NASP PREPaRE TRAINING CURRICULUM — SCHOOL SAFETY AND CRISIS PREPAREDNESS

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Many of us are feeling the weight of our community's grief as we begin the recovery process. The intensity of the trauma can take its toll and it is so important we care for each other and ourselves. In addition, many of us are in caregiving roles as parents and professionals. While some of us are further removed in terms of physical distance, we are all connected emotionally to this event and all of us have been impacted in some way through news reporting, witnessing how the adult caregivers in their lives react, or through knowing family friends and relatives who were directly involved on the Oxford campus. Below resources and guidance to help facilitate supports.

Taking with Youth

When youth ask questions, below are responses that allow us to tell the truth without escalating fears:

- **"This is what we know…"** Refer to communication verified by law enforcement and/or other authorities about what happened. Share only general details as specific details can escalate threat perceptions.
- **"I don't know."** It's possible and even likely you won't have answers to every question. It's okay to say "*I don't know; I'll check on that and get back to you*" or similar statements. Acknowledge that it's frustrating to not have all the answers.
- **"Talk to your parents."** (*Or other caregiver at home*). Sometimes youth will ask questions that are sensitive or may are better answered by parents/primary caregivers or another trusted adult. (e.g., "*Why did God let this happen?*").

Reassure. Sometimes students ask direct or yes/no questions. For example:

➢ **Question:** "*Is this going to happen again*?" or "*It happened there, why couldn't it happen here, too?*"

Direct answers or Yes/No responses can be problematic with those questions. It is often better to broaden your response with reassuring facts.

➢ **Sample Answer:** "*It sounds like you have some concerns about your/our safety. It's important you know there are a lot of people that care about you, and they are doing everything they can to keep us safe. Today they are….; tomorrow the plan is...*"

While such responses do not guarantee safety, they can provide needed hope and comfort. Repetition of reassuring and factual statements may be needed over time.

What else can I do?

- **"Normalize" common reactions.** It is common in the days following a crisis for students to experience changes in sleep, eating, concentration at school, motivation, level of worry, etc. If the child/adolescent appears to be coping adequately with those common reactions, acknowledge their abilities, and remind them they are not alone with those reactions/feelings (i.e., that certain reactions are common right after a crisis). Let them know that with time, reactions tend to get better. Remind them where to get support if they don't start to feel better in about a week or so.

- **Monitor for uncommon reactions.** Sometimes students react to a crisis with more serious behaviors/emotions that are less common (e.g., suicidal ideation, threats, extreme fear or other overwhelming emotions). Refer the child/adolescent to a crisis team member who can more thoroughly check on the child's needs.

Caregiver (Parent and Parent) Support

A natural instinct is for parents, teachers, and other caregiving adults to put their personal needs aside in order to ensure the safety and well-being of the children in their care. It is extremely important for caregivers to monitor their own reactions and take care of their own needs, because failure to do so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines have been severely disrupted and for which recovery will take a long time.

Caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss and grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.

The following reactions are experienced or observed, seek professionals supports:

Cognitive reactions: inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, or an inability to express oneself verbally or in writing.

Physical reactions - chronic fatigue and exhaustion, gastrointestinal problems, headaches and other aches and pains, loss of appetite, or difficulty sleeping.

Emotional reactions - excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.

Behavioral or social reactions - alcohol and substance abuse, withdrawal from contact with loved ones, or an inability to complete or return to normal job responsibilities.

To prevent long-term negative outcomes, it is important to ensure you do good physical self-care, emotional self-care, continue to seek connections with other to maintain social care, and identify support resources. It is ok to ask for help and doing so model for youth the importance of reaching out.

The following document provides additional information on how to identify trauma responses and strategies for ensuring self-care. http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-guidelines-for-administrators-and-crisis-teams

Teacher/Staff Support:

It is critical for districts to allow supports to be available to their staff. Educators are in a very tough position, physically and emotionally to try and "stay strong" for their students while at the same time providing a stable educational environment while they may also be struggling to manage their own emotions. Supports should include:

➢ Provide access to counseling services. Include individualized support and group supports (some educators will be more comfortable having individual sessions while others may find comfort in group discussions where they can see they are not alone and can access natural supports)

➢ Have coverage available. Identify other professionals available to cover classes in case the educator/staff member needs to step away to manage emotions. Sometimes these emotions may occur expectedly so identify staff who can cover at a moment's notice.

➢ Decrease job demands. Identify the most important goals to accomplish. This is not the time to place new demands or to expect performance to be at a typical level (this is the same for students and administrators).

➢ Conduct frequent check-ins on physical and emotional health. Continue to emphasize the importance of seeking help and reiterate supports available.

➢ Show gratitude.

➢ Provide professional development to increase skill sets in responding to student needs in the aftermath of a crisis event.

More information guidance on long-term recovery can be found at: https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/recovery-from-large-scale-crises-guidelines-for-crisis-teams-and-administrators

Behavioral Threat Assessment and Management (BTAM)

BTAM is a multidisciplinary, fact-based, systematic process designed to identify, assess, and manage potentially dangerous or violent situations where someone is intending to injure or kill others. The primary goal of BTAM is intervention, not punishment. Violence is preventable, and school threat assessment teams are a critical component to school safety. The BTAM process is utilized specifically in response to a threatening situation and when there are concerns for targeted acts of violence. The BTAM process does not replace, nor is it a substitute for, child study/behavioral intervention teams that engage with other nonviolent behaviors of concern (e.g., academic, attentional, emotional regulation, social skills). BTAM is not a mechanism to allow schools to remove children from school because they may have behaviors that are difficult to manage. Rather, the purpose of the BTAM team is to identify, evaluate, and address potential threats to help schools distinguish between incidents where a threat was made but there is no legitimate intent to harm and other incidents in which the student poses an actual threat of targeted violence. For more information on BTAM visit: https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/behavioral-threat-assessment-and-management-(btam)best-practice-considerations-for-k%E2%80%9312-schools
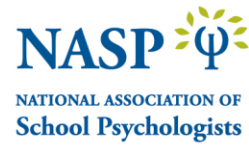
Risk assessments conducted with an organization are different than the threat assessment process described above. Risk assessment with organizations can include physical security audits and also psychological safety audits (e.g., look at discipline data to identify trends, fair and equitable discipline practices, meeting mental health needs of staff, etc.) In the aftermath of a trauma, psychological triage must be conducted (identifying level of impact and how an individual is impacted) and supports need to be provided based upon demonstrated need.