School Emergency Operation Planning-Beyond Compliance Workshop Series

Mental Health Crisis

Presented by
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Dr. Paula Gill Lopez (CT Center for School Safety- Affiliate Faculty)
Agenda

• (The session will be recorded until they enter breakout rooms)
  • Introduction to the Beyond Compliance Series
  • Overview of the state requirements
  • Mental Health Crisis Response – Best Practices
  • Scenario
  • Breakout Session
  • Plenary Session S.O.A.R. AAR
Introduction

- Beyond Compliance Workshops
- Reduce the plan into “bitesize pieces”
- Aggregation of Marginal Gains (1% improvements)
- Please direct message me if you are not here with a team
• Good morning

• In the Connecticut All-Hazards School Plan Template, Annex J is where the Mental Health Annex is located. Several Mental Health Professionals from across the state have provided input, best practice, ideas and guidance for the contents of this annex.

• You still must tailor this annex and every annex to your school, student population and resources.

• Please review Public Act 22-47 “An Act Concerning Children’s Mental Health”

• This Public Act does have elements that will require your school/district to incorporate into your plans, policies, procedures and response.
Based on the guidance provided, the Annex is comprised of the following areas:

- **Early Identification.**
  School districts are increasingly involved in early identification; therefore, school districts should have well-established practices and procedures to support early identification processes.

- **Whole Child-School-Parent Partnership**
  Educating the whole child requires a coordinated approach through home-school-community partnerships that employ a continuum of developmental, preventive, and remedial-based support services.

- **Risk Assessment Screening**
  Risk Assessment is a broad topic referring both to issues with students and school personnel and issues concerning building, community and environmental safety. Thus, developing a Risk Assessment and Management policy that utilizes pre-existing teams to address students with behavioral and emotional issues makes the most sense.
• School-Community Partnership

Students and families interact with various “systems” in all communities. These systems include schools, mental health service providers, hospitals, state agencies, religious and other community groups.

• Alternative Programing

Children are complex. Children with special/functional needs can have even more unique and complex needs. The same can be said of their treatment plans and services.

• Priority Placement-Mental Health Services

Schools must make sure they are evaluating children in all areas of suspected disability including mental health issues. A comprehensive multi-disciplinary evaluation will ensure schools are offering appropriate, scientifically-based interventions to address social/emotional and psychiatric issues that may be interfering with student progress at school.

As mentioned previously, The plan must be tailored to your school. Ideas and items to consider are presented for you and your school safety committee to build upon and make its own. The template is a starting point.
• Anyone from the school community involved in an incident will prompt media, parents and others to immediately contact the school with questions.
• An incident can happen at any time and does not necessarily have to happen at school.
• Having a plan in place, that a school leader can reference and put into action, immediately, will create a positive outcome.
THE GOAL OF ANY MENTAL HEALTH CRISIS RESPONSE SHOULD BE FOR THOSE AFFECTED TO ACTIVATE AND EXERCISE THEIR COPING SKILLS WITH THE LEAST AMOUNT OF SUPPORT
• The Incident Command System and the multidisciplinary crisis response team

• PREPaRE advocates placing a Mental Health Officer in the Command Staff
## Functional Annexes

### Prevention/ Protection
- Security

### Mitigation/ Response
- Accounting for All Persons
- Communications and Warning
- Evacuation
- Shelter-in-Place
- Lockdown
- Reunification
- Public Health, Medical & Mental Health

### Recovery
- Recovery
- Continuity of Operations
Initiating a MENTAL HEALTH RESPONSE in a CRISIS

1. Ascertain the facts
2. Evaluate Psychological Trauma
   a. Event Variables
   b. Personal Risk Factors
   c. Crisis Reactions & Warning Signs
3. Determine the level of the response
4. Match response with needs
5. Intervention – one size doesn’t fit all
ASCERTAIN THE FACTS

1. During/after a crisis:
   A. Gather/confirm the facts.
      • Who
      • What
      • When
      • Where
      • How
      • Why
   B. When appropriate/applicable confirm with the family what details may be shared and with whom.
   
