



School Mental Health
CRISIS LEADERSHIP LESSONS

Voices of Experience from Leaders in the Pacific Southwest Region





This work is supported by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. The views, opinions, and content expressed in this guide do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

School Mental Health Crisis Leadership Lessons: *Voices of Experience from Leaders in the Pacific Southwest Region*

Authors: Leora Wolf-Prusan, School Mental Health lead for the Pacific Southwest MHTTC and David Schonfeld, Director of the National Center for School Crisis & Bereavement

Contributors:

Anthony Petrosino, Director of the WestEd Justice & Prevention Research Center and the Associate Director of the Health & Justice Program

Darrick Smith, Professor of Education (University of San Francisco) and former co-principal (June Jordan School for Equity, San Francisco, California)

Emily Jo Hernandez, Los Angeles Office County of Education and the California State University, Los Angeles

Jim Lee, Emergency Preparedness Advisor, Arizona Department of Education

Jen Leland, Trauma Transformed

Jodina Attao, Quality Improvement Specialist, Maternal & Child Health Bureau, Commonwealth of the Northern Mariana Islands

Judee Fernandez and Michelle Kurta, founders of the Meaning Makers Collective

Kanwarpal Dhaliwal, co-founder and Associate Director of RYSE Youth Center, Richmond, California

Katherine Loudon, Administrator, Washoe County School District, Nevada

Kelly Knoche, Executive Director of The Teaching Well

Matt Reddam, School and Community Wellness Advisor, Butte County Office of Education

National Hispanic and Latino Mental Health Technology Transfer Center

National American Indian and Alaska Native Mental Health Technology Transfer Center

Pat Sanborn, Project Manager at the Nevada Department of Education

Robert Weires, Director of Psychological Services for the Clark County School District (CCSD) in Nevada and manager of the Department of Student Threat Evaluation and Crisis Response, a specialized sub-department of Psychological Services

Sandra Azevedo, Coordinator Continuous Improvement, Butte County Office of Education

Vince Ferry, Principal, Saugus High School, California

Yesmina Luchsinger, Director School Safety & Social Wellness, Arizona Department of Education



Table of Contents

Prologue: COVID 19 & Pandemic School Mental Health Crisis Leadership | 5

INTRODUCTION | 6

- How this Guide is Organized | 6
- School Crisis Leadership | 7
- The Complexity and Consequences of Crises | 9
 - Bereavement and ambiguous loss | 10

These Things Matter | 11

- Names & Definitions Matter | 11
- Equity, Equality, and Justice Matters | 12
- Roles and Positions Matter | 13
- Supporting the Supporters Matters | 14
- Partners and Partnerships Matter | 15

School Mental Health Crisis Leadership: The Four “Rs” | 17

Crisis Readiness (Preparation): School Mental Health Crisis Leadership | 18

- Workforce Development: Cultivating Staff Knowledge, Skills, and Paradigms | 18
 - Voices from the Field: Crisis Readiness through Workforce Development | 19
- Building Teams: Collaboration, Communication, Trust and Interdependency | 20
 - Voices from the Field: Building Cross-Sector Crisis Response Teams | 21

Response (Acute): School Mental Health Crisis Leadership | 24

- Response to School Crises and Student Bereavement | 24
 - Voices from the Field: School Mental Health Crisis Response Leadership | 25

Recovery (Short Term): School Mental Health Crisis Leadership | 31

- Safety | 29
 - Voices from the Field: Recovering Safety | 31
- Remembrance and Mourning | 34
 - Voices from the Field: Mourning and Commemoration in Recovery | 35
- Reconnection with Ordinary Life | 38
 - Voices from the Field: Rebuilding, Reconnecting, and Reclaiming Routines | 38

Renewal (Long Term): School Mental Health Crisis Leadership | 40

- Voices from the Field: How to Foster Renewal | 41
 - 1: Create Structural Witnessing | 41
 - 2: Center Significant Relationships | 42
 - 3: Foster Healing-Centered Cultures | 42
 - 4: Encourage Individual and Collective Storytelling about the Crisis | 43
 - 5: Be Prepared to Sit in the Sticky Stuff Where there are More Questions than Answers | 44
 - 6: Renewal Itself can Foster a Renewed Commitment to the Work | 44
 - 7: Engage in Collective Reflection to Fuel and Inform Crisis Readiness | 45

