

6th Virtual National Town Hall On Mass Violence



May 25, 2023

**SCHOOL-BASED MASS VIOLENCE INCIDENTS:
ADDRESSING STUDENT, CAREGIVER, AND SCHOOL PERSONNEL IMPACT**

6th NATIONAL TOWN HALL ON MASS VIOLENCE

Sponsored by the
National Mass Violence Victimization Resource Center

with support from
U.S. Department of Justice, Office for Victims of Crime

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Housekeeping Announcements

- * This National Town Hall will be recorded. After being posted to our website, the recording, slide deck and resources will be available for download at www.nmvvrc.org.
- * **Joining us by Phone?** Please email us your full name and email address to get credit for attending.
- * Thanks to many of you who sent questions for our presenters in advance – we will save time at the end to answer as many as possible.



Learning Objectives

- Identify preparedness strategies for schools to address mental health response for students and staff in the aftermath of a mass violence incident.
- Describe the vital role of victim service professionals in preparing and responding to school shootings.
- Describe the age-related trauma reactions for children and adolescents and ways to talk to children about school mass violence incidents.
- Identify long-term strategies, interventions, and resources that promote resilience following a school shooting.
- Describe important lessons learned in readiness, response, recovery, and resilience from previous responses to school shootings.
- Describe the most important skills and strategies needed for professionals who respond to school shootings.

Welcoming Remarks

*Alyssa Rheingold, Ph.D., Director
NMVVRC Preparedness, Response & Recovery Division*



National Town Hall Presenters

Dr. Alyssa Rheingold, Moderator and Director
NMVVRRC Preparedness, Response, and Recovery
Division

Dr. Melissa Brymer, Director, Terrorism and Disaster
Program
National Center for Child Traumatic Stress – UCLA

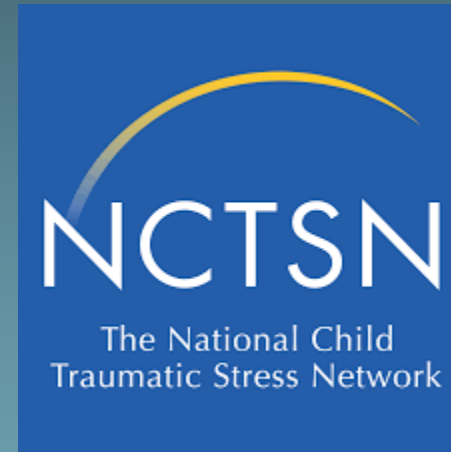
Dr. Angela Moreland, Clinical Psychologist
Associate Director, NMVVRRC

Jason Dewar, Professional School Counselor/Victim
Advocate and OVC Consultant
PREPaRE Curriculum Workshop 2 (3rd Ed.) Trainer

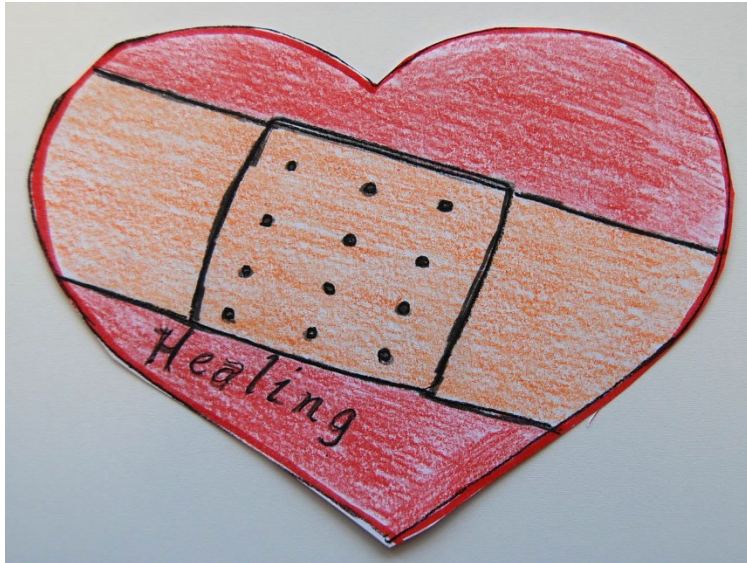
Dr. Debra Howard-Burton, Retired Law Enforcement
Victim Advocate; NOVA Crisis Responder and Group Crisis
Intervention Facilitator, S.O.A.R Professional Services

Dr. Melissa Brymer

Director, Terrorism and Disaster Program
National Center for Child Traumatic Stress – UCLA



Supporting Children & Families After School Shootings



Melissa Brymer, Ph.D., Psy.D.

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UCLA/Duke University National Center for Child
Traumatic Stress

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Understanding the Event

Information to gather prior to responding to an event:

- Learn about the community (e.g., previous adverse events, upcoming events, recent changes)
- Identify the distinguishing features of the event (e.g., magnitude of event, cause of the event, levels of exposure)
- Identify different at-risk populations
- Learn about the cultural rituals and traditions

School-based Recovery Program Components

- ✓ **Mapping of Event** including understanding its signature & the secondary adversities
- ✓ **Training & Education** in evidence-base practices, risk and resilience factors, and self-care
- ✓ **Create Effective Collaborations & Partnerships**
- ✓ **Continuum of Services** for students, staff, families
- ✓ **Protocols & Procedures for Offerings & Recovery Activities** including annual observances, memorials, & criminal investigation
- ✓ **Attending to grief and mourning**
- ✓ **Enhancing Emergency & Security Procedures** including improving building hardening, modifying emergency drills, & integrating additional security

NCTSN 

Helping Youth after Community Trauma: Tips for Educators

Traumatic events such as a natural disaster, school violence, accidents (e.g., gas explosions, arson, transportation accidents), traumatic death of an educator or peer can impact students' learning, behavior, and relationships. Here are some reactions you might see and how you can help. Keep in mind, not all students will feel the same way.

STUDENTS MIGHT YOU KNOW THEY MAY:	YOU CAN HELP WHEN YOU:
1. Feel sad, scared, empty, or numb. Younger students may be clingy. Older students may be embarrassed to show their distress, and may hide their feelings or share more on social media.	1. Provide support by listening to concerns and feelings. Educate students about different trauma reactions. Don't assume all students feel the same or need help but try to accommodate students' different responses.
2. Have behavior problems that are new or worse (e.g., have outbursts, be irritable, break rules). Some may engage in serious or harmful behaviors (e.g., drug or alcohol abuse, self-harm, or risky sexual behavior).	2. Have patience with minor behavior problems. Stay calm when setting limits. Return to predictable school routines and activities as soon as possible. Refer students for professional help for any concerns about self-harm or dangerous behaviors.
3. Have trouble concentrating, paying attention, participating, or getting work done on time.	3. Understand that attention and doing classroom activities may be affected. Focus on the present with gentle reminders about daily tasks. Consider modifying work or providing extra structure and instructions.
4. Appear sleepy or irritable due to having sleep problems.	4. Realize that sleep difficulties are common and can lead to fatigue and poor participation. Suggest healthy sleep habits (e.g. a break from screens before bed) and calming coping strategies. Consider adjusting deadlines until sleep is stabilized.
5. Have physical trauma reactions like stomach aches, headaches, a pounding heart, body aches, or fast, shallow breathing.	5. Recognize physical reactions may confuse or scare students, making them even more afraid. Encourage students to use relaxation strategies such as slow breathing, stretching, or physical activity.
6. Startle more easily in response to everyday noises (e.g., a pencil dropping, door slamming, the P.A. system squealing, bells ringing) and become scared.	6. Identify the sources of everyday noises and that these are not dangerous. Reassure students that they are safe. Explain that physical responses (e.g. feeling startled, tense muscles, fast breathing) are common after a trauma when they are on high alert. Suggest using calming strategies such as slow breathing.
7. Think life is meaningless, or withdraw from family and friends. Even students who are typically outgoing may become withdrawn. They may retreat to social media, gaming or online activities.	7. Suggest engaging in positive activities (e.g., volunteering, hobbies). Discuss ways to cope with self feelings and the value of in-person support, talking with family or friends, rather than connecting via media. Discuss ways to support students with other adults they trust.
8. Believe that school isn't safe, that the trauma will recur, or have other negative trauma-related thoughts. Students who think their future will be cut short may need help studying or skipping school.	8. Create a sense of safety by returning to normal, predictable routines as soon as possible. Remind them that such events are rare. Point out ways adults make school safe.
9. Feel responsible for not taking action before, during or after the event to prevent or minimize the outcome. They may feel guilty for not being harmed.	9. Discuss that people did the best they could at the time. Give honest, accurate, and age-appropriate information. Let students know you will tell their life truth.
10. Search the media for information about the event in an attempt to find answers.	10. Suggest they limit the use of media to obtain balance and perspective. Offer to help find answers to difficult questions.

