# Critical Incident Crisis Intervention Plan

A disaster or traumatic event impacts everyone on center. Possible disasters include a natural disaster (e.g., a hurricane, earthquake), a death of a student or staff member (e.g., suicide, unintentional injury, and medical), outbreak of a disease, a human-made disaster, or a sudden center closing/layoffs.

When young people experience a traumatic event, they have special emotional needs that must be addressed by the center community. Some students and staff are particularly at risk for negative effects from a traumatic event. Particularly vulnerable individuals may include:

* Those who knew the victim(s) well
* Those who were directly involved in the circumstances surrounding the traumatic event
* Those who were indirectly involved in the traumatic event
* Those who have suffered past traumas or losses
* Those with emotional and/or behavioral difficulties prior to the critical incident

### Issues in Critical Intervention Plan and Team Development

In preparation for a critical incident, the center should develop a critical incident crisis intervention plan and team. You may wish to designate more than one team (e.g., natural disaster team and human-made disaster team). Before the crisis intervention plan and teams are created, the following questions and issues should be resolved. The answers to these questions vary within each center.

* Who will take the lead? The Center Director? What if the Center Director is not available?
* What will be the chain of command?
* When and where will briefings be held?
* Will the student body officers play a role? If so, what role?
* What are the specific culture-related needs of the center?
(Expression of emotion; description of psychological symptoms; help-seeking behaviors; natural support networks; and customs in dealing with trauma, loss, and healing often vary by culture.)
* Do you have a list of off-center referrals and resources who are familiar with how to deal with trauma? Is the list current and are these resources willing to assist if needed? What role will these resources play?
* Will you use peer helping groups or not? If so, how and who will be in the group?

## Critical Incident Crisis Intervention Team

Each team member should have defined roles and training for their function. Some suggested roles and functions are described below. You should adapt these as appropriate for your center.

Other staff members can be involved in the critical incident debriefing and may provide assistance as needed. They can include:

* Residential personnel
* Transportation personnel
* Security personnel
* Maintenance personnel
* Office personnel
* Multi-cultural, bilingual resource personnel

## Suggested Steps for Critical Incident Plan

During a critical incident the center will go through three phases – shock, impact and integration. The following table shows the tasks involved in each phase and is followed by a detailed explanation of each task.

### Shock Phase (Day 1 to 2)

The shock phase of a traumatic event is generally characterized as the first 24-48 hours after the incident. During this time, the center as a whole will be extremely fragile and vulnerable. In this phase, treatment and intervention strategies may not be particularly effective. The main focus should be the immediate emotional, psychological, and physical needs of the center community. The most effective place to deliver this care is on center. Protection and safety are the main concerns during this period.

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| **1** | **Briefing with Crisis Intervention Team**Team briefings will need to be convened with the intervention team at the first opportunity after a traumatic event. It is also important to hold regular briefings throughout the crisis. The briefings should be held in a place without distractions and should be facilitated by the team lead or Center Director. |
| **2** | **Outside contacts** Contact with the media should be made through the Center Director or the designated media spokesperson only. A statement and procedure for information giving should be developed.  |
| **3** | **Short-term assessment of traumatic impact**The short-term assessment of the traumatic impact of an event will vary with the nature of the crisis. The primary issues are always the safety of the students and staff. However, a timely assessment of the physical and emotional risks present, the individual and/or groups who are more vulnerable to severe trauma and the likely progression of trauma throughout the center will need to take place. |
| **4** | **Meet with staff** A staff meeting should take place before meeting with students. The entire staff will need to be given information regarding the traumatic event and what is appropriate to discuss with the students. This information may include facts surrounding the crisis, a plan of action for the day/week, strategies concerning the media, and crisis intervention resources available. Communication with the staff needs to be frequent, preferably at the beginning and end of the day during the crisis. A separate meeting for vulnerable staff may be necessary. This meeting should be held for staff members closely associated with the victims or circumstances surrounding the traumatic event. This may include the entire staff, specifically those who may suffer from associated trauma. For instance, staff who have recent losses or past trauma may be more vulnerable to the impact of the current event. A resource assessment by the center human resources (HR) department for the affected staff must be made.  |
| **5** | **Meet with students** Once all staff have been provided information about the traumatic event and how to share this information with students, it is ideal that information be shared and discussed with students in small, naturally occurring groups (such as in the classroom, trade, or dorm). Staff often struggle with what to say during a crisis so prepare a brief summary of information to share with students, including:* Facts surrounding the crisis
* Measures being taken around security and/or safety (if relevant)
* Brief overview of normal emotional reactions following a trauma, including a handout
* Description of resources available to them (drop-in room, counselors, etc.). Include suicide hotline numbers if trauma was a suicide
* Plan of action for the day/week and how students can be involved in the response plan (planning memorial/commemoration)

