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Utilizing the PREPaRE Model When Multiple Classrooms Witness a Traumatic Event

By Lisa J. Bernard, Carrie Rittle, & Kathy Roberts

Typical of my morning routine, I was answering e-mail when I heard a lot of commotion in the hallway. I heard the words, "Is this a joke? Is this a theatrical stunt?" and then I heard someone scream. As I ran out of the room toward the chaos, I repeatedly heard the words "a student is on fire." When I arrived outside, I came upon a sight that my brain just could not comprehend. What I saw was not a student on fire, but only what I can describe as an ashen figure of a person as if drawn with pencil strokes and shading with no facial features. Several adults had formed a human barricade around this rooted figure and kept asking him, "What is your name?" Other adults were frantically walking around and everyone on the scene had a look of shock registered on their faces. My immediate reaction was to help, but I could not think of a single thing to do. Finally, I asked the administrator who had taken the lead what I could do to help, and he asked me to go into the buildings and make sure that the blinds were drawn on every classroom that overlooked the scene. I then went back into the building and did just that. Unfortunately, the brand new blinds that hung on the classroom windows were not opaque, but were a somewhat sheer material that did little to block the horrifying scene outside.

I returned to the front office, and it occurred to me to call the district office to inform my supervisor about what had happened. I called the office and left the rambling voicemail of a school psychologist in shock. I then called the school counseling coordinator, and she told me that she already was on the way. She asked me about how many other guidance counselors and school psychologists we would need to handle the situation, and I told her that I really had no idea. Little did I know that we would spend the next several days with over 50 mental health professionals, including both district employees and outside agency workers, responding to the student suicide.

—Kathy Roberts

This article is written as an account of how the Charleston County School District responded to the above event by utilizing the PREPaRE model (Brock, et al., 2009). The acronym, PREPaRE, refers to a range of crisis response activities: P (prevent and prepare for psychological trauma), R (reaffirm physical health and perceptions of security and safety), E (evaluate psychological trauma risk), P @ R (provide interventions and respond to psychological needs), and E (examine the effectiveness of crisis prevention and intervention).

Prevent/Prepare. Seven weeks prior to the incident, selected administrators, guidance counselors, nurses, and the school psychology staff of Charleston County School District participated in PREPaRE Workshop 1 (Crisis Prevention and Preparedness: The Comprehensive School Crisis Team) and Workshop 2 (Crisis Intervention and Recovery: The Roles of School Based Mental Health Professionals).

Reaffirm. The day of the incident, the schools went on immediate lockdown to prevent further exposure to the incident as the district-level crisis intervention team was arriving on the scene to provide crisis intervention and recovery support. Once the crisis team established the physical security of the campus, the lockdown was lifted. The schools allowed students to contact parents with the assistance of crisis interventionists and school personnel, which helped to meet basic physical and emotional needs as well as foster teacher, parent, and student perceptions of safety. Students and faculty were provided the opportunity to meet with crisis team members at selected locations throughout the schools to process immediate crisis reactions.

Evaluate. The crisis team began evaluating the impact of the crisis exposure and the need for internal and external resources. Results of the evaluation process indicated that 16 classrooms of students were direct eyewitnesses to the event. The team also identified the list of first responders to the incident, which included students, parents, teachers, and staff. It immediately became clear that the assistance of the district-level crisis intervention team and outside mental health support agencies was warranted.

Provide and respond. On the day of the crisis, an announcement was made campuswide to alert students and faculty members that counseling was available. The executive director of office communications coordinated voice-recorded messages from the principals that were communicated to all school families (Parent Link system) and assisted in the development of a letter informing parents that their child may have witnessed a traumatic event and that crisis responders were on campus to assist their child. Natural support systems within the school (i.e., peers supporting peers, teachers supporting students) were utilized. A faculty meeting was also held to debrief staff on presently known facts, share information on the employee assistance program, and describe the classroom psychoeducation protocol to be followed the next morning.

