

APPENDIX D

RESPONSE TEAM AIDS

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Assessment of Individuals in Crisis

Field-based crisis assessment of individuals must:

1. Determine the individual's functioning level in order to make decisions regarding the nature of assistance needed
2. Determine whether or not the individual represents a threat to himself or herself
3. Determine whether the individual's family or social network can provide adequate support
4. Determine if there are medical considerations that need attention (including substance addictions)
5. Determine if there are others dependent on this person
6. Determine if there are other factors bearing on the individual's safety

Adapted from School Crisis Management, Kendall Johnson, Ph.D.

Interventions Based on Developmental Levels

School Level	Purpose	Interventions
Preschool/ Kindergarten	Re-establish trust & security (e.g. warm milk, holding, food)	<ul style="list-style-type: none"> * Provide physical comforts * Re-establish routines * Assure & provide adult protection * Help child draw, act out and talk about incident * Clarify event, misconceptions, and misunderstandings * Be calm
Elementary	Bolster self-esteem Relieve guilt Re-establish productivity Provide reassurance of safety	<ul style="list-style-type: none"> * Encourage expression of thoughts, feelings * Validate normalcy of reaction * Lessen requirement for optimal performance * Reinforce age-appropriate behaviour * Provide structure as behaviour indicates * Allow expression of feelings of responsibility; clarify misconceptions * Talk directly about dreams * Provide opportunities for success
Junior/Senior High	Reassurance about normalcy Inoculate against secondary reactions Emphasize stress management Facilitate identity development Reaffirm life direction	<ul style="list-style-type: none"> * Encourage discussion/expression * Validate normalcy of reactions * Lessen requirements for optimal performance * Teach healthy stress management * (Individualize): provide opportunity for positive action, provide monitoring guidance, provide conceptualization of incident, reactions, situations

Adapted from School Crisis Management, Kendall Johnson, Ph.D.

Facilitating Post Event Discussion Groups

For those students who have been most affected by the situation or who appear to be at higher risk, arrange for debriefing groups. These groups should be formed at school in the drop-in area. The size of the group and length of the sessions should be limited. Typical groups meet once, for a couple of hours, and include 6 to 10 students.

Group Procedures:

1. Read announcement: **“We are here to spend this period of time talking about (*student’s name*).**
2. Encourage group members to sit in a circle.
3. List all the students who participate in the group.
4. Establish the group expectations (e.g. take turns, no one leaves without permission, someone accompanies students who depart the group, etc.)
5. Facilitate group sharing using the following questions:
 - 5.1 **What do you know about the events around the student(s) involved in this crisis?**
 - 5.2 **What feelings are you experiencing?** (this is when the facilitator can conduct a risk assessment)
 - 5.3 **Who can you talk to about how you are feeling and about the event that has occurred?** (It is essential that all participants identify a source of support)
6. Talk about the grief process (e.g. the stages of grieving, etc.)
7. Explain there are Crisis Response Team members in the school to provide assistance. Indicate these members wear a special designation to help identify them.
8. Make a list of “at risk” students. Pass the list on to the coordinating counsellor or Response Team Coordinator.

Sample Introductory Remarks for Defusings

- Team leader identifies him/herself and other helpers.
- We are here because of (describe or name critical incident).
- Some of you feel you can handle this on your own. That is probably true. However, experience demonstrates that people who try to handle everything alone take longer to do it.
- The CISD process is designed to lessen the overall impact of an event and to accelerate recovery in normal people who are having normal reactions to abnormal events.
- We have found that people who talk about a bad incident eat better, sleep better, remain healthier, stay on the job longer and do not have as much disruption in their home life.
- You will only be directly asked to speak two times.
- You may ask any questions you wish and we'll try to help you out with some practical and useful information. Please ask any questions anytime you wish.
- We will be around at the end of the session. If you want to talk to us, feel free. We are here for you. Anything you can't tell us in the group, you are welcome to tell us alone.
- Please abide by the following expectations:
 - ⇒ **No notes are allowed. Neither do we allow recordings of what is said and representatives from the media are never allowed.**
 - ⇒ **Everything that is said in this room is CONFIDENTIAL. Nothing leaves this room.**
 - ⇒ **Please speak only for yourself. You cannot speak adequately for how someone else is reacting.**
 - ⇒ **You do not have to speak if you do not wish to. However, we do not recommend that because it can do more harm than good. We recommend instead that you open up and talk about the incident.**
 - ⇒ **We do not want anyone to make judgment on anyone else. Every person has his or her own perspective. Let each state it without judgment.**
 - ⇒ **We will not take any breaks. If you have to take care of your personal needs during the debriefing, do so quietly and then return to this room. Leaving and not returning to this session may be harmful to you. Much of what we discuss at the end of the session is extremely valuable information that may be helpful. We don't want you to miss it, so please hang in there with us.**
- We will begin in just a moment by asking you to tell us about the incident.

