

SAMPLE MENTAL HEALTH JOB DESCRIPTIONS

MENTAL HEALTH OFFICER

Job Description: Responsible for emergency and recovery mental health operations to ensure the psychological well-being of students, staff, others on campus, and parents. (Note: Incident Commander (Principal) may also perform this job.)

Responsibilities:

1. Collaborate with Incident Commander
2. Assess mental health needs of students, staff, others on campus and parents
3. Assess staffing needs of emergency response and recovery operations
4. Activate and coordinate Mental Health Crisis Intervention Team (MH-CIT) to provide crisis intervention services
5. May request additional trained mutual aid mental health resources from nearby schools and community agencies
6. Establish a Mental Health Staging Area on campus
7. May establish a Safe Room (drop-in center) for students, faculty, and staff
8. Develop and communicate a plan of action
9. Provide Incident Commander and/or District with site-specific status report
10. Cooperate with Public Information Officer for release of public information
11. Coordinate staff assignments for emergency response and recovery operations
12. Coordinate referrals of students and staff needing additional services
13. Coordinate with Safety Officer and Incident Commander regarding individual staff fitness for school crisis assignments
14. Consult with Incident Commander regarding school closure/reopening and parent notification
15. Consult with Incident Commander regarding staff briefings, parent meetings, town hall forums as appropriate



MENTAL HEALTH OPERATIONS COORDINATOR

Job Description: Manage and direct psychological first aid and recovery activities. (Note: Mental Health Officer or Incident Commander (Principal) may also perform this job.)

Responsibilities:

1. Confer with Mental Health Officer and Operations Chief
2. Coordinate MH-CIT assignments to all school crisis sections
3. Coordinate MH-CIT staff matching with teachers and other staff
4. Coordinate MH-CIT staff reassignments as necessary
5. Schedule breaks, meals and backups for MH-CIT staff
6. Coordinate communication between MH-CIT and other school crisis staff

MENTAL HEALTH TRIAGE COORDINATOR (OPERATIONS FUNCTION)

Job Description: Coordinate mental health triage for students, staff, and parents.

1. Establish and maintain complete inventory of on-site mental health services
2. Establish and maintain referral list for off-site mental health services
3. Receive and review needs of clients from MH-CIT members and other staff
4. Prioritize clients and assign to on-site or off-site resources and schedule follow-up for all clients referred for services
5. Report to Mental Health Operations Coordinator



MENTAL HEALTH CLINICAL SUPERVISOR (OPERATIONS FUNCTION)

Job Description: Coordinate supervision of the clinical activities of the Mental Health Crisis Intervention Team.

1. Coordinate the supervision of clinical services at all service locations
2. Meet with MH-CIT supervisors to monitor all services
3. Report to Mental Health Operations Coordinator

MENTAL HEALTH PLANNING/INTELLIGENCE COORDINATOR

Job Description: Keep current on situation at all times. Collect and analyze information, prepare necessary reports, and manage status boards. (Note: Mental Health Officer or Incident Commander (Principal) may also perform this job.)

Responsibilities:

1. Confer with Mental Health Officer and Planning and Intelligence Chief
2. Collect all information pertinent to incident (internal and external)
3. Analyze information for potential impacts or changes
4. Manage and update status board
5. Facilitate mental health planning for recovery

MENTAL HEALTH LOGISTICS COORDINATOR

Job Description: Secure personnel, supplies and facility space for mental health resources and debriefing activities.

Responsibilities:

1. Confer with Mental Health Officer, Mental Health Operations Coordinator, and Logistics Chief
2. Sign in all MH-CIT personnel and assign to various sections needing assistance
3. Maintain MH-CIT staff records and verify credentials/qualifications of mutual aid MH-CIT personnel
4. Secure and set up necessary site facilities for mental health operations (MH-CIT Staging Area, Safe Room, Debriefing Areas, Individual Consultation Areas)
5. Provide MH-CIT personnel with campus maps, bell schedules, communications capabilities, and assignment sheets
6. Ensure inclusion of MH-CIT personnel in campuswide arrangements for food, lodging, and transportation
7. Maintain resource information for referral purposes
8. Secure, store, and distribute supplies and educational materials
9. Maintain communication with home schools and agencies of mutual aid MH-CIT personnel



MENTAL HEALTH FINANCE AND ADMINISTRATION COORDINATOR

Job Description: Track all costs and staff time directed to emergency. (Note: Mental Health Officer or Incident Commander (Principal) may also perform this job.) Some district offices may prefer to assume responsibility for this function. Check with Mental Health Officer or Finance Administration Chief.

