

School Violence and Your Role as a Mental Health Provider

Shawn Sidhu, M.D.

Avi Kriechman, M.D.

UNM Department of Psychiatry

Center for Rural and Community Behavioral Health

Division of Child and Adolescent Psychiatry

Please feel free to interject with comments, questions, or any cases you may have during the talk!

Our primary objective is for you to be able to take something away from this talk that will directly impact your daily professional lives.

References

REFERENCES	SYNOPSIS
<p>Rappaport, Nancy. "Cambridge Strong: Tips for Students Returning After Bombs and Lockdowns." <i>Huffington Post</i>. 04-22-2013.</p>	<p>A smaller 1.5 page newspaper article written after the Boston Marathon Bombings, broad strokes but an easy and inspirational read</p>
<p>Graham J, et al. "Mass-Casualty Events at Schools: A National Preparedness Survey." <i>Pediatrics</i>. 2006;117;8-15.</p>	<p>10 page study/article published in the major journal for the <i>American Academy of Pediatrics</i> on the current state/lack of disaster preparedness across schools</p>
<p>"Helping Children and Adolescents Cope with Violence and Disasters." Fact Sheet. National Institute of Mental Health. April 2001.</p>	<p>Fact sheet released 13 years ago by the NIMH, breaks down trauma responses by developmental level and also highlights some research on trauma</p>
<p>Zimmerman, R. "Talking to Kids about Bombs and Bad Guys, Watching for Trouble." <i>Common Health</i>. 04-20-2013.</p>	<p>Brief newspaper article also released following the Boston Marathon Bombings, with the primary focus on how to talk to children about these events. This article also breaks information down by developmental level and helpful hints for parents</p>

References Continued

REFERENCES	SYNOPSIS
<p>Responding to a High-Profile Tragic Incident Involving A Person With A Serious Mental Illness: A Toolkit for State Mental Health Practitioners. Sponsored by the National Association of State Mental Health Program Directors (NASMHPD) and the Council of State Governments (CSG) Justice Center. 2010.</p>	<p>An exhaustive 98 page step-by-step document, most useful for those in school administration and other positions of leadership with the responsibility of creating a thorough disaster preparedness plan.</p>
<p>National Child Traumatic Stress Network (NCTSN). www.nctsn.org</p>	<p>An entire website dedicated to trauma in children. You can search based on type of trauma or the audience (parents, school personnel, professionals, media, etc). Probably the best overall resource out there.</p>
<p>American Academy of Child and Adolescent Psychiatry (AACAP). www.aacap.org.</p>	<p>Practice Parameters on Disaster Preparedness, Facts for Families in Understanding Violent Behavior in Children, AACAP Disaster Resource Center (Helping Children After a Disaster, Children and the News, Children and Grief, Acute and Post Traumatic Stress Disorder)</p>