Adapted from Critical Incident Stress Management by J. Mitchell and G. Everly, 1997.

Facilitating Critical Incident Stress Defusing

Defusings should occur within 8 hours of an incident. **They must be facilitated by a professional trained in critical incident stress management.** They are typically 20 to 45 minutes in length and should not exceed 8 participants. Participation in a defusing is voluntary. **Never force anyone to participate.**

There are typically 3 parts to a defusing. **No participants are required to speak and note taking is not permitted.** Separate defusing should occur for students and staff.

Defusing Components:

1. Introduction
2. Exploration
3. Information

Introduction:

- Facilitator introduction
- State purpose
- Motivate
- Set rules
- Talk about confidentiality
- Express it is not an investigation
- State goals
- Overview the process
- Offer additional support

Exploration:

- Ask participants to describe what happened
- Minimal use of clarifying questions
- Focus on experiences and reactions
- Assess need for additional help
- Reassure as necessary

Information:

- Accept/summarize their exploration
- Normalize experiences and/or reactions
- Teach multiple stress survival skills
- Diet/avoid various substances
- Rest/family life
- Recreation/exercise

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Conducting an Effective Story Stage When Defusing

Goal:	To have the individual describe the time period surrounding the incident – whatever time period is relevant to them.
Rationale:	Through reviewing the incident in the calmness of debriefing, the individual is able to vent initial reactions, increase their awareness of how the incident has affected them, begin to gain a more rational view of the incident, and experience being heard in a non-judgmental way.
Sensory Awareness:	<p>As the individual tells their story, your interactions will direct their responses. Make sure your questions take them through their incidents from their point of view. Following are some suggestions:</p> <p>Action <i>How did the incident start?</i> <i>What was your job/role?</i> <i>What did you have to do?</i> <i>What happened next?</i></p> <p>Senses <i>What did that look like?</i> <i>What could you hear?</i> <i>What could you smell?</i></p> <p>Thoughts <i>What was going through your mind?</i> <i>What were your thoughts then?</i> <i>What were you left thinking?</i></p> <p>*Strive to use open-ended questions that can't be answered with a yes, no or one/two word response (e.g. NOT, "Did you arrive first?" rather, "Tell me what happened when you arrived."</p>
Key Points:	<p>The overall goal of the story stage is to determine the challenging nature of the facts for each individual. By listening to them describe their experience, you should get a very good idea of the challenging nature of the incident. If you cannot picture in your mind what the individual did or experienced at the incident, you probably did not get a sufficient story from the person. If, at the end of the person's story, you are not clear about what were the significant facts for them, ask the following question:</p> <p style="text-align: center;"><i>"Of all the sights, sounds, tastes, smells or things you had to do, what stood out the most for you?"</i></p> <p>This question often takes the individual to the event that was particularly powerful and, as a result, may contribute to the occurrence of later symptoms.</p> <p>The goal of this approach is to invite participants to tell their story. Your questions act as a guide. Don't be pushy. Some individuals will not want to go into the details due to their vulnerability. That's OK. Respect their space – DON'T BE INTRUSIVE!</p>

Adapted from: Proactive Trauma Management by Toby Snelgrove

Responding to Potential Issues in Group Defusings

There are a variety of problems that occur during group defusings and debriefings. Here are some potential problems and ways you can manage the situation.

1. People who want to leave:

- have a designated team member talk to them
- first provide space, then defuse them from what is happening
- hear them out; find out why they chose to leave
- problem-solve any issue with them
- do your best to have them rejoin the group, but do not force them
- if they still choose to leave, provide them with the name of someone they may contact later

2. Long talkers:

- during a pause, thank them for their contribution and clearly ask: "Is there anyone else who would like to add something at this time?"
- if more than one individual is dominating ask: "Is there anyone who has not had a chance to say something about this aspect of the incident who would like to contribute something now?"

