Emergency Phone Tree 2026-2027
Appendix A

| Diana |
|---|

| | | | |
|---|---|---|---|
| Kurumi | Joel | Kim | Bryson |
| Hanan | Kris | Noelle/Chris | Sharon H. |
| Courtney | Ashley | Jacey/Adam | Yuni |
| Angela | Erin Y. | Rob | |
| Derek | Andrew A. | English Teacher | |
| Grade K | Brandi/Zuri/Mahea | Dan | |
| Grade 1 | | Melissa | |
| Grade 2 | | Yang | |
| Grade 3 | | Zee | |
| Grade 4 | | Sheena | |
| Grade 5 | | Connie | |
| Grade 6 | | Science Teacher | |
| Casey | | Sharon S. | |
| Chieko | | Amelia | |
| Jessica | | Danny | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Myron B. Thompson Academy
# Individualized Emergency Plan for Students

Appendix B

| Student's Name: | Grade: | Age: |
|---|---|---|
| Teacher: | Room: | |

| Student's Strengths: |
|---|
| |
| |

| Medical Needs: |
|---|
| |
| |
| |

| Physical Needs: |
|---|
| |

| Communication Needs: |
|---|
| |
| |
| |

| Sensory Needs: |
|---|
| |
| |

| Other critical information (e.g., emotional or behavioral needs, triggers): |
| --- |
| |
| |
| |
| |

| Individualized emergency kits contents (e.g., squeeze toy, EpiPen, picture book…) |
| --- |
| |
| |

# Myron B. Thompson Academy
# Bomb Threat Documentation

Appendix C

| | |
|---|---|
| Filled out by: | |
| Date/Time | |

| | |
|---|---|
| When is the bomb going to explode? | |
| Where is the bomb right now? | |
| What does it look like? | |
| What kind of bomb is it? | |
| What will cause it to explode? | |
| Did you place the bomb? | |
| What is your name? | |
| What is your address? | |
| Where are you calling from? | |
| Caller ID (if available) | |
| Gender of caller | |
| Race | |
| Age | |
| Length of call | |

**Take note of caller's voice**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Calm | | Excited | | Angry | | High | |
| Low | | Raspy | | Rapid | | Weak | |
| Strong | | Loud | | Laughing | | Crying | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Normal | | Distinct | | Slow | | Whisper | |
| Nasal | | Stutter | | Lisp | | Deep | |
| Rugged | | Familiar | | Accent | | Disguised | |
| Breathing | | Cracking | | | | | |

**If voice is familiar, who does it sound like?**

_____

## Listen for any background noise

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Street | | Traffic | | Voices | | Music | |
| Machinery | | Animals | | Static | | Other | |

## Listen for threatening language

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Well Spoken | | Foul | | Irrational | | Taped | |
| Incoherent | | Message read | | | | | |

# BOMB THREAT MEMO

**(appendix C.1)**

**TO: MBTA Staff**
**FROM: Administration**

**Do not turn any electrical equipment on or off! Quickly survey your room for any unusual items or packages. If located, do not handle it. Report findings to office or YWCA staff immediately. Keep students calm and occupied. Wait for further instructions or evacuation notice.**

# BOMB THREAT ALERT

**(appendix C.2)**

**FROM: Administration**
**DATE:**

**We have received a bomb threat!**
**1. Do not turn any electrical equipment on or off!**
**2. Begin evacuation procedures outlined in the Emergency Evacuation Plan.**
**Begin evacuation: NOW or AT (Time) (Circle One)**
**3. Turn off all two-way portable radios, cell phones and remote controls.**
**4. Leave your classroom door opened.**
**5. Everyone should bring along his or her valuables.**
**6. Bring attendance books for roll call.**
**7. Bring Emergency Back Pack**

# Crisis Facts That Inform Psychological Triage

Appendix E

**Basic Information**

| |
|---|
| What happened |
| |
| |
| |
| When did the event occur? |
| Where did the event occur? |
| Is law enforcement involved (did a criminal activity take place)? |
| |
| Who was involved (i.e., who are the crisis victims)? |
| |
| |
| |
| What is the prognosis for those involved? |
| |
| |
| |
| Was anyone injured or killed? Yes or No |
| If YES, who was killed? |
| |
| |

**Physical Proximity**

| |
|---|
| Who witnessed the event? |
| |
| |
| Who is considered close friends or the crisis victim(s)? |
| |
| |
| What classroom(s) was (were) the crisis victim(s) a part of? |
| |
| What activities (e.g., clubs, athletics, organizations) did the crisis victim(s) participate in? |
| |
| |
| |