This information is ideally NOT conveyed in a large assembly, but in some instances that might be the only option. The Crisis Intervention team may facilitate these meetings, or they may allow staff or an outside professional to facilitate. The nature of the crisis will help determine which strategy is most appropriate. |
| **6** | **Administrative Response Plan** The plan for the day (or designated period of time) should be reviewed and distributed to administration, staff, and students as appropriate. The plan should include a class schedule, assemblies, meetings, briefings, extracurricular activities, etc. |
| **7** | **Identify Vulnerable Students**A separate meeting for vulnerable students should be held (either individually or in groups, depending on student preference). This allows students to begin to share their thoughts and feelings in a supportive fashion, which often helps students begin to feel more normal. An approach utilizing Psychological First Aid (PFA) is recommended for these meetings. (See references at end of document for PFA resources and free online trainings.).**Note:** Although deaths that are accidental, unintentional or related to natural disasters are easier to understand, any death in the center community may cause significant trauma. Whenever the issue of death must be dealt with, intervention with vulnerable students and staff must be at the forefront.Traumatic events can serve as a catalyst to cause vulnerable individuals to engage in self-destructive behavior. This is particularly true when the traumatic event is suicide. A suicide can sometimes trigger thoughts of suicide in others. It is helpful to distribute information about suicide, along with additional intervention for vulnerable students. Sometimes communities will not discuss suicide after the event for fear that it will plant the idea in others. This is not the correct course of action. Suicide should be addressed openly.  |
| **8** | **Develop a drop-in room for students** A drop-in room should be assigned and staffed for students who wish to speak with a counselor on a one-on-one basis. The room should be quiet and away from the general flow of center traffic. Psychological First Aid is the recommended approach to support individuals in the aftermath of a trauma (see training resources at end of document). |
| **9** | **Contact Regional Health Specialists for support**Centers should contact their Regional Health Specialists for assistance with contacting the Regional and National offices, preparing a significant incident report (SIR) for submission, and any other support needed. |
| **10** | **Contact off-center resources for support (If applicable)**Each center should develop relationships with some outside resources (crisis centers, locally trained trauma counselors, etc.) that can serve as support consultants following a traumatic event. |

### Impact Phase (Day 2 to 6)

As the shock of the event lessens and the impact of the event surfaces, the center community will continue to need information and support. The main issue during this time will be the emergence of complex emotions and behaviors. It is key to address the emotional and physical reactions that may be emerging. The best place for this to occur is in the classroom or dorms, where students have likely formed trusting relationships with teachers, counselors, and/or residential advisor (RA) staff. At this point, the staff that has been particularly impacted or considered to be vulnerable needs to be identified and supported by the center’s HR department.

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| **1** | Debrief previous day or phase (information meetings)Staff may need to meet at the beginning of each day or each phase of the crisis. Each team member should give an update as to the status of his/her area of responsibility. The meetings may include the following topics:* Classroom behavior
* Updated information about the crisis
* Discussion on caring for oneself
* Information about working through the crisis with students
* Assessment of support and resources needed by staff

Center routines should be continued as much as possible. Class schedules, class meetings, and extracurricular activities, though potentially painful, will give structure and a sense of safety back to the center. |
| **2** | Reassignment of tasks (if applicable) Each crisis will present different issues and problems. After the first couple of days, it may be necessary to re-assign team tasks as needed during the crisis. |
| **3** | Review of Administrative Response Plan The team will need to review the administrative plan for the day/weeks activities and adjust the intervention plan as appropriate. |
| **4** | Continue to Monitor and Follow Up with Vulnerable Students and staffStudents and staff who are identified as potentially vulnerable during the impact phase need to be monitored, with follow up support/check-ins, as indicated. The center mental health consultant (CMHC) should designate who is best able (ideally based on their relationship with the student or staff member and professional training) to follow up with specific students or staff (e.g., career counselor, CMHC, HR, other trusted staff). It is important to actively follow up with vulnerable students, as they may not seek help for themselves. It is often helpful if the CMHC, counselors, and others have a visible presence on center (e.g. take time to walk around the center, be in the cafeteria) and informally check-in with students as indicated. |

### Integration Phase (Day 6 and onward)

During this time, most of the center community will have some closure and will begin to move away from or accept the trauma. Occasional support will be needed, particularly when issues are revisited (e.g., anniversary dates, media stories, court dates). Those individuals who are not able to move forward may need further mental health care.

The goal of the entire process is to have the center integrate the impact of the event into their lives and grow from the experience. An active response from the center will assist with this process and prepare the center for any future traumatic events.

