



Trauma Response

When a crisis or traumatic event occurs, a comprehensive and caring response can have a positive impact on the emotional well-being of affected staff, students and community.

To that end, school administrators will notify the Park West School Division Trauma Response Team Leader as soon as possible when the death or serious injury of a student or staff member occurs. Upon notification of the Team Leader, the Divisional Trauma Response Protocol will be activated.

Traumatic Response Plan

PHASE 1: SCHOOL SYSTEM

A. Initial Call for Service

A request is received by any team member from school or community officials. The team member in turn notifies the team leader who then activates the team. Team leader will contact local police for confirmation and information regarding the incident.

Based upon information related to the trauma, The Trauma Response Team Leader will determine if additional community resources are required.

Trauma Response Team Leader and school administrator will jointly set a date and time for the Initial Meeting with School Personnel. School administrator will then activate the school's phone tree to notify staff of both the event and meeting.

B. Trauma Response Team Meeting

The Divisional Trauma Response Team has an initial meeting outside the school to organize themselves into their respective roles, review the relevant data/information and pre-trauma/pre-incident functioning of the system affected (school, community).

C. School Staff

Until the Trauma Response Team is on site, school personnel are essential for maintaining order, modeling calmness and continuing to guide the regular routine as much as possible and in identifying high-risk individuals.

D. Initial Meeting with School Personnel

This meeting is held with school personnel to review the trauma response procedures and identify high-risk individuals. The following key points will be covered:

1. The trauma response is a joint effort between school personnel and the Trauma Response Team.



2. The purpose of the Trauma Response is to guide the intervention procedures for identified high-risk individuals and leading groups to lessen the likelihood of an impairing trauma response in other individuals within the school or community system.
3. The school principal is essential in directing the work of the school personnel and planning with the Trauma Response Team Leader. The team only enters a school when invited by the school principal or according to established division policy.
4. Because many students take their cue from the adults in the system to influence their own responses, it is critical that school staffs be aware of the impact of their own responses. Therefore, if staff is having difficulty, they need to give themselves permission to take time to look after themselves.
5. The Trauma Response Team Leader and the Principal will review the prepared statement and answer questions and address concerns with school personnel around how to communicate with students. The statement will not be shared in large assemblies or by intercom systems.
6. The Trauma Response Team Leader and the Principal will develop a letter to parents that will be sent home at the end of the first day. The letter will include basic information related to the traumatic event and review the intervention process.
7. School staff will receive and review an information package regarding the range of student responses and how staff can support students effectively.
8. Classroom teachers will be expected to assist in the Classroom Intervention phase of the Trauma Response. If a classroom teacher is unable to participate, the Trauma Response Team will request that they remain in the room. If they are not able to be present, they will be encouraged to stay at the school to assist in some other way (i.e. preparing coffee, answering phones, preparing food).
9. Staff will be reminded that the CEO will address any requests from the media (as per policy).
10. Part 1 – A school personnel only meeting will be held at the end of the day will include information related to “caring for the caregiver” and reviewing the day’s events.
Part 2 – A group debriefing will be offered to those staff members who wish to participate in a group run by team members using the Sanford Model for Critical Incident Stress Debriefing.
Part 3 – The Trauma Response Team Leader and school administration will jointly determine what future services/interventions may be needed.
11. A list of potential high-risk students will be developed using the following guidelines:
(Note: These criteria may be applied to assess potential risk to staff and parents as well.)



