

I. Teacher Guidelines for Crisis Response

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What is a crisis and what is crisis response?

A crisis is an event of limited duration that is typically unpredicted and overwhelming for those who experience it. This situation may be volatile in nature and, at times, may involve threat to the survival of an individual or groups of individuals. Moreover, a crisis state may result upon exposure to drastic and tragic change in an individual's environment which has become common and familiar to them. This alteration in the status quo is unwanted, frightening, and often renders a person with a sense of vulnerability and helplessness. Ultimately, with successful intervention, the equilibrium is restored between the environment and the individual's perception of their world as a safe and secure place. Examples of crises that can potentially have a large scale effect on the students, faculty and administrators in a school building or district include: an accident involving a student or faculty member, a suicide or death of a student or faculty member, severe violence (e.g., gang fight), hostage taking, fire at school or a natural disaster (e.g., hurricane).

Crisis response, as it pertains to the school environment, is a proactive, organized and well thought out plan to a crisis situation that has adversely affected many individuals in a school district, including students, faculty and administrators. The primary goals of crisis response are 1) to prevent a chaotic situation from escalating into a potentially catastrophic one, 2) to help those affected by the crisis to return, as quickly as possible, to pre-crisis functioning, and 3) to decrease the potential long-term effects of the crisis on functioning.

Why a Crisis Response Plan?

Research conducted over the past 10 years has revealed that schools are increasingly more prone to crisis situations that adversely affect large numbers of students and faculty. The rise in adolescent suicide, increased assaults on teachers, high levels of substance abuse among students and increased violence in the schools are some of the reasons cited. Research has also indicated that today's school districts need to contend with reactions to new types of trauma/disasters. For example, hostage taking, sniper attacks, murders, terrorist activities and bomb scares were almost nonexistent in the schools 30 years ago, but today occur with greater frequency.

Thus, it is strongly recommended that school districts need to be prepared for a crisis situation that can potentially affect the functioning of their students, faculty and administrators. Lerner (1997) comments:

“There are two kinds of beach front homeowners on the south shore of Long Island: those who have faced serious erosion, and those

who will. Similarly, there are two kinds of schools: those that have faced a serious crisis situation, and those that will.”

Research has emerged over the past ten years supporting a proactive approach to a crisis, as opposed to one that is reactive in nature. Such an approach is much better in dealing effectively with a large scale crisis situation. A reactive approach is spontaneous, and not fully thought out, planned, or practiced, and can result in the response that is less effective in meeting the immediate, and possibly the long-term needs of the students, faculty and administrators.

In summary, a proactive approach to a crisis is one that is organized, planned and practiced and more likely results in a response that can have a dramatic effect on reducing the short and long-term consequences of the crisis on the individuals in a school district.

What types of behaviors/reactions can teachers expect from their students after a crisis situation has occurred?

The manner in which people react to crisis situations is dependent upon a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and the type and quality of intervention. While no two people respond to situations, including crisis situations, in exactly the same manner, the following are often seen as immediate reactions to a significant crisis:

- shock, numbness,
- denial or inability to acknowledge the situation has occurred,
- dissociative behavior—appearing dazed, apathetic, expressing feelings of unreality,
- confusion,
- disorganization,
- difficulty making decisions, and
- suggestibility.

It is important to note that most children will recover from the effects of a crisis with adequate support from family, friends and school personnel. Their response to a crisis can be viewed as “a normal response to an abnormal situation.” While the emotional effects of the crisis can be significant and can potentially influence functioning for weeks to months, most children will evidence a full recovery.

Following are descriptions of responses likely to be observed in children:

- **Regression in Behavior:** Children who have been exposed to a crisis often exhibit behaviors that are similar to children

younger than themselves. This is especially true of toddlers, preschool and elementary school children. They may return to behavior that was abandoned long ago (e.g., thumb sucking, bed-wetting, fears of the dark). Traumatized children may also exhibit separation anxiety, clinging to parents and resistance to leaving the parents' side. They may resist going to bed alone. Bladder and bowel control may be temporarily lost in younger children.