**Personal Vulnerability**

| |
|---|
| Have there been other crisis events that have affect students/staff this past year? |
| |
| Have any staff or students been affected by an event similar to the current crisis? |
| |
| Has anyone experienced a sudden loss of a loved one over the past year? |
| |
| Are there staff or students who have any mental health concerns that may affect their ability to cope with the crisis? |
| |
| Have staff and/or students already learned of the event? Yes or No |
| If YES, how were staff and students informed (e.g., media, social media, pictures, videos)? |
| |
| |

# Primary Risk Screening

Appendix F

| | |
|---|---|
| Student: | Date |
| Referred by: | Teacher: |
| Screener | Grade |

**Crisis Exposure**

**Physical Proximity**

| _____ 10 | _____ 8 | _____ 6 | _____ 4 | _____ 2 | _____ 0 |
|---|---|---|---|---|---|
| Crisis Victim: physically injured | Crisis victim: physically threatened | Crisis witness | In the vicinity of the crisis | Absent by chance from the site of the crisis event | Out of the vicinity of the crisis event |

**Describe crisis event exposure:**

| |
|---|
| |
| |
| |
| |
| |

**Duration of Exposure**

| _____ 5 | _____ 4 | _____ 3 | _____ 2 | _____ 1 | _____ 0 |
|---|---|---|---|---|---|
| Weeks | Days | Hours | Minutes | Seconds | None |

**Emotional Proximity**

| _____ 5 | _____ 4 | _____ 3 | _____ 2 | _____ 1 | _____ 0 |
|---|---|---|---|---|---|
| Parent(s) or sibling(s) | Other family member(s) | Best and/or only friend(s) | Good friend(s) | Friend(s) acquaintance | Did not know victim(s) |

**Elaborate on relationship(s) with crisis victim(s)**

| |
|---|
| |
| |
| |
| |

**Personal Vulnerability(ies)**

| | Yes | No | Elaborate |
|---|---|---|---|
| Avoidance coping style | | | |
| Known/suspected mental illness | | | |
| Social withdrawal | | | |
| Previous trauma or loss | | | |
| Lack of family resources | | | |
| Lack of social resources | | | |

| | | | |
|---|---|---|---|
| | | | |
| Total “Yes” (0-6) | | | |

**Immediate Crisis Reactions**

| _____ 5 | _____ 3 | _____ 1 | _____ 0 |
|---|---|---|---|
| Acutely distressed | Moderately distressed | Mildly distressed | Remained calm |

**Primary Risk Screeing Rating**

| Primary Risk Screening Category | Rating |
|---|---|
| Physical proximity to the crisis event (0-10) | |
| Duration of exposure to the crisis event (0-5) | |
| Emotional proximity or relationship(s) with crisis victim(s) (0-5) | |
| Preexisting personal vulnerability(ies) (0-6) | |
| Immediate crisis reactions (05) | |
| Total (0-31) | |

**Parent Contact by Crisis Team Member**

| | |
|---|---|
| Student: | Date of Contact |
| Parent’s /Guardian’s Name: | Time of Contact: |
| Crisis Team Member: | School |

**When contacting the student’s parent or guardian by phone to share risk-screening data:**

1. Provide your name and position.
2. Provide the verified crisis facts and report that you met with their child.
3. Review your observations of the student’s reactions and what supports were provided.
4. Answer any questions they may have.
5. As indicated, provide name of community counseling resources.
6. Determine the parent’s intent to seek appropriate services for the student

7. If appropriate, offer to contact the student's private therapist (before doing so be certain to obtain consent to release/receive confidential information from parent/guardian)

**If the parent/guardian picks up their child at school:**

1. Introduce yourself and thank them for coming.
2. Briefly review your concerns for their child
    a. Let them know that recovery is the norm
    b. Share that initial reactions are normal given the circumstances, but after about a week or more, if the reactions have not begun to lessen, it is important to consider professional mental health support.

**Parent or guardian's response:**

| |
|---|
| |
| |
| |
| |

**Any required follow up:**

| |
|---|
| |
| |
| |
| |

# School Crisis Intervention Referral Form

Appendix G

| | |
|---|---|
| Student: | Date: |
| Parent's Name: | Grade: |
| Teacher: | Phone #: |

| | |
|---|---|
| Physical closeness to the crisis | |
| Duration of the crisis exposure | |
| Relationship(s) with the crisis victim(s) | |
| Immediate reactions to the crisis | |

| |
|---|
| Did the youth view the crisis as threatening? Yes or No. Please elaborate. |
| |
| |
| |
| |
| Has the youth experienced a similar event in the past? Yes or No. If yes, please elaborate. |
| |
| |
| |
| |
| Has the youth experienced any other traumas within the past year? Yes or No. If yes, please elaborate |
| |
| |
| |
| |
| |

| |
|---|
| Does the youth have an emotional disturbance (e.g., depression)? Yes or No. If yes, please elaborate. |
| |
| |
| |
| |
| Is the youth developmentally mature? Yes or No.  If yes, please elaborate. |
| |
| |
| |
| |

# SPECIFIC FEELINGS AND BEHAVIORS GENERATED BY CRISIS EXPOSURE

(Check all that you believe apply to the adult, adolescent, or child older than 6 years you are referring for crisis intervention.)