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| **1** | **Center Commemorative and Memorial Services in Instances of Student/Staff Death**Centers often desire to memorialize a student/staff who has died, which can help the community heal. The team will need to work with the center administrators, regional and national offices, and parents/guardians, if applicable, to determine how to best memorialize the person who has died. It is important that centers strive to treat all deaths similarly. Not having a memorial or commemorative process for a student who died by suicide or of a drug overdose, while offering a memorial for a student who died in a car accident or of an illness reinforces stigma and can be very painful for surviving friends and family. That said, when a student dies by suicide, the center must be mindful of inadvertently glorifying or romanticizing the death in a way that might lead to suicide contagion (see special suggestions below for if death was by suicide). In general, centers may want to avoid physical memorialization activities (e.g., designating a bench, planting a tree, hanging a plaque, naming a building) to mark the death of a student or staff, as this is not recommended in instances of suicide and centers likely will not be able to consistently memorialize all staff and students in this way.It is important that the crisis team proactively meets with students, staff, and friends who were close to the deceased to explore the best way to memorialize them. Often the Student Government Association helps plan the memorial service. Actively involving students allows the center staff to sensitively explain their rationale for permitting certain kinds of memorialization activities and not others. It is helpful for the center to have specific, constructive suggestions for positive memorialization, which might include:* Hold a center assembly/meeting to commemorate the student/staff. Active participation from students and staff who share music, poems, and/or testimonials can be helpful. In instances of suicide, it will be important that the CMHC, or other trained mental health professional, help coordinate the program, ensuring that content is appropriate and includes information on the connection between mental illness and suicide.
* Hold a day of community service or a center-based activity in honor of the deceased (the program might be related to mental illness in instances of suicide).
* Identify a place/room on center (which is easily accessed, yet not in a common area such that those who were not close to the deceased must repeatedly walk by) where students can come to remember the deceased or leave flowers, cards, write in a book, or so forth to express their feelings for the deceased. Students may want to write letters/draw pictures to send to the deceased students/staff member’s family (which should be reviewed by staff before sending out).
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| **2** | **Event Debriefing**The last task of the crisis intervention team is to critique the intervention process. Each day and phase of the process should be discussed and de-briefed. Any changes to the protocol or center emergency response plans should be suggested and implemented at this point. |

## Special considerations if death was a suicide

Adolescents appear particularly vulnerable to what has been termed “suicide contagion” and some centers may resist allowing memorials for fear of glamorizing suicide and/or risking inadvertently causing another suicide. However, prohibiting memorialization when a student dies by suicide is problematic—it is stigmatizing to the student’s family and friends and can lead to intense negative reactions. Avoidance of openly discussing suicide and commemorating a student who died by suicide can exacerbate an already difficult situation and undermine the center’s ability to effectively help students and staff work through their potentially complicated emotions, making it less likely that at-risk students will reach out for support. In all deaths, but particularly with suicide, it is important that center staff meet with the students’ friends, family, and others who knew the individual well to identify a meaningful and safe way to acknowledge the loss, one that ideally encourages other students who may be struggling to seek help. In commemorating the student, it is important to focus on the life of the person rather than the death and method. It’s important to also touch on the common connection between suicide and underlying mental health problems, such as depression and anxiety, which may not be visible to others, and the fact that effective mental health treatments exist is key. It is important to frame suicide as a preventable form of death and that suicidal thoughts and behaviors can be reduced with support and treatment. Finally, it is key that all staff be provided with information about warning signs and risk factors of suicide and what to do if they are concerned about a student/staff member. Students should be encouraged to seek support—with staff normalizing this by seeking support themselves and sharing that they are doing so. Everyone on center should be provided with available on-center resources, as well as supportive community resources, including suicide hotline information.

### Supporting Student for Return and Supporting the Job Corps Community Following Suicide Attempt

Students returning to center after a suicide attempt are at an increased risk to harm themselves again and, particularly if the suicide or traumatic event occurred on center, staff and students might feel anxious or uncomfortable with their return. Appropriate handling of the student’s return and navigating how to support both the student and the Job Corps community, while maintaining confidentiality, is key. Prior to a student returning:

* A designated staff member/s—such as the health and wellness director (HWD) or CMHC—should have the student (or guardian) sign a release of information so that health and wellness center (HWC) staff can coordinate the transition and needed supports with the student’s community provider/s, including obtaining documentation that the student is no longer a danger to self or others. The CMHC will likely need to speak with treating providers and the student to clear the student for return.
* HWC staff will be responsible for sharing relevant information with other staff on a need to know basis.
	+ Classroom teachers/trade instructors do not need to know clinical information; however, they need to know whether a student is on a reduced schedule or need any supports or accommodations. Discussion of the specific student or situation in the classroom should be avoided because it could constitute a violation of the student’s right to confidentiality.
	+ Residential and counseling staff will need to know any signs/behaviors to pay attention to and ways to support the student.
	+ All students and staff should know that they can discuss any specific concerns or reactions with an appropriate staff member, who should be identified (e.g., counselor, CMHC, HR representative) with the focus being on helping the student/staff member express their own reactions and build their skills in identifying, supporting, and knowing resources to help in the event of a mental health crisis. It is often helpful following a critical incident that staff is made aware of the center’s Critical Incident Crisis Intervention Plan, including the ways in which a student returning following a mental health crisis will have a plan in place to support their stability. It can also be helpful to shore up staff skills as part of a debriefing after an incident by offering a Psychological First Aid or gatekeeper training.
	+ The designated staff member coordinating with the student (and guardian, if appropriate) should actively involve the student in this planning, including what the student might want to put into place prior to returning and what information the student wants shared and with whom. A student might want to schedule a meeting with their friends or key staff and the CMHC or counselor prior to returning to talk through the events.
	+ The student will likely need to meet with the disability coordinator and CMHC to discuss accommodations or any needed schedule or trade adjustments.

Many unique issues may arise and will need individual consideration as the center plans for the student’s return. It is very likely that staff, students or others may express concern regarding the transition process, which should be addressed while maintaining confidentiality of the student’s health information.

## Tips for All on Providing Support

Critical incidents often impact students and staff alike, including those on the Crisis Intervention Team. It is important that following a traumatic incident everyone on center is aware of how they can provide support to and who they can seek support from.

A simple concept called “Ring Theory” can be helpful to keep in mind. Imagine drawing a circle. In the middle of the circle is the person/s in the center of the trauma/crisis. Now draw a larger circle around the first ring and put the name of the person/s next closest to the crisis. In each larger ring, put the next closest people. The main rule is that we provide support and comfort to those in the rings closer to the middle than our own, and we express our pain and ask for support from only those in rings further out than our own. In brief, we “*comfort IN and dump/vent OUT.”* For example, if a student dies by suicide, the student’s family or closest friend/partner might be in the middle ring. The next ring might include the student’s roommate/s, close friend or staff who were very close to the student, the next ring might include students and staff who had daily contact with the student and so forth, with the furthest ring out including those who might not have directly known the student.

While everyone on center may be impacted by the student’s death, how we support each other will vary by how close we were to the person. It is important for staff to keep this in mind, as the staff members on the Crisis Intervention Team (e.g. CMHC, HWD, CD) and those first responding to the scene are often highly impacted by the event and need support from staff who may be on the outer rings. When providing support to a person in a smaller ring than yours, you typically want to **listen more than talk** and be careful to **provide comfort, not advice or venting of your own difficulties**.

## Resources

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| **Suicide*** American Association of Suicidology[www.suicidology.org](http://www.TheConnectProgram.org)
* Connect Suicide Prevention Program[www.TheConnectProgram.org](https://www.samhsa.gov/dtac)
* Suicide: Postvention Strategies for School Personnel[http://www.nasponline.org/resources/intonline/HCHS2\_weekley.pdf](http://www.nctsn.org/content/psychological-first-aid)
* After a Suicide: A Toolkit for Schoolswww.afsp.org/schools
* Ring Theory:How not to say the wrong thing[https://www.latimes.com/opinion/op-ed/la-xpm-2013-apr-07-la-oe-0407-silk-ring-theory-20130407-story.html](http://www.suicidology.org)
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| **Disaster Response*** New Hampshire Disaster Behavioral Health Response Team (DBHRT) – Responding to Critical Incidents in Schools (January 2019)<https://schoolsafetyresources.nh.gov/wp-content/uploads/2019/02/Responding-to-Critical-Incidents-in-Schools-Behavioral-Health-Plan-Jan-2019.pdf>
* SAMHSA Disaster Technical Assistance Center[https://www.samhsa.gov/dtac](http://www.nasponline.org/resources/intonline/HCHS2_weekley.pdf)
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| **Psychological First Aid Resources (PFA)*** The National Child Traumatic Stress Network – Psychological First Aid[www.nctsn.org/content/psychological-first-aid](https://www.latimes.com/opinion/op-ed/la-xpm-2013-apr-07-la-oe-0407-silk-ring-theory-20130407-story.html)
* The National Child Traumatic Stress Network – Learning Center for Child and Adolescent Trauma (Free Online PFA training) <http://learn.nctsn.org/course/index.php?categoryid=11>
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