Roswell 2014



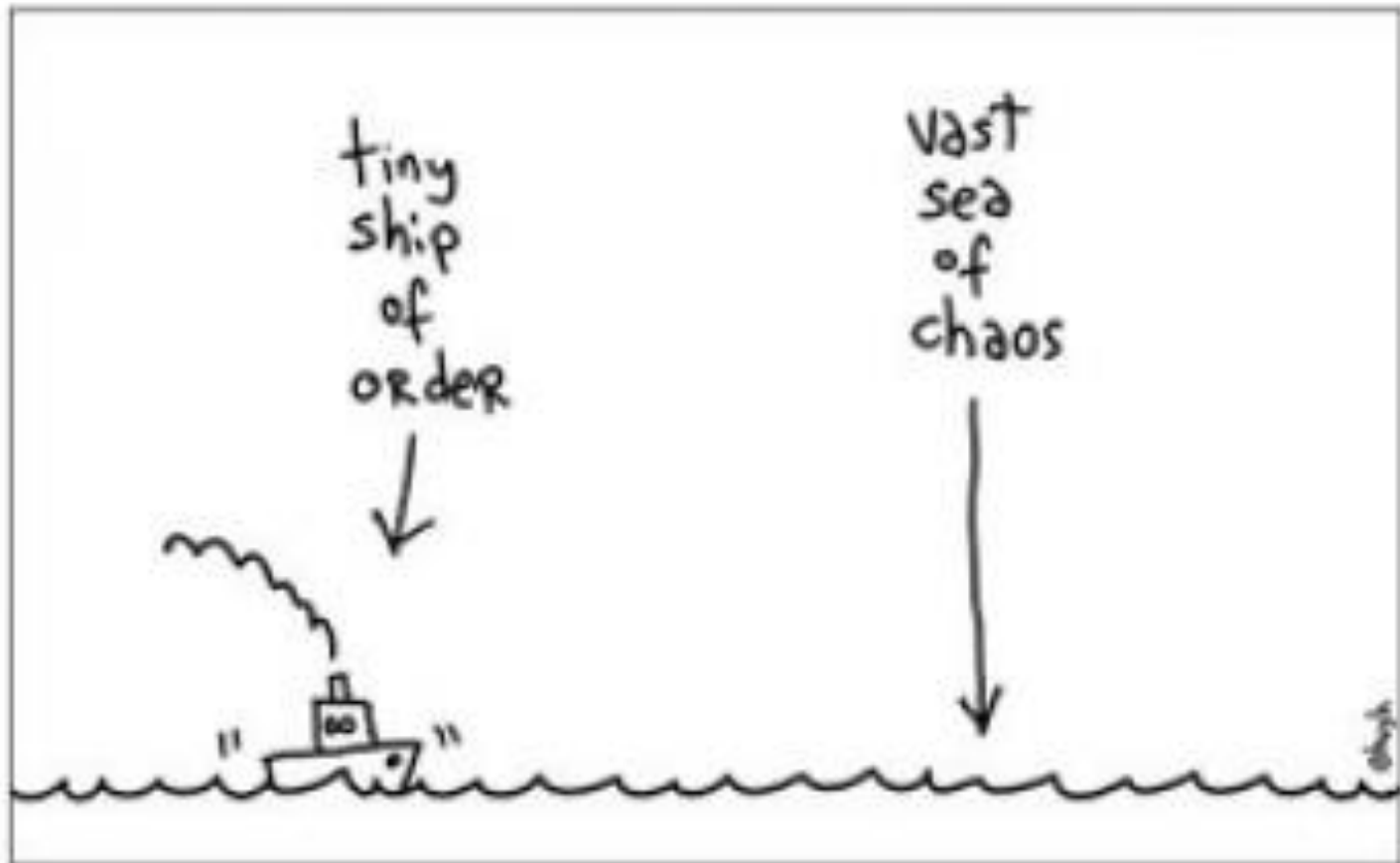
Multitude of Roles

There are a variety of roles mental health providers may play in the event of a school shooting

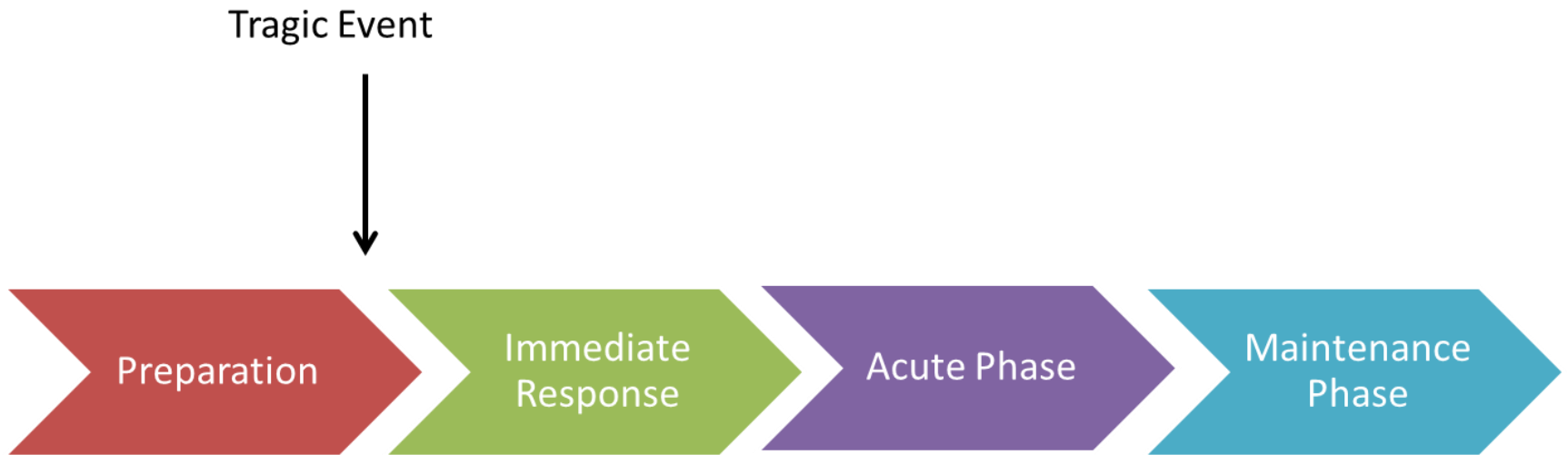
In some cases, mental health providers may be incorporated into the school effort or even asked to help guide a team effort