**A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:**

_____1. Directly experiencing the traumatic event(s)
_____ 2. Witnessing in person, the event(s) as it occurred to others.
_____ 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
_____ 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; Police officer repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

**B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:**

_____ 1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
_____ 2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.
_____ 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.
_____ 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble and aspect of the traumatic event(s).
_____ 5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

**C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:**

_____ 1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
_____ 2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

**D. Negative alterations in cognitions and mood associated with the traumatic event(s) beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

_____ 1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
_____ 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad, " "No one can be trusted, " "The world is completely dangerous, " "My whole nervous system in permanently ruined").
_____ 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others
_____ 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
_____ 5. Markedly diminished interest or participation in significant activities.
_____ 6. Feelings of detachment or estrangement from others.
_____ 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

**E. Marked alterations in arousal and reactivity associated with the traumatic event(s) beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

_____ 1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
_____ 2. Reckless or self-destructive behavior.
_____ 3. Hypervigilance.
_____ 4. Exaggerated startle response.
_____ 5. Problems with concentration.
_____ 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

**F. Duration of the disturbance (Criteria B, C, D, and E) is more than a month.**

**G The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

**H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.**

From the Diagnostic Criteria for Posttraumatic Stress Disorders (American Psychiatric Association, 2013, pp. 271–272), Washington, DC. Reprinted with permission.

# Secondary Screening of Risk Interview

Appendix H

| | |
|---|---|
| Student: | Date: |
| Interviewer: | Teacher/Grade: |

| |
|---|
| **What were the student's crisis exposure, perceptions, and reactions?**<br>1. What do you remember about the crisis? [Note aspects of the crisis the youth does not remember.] |
| |
| |
| |
| |
| 2.How close were you to the crisis? [Note physical proximity to the crisis.] |
| |
| |
| |
| 3.How long were you exposed to the crisis? [Note duration of the crisis exposure.] |
| |
| |
| |
| 4.How threatening was the crisis for you? Did you feel as if you could have been killed or injured? [Note any aspect(s) of the event that was perceived as involving actual or threatened death or serious injury, or a threat to physical integrity of self.] |
| |
| |
| |
| |
| 5.. How well do(did) you know the crisis victim(s)? [Note if the victim was a crisis fatality, how important the victim(s) was to the interviewee, and if the victim was a parent or sibling.] |

| |
|---|
| |
| |
| |
| |
| 6. How did you react when the crisis occurred? [Note any reports of acute distress (e.g., panic and/or dissociation).] |
| |
| |
| |
| |
| **Does the student report intrusive thoughts about the crisis?**<br>7. Do you constantly think (or find yourself frequently playing) about the crisis? [Note recurrent/intrusive memories (e.g., images, thoughts, smells) that the interviewee finds distressing and wishes could be stopped.] |
| |
| |
| |
| |
| 8. Do you have bad dreams? YES NO |
| 8a. If YES, ask for a description of dreams. [Note if there are frightening dreams without recognizable content.] |
| |
| |
| |
| 8b. If YES, ask how frequently they occur? |
| |
| |
| 9. Do you ever feel as if the event were happening again? [Note reports of illusions, hallucinations, and flashbacks, and keep in mind that in children this may include play reenactments.] _ |

| |
|---|
| |
| |
| |
| 10. What does it feel like when [What do you think it would feel like if] you return to the scene of the crisis? [Note reports of intense psychological distress.] |
| |
| |
| |
| |
| 11. What does it feel like when someone or something reminds you of the crisis? [Note reports of psychological distress.] |
| |
| |
| |
| |
| 12. How do you physically respond when someone or something reminds you of the crisis? [Note reports of physiological reactivity.] _ |
| |
| |
| |
| |
| **Does the student avoid people, situations, and/or things that are considered crisis reminders?**<br>13. Do you find yourself trying to avoid thinking, feeling, and/or talking about the crisis? |
| |
| |
| 14. Do you try to avoid activities, places, people, or situations that remind you of the crisis? |
| |
| |

