

**RESPONDING TO CRITICAL INCIDENTS IN THE NWSD
APPENDICES**

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Responding to Critical Incidents in the NWSD

Division-Based CISM Team

Outlines Division wide plan for responding to school crisis.
Division-Based Team Coordinators, Educators, Psychologists,
North & South Team Leaders, 3 Members at large.

Develop
Procedural
Guidelines

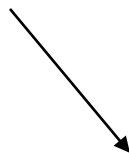


Provide
Feedback
on Policy

(At times of critical incident provides assessment
and extent of resources required.)

School-Based CISM Team

Principal, School Counsellor, Wellness Coordinator,
Trained CISM Staff Member



Division-Based Support Team

Educational Psychologists
North/South Team Leaders
Counsellors
Other CISM Team members

Resource-Based Support Team

(Outside of Division)
Mental Health Agency
Clergy
Identify Trained Community Members
Victim Services
Elders

R2 Coordinator’s Critical Incident Response Checklist

- Consult with Principal of school.
(Verify facts, conduct preliminary assessment, and identify resources required.)
- Consult with the Director and the Superintendent of the School
- Contact North and South Team Leaders. (If necessary)
- Contact CISM Team Members. (As required)
- Identify the CISM Team Lead
- Meet with School-Based team on site.
 - Assess needs of students and staff.
 - Complete strategy planning template with School-Based Team. (R6 page 7)
 - Collaboratively construct the CMB with the School-Based Team.
- Meet with the school staff. (Administrator conducts initial meeting with staff)
- Collaborate with School-Based CISM Team to Identify Resource-Based personnel in the community. (If necessary)
- Monitor/support team activities and site preparation.
- Communicate with staff and students (Purpose and procedure for CISM)
- Facilitate community support and/or support for the community.
- Prepare information packages for staff, students and community.
- Conduct debriefing meeting with CISM Team.
 - Debrief the day.
 - Outline plan for following day.
- Conduct the “Post Action staff support”. (Refer to page 23 of this section)
- Ensure *Critical Incident Report* is complete. (Refer to page 25 of this section)

R3 School Based CISM Team- Identifying Responsibilities

School Admin: _____

- Maintains a critical position on the CISM Team.
- Holds the most authority in the building.
- Is responsible for the actions of the Team Members.
- Obtains all available facts.
- Serves as liaison between School, Division, and other outside agencies.
- Serves as liaison between students and support personnel
- Assign person(s) to organize food

Teachers: _____

- Provide a stable and calm role model for students.
- Serve as liaison between CISM Team and school staff.
- Identify and refer students who are in need of support or are “at risk” to CISM Team.

Division Psychologist: _____

- Educate staff and students on what to expect.
- Identify students for further referral.
- Provide coping strategies, counselling and referrals to mental health.
- Identify students for mental health services.

School Counsellor / Wellness Coordinator _____

- Work with School-Based CISM Team to support students and staff.
- Identify and refer students who are in need of support or are “at risk”.
- Act as a liaison to the families to access support.
- May act as a liaison with parents to facilitate further support for students. (As required) Mental Health etc.

Support Staff/Teacher Assistants/Maintenance/Clerical Staff: _____

- Identify “at risk” students.
- Educational Assistants support students in their care.
- Have basic knowledge of the Critical Incident Response plan.
- Answer phone calls and give prescribed message

CISM School-Based Staff _____

- Collaborate with Division-Based CISM Team to coordinate Critical Incident Response Plan.
- Serve as a liaison between CISM Team and staff.
- Serve as a liaison between CISM Team and students.
- Refer students who appear to need emotional support.