If any of these problems interfere with student functioning, find out how to refer them for specialized help. Educators and professionals should also be aware of their own reactions and seek support as needed.

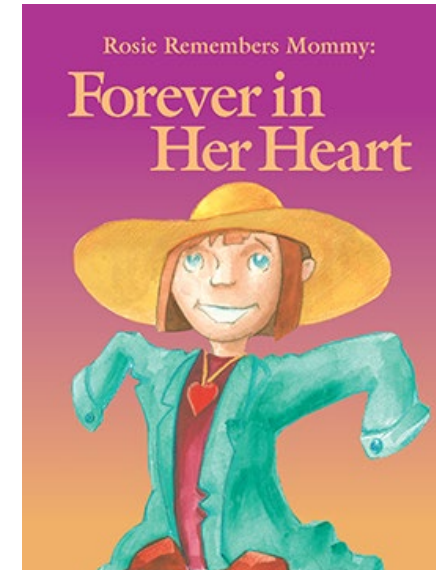
Program Components (cont.)

- ✓ **Additional Academic Enhancements** including academic booster program, tutoring
- ✓ **Additional Supports for Staff** including additional paraeducators & special education teachers, permanent substitutes, increased professional development & lesson planning, wellness
- ✓ **Consultation & Education** with community providers and agencies offering to provide services
- ✓ **Additional Supports for Transitions** –leadership changes, transition to new academic year
- ✓ **Consultation to District and Building Leadership** on trajectory of recovery
- ✓ **Addressing Secondary Adversities**

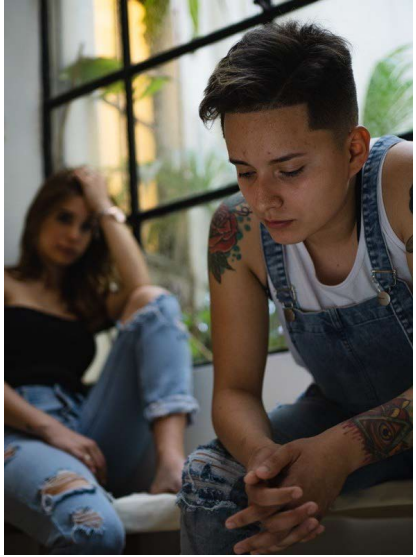


Grief and Loss Strategies for Families

- Validate feelings & address new fears
- Find ways to honor the death of loved one
- Use children's books
- Provide routine and structure
- Develop a menu of effective coping strategies
- Increase comforting connections
- Provide extra time, attention, patience, and reassurance
- Get extra help when needed



Enhanced Safety Concerns with Hate Crimes



- Pay attention to your own reactions
- Seek your own supports
- Talk to your children about the hate crime
- Listen to your children
- Focus on safety
- Monitor access to media/social media
- Watch for behavior changes
- Maintain routines
- Consider teachable moment

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Address Increased Suicidal Risks

Talking About Suicide with Friends and Peers NCTSN

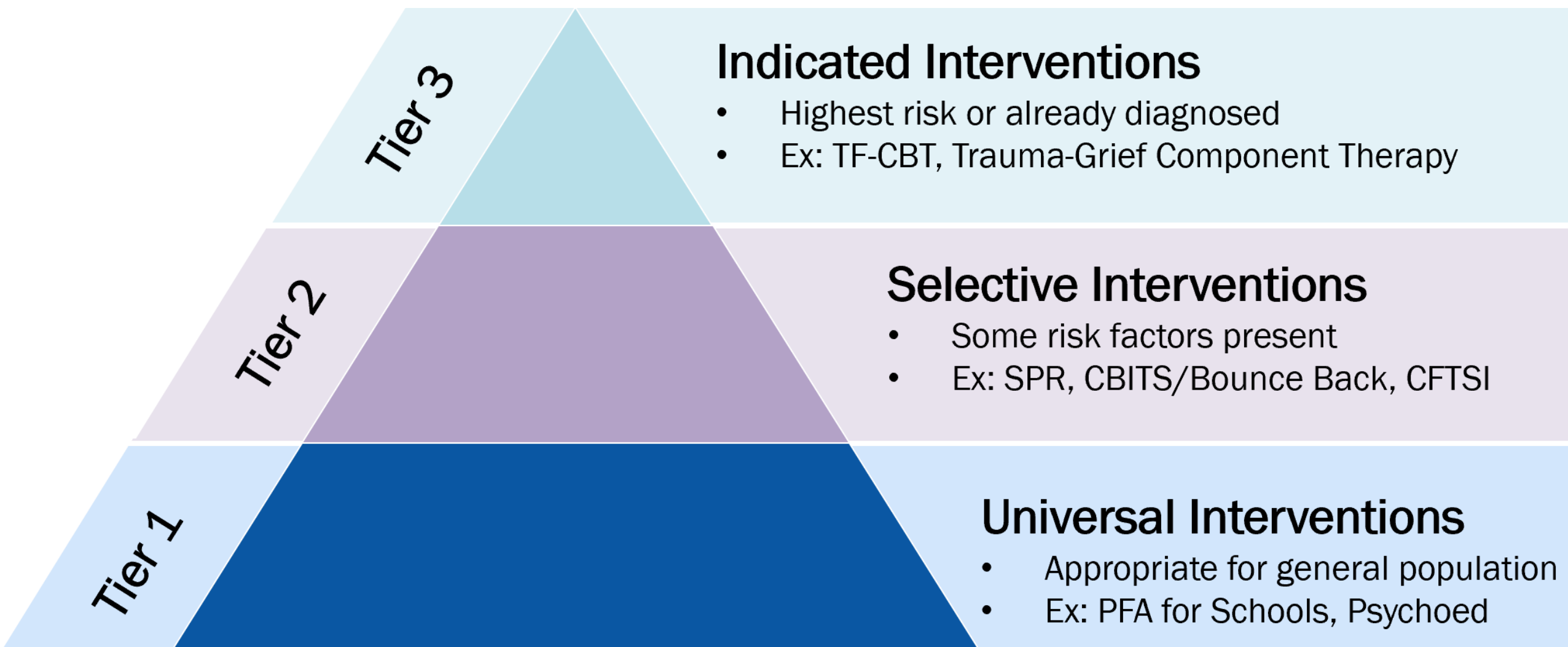
What YOU Can Do

- 1. Find the most skilled professional who can help:** Find the most skilled professional who can help with suicidal thoughts. They will be able to help the situation in your conversation.
- 2. Listen without judgment:** Listen without judgment. It's not about getting suggestions. If you offer too many solutions, you might avoid the person's feelings.
- 3. Offer concrete plans:** Offer concrete plans. If you offer too many solutions, you might avoid the person's feelings.
- 4. Take care of yourself while supporting others!**

In English and Spanish
www.NCTSN.org

- Help peers to listen without judgment
- Know the signs & the words to use
- Offer supports & help peers connect to these supports
- Circle back & check in after supporting a peer
- Take care of self while supporting others!

Tiered Approach to Intervention



Helping Youth Cope after Mass Violence

- Address feelings of being afraid or unsafe
- Help youth get back to routines
- Help them understand their feelings
- Understand that everyday challenges may feel worse
- Address how their identities were impacted
- Help them with their search for meaning
- Increase supports
- Take care of yourself!