Responsibilities:

1. Document all supplies redirected to mental health activities for the emergency
2. Document all personnel time redirected to emergency (number of hours with description of activities performed)
3. Check with all Mental Health Coordinators to determine whether additional supplies, etc. will need to be purchased
4. Deliver requests to purchase items to Finance and Administration Chief or other position designated by Mental Health Officer or District
5. Document all mental health activities



SCHOOL DISTRICT RESPONSIBILITIES

Effective school MH-CIT require leadership and support from the District Office. This relationship is established by district policy, and the procedures are institutionalized through district-wide training of district and site administrators. These procedures are also reflected in the Comprehensive School Safety Plan at every school.

In 2000, Stephen E. Brock, Ph.D., published, "Development of a School District Crisis Intervention Policy" (Volume 5 of the California School Psychologist). This paper describes the establishment and implementation of Crisis Intervention policies and procedures in the Lodi Unified School District. His thoughtful discussion also addresses both successful and unsuccessful training practices to support the policy. With the author's permission and permission from the California Association of School Psychologists, we have reproduced this paper and it is included in Appendix A.

School District crisis intervention mental health responsibilities are coordinated by the District Mental Health Officer. This individual is designated by the Superintendent to oversee the organization and operation of Mental Health Crisis Intervention services. In large districts, the Mental Health Officer recruits staff from district offices and local schools to assist with district responsibilities. In smaller districts, it may be necessary for the Mental Health Officer to assume all these responsibilities.

Responsibilities of the District Office include:

- Develop and implement District Mental Health Crisis Intervention policies and procedures
- Train administrators and Mental Health Team members in policies and procedures
- Facilitate the establishment of Mental Health Crisis Intervention Teams at both school and nonschool district sites
- Establish a District Mental Health Crisis Intervention Team
- Position the Mental Health Crisis Intervention Team in all districtwide crisis planning and exercises
- Coordinate districtwide Mental Health Crisis Intervention clinical skill training
- Coordinate districtwide Mental Health Crisis Intervention organization and activation training and exercises
- Establish and maintain districtwide activation protocols and procedures
- Establish and maintain a telephone call-out list of district team members
- Request mutual aid assistance when necessary through LACOE
- Establish and maintain close relationships with community mental health agencies and secure their involvement in planning and training
- Establish and maintain names and phone numbers for community mental health agencies and hospitals able to provide additional services when required
- Collect and maintain psycho-educational materials and other supplies that may be needed to support crisis intervention activities

- Respond to requests for assistance 24/7 from local schools and support by mobilizing district resources and providing on-site support to school Incident Commander and/or Mental Health Crisis Intervention Coordinator (district staff does not take over for school command personnel)
- Support the LACOE Mutual Aid system for school crisis intervention teams

Note: All members of district and school Mental Health Crisis Intervention Teams should be available and on-call 24/7. It is recommended that the team require all members to provide their home telephone numbers (cell phone numbers, etc.) to the Mental Health Officer and other team members.



SCHOOL SITE RESPONSIBILITIES

We recommend that every school site and every nonschool site establish and maintain a Mental Health Crisis Intervention Team. The composition and responsibilities of team members varies according to the number of students, staff and the availability of on-site mental health resources at the individual site.

At the core of the school site mental health team is the leader. Similar to the appointment of the District Mental Health Officer, the Chief Executive Officer at the site (principal of the school or director of the nonschool site) appoints the site Mental Health Crisis Intervention Team Coordinator. It is this individual's responsibility to organize the team, train its members, coordinate its activities, and communicate the status to the District Mental Health Officer.