- **Increase in Fears and Anxiety:** Children also exhibit an increase in their fears and worries. They may again become afraid of situations they mastered long ago. As mentioned above they may become fearful of the dark and refuse to go to bed alone. A school phobia may emerge where the child refuses to go to school for fear of something happening and/or fear of leaving his/her parents. They may openly verbalize their fear of the crisis occurring again in the school. It is important that parents do not allow the child to remain home as a means to deal with his/her anxiety. This will result in the anxiety increasing once the child needs to return to school. Due to the increase in fears, additional demands are made for parent attention and support. Adolescents may experience a more generalized anxiety and not the specific types of fears that are seen in younger children.
- **Decreased Academic Performance and Poor Concentration:** Given the increase in anxiety and the disruption a crisis can have on children's sense of safety and security, there is a decrease in the amount of mental energy and focus available to learn and complete academic assignments.
- **Increased Aggression and Oppositional Behavior, and Decreased Frustration Tolerance:** Children who have been exposed to a crisis can experience difficulty controlling their anger and frustration. Situations that would not have caused a heightened emotional response prior to the crisis, can post-crisis result in an aggressive response and/or expression of frustration. Adolescents may also exhibit an increase in oppositional behavior, refusing to live by the rules and regulations of school and home, and/or meet their responsibilities (e.g., chores, academic assignments). Some adolescents may resort to antisocial behavior (e.g., stealing).
- **Increased Irritability, Emotional Liability and Depressive Feelings:** Children can also exhibit stronger and more variable emotional responses to situations. There could be symptoms of depression that include general sense of sadness, difficulty falling and remaining asleep or sleeping more than normal, change in eating habits, loss of interest in activities once enjoyed, social withdrawal, mental and physical fatigue and/or suicidal ideation. In younger children there may be an increase in irritability and moodiness.
- **Denial:** In an effort to cope with the psychological and emotional ramifications of a crisis, certain children and adolescents will deny that a crisis has occurred and/or deny the significance of a crisis. A child whose mother has died

suddenly may demand that he can return home so that they can watch their favorite television program together. An adolescent whose favorite teacher was badly injured in a car accident may insist that he will recover fully, despite the medical evidence that indicates that this will not happen. Children who continue to utilize denial to cope may need to be confronted in a sensitive but straight forward manner. Anger and resentment may be expressed when confronting the child with the reality. In time, and with support, children do come to accept the reality of a situation.

Understanding the typical reactions of individuals exposed to a crisis situation is a critical step in identifying people who may be in need of further professional assistance. Several investigators (Greenstone & Levittown, 1993; Klingman, 1987; Weaver, 1995) have described **age-appropriate reactions** of individuals exposed to a traumatic event. Although there is heterogeneity in the reactions of individuals surrounding a crisis, most of these responses are expected reactions and subside in several weeks following the crisis.

Preschool Children (Ages 1 through 5)

- thumb sucking
- speech difficulties
- bed wetting
- decreases or increases in appetite
- fear of the dark
- clinging and whining
- loss of bladder control
- separation difficulties

Childhood (Ages 5 through 11)

- sadness & crying
- school avoidance
- physical complaints (e.g., headaches)
- poor concentration
- irritability
- fear of personal harm
- regressive behavior (clinging, whining)
- nightmares
- aggressive behavior at home or school
- bed wetting
- anxiety & fears
- confusion
- eating difficulty
- withdrawal/social isolation
- attention-seeking behavior

Early Adolescence (Ages 11 through 14)

- sleep disturbance
- withdrawal/isolation from peers
- increase or decrease in appetite
- loss of interest in activities
- rebelliousness

- generalized anxiety
- school difficulty, including fighting
- fear of personal harm
- physical ailments (e.g., bowel problems)
- poor school performance
- depression
- concentration difficulties

- irritability and low frustration tolerance
- sleep difficulty
- poor work performance
- loss of interest in activities once enjoyed
- emotional and mental fatigue
- emotional lability
- marital discord

Adolescence (Ages 14 through 18)

- numbing
- intrusive recollections
- sleep disturbance
- anxiety and feelings of guilt
- eating disturbance
- poor concentration and distractibility
- psychosomatic symptoms (e.g., headaches)
- antisocial behavior (e.g., stealing)
- apathy
- aggressive behavior
- agitation or decrease in energy level
- poor school performance
- depression
- peer problems
- withdrawal
- increased substance abuse
- decreased interest in the opposite sex
- amenorrhea or dysmenorrhea

What types of personal reactions can teachers expect after a crisis situation has occurred?

As in the case of children, the answer to this question is dependent on a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and type and quality of intervention. The fact that some of the possible immediate adult reactions to a crisis are confusion, disorganization and difficulty in decision making, underscores the need for a preplanned, practiced and organized response plan. Longer term reactions that are experienced by adults are:

Adulthood

- denial
- feelings of detachment
- unwanted, intrusive recollections
- depression
- concentration difficulty
- anxiety
- psychosomatic complaints
- hypervigilance
- withdrawal
- eating disturbance

Since teachers are likely to be affected by the crisis situation, it is imperative that they receive the appropriate support and intervention. Without such intervention, they will be limited in their ability to meet the needs of their students. It is important that teachers have a forum to discuss their own feelings and reactions to the crisis and receive support. Teachers usually look to other teachers, and possibly school support personnel (e.g., psychologist, social worker, guidance counselor) to share their feelings. Family and friends outside the school environment can also serve as important sources of support. As with their students, most teachers will show a full recovery from the crisis situation. However, if the symptoms outlined above persist and continue to interfere with functioning, professional consultation may be beneficial.

What can classroom teachers do to address the reactions of their students during a crisis situation?