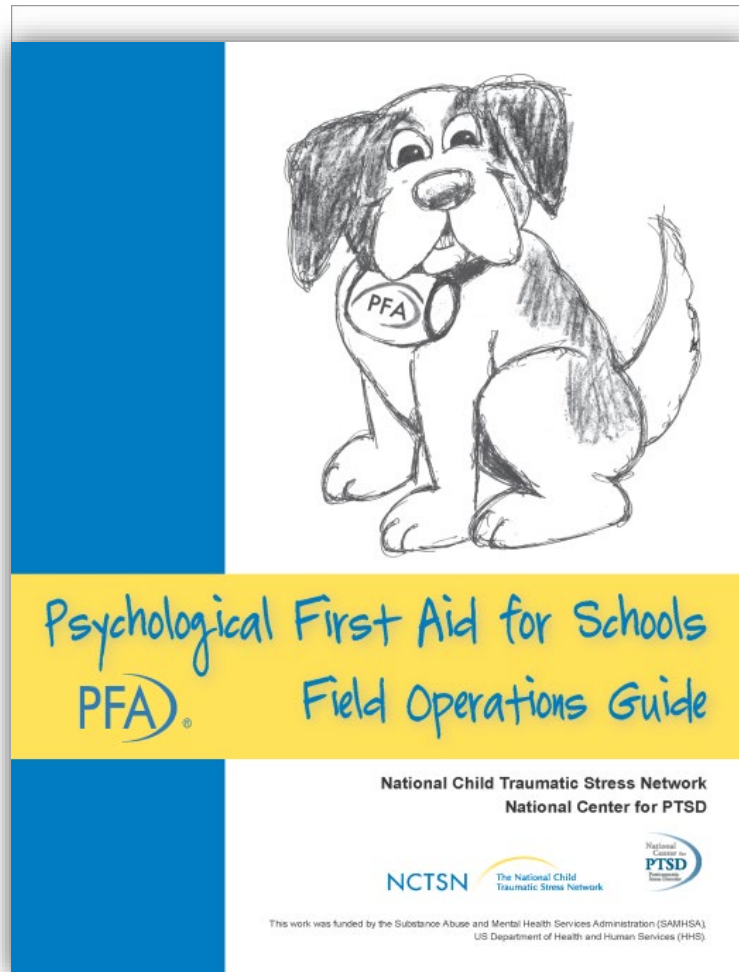
The screenshot shows the NCTSN logo and a page titled "For Teens: Coping after Mass Violence". The text on the page discusses the impact of mass violence and provides coping strategies. Key sections include:

- Feeling afraid or unsafe:** Discusses how mass violence is shocking and can make you feel for your safety. It lists common reactions like feeling unsafe, being afraid, or not feeling safe.
- Having trouble getting back to your normal routines and feelings:** Lists symptoms such as not being able to fall or stay asleep, not getting enough sleep, having nightmares, and feeling sad, angry, or nervous.
- Worrying about family and loved ones:** Discusses how mass violence can make you worry about the safety of your family and friends.

At the bottom of the page, there is a small footer: "The project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, opinions, and content expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS." and "For Teens: Coping after Mass Violence | www.NCTSN.org".

www.NCTSN.org

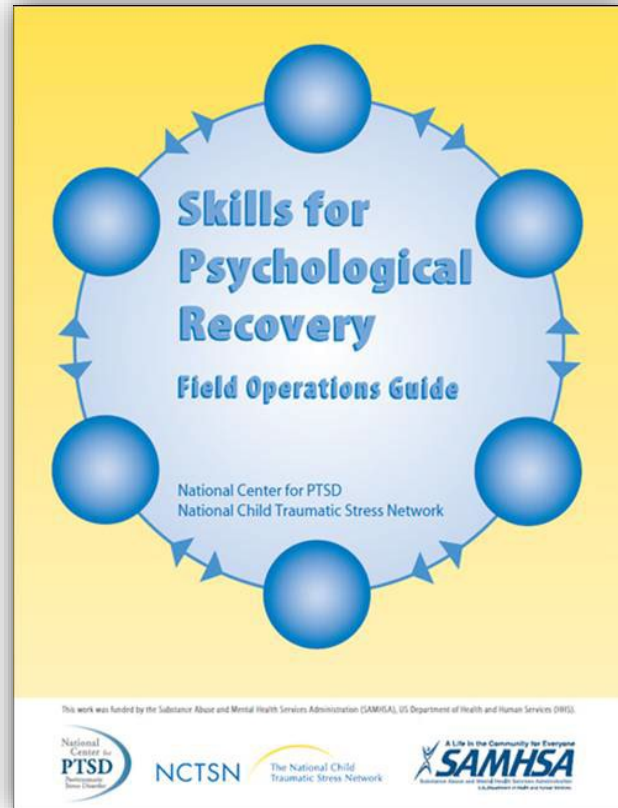
Psychological First Aid



- An acute intervention to assist children, adolescents, and adults in the immediate aftermath of disasters
- Has been adapted for different systems and translated into different languages

www.NCTSN.org – all manuals
Learn.NCTSN.org – PFA Online
PFA Mobile available for IOS and Android mobile devices

Skills for Psychological Recovery



www.NCTSN.org – all manuals
Learn.NCTSN.org – SPR Online

- SPR is a modular intermediate intervention that aims to help survivors gain skills to manage distress and cope post-disaster
- SPR is designed to be 1-5 visits, each which can “stand alone,” but you should encourage multiple visits
- Was created for use with children, adolescents, and adults
- Used in a variety of settings and with paraprofessionals



Creating School Active Shooter/Intruder Drills

Keeping our school campuses safe from active shooters or intruders is one component of a school emergency plan. Part of being prepared is planning safety drills. The type of drills or exercises your school conducts should map on to your school emergency operations plan. This factsheet provides guidance on steps to consider when performing an active shooter/intruder drill.

Consider the following as you begin the preparation:

Determine your school's readiness and educational needs. There is a variety of methods for conducting exercises and drills from Safe and Sound Schools and National Association for School Psychologists (NASP) outlines. Determine your school's readiness by reviewing the NASP assessment tool and Safe and Sound Schools' Ministry of Education & Training Activities handbook.

Safety drills need to incorporate a lockdown response but also an "active-based" approach. An option-based approach means that there are different actions educators and students can take if confronted by an active shooter/intruder (e.g., run away, keep out, and hide). The district needs to evaluate which approach is best and to adapt that approach to the developmental level of their students, including for students with disabilities, language barriers, and mobility needs. Learn more by reviewing the Safe and Sound Schools handbook, *Stay Safe Choices*.

Safety drills should be announced. Announcing drills forewarns the school community and reduces the likelihood that people will become immobilized to unannounced drills and under-respond in an actual crisis situation when quick action is paramount.

BEFORE

Students

Use developmentally appropriate language to describe the drill and the actions for students to take during the drill. The Safe and Sound Schools Handbook, *Developmental Levels of Safety and Awareness*, has sample language.

For students with disabilities, add modification requirements to their educational plans to enable them to successfully participate in these drills. Some of these students may have difficulties with changes to their daily routines, while others may have difficulty comprehending commands in stressful situations. Modifications may include the names of staff who understand how best to support this student and intervention techniques to help the student to cope (i.e., walking out with a "buddy" if he/she has impaired vision; using a signaling technique). Make sure that staff members named in students' Individual Education Plans or 504s know the students' accommodation needs during emergencies and are trained in coping strategies.

The National Child Traumatic Stress Network www.NCTSN.org



READINESS AND EMERGENCY MANAGEMENT FOR SCHOOLS

REMS

TECHNICAL ASSISTANCE CENTER


www.rems.ed.gov


www.NCTSN.org


Provider Well-Being


What is TeacherWISE?


TeacherWISE is a research-informed program that helps teachers and school staff manage five areas of their well-being:


Physical


Occupational


Intellectual


Social


Emotional

www.teacherwise.org

NCTSN
The National Child Traumatic Stress Network

Pause – Reset – Nourish (PRN)* to Promote Wellbeing

Use as Needed to Care for Your Wellness!

All of us face a variety of stressors daily. Currently, you may be dealing with additional responsibilities at work and new challenges with parenting. Consider your level of distress before deciding what approach you'd like to take to address it. Gauging your level of distress is as important as practicing self-care strategies. The PRN framework is one such strategy and consists of the types of practices that help promote well-being and enhance resilience. Just like you would take a medication PRN, or, as needed, to address unwanted symptoms, you can Pause-Reset-Nourish to help replenish yourself when needed. These practices can help to reset and recharge your nervous systems, and can be done frequently throughout each day in just a few minutes. Consider these simple steps:

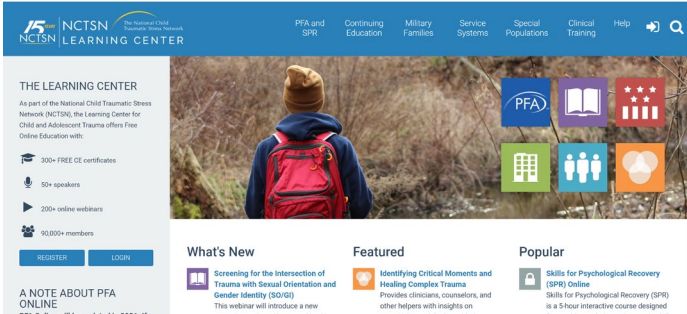
Pause:	Reset:	Nourish:
<p>Check in with your stressor experiences or how your body is feeling at the present moment.</p> <p>By taking a slow conscious (diaphragmatic) breath you can pause to check on how you are feeling inside. Repeat this at least 3 times. As you become more aware of what is happening inside your body, you might realize that you are already ruminating over something—holding stress or tension in different parts of the body, feeling that your mind is cluttered, having intense emotions (e.g., frustration, anger, anxiety) or grieving the loss of a loved one, partner, or the loss of routines due to COVID-19. It may be more than one thing, making the need to pause all the more important.</p> <p>There are many ways to do slow conscious breathing, click to watch a demonstration of the 4-7-8 technique of the square breathing technique.</p>	<p>Actively do something to help you feel calmer, more calm, confident or focused on your next task. Be kind to yourself and remember that these are difficult times.</p> <ul style="list-style-type: none"> • When you sense you are ruminating or your mind is full, try to reset by having a quiet moment. Consider conscious slow breathing (e.g., 3 minute breathing space), meditation, practicing mindfulness, petting an animal, taking a brief walk outside, or looking at a photo that puts a smile on your face. • When negative experiences are overwhelming you, try to reset by focusing on a positive thing that happened or an affirmation, sharing gratitude, watching a short funny video or meme, talking with a colleague, or practicing grounding. • When unsure of how you are feeling but thoughts you are uncentered, try to reset by observing the feeling, acknowledging it, and letting it pass through your hand like it is on a conveyor belt. Accepting the current situation allows us to acknowledge our desire for things to be different than they are. • When you become critical of yourself, try to reset by interrupting those thoughts with self-compassion or talking to yourself as if you were a caring supportive friend. 	<p>Take in something positive that replenishes your mind/body/heart/soul/spirit. Turn your focus towards something that helps you remember your own strength and resilience, or reminds you to take time to tend to yourself. You may ask yourself, "What do I need to nourish myself right now?"</p> <ul style="list-style-type: none"> • Think about something that has been rewarding or meaningful at work or at home. You might reward yourself of why you got into this profession, how you helped someone, or a meaningful moment with your family or loved ones. • If a loved one has died, consider ways to honor them by remembering with others who love them, reflecting on a positive memory you have of them, contributing to a cause they found important, or doing a kind act in their name. • Consider affirmations or mantras that help you feel prepared to deal with the stress or challenges you are facing; this may help you harness your own strength and resilience. • Consider engaging in moments of closeness, light-heartedness, and creating meaningful social connection with others. This might include enjoying a family activity, laughing, singing or chanting, dancing, or offering ways that bring you joy, engaging in meaningful cultural practices or rituals; connecting with a significant other or a beloved pet; celebrating a success at work or with loved ones; or doing something for others in need (donating time for charity, baking for a neighbor).

*The PRN framework was created by Diane Flatau, National Health Services, 2020.

This program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed in this article are those of the author(s) and do not necessarily reflect those of SAMHSA or HHS.

www.NCTSN.org

Additional Information



- NCTSN Learning Center learn.nctsn.org
- NCTSN Website www.NCTSN.org

- To stay up-to-date about new and updated resources, sign up at info@nctsn.org

DON'T FORGET TO FOLLOW US ON SOCIAL MEDIA!



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Facebook
[@NCTSN](https://www.facebook.com/@NCTSN)

Dr. Angela Moreland

Clinical Psychologist
Associate Director, NMVVRC



Emotional & Psychological Impact of Mass Violence Incidents on Youth and Families

Angela Moreland, Ph.D.

National Mass Violence Victimization Resource Center
National Crime Victims Research and Treatment Center
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6th National Town Hall, May 25, 2023

Mental Health Impact of Mass Violence

- * Fear/anxiety
- * Sadness/depression
- * Anger
- * Decreased perceived safety
- * Posttraumatic Stress Disorder symptoms
 - * Intrusion
 - * Avoidance
 - * Negative alternations in cognitions and mood
 - * Alterations in arousal and reactivity

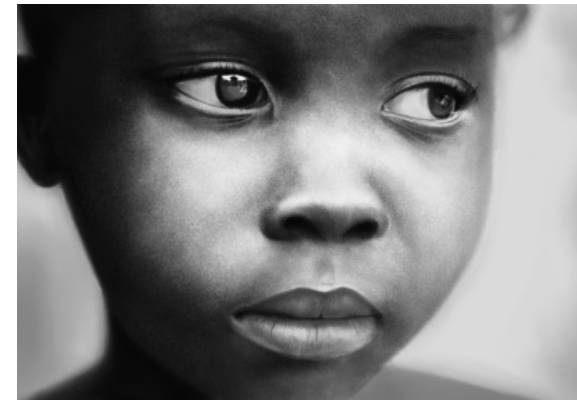
- Most victims (~60%) will be resilient (Orcutt et al., 2014)
- Prevalence of related psychiatric disorders will decrease over time (Lowe & Galea, 2017)



What Does This Look Like in Kids?

Hint: not all that different from adults

- * Fear/Grief
- * Anxiety/Worry
- * Difficulty concentrating
- * Anger
- * Irritability
- * Sadness



Common Symptoms by Age

Early Childhood

- Increased fear in new situations, separation
- Strong startle reactions, aggressive outbursts, regression
- Poor development of emotional regulation skills

School-Age

- Intrusive thoughts
- Withdrawn and aggressive behavior
- Poor concentration, distractibility
- Poor emotional regulation
- Poor school performance

Adolescence

- Embarrassed by responses to trauma reminders
- Think they are unique in their experience
- Risk behaviors
- Poor school performance and occupational achievement
- Anger, shame

Trauma Reactions Can Look Like.....

- * ADHD
- * ODD
- * Anxiety Disorders



What Impacts Response? Severity and Duration

- * *Objective* Details of the Event
 - * The more severe the trauma – the more severe the response
- * *Subjective* Experience
 - * Sense of helplessness, terror, horror
 - * Fear of being seriously hurt or killed
 - * Fear that loved one would be seriously hurt or killed
 - * Feeling that he/she could've/should've done something to prevent the trauma

What Impacts Response?

- * Pre-existing exposure to traumatic events
- * Pre-existing/current mental health problems
- * Environmental factors (family support, peer relationships, school support)

What Can Adults Do to Help Kids?



Help Children Cope: National Child Traumatic Stress Center (www.nctsn.org)

Young Children:

- * Provide reassurance
- * Encourage expression through play, story-telling
- * Consider short term changes in sleeping arrangements
- * Plan calm comforting activities before bedtime
- * Maintain regular routines
- * Avoid any media exposure



Helping Children Cope: National Child Traumatic Stress Network (www.nctsn.org)

School-Age Children

- * Support connections with friends
- * Maintain routines
- * Still need to set limits
- * Limit media exposure



Helping Teens Cope: National Child Traumatic Stress Network (www.nctsn.org)

Teenagers:

- * Normalize emotions
- * Share reliable sources of information
- * Differentiate between *“things you can do something about”* vs. *“things you can do nothing about”*
- * Support connections with friends
- * Encourage *“feeling the feelings”*



Handling Difficult Questions

Example:

- * Can this happen at my school? My Faith Institution?
My neighborhood?
- * Can this happen again?

Translation: “How likely is this?;” “Am I safe?”

Handling Difficult Questions (*cont.*)

- * Discuss plans for keeping the family safe
- * Explain likelihood of risk
- * Give any information you have on the support that victims and families are receiving
- * Discuss if the person is under arrest

Children are better able to cope with a difficult situation when they have the facts.

When to Seek or Recommend Professional Help

- * Problems interfere with functioning (school, work, friends)
- * Excessive withdrawal from others
- * Marked changes in behavior
- * Concerns about safety for self and/or family members



Trauma-Focused Evidence-Based Treatments

- * TF-CBT (CTG)
- * Cognitive Processing Therapy (teens)
- * Trauma & Grief Component Therapy for Adolescents (TFCTA)
 - * Targets: trauma, bereavement in older kids/teens
 - * Modular-based
 - * Individual or group

School-Based TF EBPs

- * **Cognitive Behavioral Intervention for Trauma in Schools (CBITS)**
 - * Skills-based group intervention (~10 sessions)
 - * Targets PTSS, depression, anxiety
- * **Bounce Back – (K-5th grade)**
 - * 10 group sessions-CBT skills
 - * Parent educational sessions
 - * 2-3 individual TN sessions
 - * Weekly letters to parents; emails to teachers
 - * Emphasis on grief

NMVVRC Resources

- * **Tip Sheets**

- <https://www.nmvvrc.org/communications/tip-sheets/>

- * Talking to Children about Hate Crimes
 - * What are Evidence-Based Treatments and Evidence-Based Practices
 - * Grief and Bereavement Suggested Reading List for Providers

- * **SNAP Webinar: Helping Children and Teens Manage Trauma and Grief following an MVI**

- * <https://www.nmvvrc.org/learn/snaps-webinars/>

Jason Dewar

Professional School Counselor/Victim Advocate and OVC Consultant
PREPaRE Curriculum Workshop 2 (3rd Ed.) Trainer



MENTAL HEALTH CRISIS RESPONSE IN SCHOOLS

ACKNOWLEDGEMENT: NASP PREPARE MENTAL HEALTH CRISIS INTERVENTION WORKSHOP 2 (3RD ED.)