In other cases, mental health providers will be charged with providing services for children and families in affected areas, such as individual or family therapy and medication management

Having an Organized Foundation is Key!



Crisis Timeline



What do you think the preparation phase
would look like?

Preparation

Larger plan for school administrators, which could include running drills or mock disasters for school officials, teachers, and potentially children as well

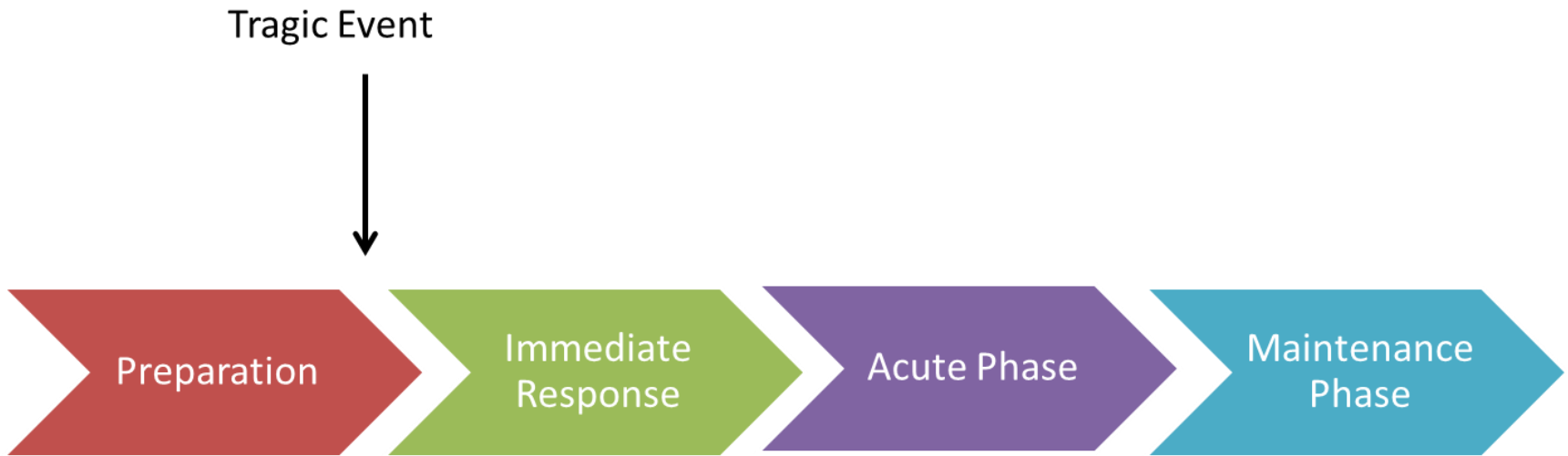
Can creatively name the drill so as to not induce panic in children (“readiness drill”). This drill may be very different from a fire drill for example.