| |
|---|
| **Does the student report negative alterations in thoughts and feelings since the crisis?**<br>15. Do you have difficulty remembering aspects of the crisis? _ |
| |
| |
| |
| 16. Do you feel really bad about yourself, others, or the world since the crisis? [Note exaggerated negative beliefs or expectations about self, others, or the world, including, but not limited to, feeling they are “bad” or “can’t be trusted,” or that the world is very “dangerous.”] |
| |
| |
| 17. What do you think caused the crisis? [Note any distorted beliefs regarding the cause or consequence of the crisis. Do they blame themselves or others?] |
| |
| |
| |
| 18. Do you feel guilty about what happened? |
| |
| |
| |
| 19. Do you think you could have done something to prevent the crisis? |
| |
| |
| |
| 20. Do you want to “get even” or seek revenge? |
| |
| 21. . How are you feeling in general since the crisis? [Note the presence of any negative emotional states such as persistent fear, horror, anger, guilt, or shame.] _ |
| |
| |

| |
|---|
| |
| |
| 22. Are there activities that were important to you before the crisis that are no longer of interest? |
| |
| |
| 23. Since the crisis have you found yourself feeling different or separated/apart from other people, your friends, or your family? [Note feelings of detachment and/or estrangement.] |
| |
| |
| |
| 24. Are you finding it difficult to feel happy? |
| |
| |
| 25. What emotions have you been able to feel since the crisis? [Note a restricted range of affect.] [Note feelings of numbing, detachment, or a lack of an emotional response.] |
| |
| |
| 26. **Does the student report an increased level of arousal and reactivity since the crisis?** Since the crisis have you found that you have had difficulty controlling your temper or found yourself more easily irritated? [Note any reports of irritability or angry outbursts.] |
| |
| |
| 27. Do you feel that you are/have been constantly tense and on guard since the crisis and, as a result, very aware of your surroundings? [Note if they are constantly on the lookout for threats.] _ |
| |
| |
| 28. Have you found yourself to be easily startled since the crisis? |
| |
| |

| |
|---|
| 29. Have you had difficulty listening to your teacher and/or concentrating on your schoolwork? |
| |
| |
| 30. Are you having sleeping difficulties? [Note difficulties falling or staying asleep.] |
| |
| |
| 31. Since the crisis have you found yourself doing dangerous things that could hurt you? |
| |
| |
| 32. Do you find yourself acting impulsively since the crisis? |
| |
| |
| 33. Have you engaged in any behaviors that might harm yourself or others since the crisis? |
| |
| |
| **Does the student report any self-destructive thoughts and/or dangerous impulsive behaviors?**<br>34. Either prior to or since the crisis, have you had thoughts of suicide/homicide? YES NO [If YES, continue with question 35; if NO, skip to question 36. If YES, make an immediate crisis intervention referral.] |
| |
| |
| |
| 35. How often have you had these suicidal/homicidal thoughts? |
| 35a.Do you have a plan? YES or NO<br>[IF YES, continue with question 35a; if NO, skip to question 35b.]<br>35a(i). How would you commit suicide/homicide? |
| |
| |
| |

| |
|---|
| 35a(ii). Do you have the means to carry out your plan? |
| |
| |
| |
| 35a(iii). When would you commit suicide/homicide? |
| |
| |
| 35b. Have you ever previously attempted suicide/homicide? |
| |
| 35c. Have you ever previously attempted suicide/homicide? |
| |
| 35d. Is there anyone or anything that could keep you from killing yourself/others? _ |
| |
| |
| **Does the student report more physical illnesses, aches, and/or pains since the crisis?**<br>36. Have you felt sick since the crisis? [Note any reports of headaches, stomachaches, bowel or bladder problems, etc.] |
| |
| |
| **Does the student report crisis reactions that have an effect on daily functioning?**<br>37. Have you had difficulty completing your schoolwork since the crisis? |
| |
| |
| 38. What will you do when you leave school today? |
| |
| |
| 39. Will you be in school tomorrow? |
| |

| |
|---|
| 40. Have you had difficulty taking care of yourself since the event? |
| |
| |
| 41. Have you had difficulty playing with your friends since the crisis? |
| |
| |
| **Does the student acknowledge the presence of any resources that could help him or her cope with the crisis?**<br>42. How do you think the crisis will affect your family and friends? |
| |
| |
| |
| 43. Is there anyone in your family that you can talk to about the crisis? |
| |
| |
| 44. Is there anyone outside of your family that you can talk to about the crisis? |
| |
| |
| 45. Would you like to talk again, or perhaps join a group of students to discuss the crisis? |
| |
| |
| 46. What type of coping strategies have you used in the past? Which ones have worked well and which ones did not help you as much? |
| |
| |
| 47. Are you currently involved in any activities that you enjoy? |
| |
| |

| |
|---|
| 48. When you have free time, what do you enjoy doing? |
| |
| |
| 49. What strategies do you think you will use or can use to help you cope with this crisis? |
| |
| |
| 50. Do you think you have learned anything from the crisis that will help to make you a stronger person? |
| |
| |
| Summary [Is the student's response in proportion to the degree of exposure? Is the student over- or underreacting to the crisis?] |
| |
| |
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# Levels of School Mental Health Crisis Interventions