Large teams are generally found at secondary school sites. Team members are recruited from the ranks of student services: school counselors, school psychologists, school social workers, and school nurses. In addition to these staff, many teams include other teachers and staff with mental health licenses (MFTs, psychologists, etc.), Peer Counseling Instructors, and others with specialized skills and talents that complement the Team.

The MH-CIT Site Coordinator is responsible for recruiting and selecting only qualified and willing individuals. It is also important to account for the availability of Team members, as some staff (school nurses, school psychologists) may be assigned to multiple school sites in a given week. All Team members must be receptive and available for training in crisis intervention skills and school crisis procedures.

The Site Coordinator and team members must be available for activation 24/7 even on non-school and vacation periods. Depending on the number of team members, responsibilities are delegated according to members' interests and abilities. The previous section describes many of the mental health crisis intervention team assignments.

Smaller schools (e.g., elementary schools, continuation, alternative schools) have fewer mental health resources and generally have smaller MH-CITs. Some schools have only one individual assigned to Mental Health Crisis Intervention. This is generally not a problem. In response to a major trauma, the School Site Coordinator assesses the situation and requests assistance from the District Mental Health Officer. The School Site Coordinator remains in charge of the School MH-CIT but delegates responsibilities to additional staff as they arrive on-scene. Coordination of these assignments may require support from the District Mental Health Officer.

Community Mental Health agencies have an important role to play with District and School Site Mental Health Crisis Intervention Teams. Building on established partnerships for school-linked and school-based mental health services, community mental health providers participate in District and School Site planning, training, and exercises. Cross training is beneficial to both the school and the agency in terms of team building and closer working relationships. Community mental health members must also be available 24/7 with the phone numbers, pager numbers, and cell phone numbers posted at the School District Office and the applicable School Sites.

MENTAL HEALTH TRIAGE

A school crisis may have devastating effects on large numbers of students and staff. The crisis may even affect the entire community. How does a school determine which individuals to help first? How are decisions made about who receives assistance? Who makes these decisions?

The purpose of mental health triage is to **prioritize** mental health crisis interventions. Those most in need of assistance are identified so that they can be served as soon as possible. Mental health triage is especially important when large numbers of students are affected by a significant trauma.

It is essential to identify on-campus mental health resources and community-based mental health resources and is important to identify these resources well before a crisis event. Triage procedures should be developed and disseminated well before a crisis occurs because many of the school's caregivers may be affected by the crisis. Consequently, we recommend that mental health triage and referral procedures be made a part of school crisis preparedness efforts.

The primary responsibility for mental health triage rests with the Mental Health (MH) Officer. The MH Officer may delegate the responsibility to another key member of the MH-CIT. Other members of the Team will also be responsible for conducting mental health triage, that is, classifying individuals according to the suspected degree of psychological trauma. They will also ensure that immediate assistance is provided to those most traumatized. Information about those individuals at-risk must be documented along with referrals to school-based and community-based mental health service providers.

In addition to identifying individuals in need of mental health services, psychological triage is also a tool for identifying the individuals who do not require mental health support. It is critical for MH-CITs to acknowledge that not all individuals exposed to a school crisis will require mental health services. Depending on the nature of the crisis and how it is perceived, many students and staff may be able to adapt and cope with the crisis without assistance. Teams need to acknowledge this potential.

Detailed information about school mental health triage will be published in spring, 2002, by the National Association of School Psychologists in a chapter in the book, *Best Practices in School Crisis Prevention and Intervention*, entitled "Identifying Psychological Trauma Victims," by Stephen C. Brock, Ph.D. Information about mental health triage can also be found in Dr. Brock's book, *Preparing for Crises in Schools* (2001).

Dr. Brock reminds us that mental health triage is a vitally important ingredient in the school mental health crisis intervention team recipe. As such, he suggests that teams provide a detailed summary that includes triage procedures and an evaluation of their overall effectiveness in the intervention efforts.