PRESENTED BY: JASON DEWAR (PROFESSIONAL SCHOOL COUNSELOR; VICTIM ADVOCATE & OVC CONSULTANT)

“The only thing harder than explaining why you should prepare for a tragic event is explaining why you did not.” ~Tom O.



THE PREPARE MODEL



P	P revent and prepare for crises
R	R eaffirm physical health & welfare and perceptions of safety & security
E	E valuate psychological trauma risk
P a R	P rovide crisis interventions and R espond to mental health needs
E	E xamine the effectiveness of crisis preparedness

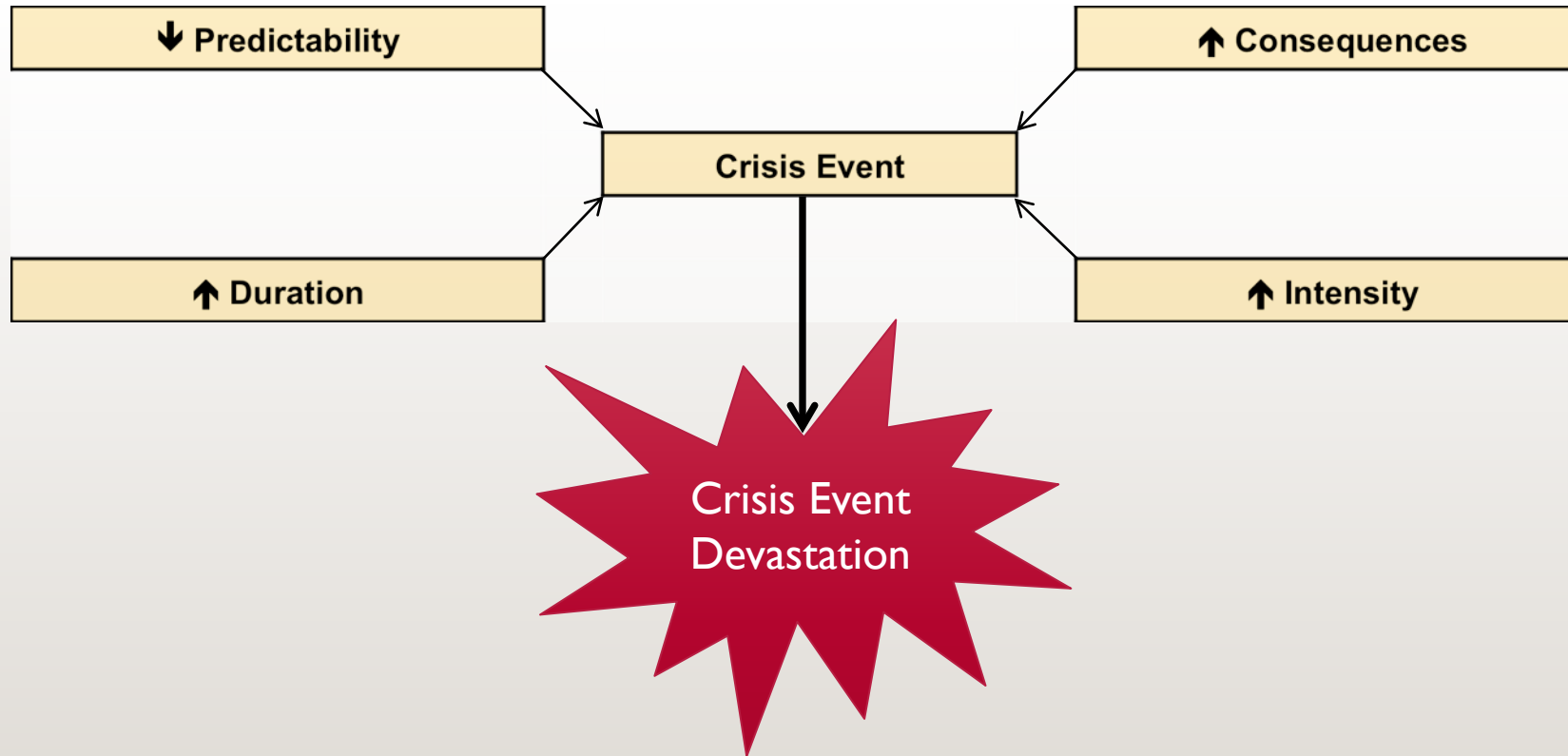
THE IMPORTANCE OF BEING PREPARED

1. Crisis intervention expectations.
2. Multidisciplinary team membership.
3. Unique needs of students.
4. Unique aspects of schools.

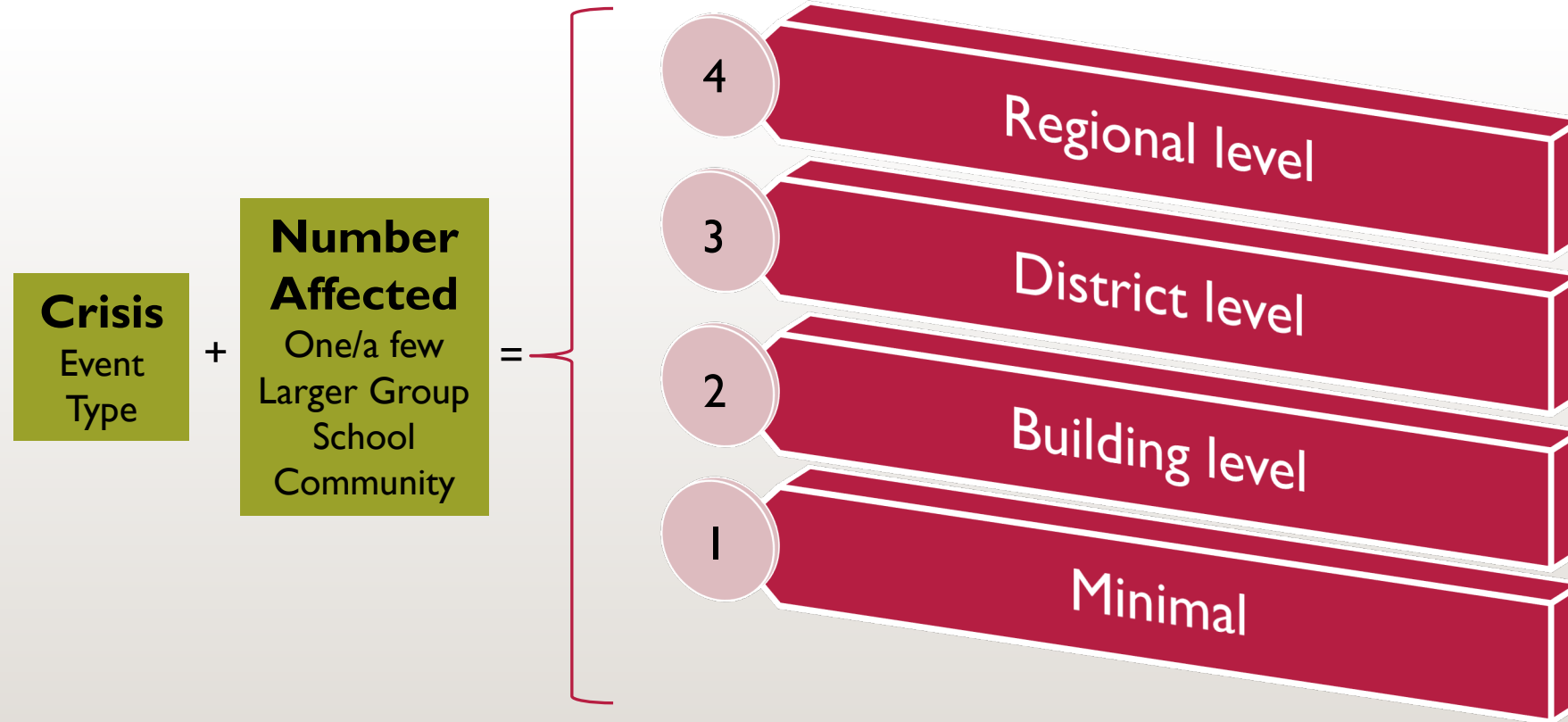
BACKGROUND KNOWLEDGE

1. Characteristics and Types of Crises
2. Crisis Event Variables
3. Crisis Intervention Levels
4. Crisis Reactions
5. Crisis Preparedness and Disaster Phases
6. Crisis Response
7. The PREPaRE Model