Preparation

Smaller scale preparation can be as simple as teachers and/or school mental health providers talking with children and their families regularly about everyday tragedies in the news. This would depend upon the developmental age of the child in general, and on the specific level of functioning of the child.

For example, when there was an earthquake and subsequent tsunami in Japan, this may have been a good opportunity to talk with children about the event. Kids could even think about doing something altruistic (fundraiser, etc.) to build hope

Crisis Timeline



Immediate Response

Triaging Children into smaller groups to help stay organized.
Some groups might include:

- Physically Injured Students/Staff Needing Medical Attention
- Begin Screening for Students/Staff at Risk for Acute Stress Reactions
- Relatively Healthy” Students/Staff

Child Trauma Screening Questionnaire

10 Item Self-Report Screen

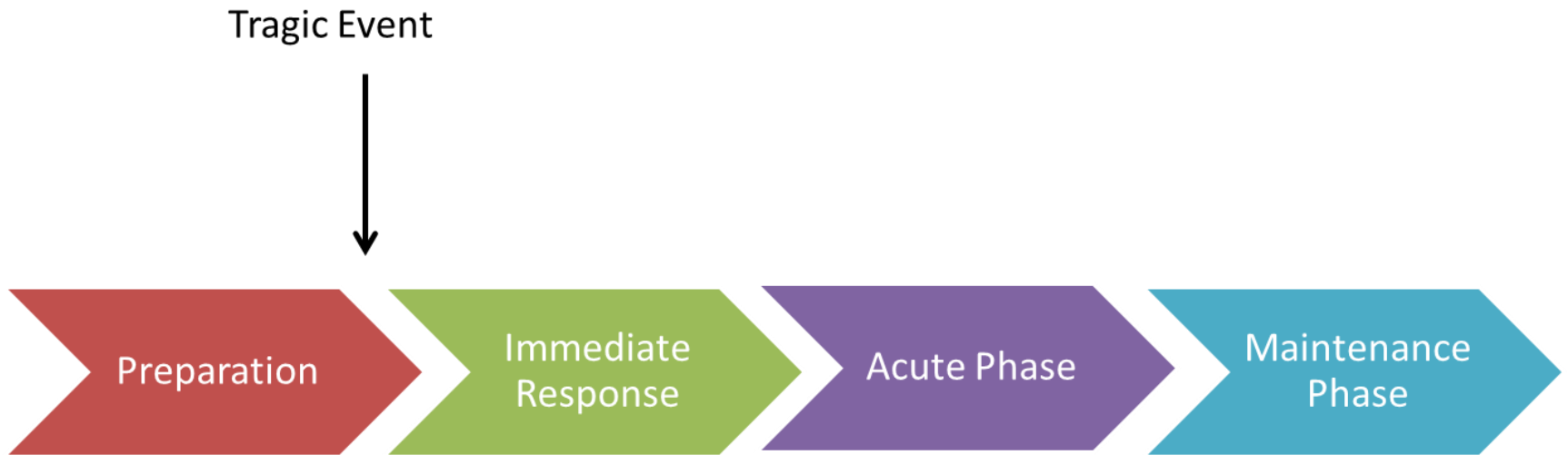
Normed for children 7-16 years of age

Recommend testing within the first two weeks of trauma exposure, then a re-screen at 4-6 weeks post-trauma.

Generally a score of 5 or greater indicates a child is at significant risk for PTSD

Can download for free at <http://www.psid.org.au/Assets/Files/Child-Trauma-Screening-Questionnaire-for-children.pdf>

Crisis Timeline



What should be done prior to formally addressing children and their families about the event, and certainly before providing recommendations?

Survey/Check Temperatures

Meet with kids and families and find out how they are doing and what their specific concerns are. This way you can add the content of these issue to the message you provide to the community

What communication style would be most effective in this situation?

Communication with Team

It is of the utmost importance that all team members are on the same page, as consistency helps children to feel safe in this situation

The SIMPLER and CLEARER the communication plan, the better

Role descriptions need to be clearly defined (avoid dual roles if at all possible)

What gets in the way of clear and simple communication in these types of situations?