CONTRIBUTORS | 48

APPENDIX: Commemoration and Memorialization | 52

Glossary | 53

Resources | 54

References | 57



Prologue: The COVID-19 Pandemic and School Mental Health Crisis Leadership

We first began collecting our region's school mental health crisis leadership learnings and lessons in December 2019, months before the COVID pandemic and subsequent school policy changes drastically impacted our school leadership. At the time of publication, our country is experiencing both historic and acute pain stemming from racial violence. The events and experiences of this year alone have challenged school leadership in ways that are still emerging.

One thing is clear: this moment in our collective history has widened the school crisis leadership experience. In small and large ways, we have experienced grief, death, stress, trauma, and significant coping challenges. School leaders have had to step in and up like never before.

We are choosing to keep the structure of this guide as is – not to ignore the pandemic, but to acknowledge that many school leaders were navigating crises before this moment. Some have survived school shootings; others chronic, violent student or community death; and for many in our region the aftermath of natural disasters. Many leaders will certainly confront crises after this moment.

We believe that the voices of experience from regional leaders and the framework we provide to understand them remain pertinent, perhaps even more than before. Perhaps we can learn from our colleagues who have been through a big experience like this before. Perhaps we are suddenly more connected to them in ways previously unimagined.

“When individuals feel vulnerable, what we believe in and what we value most rise to the surface.”

-Britta Bushnell

The word “vulnerable” comes from the Latin word “wounding,” or to “wound.” Schools are vulnerable, delicate structures and cultures. School leadership is a practice of stewarding inquiry and vulnerability. School mental health crisis leadership, now and always, requires opening ourselves to the reality that schools are platforms for humans to become deeper humans: we are in the business of fostering positive youth and human development. This moment brings what we believe in, and what and in whom we believe, to the surface. **This moment has showcased that we – school mental health leaders – are pivotal in the broader ecosystem of school policy, systems management, and student successes.** The mental wellness, coping, resilience, and healing before, during, and after a crisis is suddenly at the forefront of both our region's and the world's collective consciousness.

Our partner, the National Center for School Crisis and Bereavement, has put together this resource page: [COVID-19 Pandemic Response resources webpage](#). Our MHTTC National Coordinating Office houses resources on school mental health and COVID-19 here: [Responding to COVID-19 | School Mental Health Resources | Mental Health Technology Transfer Center](#).

To the school mental health crisis leaders of Region 9: thank you for your tenacity, wisdom, courage, innovation, perseverance, commitment, wherewithal, and vulnerability. We acknowledge you and are grateful to be learning with you.



INTRODUCTION

Every day, leaders working in and with school systems and communities navigate unpredictable events. These events are called “crises” when they exceed a threshold of harm. Crises are moments, events, or experiences that call our assumptions into question. When they occur, crises surface the unexplored and the undiscussed: everything comes out during a crisis. Through crises, we learn what we were truly prepared for and how well-supported we are by existing training, resources, and response plans. We learn which students are well-served by our school and which students we marginalize.

School site leadership, including school counselors and psychologists, school-based health center directors, nurses, mental health providers, and district and state administrators, receive a wide spectrum of training and skill-building in the crisis leadership continuum. Some receive active shooter training. Many are beginning to embrace trauma-informed and resilience-oriented leadership. However, educational and school mental health leadership have not fully integrated crisis readiness, response, recovery, and renewal into pre- and in-service training programs. States may have emergency preparedness plans for natural disasters, but many do not have recovery plans for student deaths from community violence. Lack of crisis leadership training can have significant consequences: school leaders who are not prepared to respond effectively to a crisis can make missteps, which both complicates the situation and prolongs the recovery (Morrison, 2017). Instead of rigorous and ongoing training, it is common for schools to have an outdated set of procedures that were developed in response to a previous school crisis. These often lack relevance to future crises and fail to reflect current best-practice crisis leadership strategies.