A PROACTIVE RESPONSE TO A CRITICAL INCIDENT

The manner in which people react to a crisis situation is dependent upon a number of variables including personal history, personality, severity and proximity of the event, level of social support, and the type of quality of intervention. While no two people respond to situations, including traumatic events, in exactly the same manner, the following are often seen as immediate reactions to a significant critical incident:

- Shock, numbness
- Denial or inability to acknowledge the situation has occurred
- Dissociative behavior – appearing dazed, apathetic, expressing feelings of unreality
- Confusion
- Disorganization
- Difficulty making decisions and
- Suggestibility

It is important to note that most children will recover from the effects of a critical incident with adequate support from family, friends and school personnel. Their response to a critical incident can be viewed as “a normal response to an abnormal situation.” While the emotional effects of the incident can be significant and can potentially influence functioning for weeks to months, most children will evidence a full recovery.

SITE PREPARATION FOR CISM Team (Sample)

- Prepare a summary of the critical incident.
- Assign a private space for the School-Based CISM Team and Division CISM personnel to work from.
- Prepare a sign-in sheet and name badges.
- List of staff with room assignments.
- Daily school (bell) schedule.
- Identify “Drop-In” room for students and staff.
- School map.
- CISM Map. (Where CISM Team will be situated).
- Identify a CISM Meeting Room.
- Arrange CISM access to school word processing and copy services.
- Provide CISM access to student names and addresses as needed.
- Identify private rooms for individual and group support.
- List of affected students and staff (list on white board in room CISM Meeting Room).
- Identify a process for student referrals to support services.
- Log book to record all referrals/activities/interventions.
- Signage on door directing all media correspondence
- Identify location of food (generally staff room or “Drop-in” room)

Under each topic identify who will:

Provide adequate school security

Name: _____ Number: _____

Re-establish routine school activities and school work

Name: _____ Number: _____

Control flow of information to students, families, community, press, general public

Name: _____ Number: _____

Name: _____ Number: _____

Monitor and support staff for ongoing support

Name: _____ Number: _____

Identify at risk students

Name: _____ Number: _____

Provide crisis and grief counselling to those you have identified

Name: _____ Number: _____

Name: _____ Number: _____

Teach stress management

Name: _____ Number: _____

Provide outreach to homes of students and staff

Name: _____ Number: _____

Provide supportive classroom climate

Name: _____ Number: _____

Build sense of community at school

Name: _____ Number: _____

Provide empowering activities that promote healing

Name: _____ Number: _____

Provide ongoing support and follow-up services

Name: _____ Number: _____

**Critical Incident Stress Management (CISM):
The Core Components**
(Adapted from: Everly and Mitchell, 1999)

<u>INTERVENTION</u>	<u>TIMING</u>	<u>ACTIVATION</u>	<u>GOAL</u>	<u>FORMAT</u>
Pre -crisis preparation	Pre-crisis phase	Crisis anticipation	Set expectations Improve coping Stress management	School wide or groups of staff/students
Crisis Management Briefing (CMB) classroom	Anytime post-crisis	Event driven	To inform and consult To allow psychological decompression Stress management	School staff classrooms
Defusing	Post-crisis (within 12 hours)	Usually symptom driven	Symptom mitigation Public closure Triage	Small groups of staff/students
Critical Incident Stress Debriefing (CISD)	Post-crisis (1-10 days)	Usually symptom driven Can be event driven	Facilitate psychological closure Mitigation Triage	Small groups of staff/students
Individual crisis intervention 1:1	Anytime Anywhere	Symptom driven	Symptom mitigation Return to function, if possible Referral, if needed	Individuals
Family CISM	Anytime	Either symptom driven or event driven	Foster support & communications Symptom mitigation Closure, if possible Referral, if needed	Families/School
Community and school consultation	Anytime	Either symptom driven or event driven	Foster support & communications Symptom mitigation Closure, if possible Referral, if needed	Families/School
Pastoral Crisis Intervention	Anytime	Usually symptom driven	To mitigate a "crisis of faith" and use spiritual tools to assist in recovery	Individuals, families, groups
Follow-up/Referral	Anytime	Usually symptom driven	Assess mental status Access higher level of care, if needed	Individuals/Groups

{From Everly, G. and Mitchell, J. (1999) Critical Incident Stress Management (CISM): A New Era and Standard of Care in Crisis Intervention. Ellicott City, MD. Chevron Publishing.}

Crisis Management Briefing (CMB)

- Duration 10 – 70 minutes. (appropriate to age group)
- Anytime post crisis. (Determined by Principal in collaboration with CISM Team.)