ESTABLISH A MENTAL HEALTH CIT STAGING AREA

When an emergency or crisis requires an extensive recovery effort, a MH-CIT staging area is established. It is a designated place where the Mental Health Officer and the Mental Health CIT can gather to report information, receive assignments, and organize their response. **Direct services are not provided at this location.** Generally, the MH-CIT Staging Area is located in a multi-purpose room or unused classroom. It must be large enough to accommodate all MH-CIT members, and it is recommended that there be sufficient room to store and distribute student, teacher, and parent materials needed to support team activities.

At the district level, a supply of educational materials should be stored so that they are accessible when needed. This is generally in the office of the District Mental Health Officer. In the event of a disaster that impacts more than one school in the district, a District Mental Health Operations Center can be established in a conference or training room that is transformed for this purpose. Similar to the District Emergency Operations Center, information is received from schools and the field and then organized at this location. Information is often displayed on "Situation Boards," and then communicated to the school sites as needed. This centralized approach facilitates mental health decision-making when an incident effects more than one school site or location. The primary role of the Mental Health Operations Center is to support the Incident Commanders and/or their designated Mental Health CIT Coordinator in the field.

Whenever a District Emergency Operations Center (EOC) is operational, the EOC provides a centralized location to collect and manage the incident. In this case the Mental Health Operation Center reports to the EOC, often in a different location in the same building.

Here are some important tips to keep in mind in selecting a location for the Mental Health Operations Center.

1. A centralized location that is safe and accessible
2. Enough working space to expand your mental health crisis intervention team organization (room for tables, chairs, flip charts or "Situation Boards")
3. Sufficient lighting and emergency power
4. Pre-stocked general office supplies, internal phone lists and phone lists of outside resources, vendor lists, forms, maps, floor plans, mental health educational materials and supplies (coloring books, puppets, toys). Have these items stored in containers to facilitate transporting
5. Access to internal and external communication equipment such as land-line and cellular telephones, fax equipment, walkie-talkie radio communications, and networked computer terminals

MUTUAL AID

GETTING ADDITIONAL HELP

A major benefit of SEMS organization is that it ensures an orderly and managed system for acquiring additional mental health resources when required. By following established procedures for incorporating additional staff, schools are able to organize those resources into an effective component of the MH-CIT.