3. People in profound grief:

- let them release their feelings
- offer facial tissues
- do not violate their privacy, but offer symbolic support
- touch base with them at the end of the session and ensure them they are functioning OK
- when appropriate, encourage a referral to a counsellor

4. Blamers/solvers:

- intervene immediately – don't let it go on
- remind them, in a nice tone, about the group rules, especially those relating to this area
- remind them they will have an opportunity to critique or problem-solve later, and that now is the time to talk about their experience at the incident

5. Discussing previous trauma incidents:

- if it becomes prolonged, interrupt them and affirm it is normal for old incidents to come back and that it may be quite appropriate to talk the incident out more fully later
- redirect them to the current incident

6. Silent members:

- keep an eye on them
- have a team member touch base with them at the end of the session
- you can consider offering them an individual defusing

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Sample Introductory Remarks for Debriefings

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Facilitating Critical Incident Stress Debriefing

The CISD process may be defined as group meetings about a traumatic event, or series of traumatic events. It is solidly based in crisis intervention theory and educational theory. The CISD is designed to mitigate the psychological impact of a traumatic event, prevent the subsequent development of a post-traumatic syndrome, and serve as an early identification mechanism for individuals who will require professional mental health follow-up subsequent to a traumatic event.

STAGES OF CISD

		Objectives & Sample Questions (if applicable)
Stage 1	Introduction	To introduce intervention, team members, explain the process and to set expectations
Stage 2	Fact	To describe traumatic event from each participant's perspective on a cognitive level. <i>Who are you? How were you involved? What happened?</i>
Stage 3	Thought*	To allow participants to describe cognitive reactions and to transition to emotional reactions. <i>What were your first or most prominent thoughts about the incident once you stopped to think about it?</i>
Stage 4	Reaction	To identify the most traumatic aspects of the event for the participants and to identify emotional reactions. <i>What was the very worse aspect of this event for you personally? If there is one thing you could change about your experience in the event, what would it be?</i>
Stage 5	Symptom*	To identify personal symptoms of distress and transition back to cognitive level. <i>What symptoms or emotional reactions have you experienced? What symptoms are you still experiencing?</i>
Stage 6	Teaching	To educate as to normal reactions and adaptive coping mechanisms, i.e. stress management. Provide cognitive anchor.
Stage 7	Re-Entry	To clarify ambiguities and to prepare for termination

**Do not include these stages when working with elementary children. Simplify questioning, ask more direct questions about emotions.*

Adapted from Critical Incident Stress Management by J. Mitchell and G. Everly, 1997

Potential Concerns When Facilitating Debriefing

Rescuing Through Over Identification

Doing Psychotherapy

Pushing Oneself Beyond One's Limits

Pushing or Probing Members to Participate

*Believing Debriefing Completes Recovery
Process for All Individuals*

Not Dealing Appropriately With Burnout Issues

Adapted from: *Proactive Trauma Management* by Toby Snelgrove

Responding to Potential Issues in Group Debriefings

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Immediate Referral Signs

COGNITIVE

When		Has Become
Slight disorientation	→	Can't tell name, date, event
Problem prioritizing	→	Exclusive preoccupation
Denial of severity	→	Denial of incident
Flashbacks	→	Hallucinations
Self-doubt	→	Paralysis
Numbing	→	Disconnection
Problems planning	→	Life skills dysfunction
Confusion, misperceptions	→	Acting on bizarre beliefs

EMOTIONAL

When		Has Become
Excessive talk, laughter	→	Uncontrolled
Restlessness, excitement	→	Unfocused agitation
Frequent retelling	→	Ritualistic, continual enactment
Pacing, hand-wringing	→	Ritualistic, continual behaviour
Withdrawal	→	Immobility, rigidity
Disheveled appearance	→	Inability to care for self

Adapted from *School Crisis Management*, Kendall Johnson, Ph.D.

Immediate Referral Signs

BEHAVIOURAL

When		Has Become
Upset, crying	→	Hysteria
Anger, self-blame	→	Threat to others, self
Dulled response	→	No response, rigidity, fetal position
Anxiety	→	Panic
Fatigue, slowness	→	Physical shock

Adapted from School Crisis Management, Kendall Johnson, Ph.D.

Drop-in Centre Considerations

Separate areas where groups of students and staff members can gather during a crisis response situation is an important consideration when developing the response plan. The following are some issues to consider when choosing and setting up meeting centres.

Considerations When Selecting an Area:

- Central Location
- Sufficient Space to Accommodate the Anticipated Number of Students and Staff
- Space to Accommodate Break-Out Groups (for students)
- An Area to Distribute Refreshments

Considerations When Setting Up:

- Designate a Single Entry and Exit Point
- Designate an Individual to Greet Students as They Enter the Drop-In Centre
- Establish a Communication System that Allows for Easy Interaction with the Response Coordinator
- Stock with Needed Supplies (e.g. Kleenex, paper, crayons, refreshments, etc.)
- Develop a Clear Procedure for Students Arriving at and Leaving the Area