Steps of a Crisis Management Briefing:

- Establish FACTS.
- IDENTIFY and ASSEMBLE groups.
- PROVIDE FACTS and INFORMATION regarding the incident.
- TEACH the group, focusing on common reactions, providing personal coping and self-care strategies, practical stress management, and provide information on professional referral and follow-up.

Given the critical incident you are providing support for, quickly write a paragraph of the information you would provide to the target groups. (Staff, students, parents, bus drivers, etc.)

In your information phase be sure to answer the questions:

FACTS:

- What happened?
- Who did it happen to? (**only give names if you have permission**)
- When did it happen?
- Where did it happen?
- What part of your school has been affected?

REACTIONS:

- What kinds of normal reactions can they expect in students and adults?

TEACH:

- Provide healthy coping and stress management strategies. Identify the themes that will be evident and identify strategies to assist your target groups.

FOLLOW-UP:

- How can the following people contact you for information on their child/family?
 - o Staff
 - o Students
 - o Parents
 - o General public
 - o The press

NOTE: Crisis Management Briefings are done only in homogeneous groups. (Those that have a similar experience with the critical incident)

Make a list of handouts and information you would send home with the students.

- How do parents talk to their children?
- What do teachers talk to students about?
- How do students talk to students?

Defusing:

- Duration: 15-40 minutes. (Appropriate to needs of target group)
- Post Crisis (within 12 hours)
- Homogenous groups (those who are of similar experience with the critical incident.
- Defusing is done to:
 - Reduce the intense reactions to the event.
 - “Normalize” the experience and reactions of those involved.
 - Re-establish the natural support network and give permission to talk with each other.
 - Assess those in groups to determine if there is a need for a critical incident stress debriefing.

Introduction (Team Leader)

- Brief introduction of team members. Who are you?
- Rules
 - Confidentiality. No notes or recordings.
 - Participation is voluntary.
 - No phones.
- Purpose and Process:
 - To help you understand your emotions and thoughts at this time. (I am going to ask you what you saw. We are going to....)
- This is not an investigation.
- Motivate participants.
 - Everyone’s experience is important.
 - Speak only for yourself from your perspective.
 - Something you say may be important for others to hear.
 - We are not here to find fault or blame.
 - We will be here afterward to talk with you privately if you would like.

Exploration: (Team Leader)

Choose most appropriate questions to combine elements of the Fact and Thought phase of a debriefing. Sit in a circle and speak one after the other around the circle.

- Give your name, your role and what happened from your perspective?
- Ask participants to tell some of what they saw, did, and thought about during and after the actual event.
- Listen for the significant parts of the event. (identify the themes that present)
- What part of this event is bothering you the most right now?

Information:

- Accept and summarize what they have shared with you. (theme and event)
- Normal reactions in normal people to an abnormal event.
- Provide handouts and contact numbers.
- Organize a critical incident stress debriefing if necessary.
- Summarize what they've mentioned to you. (event/theme)
 - Teach to those themes that present.
 - Teach stress management skills.
 - Teach healthy lifestyle choices: exercise, food, beverages, self care.
 - Rely on friends and family for support.
 - Offer suggestions for long range reactions to stress.

- Thank everyone for participating.

Sample Defusing

These remarks will help a CISM team to begin a defusing. It is not necessary to state each item. The needs of the group and their experience with previous group crisis intervention techniques may help to guide the CISM Team in starting the defusing. At times, additional guidelines might need to be presented by the Team. Do not read these guidelines to the participants. They should be conversationally presented by the Team members.