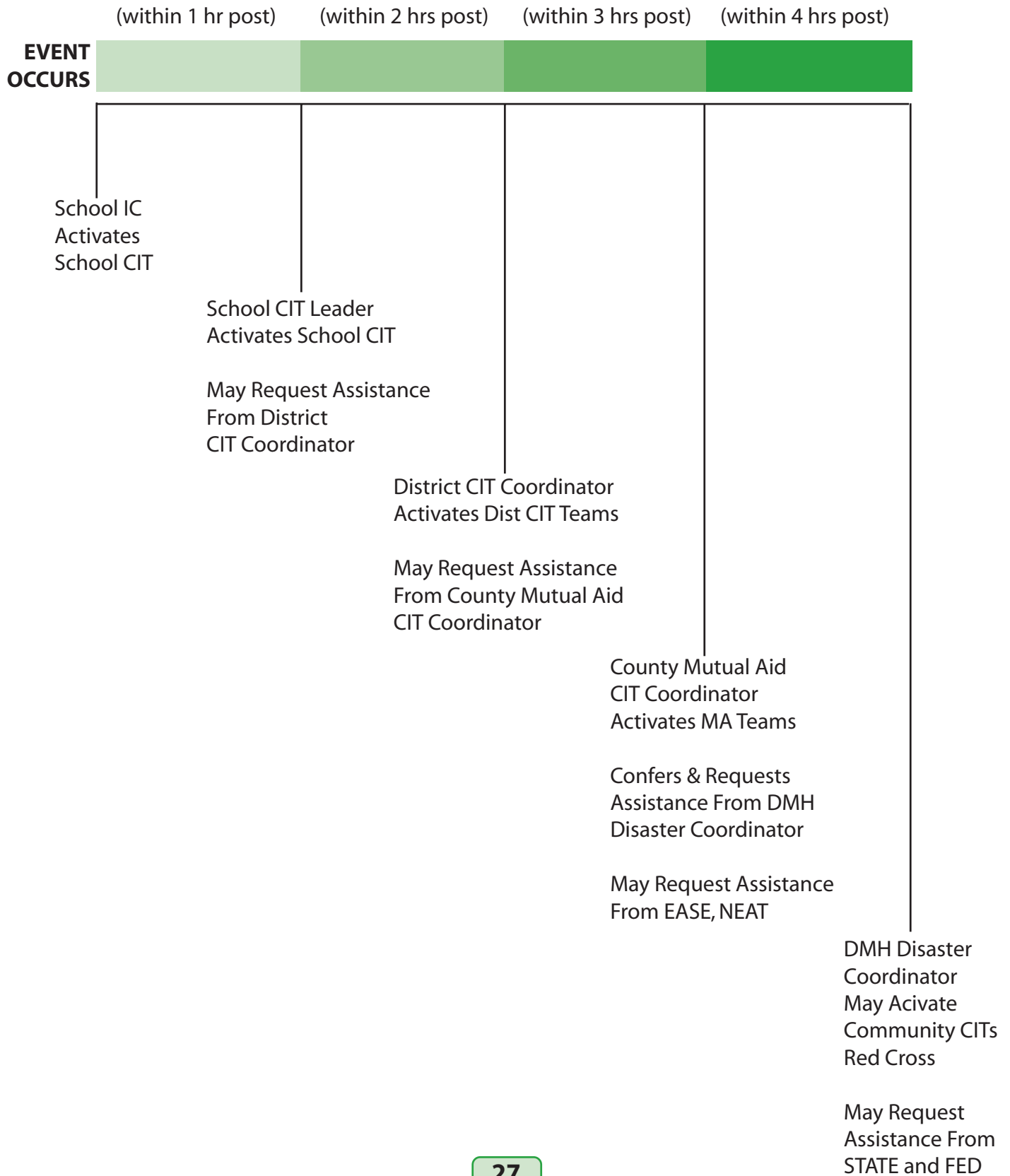
Each school site must communicate its status and requests for additional resources directly to the school district. The District Mental Health Officer is responsible for accessing additional resources from other schools and school district offices.

When requesting additional mental health resources, it is helpful to indicate the unique or specialized needs for staff that are fluent in particular foreign languages or those with specialized clinical training and skills.

There is a county-wide system for accessing additional resources from other schools and county mental health agencies. The District Mental Health Officer contacts the Los Angeles County Office of Education. This office works closely with the Los Angeles County Department of Mental Health Disaster Services to ensure that additional resources are available to schools in the county. These services are activated according to the County-Wide Mutual Aid Activation Chart on the following page.



COUNTY-WIDE MUTUAL AID ACTIVATION CHART



STAFFING THE OPERATION

For large operations staffing is a major responsibility. It is important that all mental health responders be under the supervision of the Mental Health Officer. Requests for additional resources are generated by the School Site Coordinator. Whenever the District Mental Health Officer fills a request for additional staff and the staff arrives on-scene, the School Emergency Team incorporates them into the school site MH-CIT.

All mutual aid school and agency staff should have had their credentials, licenses, and fingerprints cleared previously.

When a school crisis is publicized widely, it is not uncommon for well-meaning volunteers to offer assistance. Often uninvited therapists, clergy and others spontaneously arrive on-scene and offer to help. This situation has proven to be problematic for schools because these individuals may or may not be qualified to provide the services. Even in cases where volunteers have legitimate licenses and credentials, there is little time to verify crisis experience and review local procedures. Team members in charge of staffing must tactfully refuse their offer and explain that team members have been previously pre-screened and trained. Often these individuals can be employed in operations other than mental health. They should be referred to the Logistics Officer of the School Emergency Team.

Other logistic staffing functions include providing identification for arriving Team Members, identifying their vehicles and finding parking locations. It is always best for staff arriving from other schools and agencies to carpool as parking may be in short supply due to the arrival of numerous resources on-scene.

