that have occurred since the event.
3. *Continue to keep a postevent timeline through the second school year to help evaluate where people are within the process of recovery.* Triage is a dynamic process, thus it continues throughout the response and recovery processes. Administration needs to be continually assessing and coordinating with school mental health professionals and community agencies and treatment providers. Continue to maintain accurate and detailed records and monitor media coverage and provide care for caregivers.

BEYOND ONE YEAR POSTDISASTER

What to Expect: Challenges and Needs

1. *Continuation of some of the same needs and challenges listed above.* Depending on the size and impact of the disaster on the school and community, some of the same needs and challenges listed above will continue. Providing ongoing triage, support, and monitoring for those affected can be challenging.
2. *Potential legal proceedings or challenges.* Incident-related lawsuits and criminal charges may continue long after the event and can be divisive and stressful, delaying recovery.
3. *Anticipation of key milestone times.* Events such as the 5 and 10-year anniversaries may garner attention, primarily from the media, and can rekindle trauma reactions. It can be challenging to determine how to respond to these anniversaries, particularly when there is pressure from the community to do so.
4. *Evaluation of where the school and community are within a recovery process.* It isn't over when it's over. A school community that has faced a large-scale trauma will continue to experience the effects for many years. Mental health supports can help individuals integrate the experience so they can move forward.

Recommendations to Address Challenges

The above suggestions continue to be relevant for ongoing challenges and needs. These include trauma informed programs (e.g., CBITs, TF-CBT), care for the caregiver plans, and referrals to EAPs as appropriate.

1. *Seek ongoing advice from expert counsel* and coordinate support and recovery efforts with community partner agencies.
2. *Focus on the positive and how victims have recovered.* Determine whether a memorial activity is needed. While memorials allow people to come together to express their feelings and reduce a sense of isolation and vulnerability, providing a memorial activity for students who do not need it can increase anxiety. If a whole-

school memorial activity is not appropriate, an individual or a small group of students may benefit from an activity as an effective venue for dealing with their anniversary reactions.

3. *Understand that the individual circumstances of the event will dictate how long to continue to monitor and provide support.* Mental health caregivers will need to maintain their relevant competencies and skills and engage in self-care by participating in debriefings, balancing work and home time, working in teams, and seeking out mentor relationships.

Providing support to people who have experienced a large-scale trauma can be very rewarding. Most often, the communities that go through these events come together as never before. However, it is important to keep in mind that they may be forever altered after a large-scale crisis event. Thus, the task for everyone is to integrate the trauma into their lives and find a new normal. School administrators and school crisis teams play a critical role in assisting the school community in response and recovery efforts and in fostering healing and resilience.

RELATED RESOURCES

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