- Anyone whose senses were activated by traumatic stimuli (i.e. witness to the incident)
- Immediate family members
- Relatives
- Close friends
- Boyfriend/girlfriend
- Team mates
- Ex-boyfriend(s)/girlfriend(s)
- Classmates
- Students with active mental health concerns (i.e. suicidal ideation, severe depression, anxiety disorder, etc.)
- Students who abuse drugs and alcohol
- Students with a significant emotional tie with the deceased, positive or negative (This includes any student who was involved in an adversarial relationship with a victim. This could also include students who have left the community.)
- Students that have experienced a recent loss such as death of a parent, sibling, friend
- Students with unresolved abuse/trauma
- Leaders or over-responsible students who may blame themselves for “not seeing the signs” or “not knowing what to do”
- Any that you intuitively suspect may be at risk student(s)

E. High-Risk Assessment

High-risk Assessment is an ongoing process that starts prior to the initial Classroom Interventions and runs concurrent with ongoing Crisis Intervention Counselling and until all high-risk students are assessed.

High-risk Assessment is the process of determining if a potential high-risk student is actually high risk. A student is deemed to be high risk if they are a detriment to themselves or others. A high-risk student can also be viewed as traumatized and therefore would be referred to a Crisis Counsellor. Students who are not assessed as high-risk are referred on to the Classroom Interventions.

F. Crisis Counselling

Students will be referred to the Crisis Counsellors through the High-Risk Assessment team. The Crisis Counsellors will be stationary with a designated waiting area where a student in crisis will wait with friends or appointed school personnel who can be a support until one of the counselors becomes available. The primary goal of crisis counseling is to stabilize the student so they can participate in a group without contaminating it. If a student cannot be stabilized, the focus will be to link the student to immediate resources (peers, family).



G. Classroom Intervention

Classroom intervention has the broadest impact on the overall school system's recovery from a traumatic event. The intervention will include the following:

1. Classroom Intervention Facilitators will lead the classroom intervention using the CISD model with the assistance and input of the classroom teachers. Prior to the intervention, the two facilitators will discuss classroom dynamics in order to prepare for any possible conflicts, etc. that may occur.
2. The classroom intervention will use the following process, as per CISD Model:
 - a. Introduction
 - b. Fact Phase
 - c. Thought Phase
 - d. Feeling Phase
 - e. Assessment Phase
 - f. Teaching Phase
 - g. Follow-up Phase

PHASE 2: COMMUNITY INTERVENTION – PARENT/FAMILY SYSTEMS

At an appropriate time, a meeting will be held to assist parents and community members to understand the facts surrounding the crisis or traumatic event and the possible impact on students, parents, and community initially and throughout the recovery period. The meeting will be psycho-educational and a way to keep the school and community system open. By including parents in the sharing of information, the sole responsibility for recovery is no longer limited to the school.

PHASE 3: CLOSURE AND FOLLOW-UP

A follow-up meeting will be held with school personnel and the Trauma Response Team Leaders between two to four weeks after the initial response. The purpose of the meeting will be to discuss the system's functioning since the response. Other topics will include critical periods, care for the caregiver, and suggestions for future involvement of the Trauma Response Team.

Classroom Teachers:

1. Remain in your classroom if you are capable of doing so.
2. Maintain order, model calmness and continue the regular routine as much as possible.
3. Compile a list of individuals you think may be high-risk.
4. Attend the Initial School Personnel meeting. Bring your list of high-risk individuals.



5. Review the package of material received at the Initial School Personnel meeting in order to be aware of the types of behaviour/reactions that you can expect from your students, colleagues and self.
6. Be aware of and be prepared to discuss the dynamics of your classroom with the Classroom Intervention Facilitators.
7. Assist the Classroom Intervention Facilitator with the classroom intervention.
8. Attend the end of day meeting to review the process.

Trauma Team Leader:

1. Upon notification from team members, school or community official, activate the team by using the Divisional Team Phone Tree and specifying the time and place of the initial Trauma Response Team meeting.
2. Contact local policy for confirmation and any available information.
3. Develop agenda and chair the initial Trauma Response Team meeting.
4. Assign roles to members of the Trauma Response Team as needed.
5. With the school administrator, develop the written statement and letter to parents ensuring that only factual information is shared.
6. Chair or co-chair the Initial Meeting with School Personnel.
7. Oversee all phases of the Trauma Response.
8. With the school administrator, review data in order to determine what interventions may be needed beyond the initial team response.
9. Review the school staff response/s to prior crises.
10. Review the current response of the adult systems.
11. Ensure that staff is aware of supports that are available to them if they are having difficulty at any point after the initial response.
12. Periodically, check in with school administrator/staff.