Hello, my name is _____ and I am a member of the CISM Team. My partner in this defusing is _____ and we will work together to guide you through this brief conversation about the event you just experienced.

Each of you has a little different view of the event and we want you to feel comfortable discussing your own experience of the situation. We are not here to critique the situation or your performance, so we are asking that you do not criticize your colleagues. If things happened that need to be corrected, they can be addressed in a different process than this one.

We simply want to give everyone an opportunity to say what each person believes is important about this situation. Then we want to give you some useful information that will help you recover from the experience.

It is not mandatory that everyone speaks.

There is no specific order in this process. Speak up when you would like to add something to the conversation. Remember we want to do this in a positive, helpful manner that provides information that ultimately benefits each of you.

A comment you make may clarify this experience for others in the group. This process is about cohesion and the ability to return to normal work. We find that when people talk about things, it often puts the experience in perspective and helps them to learn something that is useful in future circumstances.

This process is not part of an investigation. It is for you and your healing. What you say in this process will be held in confidence by the CISM Team. We ask that each member in your group hold the information to themselves. Each of you needs to know that he or she can trust the other members of your group. You may speak to others as much as you choose, but you may not speak about other people in your group. Please, no note taking.

What we are doing today is “guided conversation”. It is not psychotherapy nor is it a substitute for psychotherapy.

We will not take very long to get through this process. We will stay as long as you need us to, so we do not have to rush. These conversations usually last under an hour. If anyone would like to talk to either of us on the CISM Team, we will be around for awhile after the session concludes.

If we need to get together again later to help take the edge off this event, we are certainly willing to do that. We'll decide on that after this session is over.

It will help my CISM teammate and I to know a bit about what you went through so that we can give you the best information toward the end.

If someone can give us a thumbnail sketch of the situation, we would appreciate it. Sometimes it helps to know who got involved first and who came in next. We do not need a lot of detail. An overview will do. Sometimes we will need to ask a few questions so that we are clear about the main aspects of the situation.

Okay, let's begin. Who would like to give us an overview of the situation and what happened?

Critical Incident Stress Debriefing (CISD)

Get the CISM Team together 30 minutes before you debrief. Get all the information you can and make a plan. Small homogenous groups of students or staff.

Introduction: (Team Leader)

- Brief introduction of team members. (Who we are)
- Explain purpose of critical incident stress debriefing.
 - o Here to share with you information from others who survived similar events.
- Describe critical incident stress debriefing process.
- Motivate participants.
 - o Some of you may not want to be here.....
- Lay out ground rules.
 - o Participation is voluntary. (Feel free to pass)
 - o No cell phones during intervention.
 - o Confidentiality reminder.
- Preview first questions.
- Answer questions.

Fact: (Team Leader- beginning with one person and going around in a circle)

- Tell me your name and what happened.
- What did you see, hear, do at the event?

Thought: (Team Leader- around the circle)

- When you realized how serious this was, what were your first or most prominent thoughts?
- What thought has been stuck in your head since the event?

Reaction: (Team Leader - open it to the group - choose most appropriate question)

- What part of this event are you having the hardest time with right now?
- If you could erase one thing from this particular event, what would it be?

Symptoms: (Health Professional- Choose most appropriate question)

- How has this incident shown up in your life since it happened?
- Have you noticed anything in your behavior that is different?
- Describe reactions that no one has voiced and ask if anyone has had them.
- Identify some of the stress reactions that group members have talked about.

Teaching: (Health Professional Peer* may add to healthy lifestyles part)

- Give examples of things that individuals can do to help them through the next few days.
- Normal reactions in normal people to an abnormal event.
- Summarize key reactions and things to do to take care of self and others.
 - Emphasize healthy lifestyle choices: exercise, food, beverages, self care.
 - Rely on friends and family for support.
 - Offer suggestions for long range reactions to stress.

