



Overcoming the

Promote physical and psychological safety to speed recovery from a major crisis event

By *Franci Crepeau-Hobson*

While incidents of mass violence are rare, all schools face crises of one kind or another. Natural disasters such as wildfires, hurricanes, and floods occur in communities throughout the U.S. every year, and such events can have an impact on students and staff that impedes healthy development, learning, and academic performance.

Some crisis events can have an impact that affects the entire school community, and the psychological, social, and functional consequences can last longer than the physical effects. This is particularly true for large-scale events that touch students and families across a district—even those who are not directly



Unexpected

involved in the event themselves, such as siblings or former teachers.

How a school or district responds to a crisis can shape immediate and long-term recovery, so schools must be prepared to address the aftermath of these events. Recovery from a major crisis requires a multitiered approach, and a multitiered system of supports includes the delivery of a range of interventions based on demonstrated levels of need.

This approach is commonly used to provide academic interventions in the school setting and is typically represented as a three-tiered triangle that delineates critical components for each level. The universal level (Tier 1) refers

to services available to all students. Tier 2 or targeted services are available to some students identified as needing additional support, and Tier 3 includes more intensive services for individuals or small groups (generally only 5–10 percent of students).

Ensuring Safety

Such a framework provides for meeting student needs while balancing physical and psychological safety—both of which are crucial to recovery from a crisis.

Physical safety is the first priority following a crisis event. It might include addressing basic physical needs (food, water, shelter,

Trauma Risk Factors

Certain individual and contextual characteristics are associated with an increased likelihood of experiencing trauma:

- Proximity to a traumatic event;
- Past exposure to trauma;
- Current or past mental health problems or the presence of a disability;
- Parental substance abuse or mental illness;
- Limited social support or isolation;
- Family stress;
- Loss or fear of the loss of a loved one;
- Developmental level; and
- Poverty level.



SCHOOL SAFETY & CRISIS PLANNING TOOLKIT

Developed by AASA, The School Superintendents Association, this toolkit features a set of online resources to assist school districts before, during, and after a crisis.

School leaders can connect directly with Joseph Erardi, a former member of the AASA Executive Committee and superintendent, to address safety concerns. Visit aasacentral.org/school-safety or call (571) 480-0313.

etc.) and/or making changes to the school environment (e.g., having security or law enforcement personnel on campus). Additional considerations relate to the physical design and appearance of the school. Maintaining a clean, attractive, and damage-free school environment not only helps to ensure physical safety, but it can also foster a sense of pride in the school.

However, physical safety alone is insufficient for crisis recovery. In order for a school to heal, individuals must truly *believe* they are safe. Students must feel safe, supported, and ready to learn, and school community

members must trust that there is no threat of harm at their school.

At the universal level, strategies for ensuring psychological safety include:

- Creating and maintaining a safe and positive school climate via a schoolwide system of positive behavioral supports;
- Implementing social-emotional learning programs;
- Fostering school “connectedness” and student resiliency; and
- Engaging in drills and demonstrating all safety efforts the school is making to students.

Staying Informed

A critical component of crisis recovery is information sharing. Providing verified factual information and guidance for recovery to parents, teachers, and students is considered to be a best practice. Even young students should be provided with the basic facts of an incident to encourage cognitive mastery of the event.

This should be done in a developmentally appropriate way. Frightening details should not be shared with children, as they might increase perceptions of a threat and decrease their sense of psychological safety. Having classroom teachers read a script to their students is a great way to share crisis facts, since it involves a familiar adult in a familiar setting.

Ideally, information should be shared with parents and other primary caregivers in written form. This is an efficient way to help them understand the facts surrounding a crisis event and its potential effects, as well as inform them of resources available to help manage crisis-related reactions and challenges. Informational documents can also be shared in meetings with groups of parents.

Return to the Routine

Essential to crisis recovery is reuniting students with teachers and peers and getting them back into familiar environments and routines; this helps establish stability and continuity and can help reduce traumatic stress. It also allows staff to continue to assess and monitor the needs of the school community.

While returning students to school quickly is advisable, it's generally best to ease students back into academics, perhaps starting out with a short day and/or somewhat lighter expectations in terms of assignments and performance. If

the school itself is damaged, alternative placements must be determined and planned.

Identifying Individuals Who Need Additional Support

The vast majority of students will need little to no intervention beyond those provided universally, but some students will continue to struggle and might need additional support. Make school-based mental health providers available to identify and support those individuals who are struggling to get back on their feet.

Warning Signs

Watch for the following symptoms; if they affect a child's ability to participate in normal activities or significant changes are noted, referral to a mental health professional might be warranted.

- Disruption or withdrawal from peer relationships.
- General lack of energy or lack of interest in previously enjoyed activities.
- Strained family relationships (increased misbehavior, lashing out against family members, refusal to participate in normal family routines).
- Decline in school performance, school avoidance, or difficulty concentrating.
- Physical complaints with no apparent cause.
- Maladaptive coping (drug or alcohol use, severe aggression).
- Threats of harm to self or others.
- Repeated nightmares and reporting strong fears of death and violence.
- Repetitive play re-enacting the traumatic events.
- Sleeping (difficulty falling or staying asleep) and/or eating disturbances.
- Increased arousal (easily startled or quick to anger), agitation, irritability, aggressiveness.
- Regression in behavior (thumb-sucking, bed-wetting, clinginess, fear of the dark).

It is important to understand the risk factors for, and indicators of, enduring trauma reactions such as prolonged emotional distress, maladaptive coping, or post-traumatic stress disorder. Adequate numbers of school-employed mental health professionals (school psychologists, school counselors, and school social workers) trained in crisis response are critical to this work. Having partnerships with community agencies can also be helpful to providing a cohesive system of supports.

The effects of a crisis event are not limited to students. School staff can be deeply affected, and principals must attend to their needs, too. Not only might some staff members be directly affected (i.e., being injured or losing students), but all staff members might find themselves in the role of crisis caregiver.

Burnout is a serious risk, as is secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone directly affected. This is particularly true for crisis situations in which normal support systems and routines have been disrupted and for which recovery will take a long time. School leaders should provide staff with supports and adjust schedules to allow for self-care.

This is most true for the principal, who can best serve the school by connecting with their own support network, building a trusted team to help make decisions, implementing supports before a crisis occurs, and staying attuned to their own risk of overload.

Be prepared to address key milestones, such as a one-year anniversary of the event. Anniversaries can cause intense feelings and reactions in children and adults, particularly those who suffered a personal loss from exposure to the tragedy. How schools choose to mark events can shape the anniversary experience.

School leaders should work with staff to develop an anniversary plan that meets the needs of the school, community, and media and includes 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 resiliency of the school community and the positives that have occurred since the event. **□**

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