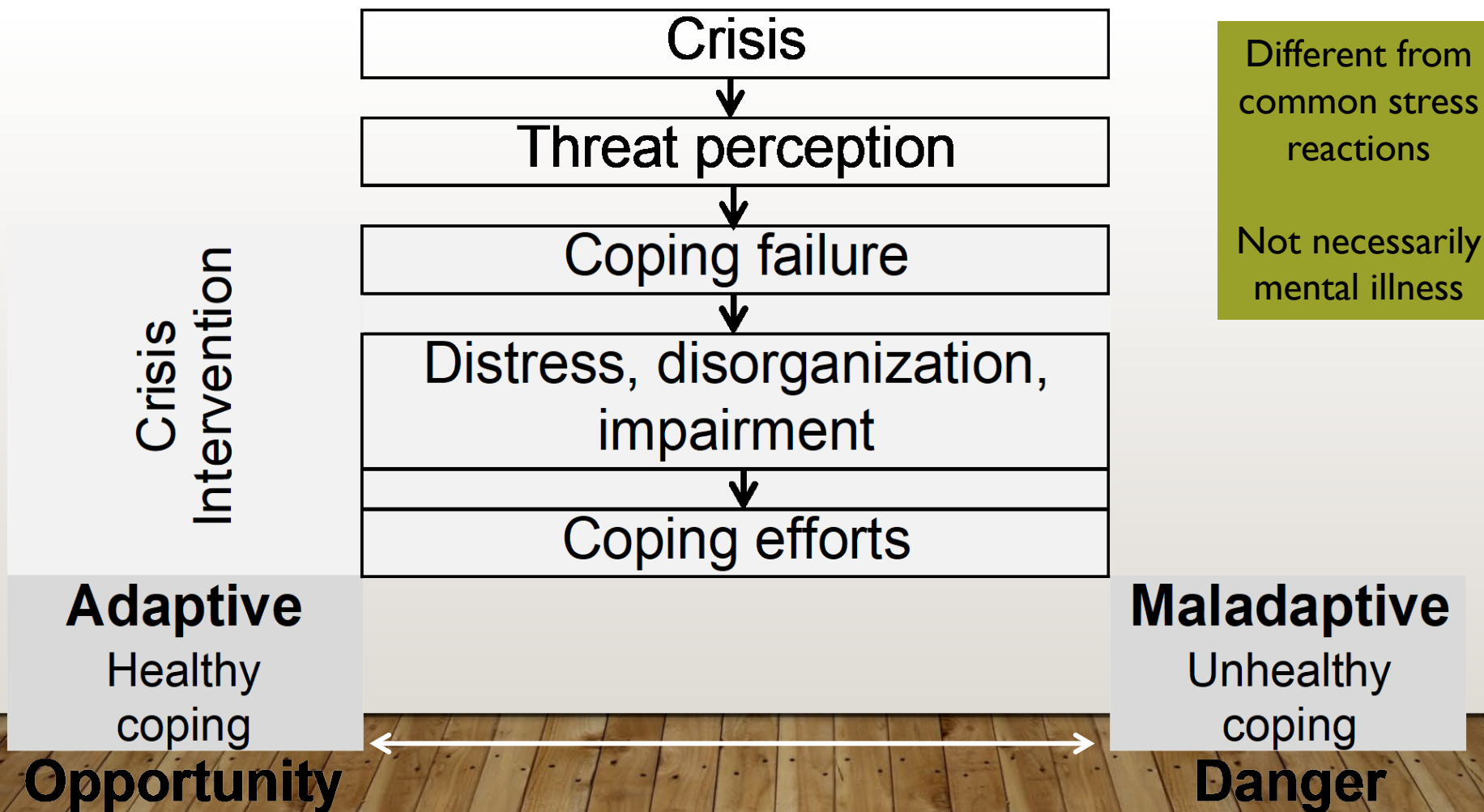
Crisis Event Variables



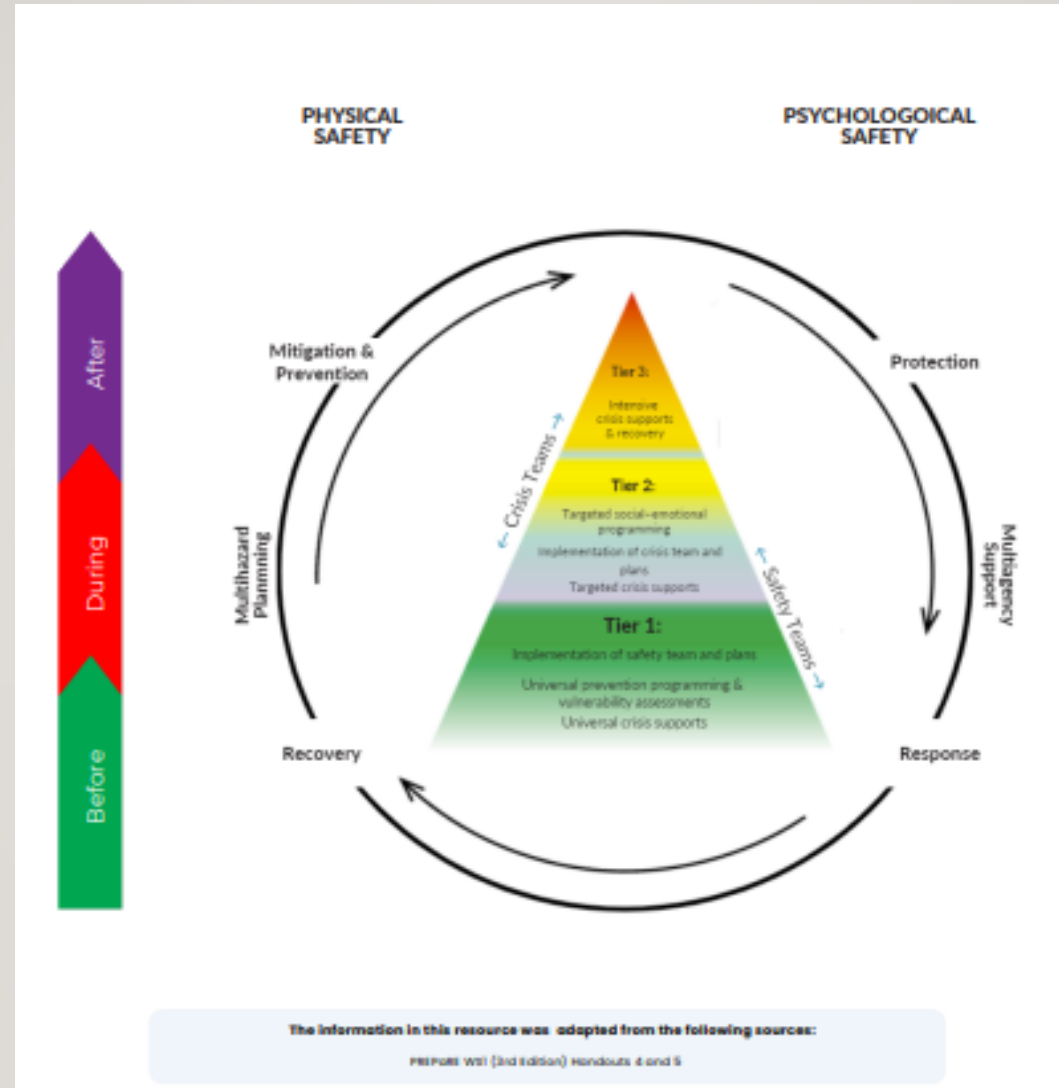
School Mental Health Crisis Intervention Levels