Stress/Countertransference

Providers or team members may have personal connections to those who were harmed or the community as a whole

Cases may be high profile/high stakes, and there may be a sense of national media pressure for providers.

Similarly providers may be nervous about legal/forensic implications.

What Can You Do About This?

Observe your own thoughts and feelings, and try to understand how these thoughts and feelings might impact your performance

Others, particularly the children, will be able to detect feelings of fear, anxiety, and sadness in providers. Team members will need to be able to provide a feeling of security and safety for children.

There may be utility in seeking professional consultation, peer support, or even your own therapy

For team members who are very traumatized, it may be better to take time off and heal

Will talking about the traumatic event just make things worse for kids?

Parent: “I don’t think we should talk to the kids about the violence. It might make things worse.” What is your response?

Communication with Kids

Much in the same way as talking about suicide, talking about violent episodes in school does not trigger further episodes of violence

Some communication will be necessary to educate kids and parents around what to expect and provide some guidelines

Are there any differences in the way that kids and parents should be addressed in these situations?

Kids

The message to kids will need to be tailored to their developmental level and understanding of violence. Ideally, you wouldn't address more than a class size at a time (no large assemblies or video/radio addresses). This may require that administrators come to multiple class rooms.

Parents

Can be a written address (newsletter or e-mail). Can also hold a town hall style meeting or a lunch for parents.

*Very important to make yourself transparently available

How do children differ developmentally in their ability to understand violence and death?

While there is tremendous variability, children typically understand the finality of death at 5 years of age

School age children (1st grade to 8th grade) understand death concretely, and therefore their reactions can be immature.

High school students have a much better ability to understand both the finality and the complexity of death, as well as the potential affect on the community. Thus, they can be relied upon more heavily in recovery efforts.

What are some ways that school age children might react in an inappropriate way to the stress of an act of school violence?

Many children have a hard time showing they're scared or feel threatened

Younger children may reenact the violence or use play violence to imitate the violent act

There may be inappropriate jokes

Some less regulated children may become angry or act out

What would you actually say to the kids
when you address them?

Provide basic details like a police officer would, and leave out graphic details as well as speculative information such as a person's intentions when committing a violent act

The thrust of the message should convey that students are safe, and should explain what has been done to insure this safety

Lastly, kids should be told to come to adults if they are having a hard time, or if they notice that other children are struggling.

Keep in mind that children in these situations have an incredible amount of variety in terms of exposure to the incident. Some children may have been out of town or know very little, while others may have actually been harmed, witnessed harm, or be very close to others who have been harmed

Thus it is important to keep your approach flexible as you will be helping children with a range of experiences

What should you tell parents after an episode of school violence?

Parents are anxious and nervous in these situations and a few simple tips can go a long way

Conveying how much to talk about and how to talk about it in a developmentally appropriate way can be helpful

Be sure to limit television exposure and conversations at home so as to not overload children

Reinforce to children that they are safe

Be sure to encourage people stick to their usual routines, as this helps children to feel safe

What “normal” responses to trauma
might parents notice in their children.
How about “pathological?”