Appendix I

| | |
|---|---|
| **Indicated (Referral Crisis Interventions)**<br>Provided to those who were severely traumatized<br><br>Typically a minority of crisis survivors; however depending upon the nature of the crisis can include a significant percentage | **Tier 3**<br>**Psycho-therapy**<br>**Psychological Recovery**<br><br>**A week or more postcrisis** |
| **Selected (Secondary) Crisis Interventions**<br>Provided to those who were moderately to severely traumatized<br><br>Following highly traumatic crisis, can include an entire school | **Tier 2**<br>**Individual Crisis Intervention**<br>**Group Crisis Intervention**<br>**Stabilization**<br>**Student Psychoeducational Groups**<br><br>**Days to a week postcrisis** |
| **Universal (Primary) Crisis Interventions**<br><br>Provided to all students who were judged to have some risk to psychological trauma<br><br>Depending on the nature of the crisis, can include an entire school | **Tier 1**<br>**Classroom Meetings**<br>**Caregiver Trainings**<br>**Informational Bulletins, Flyers, Handouts**<br>**Reestablishing of Social Support**<br>**Evaluation of Psychological Trauma**<br>**Ensuring of Perceptions of Security and Safety**<br>**Reaffirmation of Health and Welfare**<br>**Prevention of Psychological Trauma**<br><br>**During/immediately after crisis** |

# Psychoeducational Infographic

Appendix J

From the National Association of School Psychologist: www.nasponline.org> Resources > Crisis

**Helping Children After a Natural Disaster:**
**Tips for Parents and Educators**
Adults can help children manage their reactions after a natural disaster. Follow these key reminders and visit www.nasponline.org/natural-disaster to learn more.

**Remain Calm and Reassuring**
Children, especially young ones, take cues from adults. Acknowledge loss or destruction, but emphasize efforts to clean up and rebuild. Assure them family and friends will take care of them and over time things will get better.

**Acknowledge and Normalize Most Feelings**
Allow children to discuss feelings and concerns, but don't force them to talk about the disaster. Listen, empathize, and let them know most initial reactions are normal. Be attentive to, and obtain assistance for, feelings and concerns that may suggest that the child (or anyone else) is in harm's way.

**Emphasize Resiliency Competencies**
Help children identify coping skills used in the past when scared or upset.

**Strategies** Encourage prosocial behaviors and good physical health.

**Awareness**
Highlight communities that have recovered from natural disasters.

**Strengthen Peer Support**
Children with strong emotional supports are better able to cope with adversity. Especially among adolescents, peer relationships can decrease isolation and supplement support from caregivers who are experiencing their own distress.

**Take Care of Your Own Needs**
You will be better able to help children if you are coping well. Take time to address your own reactions as fully as possible. Talk to other adults, take care of your physical and mental health, and avoid using drugs or alcohol to feel better.

**Seek Help for Prolonged Signs of Distress**
With the help of naturally occurring social support systems, most children will be fine. However, some may have reactions requiring professional help. Consider getting professional support for children whose reactions continue or worsen after a week or more. Your child's school can be a great source of support.

**For additional guidance, visit www.nasponline.org/safety-and-crisis.**

# Stabilization Coding Sheet

Appendix K

| |
|---|
| 1. Contact: Obtained the distressed person's attention. |
| _____ Got at an eye level and obtained eye contact |
| _____ In a low tone, speaking calmly, quietly, and gently, identified self. |
| 2. Hear: Requested the student to listen. |
| _____ Politely asked the person if he or she can listen to the intervener |
| 3. Orient: Determined if the person was oriented to person, place, and setting. |
| _____ Asked: What's your name? |
| _____Asked: Do you know where we are right now? |
| 4. Describe: Asked the student to describe surroundings and identify where they are. |
| _____ Asked: Can you describe for me where we are right now |
| |
| 5. Touch: With younger children, considered (but didn't force) a reassuring or protective arm across the shoulders. |
| _____ Determined the needs for, an appropriateness of, physical contact |
| 6. Distract: With younger children, tried to distract from stressful state. |
| _____ Asked carefully chosen safe/neutral questions about the person's interests. |
| 7. Provide Social Supports. Identified (and mobilized) social support. |
| _____ Parent (or primary caregiver) available and mobilized |
| _____ Teacher (or other familiar caregiver) available and mobilized |
| _____ Significant other (or friend) available and mobilized |
| 8. Reassure: Provided reassurance, including carefully selected crisis facts and perceptions of safety/security. |
| _____Validated emotional state, then reaffirmed health/welfare and perception of safety/security. |
| _____ Gave facts in a developmental appropriate manner. |
| _____ Did not force additional conversations. |