Careful records must be maintained and all staff must sign in when they arrive each day and sign out at the end of their daily assignment. It is advised that the arriving staff fill out a personal information card with emergency contact information and that the cards be readily available to the staffing officers whenever they are on-site. It is important to appreciate that staff from other schools and agencies may need to be in frequent communication with their home base. Communications equipment may need to be provided for this purpose.

MENTAL HEALTH TEAM TRAINING

TRAINING LEADERSHIP

CLINICAL CRISIS INTERVENTION SKILLS

The field of mental health crisis intervention is relatively young. The practices were first applied to military personnel and survivors of combat situations. These interventions were later applied to emergency responders because they were frequently exposed to traumatic experiences. In recent years these interventions were extended to the victims and survivors of natural disasters, airline crashes, and communities and schools that experienced traumatic incidents.

The prominent models of crisis intervention include the Critical Incident Stress Management (CISM) developed by Jeffrey Mitchell, Ph.D., the National Organization for Victims Assistance (NOVA) model used by the National Emergency Assistance Team for Schools, and the Multiple Stress Reduction model used by Disaster Mental Health Service teams of the American Red Cross. The Los Angeles County Office of Education hosts training in basic skills and school adaptations of Critical Incident Stress Management. We have found that this model is widely used by emergency responders in our county (Los Angeles County Department of Mental Health, Los Angeles County Fire Department, Los Angeles County Sheriffs Department, Los Angeles City Fire Department, and Los Angeles Police Department). Adapting CISM as a standard training model facilitates inter-agency communication and the establishment of multi-disciplinary debriefing teams when necessary.

The aim of these models of intervention is to reduce traumatic stress and to prevent psychological symptoms from escalating into more serious mental conditions. Unfortunately, scientific evidence supporting this outcome is unconvincing at present. Nevertheless, Dr. Stephen Brock and other experts in school crisis response emphasize the other benefits for schools. These benefits include: 1) identifying high-risk individuals; 2) maintaining school attendance at previous levels; 3) maintaining academic performance; and, 4) facilitating behavioral adjustment to school. Experts emphasize that the success of school crisis intervention should be measured by more than just the reduction of later post-traumatic stress disorder.

Other clinical skills training is available from the Los Angeles County Office of Education, the California Association of School Psychologists, the National Association of School Psychologists, local universities, and often from community mental health agencies. Our office encourages school mental health personnel to attend clinical training and share the information with other team members.

CRISIS ORGANIZATION AND OPERATIONS

Clinical skills training alone is not sufficient to ensure effective functioning of the crisis team. Training and exercises in activation procedures, communications, team operations, and other topics must be ongoing. Resources from the Los Angeles County Office of Education, Los Angeles County Department of Mental Health, your local chapter of the American Red Cross, and universities can be utilized to design training classes and simulation exercises to meet the needs of your school and district. Exercises include both table-top and hands-on simulations.

School district administrators and school officials are encouraged to involve law enforcement, fire service and rescue, local mental health agencies, and disaster management area coordinators in planning these exercises.



REGULAR MEETINGS

School and district teams are encouraged to establish a regular schedule of meetings. Meetings are used to review and update plans and procedures, identify training needs, and schedule activities to meet these needs. Often school policies need to be developed or updated to address mental health issues. Training for administrators, teachers and other staff will facilitate communication and campus emotional well-being.

Some school and district teams have met with teams from schools that recently experienced a school crisis. This has proved to be beneficial for both schools. Consider meeting with other school teams from your district and outside your district. The Los Angeles County Office of Education can provide you with mental health team contacts

in other districts.

SCHOOL MENTAL HEALTH CIT LOGISTICS

MENTAL HEALTH CIT TEAM SUPPLIES

We recommend that the following supplies be available at the school or district office. They should be stored in containers that can be easily transported to off-site locations. These supplies are in addition to those stored and maintained by the Logistics Chief, as their use is under the control of the Mental Health Officer. They will be specifically targeted for use by the MH-CIT and by teachers.

It is also recommended that camera-ready masters of all educational materials be available so that additional supplies can be reproduced as needed.