   C. Facts are an essential element in mental health interventions
Recognize risk factors that predict psychological trauma.
### Handout 12: Matching Level of Multidisciplinary Crisis Team Response With Crisis Event Variables

<table>
<thead>
<tr>
<th>Crisis Event Example</th>
<th>Estimated Response Level&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Type</th>
<th>Consequence</th>
<th>Predictability</th>
<th>Duration</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A student falls and breaks a leg while playing kickball.</td>
<td>Minimal</td>
<td>Accident (not human caused)</td>
<td>Nonfatal injury</td>
<td>Playground accidents are relatively common.</td>
<td>Minutes</td>
<td>Others see the student falling and crying.</td>
</tr>
<tr>
<td>A parent volunteer dies shortly after being diagnosed with cancer.</td>
<td>Building</td>
<td>Severe illness (not human caused)</td>
<td>One fatality</td>
<td>A terminal diagnosis had been given.</td>
<td>Month</td>
<td>Students were exposed only to the beginning stages of the illness.</td>
</tr>
<tr>
<td>A student dies by suicide by hanging himself in a restroom.</td>
<td>District</td>
<td>Human caused (self-directed violence)</td>
<td>One fatal injury</td>
<td>Indirect suicide threats were not identified as suicide warning signs.</td>
<td>Minutes</td>
<td>Three students discover the body of the deceased, and many see the body being removed. The event is being discussed via social media.</td>
</tr>
<tr>
<td>A gunman attacks a crowded playground; students are in lockdown all day.</td>
<td>Regional</td>
<td>Human caused (violent assault)</td>
<td>Multiple fatalities</td>
<td>The event was sudden and unexpected.</td>
<td>Hours</td>
<td>Students are exposed to gruesome sights.</td>
</tr>
</tbody>
</table>
## Evaluating Psychological Trauma

### Psychological Risk Checklist

<table>
<thead>
<tr>
<th></th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Proximity</strong></td>
<td>□ Out of vicinity of crisis site</td>
<td>□ Present on crisis site</td>
<td>□ Crisis victim or eye witness</td>
</tr>
<tr>
<td><strong>Emotional Proximity</strong></td>
<td>□ Did not know victim(s)</td>
<td>□ Friend of victim(s)</td>
<td>□ Relative of victim(s)</td>
</tr>
<tr>
<td></td>
<td>□ Acquaintance of victim(s)</td>
<td></td>
<td>□ Best friend of victim(s)</td>
</tr>
<tr>
<td><strong>Internal Vulnerabilities</strong></td>
<td>□ Active coping style</td>
<td>□ No clear coping style</td>
<td>□ Avoidance coping style</td>
</tr>
<tr>
<td></td>
<td>□ Mentally healthy</td>
<td>□ Uncertainty about precrisis mental health</td>
<td>□ Preexisting mental illness</td>
</tr>
<tr>
<td></td>
<td>□ Good self-regulation of emotion</td>
<td>□ Some difficulties with self-regulation of emotion</td>
<td>□ Poor self-regulation of emotion</td>
</tr>
<tr>
<td></td>
<td>□ High developmental level</td>
<td>□ Appearance of immaturity at times</td>
<td>□ Low developmental level</td>
</tr>
<tr>
<td></td>
<td>□ No trauma history</td>
<td>□ Trauma history</td>
<td>□ Significant trauma history</td>
</tr>
<tr>
<td><strong>External Vulnerabilities</strong></td>
<td>□ Living with intact nuclear family members</td>
<td>□ Living with some nuclear family members</td>
<td>□ Not living with any nuclear family members</td>
</tr>
<tr>
<td></td>
<td>□ Good parent–child relationship</td>
<td>□ Parent–child relationship at times stressed</td>
<td>□ Poor parent–child relationship</td>
</tr>
<tr>
<td></td>
<td>□ Good family functioning</td>
<td>□ Family functioning at times challenged</td>
<td>□ Poor family functioning</td>
</tr>
<tr>
<td></td>
<td>□ No parental traumatic stress</td>
<td>□ Some parental traumatic stress</td>
<td>□ Significant parental traumatic stress</td>
</tr>
<tr>
<td></td>
<td>□ Good social resources</td>
<td>□ Social resources/relations at times challenged</td>
<td>□ Poor or absent social resources</td>
</tr>
<tr>
<td><strong>Immediate Reactions During the Crisis</strong></td>
<td>□ Remained calm during the crisis event</td>
<td>□ Displayed mild to moderate distress during the crisis event</td>
<td>□ Displayed acute distress (e.g., fright, panic, dissociation) during the crisis event</td>
</tr>
<tr>
<td><strong>Current or Ongoing Reactions and Coping</strong></td>
<td>□ Only a few common crisis reactions displayed</td>
<td>□ Many common crisis reactions displayed</td>
<td>□ Mental health referral indicators displayed (e.g., acute dissociation, hyperarousal, depression, psychosis)</td>
</tr>
<tr>
<td></td>
<td>□ Coping is adaptive (i.e., it allows daily functioning at precrisis levels)</td>
<td></td>
<td>□ Coping is absent or maladaptive (e.g., suicidal or homicidal ideation, substance abuse)</td>
</tr>
</tbody>
</table>

| **Total:** | | | |

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**Handout 15**
Conducting Psychological Triage: A Process, Not an Event

- **Primary Triage**: Establishes initial treatment priorities
- **Secondary Triage**: Uses data collected during interventions
- **Referral Triage**: Is conducted as interventions conclude
Providing Crisis Interventions

Matching Need to Intervention

1. Reaffirm health & welfare.
2. Ensure perceptions of safety & security.
3. Evaluate psychological trauma.
4. Determine initial crisis intervention risk classifications.
5. Reevaluate and make more informed crisis intervention treatment decisions.

