FIRST ACTIONS FOLLOWING A SCHOOL CRISIS EVENT:
REMINDERS FOR CRISIS RESPONSE AND INTERVENTION TEAMS

School psychologists play a key role in crisis response in schools. Advance planning and crisis team training are critical, as are establishing first steps to supporting physical and psychological safety. The following are brief reminders for crisis team members regarding steps to take to ensure safety, meet immediate needs, and work to restore normalcy following a crisis event.

1. REFER TO YOUR DISTRICT/SCHOOL CRISIS RESPONSE PLAN

- Notify appropriate district personnel.
- Convene the crisis response team.
- Identify Incident Command System roles and backups as needed.
- Identify initial communication plan for sharing facts (e.g., information documents, caregiver/staff meetings, classroom meetings).

2. INCORPORATE CULTURAL COMPETENCE

- Culture influences how meaning is assigned to a crisis, how individuals express reactions, and how individuals view and judge their own responses.
- Identify cultural liaisons that could support the crisis response.

3. GATHER RESOURCES

- The NASP website has multiple articles, infographics, and at-a-glance resources available in the School Climate, Safety and Crisis section on the website. Many of these items are available in several languages.
- Gather needed crisis response supplies (e.g., markers, paper, tissues).

4. STEPS TO REAFFIRM PHYSICAL AND PSYCHOLOGICAL SAFETY PERCEPTIONS

- Validate feelings of affected individuals.
- Help students put feelings into perspective and express them appropriately.
- Ensure students can identify where to go if they feel the need for support.

5. IDENTIFY AND ASSESS TRAUMATIZED INDIVIDUALS

- Use known risk factors for psychological trauma to identify those who may be at risk for psychological trauma and initiate mental health crisis interventions.
- Context such as historical and generational traumas should be considered when assessing level of trauma.
- Immediate intervention priorities should be directed to those with physical and/or emotional proximity to the event, individuals with precrisis vulnerabilities (e.g., a known trauma history), and those who exhibit more severe/acute crisis reactions.
- Use a tracking system to identify what supports are provided and who received supports.
- Monitor crisis intervention needs throughout (and for 2 months after) the mental health crisis intervention response.
- Be mindful of anniversaries and similar, subsequent events that could serve as trauma triggers.

6. PROVIDE SUPPORT AND RESPOND TO MENTAL HEALTH NEEDS OF STUDENTS

- Consider universal supports (Tier 1) for low risk/need individuals (e.g., ensure basic needs are met, connect students to social supports, provide classroom information sharing meetings).
- Consider targeted supports (Tier 2) for moderately affected individuals (e.g., student psychoeducation groups, stabilization, group crisis intervention, individual crisis intervention, periodic follow-up).
- Consider referral for longer-term psychotherapy (Tier 3) for high risk/high need individuals who are not returning to precrisis levels of coping within a week or so (or those who have coping strategies that place themselves or other in danger).

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7. ALLOW TIME AND SPACE FOR STAFF TO DISCUSS THEIR FEELINGS

- This must be made a priority to ensure staff are able to provide caregiving support to students.
- Plan for potential substitute teachers or other classroom coverage for affected staff.
- Share information about Employee Assistance Programs (EAP) and community resources.

8. MANAGE COMMUNICATIONS, MEDIA, AND SOCIAL MEDIA

- Refer to district policies regarding talking with the media.
- Provide consistent, coordinated, and clear messaging to all stakeholders.
- If appropriate, use social media to provide information.
- Monitor social media to observe posts from stakeholders, as they have the potential to trigger or exacerbate the crisis event; direct readers to electronic sources of facts (e.g., school or law enforcement webpages).
- For events that involve troubling imagery, monitor student and self-consumption of media. Remind students of the potential traumatizing effect of such imagery on themselves and others.

9. PROVIDE CAREGIVERS WITH INFORMATION

- Consider use of handouts or resources on how to support their children.
- Identify strategies for sharing information (e.g., phone, email, letters, district call outs, social media).
- Speak directly to the primary caregivers of students who were directly impacted (or are severely affected) by the crisis.
- Consider caregiver trainings to provide facts, dispel/verify rumors, identify supports, and to engage families and caregivers in the triage process.

10. CONSIDER MEMORIAL OPTIONS

- Refer to district policy on memorials if one is in place.
- Involve staff members and students in decision-making as appropriate to help determine whether a memorial activity is needed.
- Consider permanent memorial alternatives such as a living memorial that benefits others (e.g., donations for a suicide prevention program) or other activities. Up to 5% of suicides are believed to be influenced by a contagion effect. Schools must ensure a careful and nonpermanent memorial process in those cases.
- Plan for response to spontaneous memorials; designate them as temporary and immediately determine how long it will remain and how it will be removed.

11. EXAMINE THE EFFECTIVENESS OF CRISIS RESPONSE

- Review data to determine if the school has returned to precrisis levels of functioning.
- Determine if crisis response and recovery efforts were consistent with preestablished crisis plans and other process-related considerations.
- Following the event, have responders and school administration complete an after-action report.

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