| |
|---|
| _____ Allowed the distressed person's questions to guide what additional information is given and what additional conversation takes place. |
| 9. Ground: As needed, provided a grounding activity. |
| _____ Guided the person to take some deep breaths. |
| _____ Determined the need for a grounding activity. |
| _____ If needed, provided grounding activity |
| |

**Myron B. Thompson Academy**
**1040 Richards Street, Ste. 220, Honolulu, Hawai`i 96813**
**808-441-8000**
**808-683-7062 (fax)**
**www.ethompson.org**

Date:

Dear Parent/Guardian,

Our school community has experiences a traumatic event. Currently, our school's mental health crisis intervention team is engaged in a number of different activities designed to help our students understand and cope with this tragedy. One such activity is known as Group Crisis Intervention. Our school counselors will be using this approach with a group of students who have had similar crisis experiences. During this meeting we will answer your child's questions about the event, allow him or her to share his or her experiences and reactions to the crisis, and help him or her to find ways to cope with the event in a healthy manner. This letter is to inform you that we feel your child may benefit from such a session. A session will be offered on the following date/time:

_____

**If for any reason you DO NOT feel it is appropriate for your child to participate in this Group Crisis Intervention session (if you don't feel your child is ready to share his or her crisis experience and reactions or for any other reason), please complete and sign the form below and return it to the main office by:**

_____.

Sincerely,

_____ _____

Diana Oshiro, Principal School Counselor

| |
|---|
| _____ I DO NOT want my child to participate in a Group Crisis Intervention at this time. |
| _____ I would like to speak to the school counselor or mental health crisis intervener about my child's crisis reactions and how to help him or her cope with this event. Please contact me at the following number: |
| Phone Number: |
| Best phone contact day/time is: |
| Parent Name (Print) |
| Student Name (Print) |
| Parent Signature |
| Date |

Appendix L

# Elements of Individual Crisis Intervention

Appendix M

1. Establish psychological contact.
    a. Introduction:
        i. Identify self.
            ii. Inquire about and address basic needs as indicated.
    b. Empathy:
        i. Identify crisis facts.
        ii. Identify crisis-related feelings.
    c. Respect:
        i. Pause to listen.
        ii. Do not dominate the conversation.
        iii. Do not try to smooth things over.
    d. Warmth:
        i. Ensure that verbal communication is congruent with nonverbal behaviors.
        ii. Consider the use of, and when indicated provide, physical contact (e.g., a reassuring arm around the shoulder of a frightened student).
2. Verify emotional readiness to begin problem identification and problem solving.
    a. If the student is not ready, stabilize the student.
    b. If the student is ready, begin the problem-solving process.
3. Identify and prioritize crisis-generated problems. Identify the most immediate concerns.
    a. Ask about what happened and gain understanding of the crisis story.
    b. Ask about the problems generated by the crisis event.
    c. Rank order crisis-generated problems.
4. Address crisis-generated problems. Encourage the student to be as responsible as possible for coping with crisis-generated challenges.
    a. Ask about coping attempts already made and validate adaptive coping strategies already identified by the student.
    b. Facilitate exploration of additional coping strategies and, as indicated, encourage the student to identify his or her own adaptive coping strategies.
    c. Propose alternative coping strategies and, as indicated, do not hesitate to explicitly direct the student toward adaptive coping strategies.
        i. If lethality is low and the student is capable of action, then take a facilitative stance (i.e., the student initiates and is responsible for coping actions).
        ii. If lethality is high or student is not capable of acting, then take a directive stance (i.e., the crisis intervener initiates and is responsible for coping actions).
5. Evaluate and conclude the ICI session. Ensure that the individual is moving toward adaptive crisis resolution.
    a. Secure identifying information and identify and ensure connection with primary support systems (e.g., parents, teachers).
    b. Agree on a time for recontact and follow-up. c. Assess whether immediate coping has been restored.
        i. Physical and emotional support have been obtained, and any lethality has been reduced.
        ii. Crisis problems have been identified, and adaptive coping has been initiated.

iii. Using the assessed trauma risk level, the student has been linked to appropriate helping resources.