Re-entry: (Team Leader)

- Wrap-up and questions answered.
- All team members can offer comments.
- Re-iterate **confidentiality** reminder and **thank them** for participating.
- Leave handouts and team phone numbers.
- Coordinator arranges for follow up calls.

CHILDREN'S REACTIONS TO TRAUMA

PRESCHOOL-KINDERGARTEN

COGNITIVE SIGNS

Shorter attention span
Confusion regarding:
 Event
 Locations
 Sequences
 Death

EMOTIONAL

Generalized fear
Nervousness, anxiety
Irritability
Fearful of reminders

ELEMENTARY

COGNITIVE SIGNS

Confusion regarding:
 Event
 Sequence
Inability to concentrate

EMOTIONAL

Fear of recurrence, reminders
Wanting to be fed, dressed
School phobia, avoidance of large groups
Guilt over performance
Aggression
Over concern for family safety

PHYSICAL SIGNS

Loss of appetite
Overeating
Bowel and bladder problems
Sleeping disturbances

BEHAVIORAL

Bedwetting
Thumb sucking
Nightmares
Repetitive play, re-enacting trauma
Anxious attachments, clinging
Aggression, disobedience

PHYSICAL SIGNS

Complaints (vision, stomach)
Headaches
Nausea
Itching
Sleeping disturbances

BEHAVIORAL

Clinging
Resumption of outgrown habits
Repetitive talking, re-enacting incident
Disobedience
Drop in school performance
Nightmares

MIDDLE SCHOOL/SENIOR HIGH SCHOOL

COGNITIVE SIGNS

Problems concentrating
Over concern regarding health

EMOTIONAL

Depression
Anxiety

PHYSICAL SIGNS

Headaches
Vague complaints, pains
Skin rashes
Loss of appetite, overeating

BEHAVIORAL

Can't meet responsibilities
Resumes earlier coping skills
Emancipation setbacks
Social withdrawal
Antisocial behavior
Survival guilt
Drug, alcohol abuse
Drop in school performance
Sudden changes in:
 -attitudes
 -lifestyles
 -relationships
"Too old, too soon"
Precipitous life decisions
(Dropping out, pregnancy, marriage)

"SCHOOL CRISIS MANAGEMENT", Kendall Johnson, PhD

SOME EFFECTS OF TRAUMA ON LEARNING

- ADHD Students have disproportionate rates of prior traumas.
- Post trauma behavior mimics ADHD.
- Heightened physiological arousal disturbs concentration.
- Heightened startle reflex disrupts attention.
- Regression and re-enactments interfere with socialization.
- Memory difficulties frustrate retention and retrieval.
- Dissocialize reactions affect attention.
- Behavior caused by dissociation and attention and concentration difficulties is interpreted as conduct and discipline issues.
- Preoccupation with traumatic experiences disengages child from schooling process.

CRITICAL INCIDENT STRESS INFORMATION SHEETS

You have experienced a traumatic event (any event that causes unusually strong emotional reactions that have the potential to interfere with the ability to function normally). Even though the event may be over, you may now be experiencing, or may experience later, some strong emotional or physical reactions. It is very common, in fact *quite normal*, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (or stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before the stress reactions appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, a few months or longer, depending on the severity of the traumatic event. The understanding and the support of loved ones usually cause the stress reactions to pass more quickly. Occasionally, the traumatic event is so painful that professional assistance may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself.