Crisis Reactions: The Personal Consequences of Crisis Event Exposure



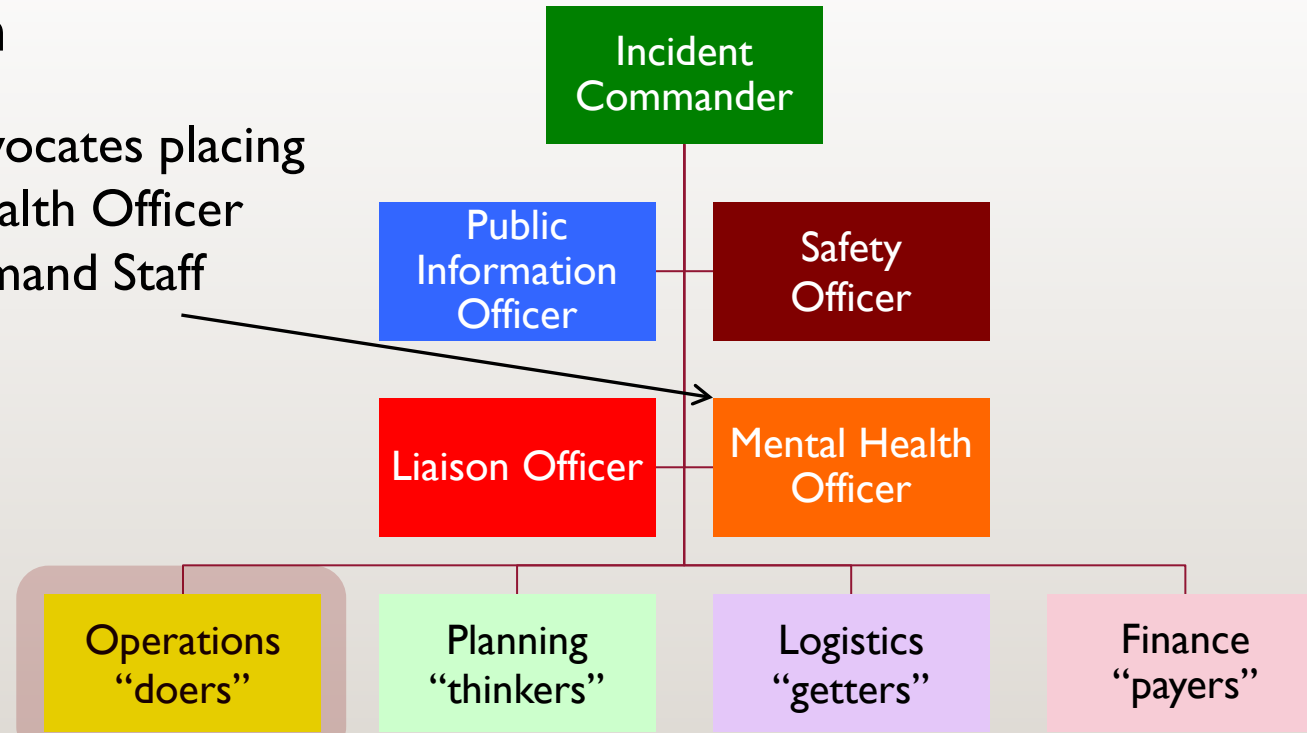
BACKGROUND KNOWLEDGE: CRISIS PREPAREDNESS AND DISASTER PHASES



Crisis Response

- The Incident Command System and the multidisciplinary crisis response team

- PREPaRE advocates placing a Mental Health Officer in the Command Staff



The PREPaRE Model

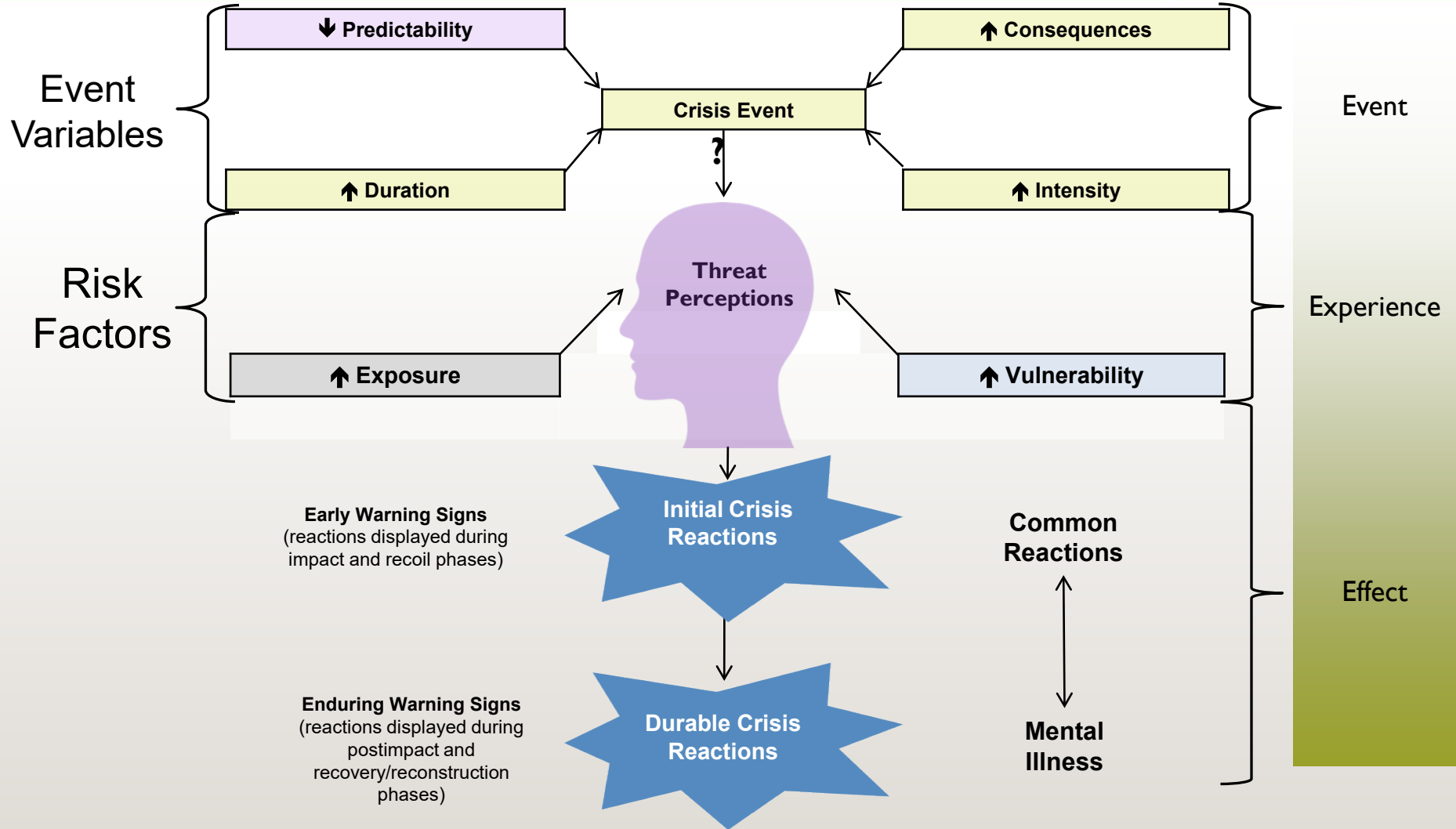
P	Prevent and prepare for crises
R	Reaffirm physical health & welfare and perceptions of safety & security
E	Evaluate psychological trauma risk
P <u>a</u> R	Provide crisis interventions and Respond to mental health needs
E	Examine the effectiveness of crisis preparedness

Rationale for Evaluating Psychological Trauma

- I. Unique consequences of crisis exposure
 - Has different effects
 - Recovery is the norm
 - Exceptions
 - Preexisting mental illness
 - Trauma history (e.g., adverse childhood experiences)



EVALUATING PSYCHOLOGICAL TRAUMA





Conducting Psychological Triage: Levels of Triage


Level	Timing	Variables	Goals
Primary	Before providing interventions	Selected risk factors (exposure/ vulnerabilities) + early warning signs	<ol style="list-style-type: none"> 1. Estimate number of crisis interveners needed 2. Establish initial treatment priorities 3. Make initial individual intervention decisions
Secondary	During delivery of interventions	Risk factors + early & enduring warning signs	<ol style="list-style-type: none"> 1. Refine treatment priorities 2. Refine individual intervention decisions 3. Begin to consider psychotherapeutic care needs
Referral	As school interventions conclude	Risk factors + enduring warning signs	<ol style="list-style-type: none"> 1. Identify ongoing psychotherapeutic care needs


Conducting Psychological Triage: Preparation

- Identify school & community mental health resources.
- Identify community-based support resources.
- Develop or obtain traumatic stress screeners.
- Develop or obtain referral forms.
- Understand and learn about culture-specific crisis reactions.

Conducting Psychological Triage: Referral Triage (cont.)