Basic Office Supplies

- Pens
- Marking Pads/Pens
- Paper Clips
- Stapler
- Poster Board for Signs
- Masking Tape and Cellophane Tape
- Clipboards
- Identification Badges or Vests/Jackets
- Communications (Phones or Walkie-Talkies)
- Documentation Forms

Arts and Crafts Materials

To distribute to Team members

- 11x14 sheets of paper for drawing
- 8 1/2 x 11 sheets of paper for journaling
- sets of scissors
- pastels/crayons
- modeling clay
- toys
- puppets
- coloring books



Teacher Supplies

- ***How to Help Children After a Disaster***

A pamphlet for Elementary School Teachers available in English from the Los Angeles County Dept. of Mental Health Crisis Hotline (800) 854-7771 (or download from Web

site – http://www.fema.gov/kids/tch_help.htm)

- **“Coping Strategies for Adolescents After a Disaster”**
(Middle and high school teachers) available in English from the Los Angeles County Dept. of Mental Health Crisis Hotline (800) 854-7771
- **“How to Defuse a Critical Incident: Suggestions for the Classroom Teacher”**
Tortorici Luna (Appendix B)
- **“How to Promote Psychological Well-Being in Emergencies”** Tortorici Luna (Appendix C)
- **“Emotional First Aid Suggestions for Caregivers”** Tortorici Luna (Appendix D)

Teacher Training Materials

- ***Children and Trauma : The School’s Response*** video. California Dept. of Mental Health

Parent Supplies

- **“How to Promote Psychological Well-Being in Emergencies”** (Appendix C)
- **“Helping Children After a Disaster”** Pamphlet available in English and Spanish from the Los Angeles County Dept of Mental Crisis Hotline (800) 854-7771

Team Operation Supplies

- Internal school phone list/district phone list
- MH-CIT phone tree
- Up-to-date team rosters and telephone numbers
- Phone lists for outside resources
- Sample notices to teachers, students
 1. Forms
 2. Activity logs and sign-in sheets
 3. School maps / bell schedule and bell signal guide
- Sample letters to parents
- Blank staff emergency information cards
- Media points guidelines for Team PIO and Crisis Team PIO

Team Reference Materials

From Chaos to Control: School Crisis Response. California County Superintendents Educational Services Association, 1994., a loose-leaf book

A Practical Guide for Crisis Response in Our Schools (Fourth Edition). American Academy of

Experts in Traumatic Stress, 1999, a paperback reference book

Managing a School Crisis Using the Standardized Emergency Management System, SEMS.

Los Angeles County Office of Education, 2000, a paperback reference book

School Crisis Management: A Hands-On Guide to Training Crisis Response Teams. Johnson, Kendall. Alameda, CA: Hunter House, 2000, a book

Preparing for Crises in Schools by Stephen E. Brock. Wiley & Sons, 2001, a book.

“Development of a School District Crisis Intervention Policy.” Stephen E. Brock. ***California School Psychologist***. Vol. 3 pp. 53-64, 2000. Reproduced with permission in Appendix A, a journal article

AFTERMATH: Response Planning for the Day After and Beyond, School Edition. Bowmac Software, Inc. 1999. A book, CD-Rom



GLOSSARY OF TERMS AND CONCEPTS

COMMUNITY MENTAL HEALTH SERVICES

Students and staff who are likely to require other services to aid in their recovery are assisted by the Mental Health Crisis Intervention Team. At-risk individuals identified by the Team are referred to specialized mental health service providers. Much like medical services provided by physicians and surgeons, these services are rarely provided on campus. It is important that referrals are made to licensed professionals trained to assist children or adults in recovery from trauma and loss. It is also important for the school to share information and communicate as needed with the service provider. Some specialized mental health services include:

- Individual and family psychotherapy
- Group therapy with others experiencing similar trauma or losses
- Art therapy
- Specialized techniques to aid recovery

Recently, schools have been the benefactors of mental health agencies co-locating their services on campus. School-based mental health services often make it possible to provide limited psychological treatment. A growing number of schools have individual and family services on site. A growing number of mental health organizations are also providing bereavement groups at the school site for children experiencing separation due to divorce or death of a loved one.