Here are some common signs and signals of a stress reaction:

<u>Physical*</u>	<u>Cognitive</u>	<u>Emotional</u>	<u>Behavioral</u>
chills	confusion	fear	withdrawal
thirst	nightmares	guilt	antisocial acts
fatigue	uncertainty	grief	inability to rest
nausea	hyper vigilance	panic	intensified pacing
fainting	suspiciousness	denial	erratic movements
twitches	intrusive images	anxiety	change in social activity
vomiting	blaming someone	agitation	change in speech patterns
dizziness	poor problem solving	irritability	loss or increase of appetite
weakness	poor abstract thinking	depression	hyper alert to environment
chest pain	poor attention/decisions	intense anger	increased alcohol consumption
headache	poor concentration/memory	apprehension	change in usual communication
elevated BP	disorientation of time, place,	emotional shock	etc....
rapid heart rate	or person	emotional outburst	
muscle tremors	difficulty identifying objects	feeling overwhelmed	
shock symptoms	or people	loss of emotional control	
grinding of teeth	heightened or lowered	inappropriate emotional response	
visual difficulties	alertness	etc...	
profuse sweating	increased or decreased		
difficulty breathing	awareness of surroundings etc...		
etc...			

**** Any of these symptoms may indicate the need for medical evaluation.
When in doubt, contact a physician.***

THINGS TO TRY:

- WITHIN THE FIRST 24-48 HOURS, periods of appropriate physical exercise, alternated with relaxation will alleviate some of the physical reactions.
- Structure your time; keep busy.
- You're normal and having normal reactions; don't label yourself crazy.
- Talk to people; talk is the most healing medicine.
- Be aware of *numbing* the pain with overuse of drugs or alcohol. You don't need to complicate this with a substance abuse problem.
- Reach out; people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your co-workers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share your feelings with others.
- Keep a journal; write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible that will give you a feeling of control over your life. (E.g., if someone asks you what you want to eat, answer him even if you are not sure.)
- Get plenty of sleep.
- Don't try to fight recurring thoughts, dreams or flashbacks - they are normal and will decrease over time and become less painful.
- Eat well-balanced and regular meals, even if you don't feel like it.

FOR FAMILY MEMBERS AND FRIENDS

- Listen carefully.
- Spend time with the traumatized person.
- Offer your assistance and listening ear if he has not asked for help.
- Reassure him that he is safe.
- Help him with everyday tasks like cleaning, cooking, caring for the family, minding children.
- Give him some private time.
- Don't take his anger or other feelings personally.
- Don't tell him that he is "lucky it wasn't worse". A traumatized person is not consoled by those statements. Instead, tell him that you are sorry such an event has occurred and you want to understand and assist him.

Why do the post action support?

To Prevent:

- Vicarious trauma.
- Cumulative stress.
- Critical self judgement.

To Teach:

- Increase quality of our team's work.

To Practice what we teach.

Goals for PASS (Post Action Staff Support)

- Increase confidence in Team members.
- Increase longevity of Team members.
- Increase learning from the experiences.
- Increase stress management skills.
- Increase effectiveness of Team members.
- Decrease the chance for personal reactions.
- Take care of ourselves.
- Monitor for any adverse reactions.

When do we do PASS?

- Every time a CISM response is done.
- Prior to the Team going home.

Where should it be done?

- Away from the response and the participants.
- Somewhere private. (Neutral site)

How long does it take?

- For "*normal*" event -- 10-15 minutes.
- For "*abnormal*" event -- 30-60 minutes.

Who should do it?

- Usually the event team leader.
- Occasionally by someone not involved in the response itself. (Outside professional)

How to do the PASS

3 Steps

- Review: Introduction, fact, thought.
- Responses: Reaction, symptom.
- Remind: Teaching, re-entry.

Review phase questions:

- How did it go?
- How do you think you did?
- What “ditzzy” thing did you do?
- What themes emerged?

Response phase questions:

- What did you say that you wish you hadn't?
- What didn't you say that you wish you had?
- How has the response affected you?
- What is the hardest part of this one for you?

Remind phase questions:

- Is there any follow-up that has to be done?
- What are you doing to do to take care of yourself over the next 24 hours?
- What will it take for you to let go of this response?

“If we believe in what we are doing for the individual we serve,
we must believe in what we are doing for the individuals providing the service”