Help parents understand normal and more worrisome responses to the event

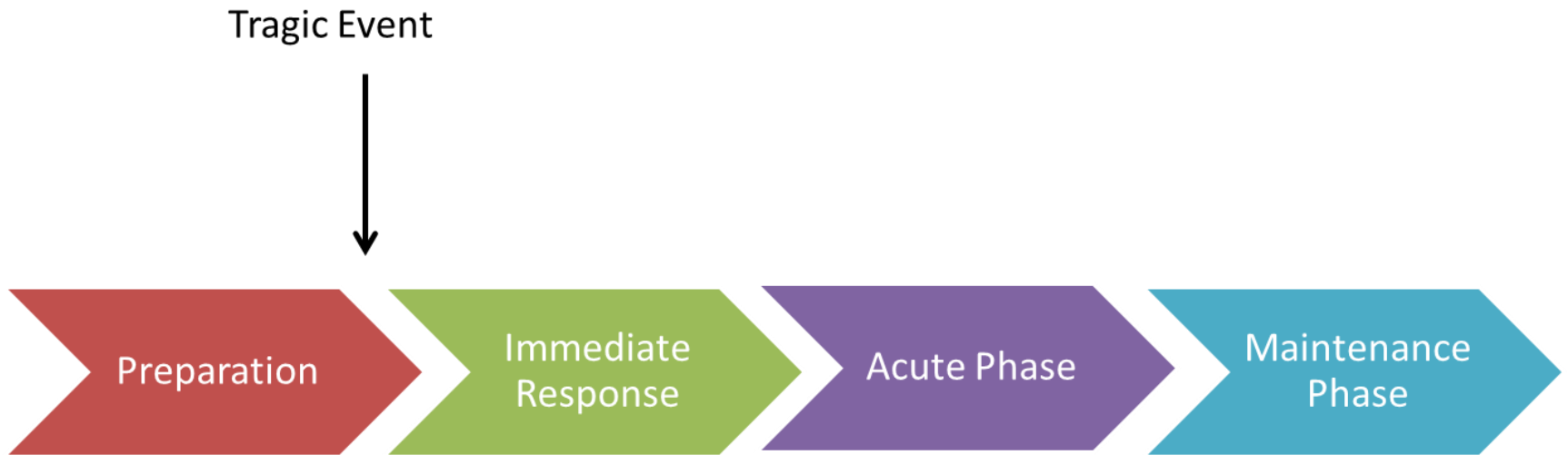
Adjustment disorder with depressed and anxious mood would be a common response

Acute Stress Disorder may be accompanied by a decline in functioning, panic, dissociation, and even soft psychosis

Major Depressive Disorder or Brief Psychotic Disorder are rare

In adolescents be on the lookout for substance use

Crisis Timeline



After communicating with parents and students around what to expect, what else can you do?

Additional Resources

Gather a list of resources in the community for families, including mental health providers and support services in the community

Reach out to mental health providers in the area as well as families to insure that there are enough providers to meet the demand

If necessary, pull providers temporarily from other areas

Community Togetherness

Encourage community events that emphasize resiliency and togetherness

Examples include vigils (limited), faith, family/supports, thinking about reasons to feel thankful, building something together to represent community resiliency

Although basic, food can be a way to bring people together and can be a way to show you care

Student-Led Community Efforts

Especially in high schools, ask students to come together and lead efforts to help the community heal.

High schoolers can be particularly good at identifying others who may be feeling vulnerable. They can also be good at identifying those who are having thoughts of revenge or potentially “copycat” individuals.

Summary of Key Points to Take Away

You are not alone, you have multiple resources at your fingertips

There is no such thing as being too prepared

Break the even into four phases to help organize yourself

Survey the field prior to addressing kids/families

Communicate simply and clearly with everyone

Summary of Key Points to Take Away

Address children at a developmentally appropriate level

Reassure children and their parents, and educate parents on some signs/symptoms to look out for that might indicate kids may need more help

Do not re-traumatize kids

Keep vigils and community activities centered around resiliency and hope.

Insure that the community has adequate resources for continued healing

QUESTION 1

Which of the following is an online website that can be helpful to practitioners after an episode of school violence?

- A. Trauma.org
- B. American Academy of Child and Adolescent Psychiatry
- C. Association for Violence in Schools
- D. National Child Traumatic Stress Network (NCTS)
- E. American Psychological Association

QUESTION 2

Which of the following screening questionnaires has been used to screen for the impact of trauma in children following episodes of school violence?

- A. Diagnostic Interview Schedule for Children (DISC)
- B. Child Trauma Screening Questionnaire
- C. Overall Anxiety Severity and Impairment Scale (OASIS)
- D. PTSD Checklist-Civilian (PCL-C)
- E. Patient Health Questionnaire-9 (PHQ-9)

QUESTION 3

Which of the following has been shown to decrease subsequent episodes of school violence?

- A. Increased efforts by adults in the community while removing children from efforts in the aftermath
- B. Increased lobbying to federal government for improved legislation around guns and other contributors to school violence
- C. Increased media coverage and awareness
- D. Decreased media coverage
- E. Decreased discussion around the event