School Administrator:

1. Activate the school phone tree.
2. Discuss Response plan with the Trauma Response Team Leader.
3. Chair or co-chair the Initial School Personnel meeting.
4. With the Trauma Response Team Leader, develop the written statement and letter to parents ensuring that only factual information is shared.
5. Contact family to express condolences and offer assistance.
6. Contact the family to determine funeral arrangements.
7. When appropriate, gather and deliver personal property to the family.
8. Monitor staff responses and ensure that they are aware of supports available to them (i.e. EAP, Adult Mental Health)
9. Support the Trauma Response Team
10. With the Trauma Response Team Leader, review data in order to determine what interventions may be needed beyond the initial team response.



HIGH RISK ASSESSMENT TEAM

High-risk assessment will focus on three areas:

1. Suicidal ideation – is a student at risk to themselves
2. Traumatized students – student acts out impulsively, i.e. driving dangerously, drinking/using drugs to escape
3. Homicidal ideation – is the student a risk to others, more associated with traumatic events such as school shootings.

It is important to remember that in the aftermath of crises or highly traumatic events the fluidity between suicidal and homicidal domains seems to be more pronounced.

The goal is to determine if a potential high-risk student is actually high-risk.

Direct Assessment:

1. Emotional/psychological functioning:

- hysterical – need to be in constant care (see mental status)
- suicidal
 - thoughts of suicide
 - lethality of means
 - access to means
 - previous attempts
 - family/community history
- homicidal
 - ask directly if they have thoughts of harming another person
 - are the thoughts pervasive or transient
 - do they have a plan, how extensive
 - what are the means, are they available
 - history of aggressive behaviours or attack related behaviours
 - specific target, degree of intent
 - connected or disconnected to other students, other adults
 - are collaterals concerned about the students potential for violence
 - history of conduct disorder or oppositional defiant disorder
 - history of abuse as a child
 - ability to control impulses

** be alert to signs of agitation and losing control

- in denial – acceptance of trauma as real
- other current or recent stressors (losses, failures, etc.)
- level of drug and alcohol use

2. Current social/emotional supports:

- family friends, social network



3. Mental Status Components:

Behavioural Aspects:

- general appearance and behaviour
- mood – liability, appropriateness, intensity, history of depression
- flow of thought – association, rate and rhythm

Cognitive Aspects:

- content of thought
- perception – anxiety, thoughts of violence (self, others)
- cognition
- insight and judgment

Indirect Assessment:

Collaterals are used to gather information – who is with them and what are they saying.



INTERVIEW OUTLINE (Ask for details, clarifications of thoughts and feelings)

Degree of Risk?

1. Where were you when the event occurred?
Direct ____ On-site ____ In neighborhood ____ Out of area ____.
2. What did you see or (hear about)?
3. How do you feel now?

Other Factors

1. How well do you know the victim(s)?
2. Have you or any of your family had a similar experience?
3. How do you think this will affect your family?

Is Response in Proportion to Degree of Risk?

Reaction to Event

1. Do you think your life will be different now?
2. Do you think you could have done anything to prevent this incident?
3. What are you angry/guilty about?
4. Do you want to “get even” or seek revenge?

Concerns/Problems

1. What is bothering you now?
2. Have there been any changes in your life or routine because of the event?
3. What is the most pressing problem?

Plan of Action

1. What has worked for you in the past when there has been a problem?
2. What is the problem you would like to work on now?



3. What is the first step you can take?

Support

1. Who would you like to help you?
2. To whom can you talk in your family?
With friends?
3. What will you do when you leave school today?
4. Would you like to talk again?

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