Teachers are on the “front lines” during and following a crisis situation. They have spent the most time with their students and often know them better than anyone in the school. Therefore, teachers are likely to be in a good position to provide early and ongoing intervention. However, they are also in a very difficult position because they need to remain composed and in control for their students at a time when they themselves may be experiencing a flood of emotions in response to the crisis. Classroom teachers can find this especially difficult if they are not trained in crisis response and/or are not familiar with how to address the needs of their students following a crisis. Following are interventions that teachers can provide to address the reactions of their students to a crisis situation:

- After obtaining the facts regarding the crisis, as well as permission from the principal to disclose them, classroom teachers should accurately and honestly explain what has happened to their students. Their students should be told the information in a manner that they can understand, taking such variables as age and functioning levels into consideration.
- Teachers can, and most of the time should, consult with school personnel who are trained in crisis response and crisis intervention (e.g., school psychologist, school social worker, guidance counselors) on how to most effectively address their students’ reactions to the crisis.
- It is often helpful when teachers model appropriate expression of feelings for their students and let them know that they have permission to verbalize what they are experiencing. It is important that teachers remain in control of their own emotions while dealing with their students, a

task that may be difficult given that teachers themselves may have been significantly affected by the crisis. Children tend to look toward adults to assess how to react to a situation. A teacher who is experiencing difficulty may not model the optimal ways of coping and expressing feelings.

- If a teacher is unable to function adequately and meet the immediate needs of his/her students, another school official may need to replace the teacher temporarily or help him/her deal with the students. Every attempt should be made to keep the classroom teacher with his/her students.
- Education of students regarding likely responses to the crisis is essential. Students should not feel they are “abnormal” or that they are “going crazy.” Explaining to students that they will likely have a “normal reaction to an abnormal situation” can be helpful for them. Teachers may wish to share the age appropriate reactions described in this document.
- Students need to be warned that they may experience waves of strong emotions and coached on how to effectively deal with them (e.g., by talking to others, looking to others for support).
- The strong emotional reactions to a crisis situation are usually overcome in one to six weeks following the crisis. The long-term effects outlined above, however, could take weeks to months to dissipate.
- Classroom teachers should be vigilant for students who are experiencing significant difficulty in comparison to peers, and who may require additional and more individualized crisis intervention. Criteria for determining which students require additional intervention is outlined below.
- It is imperative that students, as a group, be given the opportunity to discuss their feelings and reactions to the crisis situation. The world as they know it has been threatened, their security undermined. They need to be able to discuss these feelings and know that their fears and reactions are shared by others.
- When students are discussing their feelings, teachers need to listen in a noncritical and non-judgmental manner, with empathy and support. It is important that teachers communicate to the students that they understand the students’ feelings and as previously indicated, that their feelings are normal reactions to an abnormal situation. Students who are hesitant to verbalize their feelings should be encouraged to do so but demands to verbalize should be avoided.
- The students should be given the opportunity to express themselves through other modes of communication (e.g., writing, and perhaps drawing for younger children), especially those students who are hesitant to verbalize their feelings.
- Teachers can develop classroom activities and assignments, and homework assignments that address students’ feelings regarding the crisis. Assignments that are a catalyst for group discussion are best and may facilitate empowerment at a time when many individuals feel a sense of hopelessness and vulnerability.

- Crisis intervention is ongoing. Therefore, future discussions may need to ensue and address residual feelings regarding the crisis. Some students may not experience a reaction to the crisis until days or weeks later. Teachers need to remain sensitive to this fact and remain vigilant to reactions for some time after the crisis. Some students may even try to convince others that they were not affected, and then suddenly show a strong emotional reaction.

When should teachers refer students for more individualized assessment and intervention?

With support from school personnel and their families, and the passage of time, most students will be able to recover from the effects of a crisis and return to pre-crisis functioning. They will be able to meet the demands of their environment, most particularly the school environment. However, there are those students, due to their own psychological makeup (including history and ability to obtain and respond to support), and the severity and proximity of the precipitating event, who will continue to experience difficulties which interfere with functioning. These students are in need of further, and probably more individualized intervention.

The following are guidelines for determining which students should be referred to counselors for additional intervention:

- students who can not engage adequately in classroom assignments and activities after a sufficient amount of time has passed since the crisis and after a majority of their peers are able to do so,
- students that continue to exhibit high levels of emotional responsiveness (e.g., crying, tearfulness) after a majority of their peers have discontinued to do so,
- students who appear depressed, withdrawn and non-communicative,
- students who continue to exhibit poorer academic performance and decreased concentration,
- students who express suicidal or homicidal ideation, or students who are intentionally hurting themselves (e.g., cutting themselves),
- students who exhibit an apparent increased usage of alcohol or drugs,
- students who gain or lose a significant amount of weight in a short period of time,
- students who exhibit significant behavioral changes, and
- students who discontinue attending to their hygienic needs.

Conclusion

The immediacy and unpredictability of crisis situations often leave individuals with a sense of worry, vulnerability and distrust. A school system is unique in that it brings together individuals of all ages and professionals from numerous disciplines. Effective response to a crisis capitalizes on the resources within the school environment. *A Crisis Response Team that identifies and responds to a crisis in a unified and collaborative manner can alter the aftermath of a crisis.*