On the second day, crisis team members divided into pairs and provided classroom psychoeducation to every classroom throughout both schools, provided additional individual and group support for more impacted students, and created a database to track students and faculty members who had self-identified or were referred by others. On day 3, impacted classrooms with eyewitnesses were provided classroom-based crisis intervention. The team triaged the level of psychological risk to match intervention need for identified individuals. Level of need was color-coded through the use of the universal tiered triangle system (i.e., Tier 1 green, Tier 2 yellow, Tier 3 red). Parent psychoeducation meetings were held at the end of the day, and parent resources were made available on

each school's website. The executive director of the office of student support services, the school counseling coordinator, the health services coordinator, and the executive director of communications were on site throughout the first 3 days of the crisis event to assist with media relations, parent communication, and district policy and procedures. The crisis team debriefed and evaluated the situation daily.

The following week, the crisis team determined that the district-level crisis intervention and psychological first aid had maximized its potential; therefore, trauma specialists from outside mental health agencies were brought into the schools to lead more intensive individual and small-group counseling.

Examine. Continual triage of the level of psychological impact and needs occurred throughout the second week. Tracking of student needs was recorded and updated using a database created by our school nurse liaisons and the color-coded tiered model. During the course of the second week, as the team examined the effectiveness of the crisis prevention and intervention plan, a concern was raised regarding the upcoming holiday break. It was decided that a second Parent Link communication be made reminding parents of the resources available on each school's website. Upon return from the holiday break, individuals who were categorized as being at risk were monitored through a check-in/checkout system. It is important to note that additional examination and triage is still occurring. Three months later, as extreme stress reactions have begun to surface, a school-wide emotional wellness survey has been developed and will be administered to students, parents, and staff members to assess the need for continued crisis support services.

The common language and specificity of the PREPaRE model facilitated our ability to work toward providing appropriate interventions and responding to the emotional and psychological needs of the schools. Although we were trained only 7 short weeks prior to the incident, we were organized, thorough, effective, and compassionate. In fact, one of the principals indicated that the staff and students on the campus "never felt alone" because of our comprehensive efforts in providing the school community with the appropriate resources matched to their specific needs.

Our crisis team has responded to other tragic events within our community. For example, the crisis team has assisted students and staff in providing psychological first-aid in response to the death of a staff member in one of our middle schools. Many staff and students referred to her as "the school mother" because she took care of the physical and emotional needs of so many people on the campus. Her loss created significant psychological distress for a great number of students and staff. The crisis team again found assurance in working within the structure of the PREPaRE model in providing the appropriate level of assistance in managing the distinct needs of this particular school.

On another occasion, the crisis team offered support to a small private school (K4- Grade 8) in our community in dealing with the unexpected loss of one of their well known, well-liked veteran teachers. Because of the wide range of developmental levels within the school, the crisis team implemented whole-class psychoeducation groups that were developmentally appropriate for each grade level. The principal indicated that our assistance was particularly helpful to the school because they had never dealt with this type of loss and did not know how they were going to address it. Our PREPaRE training allowed us to facilitate the recovery of the staff and students while the principal was able to manage the daily functioning of her small school.

Most recently, we were able to assist one of our high schools in coping with the tragic loss of one of their senior class students. Only weeks before prom and 1 day after receiving her college acceptance letter, she was killed in a car accident. The crisis team assisted the school by providing classroom psychoeducation groups to the junior and senior classrooms and providing individual and small group assistance to students who were referred by teachers, self, or others. Again, the curriculum of the PREPaRE model allowed the crisis team to address and respond appropriately to the specific needs of the school and facilitate the recovery of those in distress.

These tragic and fatal events have changed the lives of everyone involved. Although individuals continue to recover, the structure and framework of the PREPaRE model allowed our crisis team members to enter each situation with confidence and hope. While each crisis presents unique circumstances and outcomes, our training has permitted us to leave each scene with the powerful belief that "recovery is the norm."

Reference

Brock, S. E., Nickerson, A. B., Reeves, M. A., Jimerson, S. R., Lieberman, R. A, & Feinberg, T. A. (2009). *School crisis prevention and intervention: The PREPaRE model*. Bethesda, MD: National Association of School Psychologists

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