- Identifies ongoing treatment needs
 - Severe or dangerous reactions
 - Enduring reactions
 - Mental illness (e.g., PTSD)
 - Requires a tracking system





**Handout 21: Psychological Triage
Summary Sheet**

—Confidential, for School Crisis Team use only—



4340 East West Highway
Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

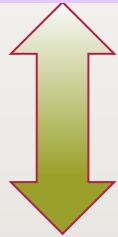
Date	Name	Teacher	Risk Rating ¹	Risk Category ²	Crisis Intervener	Crisis Intervention(s) Provided	Parental Contact ³	Status ⁴
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Note. This form is used to assist in the documentation of psychological triage decisions; also for use in conjunction with the Primary Risk Screening Form in Handout 17. From *Preparing for Crises in the Schools* (p. 140), by S. E. Brock, J. Sandoval, and S. Lewis, 2001, New York, NY: Wiley. Copyright 2001 by John Wiley & Sons. Adapted with permission.

¹ Record initial risk screening rating from the Primary Risk Screening form.
² Record the risk category(ies) that is (are) likely to have caused psychological trauma. Category Codes: V = Victim; I = directly involved; W = witness; F = familiarity with victim(s); MI = pre-existing mental illness; Dim = developmental immaturity; TH = trauma history; R = lack of resources; Em = severe emotional reactions; PT = perceived threat.
³ Record information regarding parental contact. Parental Contact Codes: SM = attended school meeting; HV = home visit; Ph = phone contact.
⁴ Record information regarding the current need for crisis intervention services and support. Status Codes: A = active (currently being seen); W/C = watch and consult (not currently being seen); F1 = needs follow-up; IA = inactive (not being seen and no follow-up is judged to be needed); PT = community-based psychotherapeutic treatment referral (immediate crisis intervention not sufficient).

PROVIDING CRISIS INTERVENTIONS AND RESPONDING TO MENTAL HEALTH NEEDS

Immediate,
Least
Restrictive



Later,
Most
Restrictive

1. Social Support
 - Reunite naturally occurring social support systems
 - Empower social support systems
2. Psychological Education
 - Teach how to cope
3. Psychological Intervention
 - Facilitate immediate coping
 - Treat psychopathology

CHALLENGES AND LESSONS LEARNED

- Recovery is the Norm
- Reaffirming Physical Health and Safety
- Communication – Internal & External
- Mental Health Recovery Coordinator
- Triage and Intervention (Individual and Group)
- Student Tracking
- Stakeholder Input
- Moving Forward...but not Forgetting
- Year Marks/Remembrance/Transitions
- Legal Proceedings - Human Response
- Allowing students (families and staff) teach us about their needs
- Community Partners/Resources
- Academic Emphasis
- Self-Care

Dr. Debra Howard-Burton

Retired Law Enforcement Victim Advocate
NOVA Crisis Responder and Group Crisis Intervention Facilitator
S.O.A.R Professional Services



Victim Service Professionals: Preparing for and Responding to School Shootings

Presenter:

Dr. Debra Howard-Burton, Visionary

S.O.A.R. (Serving Others Achieving Results) Professional Services



PARKLAND FLORIDA

☐ **Broward County**

☐ **One of the most affluent cities in America**

(Parklandtalk.com/parkland-named-one-most-affluent-in-america-10817)

☐ **Average income is \$155,000.00**

(<https://soexpensive.org/wealthiest-cities-in-florida>)

☐ **2017 – Named one of the safety city to live in.**

(Washington-based National Council for Home Safety and Security, a home security industry trade association)

☐ **Quality education for families with children**



MARJORY STONEMAN DOUGLAS HIGH SCHOOL

- Approximately 3200 students attend (grades 9 – 12)**
- Students are above average in College and Career readiness**
- 45 Acre campus**
- 13 Buildings**
- Student Demographics**
 - **52 % White**
 - **25 % Hispanic**
 - **11% Black**
 - **7% Asian**
- Westlake Middle School - .3 miles away**

MARJORY STONEMAN DOUGLAS HIGH SCHOOL SHOOTING



PARKLAND SHOOTING VICTIMS



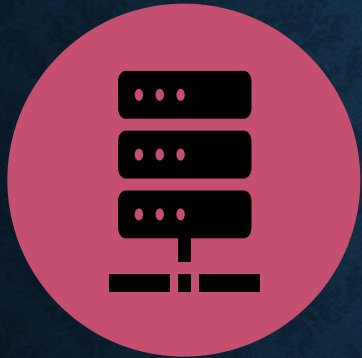
Valentine Day

Building 12
"Freshman"

17 people were
killed



RESPONSE – ADVOCATE



COMMAND CENTER
SCHOOL



HOTEL
FORT LAUDERDALE MARRIOTT
CORAL SPRINGS
(1.5 MILES AWAY)
REUNIFICATION CENTER



HOSPITALS

**Hotel-
Reunification
1.5 miles**

**Westlake
Middle School**

**Marjory
Stoneman
Douglas**

12

ROLE

Crisis Intervention

- Everyone who needed it
- Information and Referral.

Information

- **Who** – *“Who is in charge and who can tell me when I can see my loved one?”*
- **What** – *“What is going on with the investigation?”*
- **When** – *“When can I get my bookbag?” Or “When can I get my child's laptop?”*
- **Where** *“Where is my iPhone?” Or “Where can I get money to have my family flown in from Venezuela?”*

Death Notification

- Law Enforcement : Detective/Law Enforcement
- Social Media: Students

Asking for help

- Broward Crisis Responsive Team
- FBI Victim Assistance
- School personnel
- Teamwork

VICTIMS, WITNESSES AND SURVIVORS

☐ Identifying who was who.

- Were you in building 12?
- Did you go to school on February 14?
- Family members and siblings
- Paraprofessional school personnel

☐ Family Assistance Center – *American Red Cross (Pine Trails Park-5miles away from School)*

- Some of the Providers - Jet Blue Airlines, Islamic Disaster Relief, Department of Motor Vehicles
- Advocacy-Companion to families and survivors
- Memorials held at Park
- Victim Compensation
 - Middle School Students – not eligible
 - Eyewitness or Ear witness in 1200 building to be eligible

☐ School Board Support: Emotional and Mental Health Assistance

- Counselors, Social Workers

**Hotel-
Reunification
1.5 miles**

**Westlake
Middle School**

**Marjory
Stoneman
Douglas**

12

❑ Personal belongings –laptops, cell phones, bookbags

❑ Cleaning jewelry

❑ Student Diversity

- South American
- Jewish
- U visa Applications – Increase
 - Advocates at the Sheriff’s Office had to verify, through school attendance records, students who were in Building 12 on February 14
- African Americans –”Black Students at Marjory Stonemen Douglas High School Want to be Heard” *Some African-American students at Marjory Stoneman Douglas High School in Florida say their voices have been ignored by the media and others in the aftermath of the deadly school shooting. “I would say that our voices were not intentionally excluded, but they were not intentionally included,” said Kai Koerber, a junior. “Now more than ever, it is time to represent the diversity of our school, and the diversity in the world. Students of color, black and brown students, like myself have been racially profiled while we are on heightened alert, fearing the emergence of another Caucasian shooter,” Koerber said. (https://www.cnn.com/2018/03/29/us/parkland-school-black-students-trnd/index.html)*

PREPARATION

❑ Lessons Learned – We were unprepared!!! However, we did our best!

The best preparation for tomorrow is doing your best today. - H. Jackson Brown, Jr.

❑ Meet with school Mental Health personnel, social workers, etc. and discuss role and responsibilities of Advocates.

❑ Advocates should understand School policy and procedures, culture, vocabulary, etc.

❑ Form a Taskforce of stakeholders, advocates, community leaders, law enforcement, emergency management, school personnel, etc. Developed a plan of action for school shooting protocol and age appropriate mental health assistance. The Taskforce should meet regularly.

❑ Participate in a mock “ school shooting drill.”

ONE STRATEGY OR SKILL

*For those seeking to help victims,
survivors & schools impacted by mass
violence crimes*

Questions from the Field

Thank you for submitting questions in advance to our presenters!



To Request a Consultation or Technical Assistance:



info@nmvvrc.org

Next National Town Hall

2023 AUGUST						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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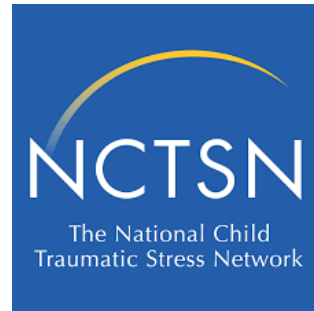
Topic: To be Announced Soon...

Date: To be Announced Soon.....



Office for Victims of Crime
OVC

<https://ovc.ojp.gov/>



<https://www.nctsn.org/>



<https://soarprofessionalservices.org/>



<https://www.nmvvrc.org/>

WRAP-UP & EVALUATION



<https://redcap.link/NTH6>