Match degree of psychological trauma risk to the appropriate school crisis interventions.
Providing Crisis Interventions and Responding to Mental Health Needs

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

Place PREPaRE mental health crisis interventions on a multitiered continuum ranging from least to most restrictive.
## Tiers of School Crisis Interventions (PREPaRE)

<table>
<thead>
<tr>
<th>Tiers of Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicated Crisis Interventions</strong></td>
</tr>
<tr>
<td>Provided to those who were severely traumatized</td>
</tr>
<tr>
<td>Typically a minority of crisis survivors; however, depending upon the nature of the crisis can include a significant percentage</td>
</tr>
<tr>
<td><strong>Selected Crisis Interventions</strong></td>
</tr>
<tr>
<td>Provided to those who were moderately to severely traumatized</td>
</tr>
<tr>
<td>Following highly traumatic crises, can include an entire school</td>
</tr>
<tr>
<td><strong>Universal Crisis Interventions</strong></td>
</tr>
<tr>
<td>Provided to all students who were judged to have some risk of psychological trauma</td>
</tr>
<tr>
<td>Depending on the nature of the crisis, can include an entire school</td>
</tr>
</tbody>
</table>

**Tier 1**
- Caregiver Trainings
- Classroom Meetings
- Informational Bulletins, Flyers, and Handouts
- Reestablishing of Social Support Systems
- Evaluation of Psychological Trauma
- Endured Perceptions of Security and Safety
- Reaffirmation of Physical Health
- Prevention of Psychological Trauma

**Tier 2**
- Individual Crisis Intervention
  - Classroom-Based Crisis Intervention
  - Student Psychoeducational Groups

**Tier 3**
- Psychotherapy
CASE SCENARIO
It’s 4:15 on a Thursday and most staff have left the school building. A car enters the driveway and appears not to notice signage that diverts them away from the main parking area. The individual, a 35-year-old adult male, parks in the nearly-empty lot, enters the building and sees a group of students down the hall. He proceeds toward the students and notices the group of about 15 teens is unruly. It appears that one boy is on top of another, but it’s hard to see from a distance due to the other students blocking the view. Students begin to pull out phones to record and the adult moves closer. Suddenly, the students gasp and some scream as the boy on top bolts past the unknown adult and out of the building. A pool of blood begins to form around the teen on the floor. The only teacher still in the hall opens the door to see what’s going on just as the perpetrator exits the building. A custodian who heard the noise turns into the hallway.

The stranger was a parent from a near-by school. There is a track meet in the field behind the campus. Cars were supposed to be parked in the adjacent lot so no one would enter the building. Ninety seconds has passed since the stabbing. The teacher has swept all students from the hallway into his room and told them to act as if it’s a lockdown. Students are shaking and, though they are trying to be quiet, some are crying. Most have their phones out and they are texting parents and friends. One has posted a fuzzy picture of the fight on social media. Another tweeted, “Jared killed by drug dealer and another killer maybe in building.” The teacher grabbed his own cell phone to call an administrator, but the signal isn’t good. He gives up and uses a classroom phone. There are about 200 students outside at the track meet, including about 30 from the opposing school. The building principal is out of town, but there is an assistant principal at the track meet, along with the SRO. The custodian is running out a back door toward the track to get help.
(Recording Stops) Breakout Sessions by teams

- Breakout rooms by schools/districts
- Test your plan
- 30 minutes to review scenario and answer questions (Uploaded word document)
- Please let us know if you do not have a team with you
Plenary Session for AAR

• Use SOAR to review your emergency operation plan
  • Strengths
  • Opportunities
  • Aspirations
  • Results
<table>
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<th>Opportunities</th>
<th>Aspirations</th>
<th>Results</th>
</tr>
</thead>
</table>
| • What works well?  
• What should we keep doing?  
• What systems/resources are already being used?  
• Who do we already collaborate with? | • What systems/resources should we be using?  
• Where can we grow?  
• What should we stop doing?  
• Who can we collaborate with? | • What are the possibilities?  
• What do we envision the future to be?  
• What is our ideal? | • How do we measure success?  
• What are the next steps...  
  • Build on strengths.  
  • Seize opportunities  
  • Make our aspirations a reality  
  • Who is responsible for what?  
  • How do we establish accountability?  
  • When do we start/finish? |
Please take a minute to provide feedback.
Thank you.