- If these goals have not been obtained, then restart the ICI process.
- If these goals have been obtained, compliment the student on his or her problem-solving skills, convey the expectation that he or she will cope with the trauma, and conclude ICI. Social supports may now become the primary crisis intervention.
- Keep in mind that triage is a process and that ongoing monitoring of the recovery process is always important.

# Delivery of Crisis Intervention

Appendix N

Guidelines for Delivering Crisis Intervention

• Operate only within the framework of an authorized school emergency response system.
• Before you approach an individual or a group, first observe politely.
• Initiate contact only after you have determined that you are not intruding or interrupting.
• Offer practical assistance (food, water). This is often the best way to make contact.
• Ask simple, respectful questions to determine how you may help.
• Remain flexible and adjust to people and their situations as needed. Do not enter the site with any agenda other than providing support.
• Be prepared for those affected by the event to either avoid you or flood you with contact.
• Speak calmly. Be patient, responsive, and sensitive.
• Speak slowly, in simple concrete terms; do not use acronyms or jargon.
• Listen carefully when students or staff members want to talk. Focus on understanding ("getting") what they want to tell you, and hearing how you can be of help. Children who are too young to speak, or who may not speak clearly, often express their feelings and show what they want through their behaviors, such as play.
• Support and reinforce the person's individual strengths and coping strategies, including the positive things he or she has done to stay safe.
• Give information that directly addresses the person's immediate goals, and clarify answers repeatedly as needed.
• Give information that is accurate and age-appropriate. Remember that even very young children need to know what has happened. Tell children the truth, but keep it brief and speak to their developmental level (e.g., avoid discussing the details of a death).
• Reassure young children that the adults are there to protect them and keep them safe. Even when adults do not feel safe, young children need to be assured that everything possible is being done to keep them safe.
• When communicating through an interpreter, look at the person with whom you are talking, not at the translator or interpreter.
• As a crisis intervention team member, reach out to those in positions of authority (e.g., administrators, school resource officers) who have been equally exposed but who, because of their position, need to project a sense of calm and control to those under their care.
• Assist support staff (e.g., custodians, bus drivers, food workers, librarians, secretaries, coaches, instructional aides) whose emotional needs may be overlooked in emergencies. These staff members, who are often involved in directing, calming, and reassuring students and parents, are among the important stabilizing factors in students' lives.
• Remember that the goal of crisis intervention is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
• Keep in mind that the goal of schools is to support academic achievement. Ask students what they need to be able to attend school every day, to complete their work and succeed in school, and to stay safe in their lives outside of school. Behaviors to Avoid When Providing Crisis Intervention
• Do not make assumptions about what students and staff have experienced during the incident or are experiencing currently.

• Do not assume that everyone who has been through the emergency will be traumatized.
• Do not pathologize. Most acute reactions are understandable and expectable, given what students and staff have experienced. Do not label reactions as “symptoms” or speak in terms of “diagnoses,” “conditions,” “pathologies,” or “disorders.”
• Do not talk down to or patronize students or staff. Do not focus on the individual’s helplessness, weaknesses, mistakes, or disability. Focus instead on what he or she has done that is effective or has contributed to helping him- or herself or others, both during the emergency and in the present setting. Let the student know that continuing to attend school and performing academically shows his or her strength and resilience. Highlight to staff that coming to work every day or taking on additional duties shows their strength, but that it is also okay to ask for help or to ask for some time off to take care of him- or herself.
•Do not assume that all students and staff members want or need to talk to you. Being physically present in a supportive and calm way in itself often helps affected people feel safer and more able to cope.
• Do not “debrief” by asking for details of what happened.
• Do not speculate or give information that might be inaccurate. If you cannot answer a question, say so, and do your best to learn the facts.

Note. Adapted from Psychological First Aid for Schools: Field Operations Guide (2nd ed., pp. 12–13), by M. Brymer, M. Taylor et al., 2012, Rockville, MD: National Child Traumatic Stress Network and National Center for PTSD. Adapted with permission.