It is important to include community mental health partners in Mental Health Crisis Intervention planning. Most are willing to participate in school-based teams, and it is important to anticipate referrals in the event of a school crisis and to streamline the referral procedures to the extent possible. In the event of a large-scale crisis such as a school shooting, it may be necessary to open an off-campus location for mental health services to children and their families. Schools, mental health agencies, and other disaster relief organizations (e.g., the American Red Cross, and Salvation Army) need to plan and practice together to ensure the most effective services for children and the community.

GROUP STRESS DEBRIEFING AND DEFUSING

School staff with mental health training (psychologists, social workers, counselors, nurses) and licensed professionals from community-agencies may be trained to provide specialized activities to facilitate recovery. Much like Emergency Medical Technicians and Paramedics, the individuals providing these services receive specialized training in techniques and procedures and make up the core of the **School Mental Health Crisis Intervention Team**.

While providers of these services come from many disciplines, it is critical that all Team members have specialized training in crisis intervention and that these services are coordinated by the School Mental Health Officer. (Examples of specialized training are: Mitchell Model Critical

Incident Stress Management, National Organization for Victims Assistance, Multi-Stress Reduction Model of American Red Cross.) Crisis intervention activities include:

1. Assessment of emotional well-being
2. Brief meetings with individuals and groups of students/staff
3. Extensive debriefing activities for individuals with high exposure to the crisis event
4. Training other caregivers (teachers, staff and parents)
5. Referral for additional services

Stress debriefing is not to be confused with “**operational debriefing**.” The latter refers to a standardized review of operations often conducted by first responders such as fire service and law enforcement. Stress debriefing is used to achieve the objectives of mental health crisis intervention described in detail above.

IMMEDIATE PREVENTION

Any activity that takes place after a crisis event, but before psychological injury (e.g., minimizing student exposure to crime scenes or other distressing environments).

PSYCHOLOGICAL FIRST AID

All caregivers on campus have a role in providing emotional first aid. Teachers, office staff, campus security and plant safety personnel and even students can provide important support. Much like the millions of caregivers who complete formal training in first aid and CPR every year, with minimal training most individuals on campus can provide emotional support that is critical to early intervention and recovery. These First Aid providers are critical to assuring basic survival needs and maintaining calm and an attitude of solidarity and caring. While these abilities come naturally to many people, a well-prepared campus offers training to faculty, staff, and students periodically throughout the school year.

PSYCHOLOGICAL TRIAGE

Activities designed to identify psychological trauma victims, sort them according to the degree of their psychological or emotional injury. This process is used to make treatment priority decisions.

PSYCHO-EDUCATION

Educational activities designed to inform students, parents, and teachers about the effects of psychological trauma (i.e., signs and symptoms of psychological injury), and how to facilitate adaptive coping (e.g., how to make mental health referrals, how to manage symptoms, etc.).

TRAUMA vs GRIEF RECOVERY

It is common for the media and others to confuse trauma and grief recovery services. While children and staff can experience both from a single incident, it is important that administrators and others responsible for planning the recovery services required for a critical incident be able to distinguish between the two.

Trauma refers to the emotional reaction to a sudden and overwhelming event. When an event occurs on campus, when emergency personnel are brought to school, or when a sudden disaster occurs, children and staff are often in a temporary state of emotional disequilibrium. If effectively managed, the effects of this event are generally short-term and intervention is immediate and also generally short-term.

Grief is the expected emotional reaction to a personal loss. Loss of life, physical health or property can have profound psychological consequences to children and staff. The various stages of grief gradually unfold over time. They often begin with an initial trauma reaction, but unlike with events that do not cause great physical loss, recovery may take weeks, months, or even years.

MEMORIALS

Activities designed to help bring a sense of closure to a psychologically traumatic event (e.g., funerals, services, hospital and family visitations, condolence cards, scholarship funds, etc.). Careful consideration must be paid to the appropriateness, risks, and benefits of memorials. Many schools discourage or prohibit memorial activities in cases of suicides. This is to prevent contagion of suicidal behavior.