# Intervention Strategies for Specific Crisis-Generated Problems

Appendix O

| Crisis Problem | Intervention Strategy |
|---|---|
| Death of a loved one | 1. Provide emotional comfort, acute grief assistance, and practical assistance<br>2. Connect with social supports<br>3. For younger children, ensure that a familiar adult is attending to him/her<br>4. Offer a follow-up meeting |
| Immediate safety concerns and ongoing threat | 1. Help obtain information about safety and protection<br>2. Provide information obtained from officials about the incident as well as about available services |
| Separation from, or concern for, the safety of loved ones | 1. Provide practical assistance to connect people to information resources and registries to help locate and reunite loved ones |
| Physical illness, mental health conditions, and need for medications | 1. Provide practical assistance to obtain medical and/or psychological care and medication |
| Losses (home, school, neighborhood, property, pet, etc.) | 1. Provide emotional comfort<br>2. Provide practical assistance to help link the person with available resources<br>3. Provide information about positive coping and social support |
| Extreme feelings of guilt and/or shame | 1. Provide emotional comfort<br>2. Provide information about coping with these distressing emotions |
| Thoughts of causing harm to self or others | 1. Get immediate medical or mental health assistance<br>2. Stay with the individual until appropriate personnel arrive and assume management of his/her care |
| Availability of social support | 1. Help the person connect with available resources and services<br>2. Provide information about coping and social support<br>3. Offer a follow-up meeting |
| Prior alcohol or drug use | 1. Provide information about coping and social support<br>2. Link to appropriate services<br>3. Offer a follow-up meeting<br>4. For those undergoing withdrawal, seek a medical referral |
| Prior exposure to trauma and death of loved ones | 1. Provide information about post crisis and grief reactions, coping, and social support<br>2. Offer a follow-up meeting<br>3. Take note of those students who report prior trauma or loss, as |

| | |
|---|---|
| | they may have future academic or behavioral problems |
| Specific youth, adult, and family concerns about developmental impact | 1. Provide information on coping<br>2. Assist with strategies for practical help |

Note. Adapted from Psychological First Aid for Schools: Field Operations Guide (2nd ed., pp. 44–45), by M. Brymer, M. Taylor et al., 2012, Los Angeles: NCTSN. Copyright 2012 by National Child Traumatic Stress Network and National Center for PTSD. Adapted with permission.

# Questions Used to Evaluate the Process of Crisis Response and Recovery Implementation

Appendix P

| |
|---|
| 1. Which interventions were the most successful and why? |
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| 2. What were the positive aspects of the staff's response to the crisis event, and why? |
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| 3. What changes would you recommend regarding the immediate crisis response and longer-term recovery strategies offered? Why? |
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| 4. Are there other professionals you recommend we engage to help with future crisis? |
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| 5. What additional training is necessary to prepare for future crisis? |
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| 6. What additional equipment is needed to support immediate response and longer-term recovery efforts? |
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| 7. What other planning actions will facilitate future immediate response and longer-term recovery efforts? |
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| |

# Teacher Survey Form to Examine the Effect of a Crisis Event on Academic Functioning

(Appendix Q)

| | |
|---|---|
| School: | Date: |
| Teacher: | Grade: |

| |
|---|
| Crisis Event; |
| |
| Subject Area of Teaching |

| | |
|---|---|
| As of today, estimate the percentage of instructional time that is devoted to discussion of the crisis event. | |
| Estimate the percentage of instructional time students were engaged in academic instruction during the 4 weeks prior to the crisis event. | |
| Estimate the percentage of instructional time students are currently engaged in academic instruction. | |

| |
|---|
| Using the following scale to estimate the extent to which you feel your students have returned to their prescrisis levels of academic functioning. Circle the appropriate number. |

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| All of my students have returned to precrisis levels of academic functiong | | Half of my students have returned to precrisis levels of academic functioning. | | None of my students have returned to precrisis levels of academic functioning |

| | |
|---|---|
| From your gradebook, what percentage of assignments had your students completed during the week prior to the crisis event? | |
| From your gradebook, what percentage of | |

| | |
|---|---|
| assignments have your students completed this past week? | |

# Common and Extreme Stress Reactions in the Crisis Responder

(Appendix S)

## Common Stress Reactions

- Increase or decrease in activity level
- Difficulties sleeping
- Substance abuse
- Disconnection and numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, or helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reaction (headaches, stomachaches, easily startled)
- Depressive or anxiety reactions
- Decreased social activities
- Diminished self-care

## Extreme Stress Reactions

- Sense of helplessness
- Preoccupation or compulsive reexperiencing of trauma experienced either directly or indirectly
- Attempts to overcontrol in professional or personal situation, or to act out in a “rescuer complex”
- Social withdrawal or isolation
- Chronic exhaustion
- Survival coping strategies such as reliance on substances, preoccupation with work, or drastic changes in sleeping or eating patterns
- Serious difficulties with interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness
- Suicidal ideation or attempts
- Unnecessary risk-taking
- Illness or an increase in levels of pain
- Changes in memory or perception
- Disruption in your perceptions of safety, trust, and independence