BEFORE → DURING → AFTER

**Traumas; Emergency Management;
Harm & Violence; Disasters; Death,
Grief, and Bereavement**

**SCHOOL MENTAL HEALTH
CRISIS LEADERSHIP**

WHAT IS A SCHOOL CRISIS?

This guide builds from the definition provided by the Office for Victims of Crime (Schonfeld & Newgass, 2003), while acknowledging that no single definition will encompass all forms of crisis:

1. **Death of a student, a staff member, or a community member whose death affects a significant portion of the school population;**
2. **Major environmental crisis, such as a flood or fire;**
3. **Situation that involves a threat to the physical safety of students, such as a school bus accident, even in the absence of injuries; and**
4. **Situation that involves a perceived threat to the emotional well-being of students**

To navigate a crisis successfully, school leadership needs the skills to contain the crisis, minimize subsequent trauma, and restore equity and equanimity in the school environment. These skills are not inherent to leaders; they are learned through ongoing training and workforce development. Investment in these supports prepares school leaders to respond and recover from school crises, and builds leadership that spans both crisis and non-crisis contexts (Morrison, 2017).

Crisis leaders need to understand the physical and psychological disruptions that are a common consequence of trauma. Trauma interrupts our ability to maintain a coherent narrative that explains our world and our place within it. We as humans need a worldview of ourselves and each other that makes sense to us. This sense-making narrative helps us interpret the past, negotiate the present, and move comfortably into the future. One of the functions of a crisis is that it interrupts our regular story: trauma can pause our bodies and brains at the moment of harm. We need crisis leaders to help us create meaning from our trauma experiences, which then helps our bodies and brains integrate the crisis into our larger story. Storytelling and reflection are essential to our collective crisis healing.

How this Guide is Organized

This guide captures the stories of educators and school mental health leaders in Region 9.¹

We asked leaders to share their voices of experience in leading through crises so that it might help you navigate your own experience with crises. We asked them: looking back at the crisis, what did you wish you knew? What have you learned? What did you take with you? This guide highlights how school mental health leaders can – and do – work with and through crises. This guide is intended to be less of a nuts and bolts “how-to” and more of a container of leadership stories and choice points: the moments that require reflection and inquiry, from which leaders make decisions that deeply impact students, staff, and the community.

¹ HHS Region 9 includes Arizona, California, Hawaii, Nevada, and Pacific Island regions of American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, and Palau.



This guide is built upon grief and bereavement leadership guidance from the National Center for School Crisis and Bereavement; the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) school mental health lead, whose doctoral research was on the impact of gang-related student death on teachers' coping and resilience; and 18 partner organizations and field-based school mental health leaders in our Pacific Southwest region.

Our guide provides an overview of the crisis continuum; explores the intersection between school crises and school mental health leadership; and then examines each component of the school crisis continuum in depth, adding voices of experience from the field. The guide is organized into the following sections:



Throughout the guide, we offer reflection questions for leaders to use for personal reflection or whole team reflection. We encourage you to modify the questions, adapt them to your context, and add to them: the foremost invitation is to engage in reflection to deepen our practice and support our own meaning-making. [See our accompanying worksheet to this guide](#) that compiles all the reflection questions and can help you note-take and capture your learning throughout this guide.

Framing the Conversation: The 4 Rs of School Mental Health Crisis Leadership

The Fourth "R" of Crisis Leadership. The framework we use to organize leaders' stories is adapted from the National Child Traumatic Stress Network's (NCTSN) [The 3R's of School Crises and Disasters: Readiness, Response, and Recovery](#).² Consistent with their framing, we provide guidance on readiness, response, and recovery for school leadership before, during, and after a school crisis. **To this, however, we add a fourth "R": renewal.** "Renewal" is the term we use to identify the component of school mental health crisis leadership that is often the most instrumental and least developed: this phase includes healing, meaning-making, and new navigation of school identity after an overwhelming event.

The Four "Rs" reflect the stages through which we progress to understand and process overwhelming experiences. In *A Whole School, Whole Community, Whole Child Approach to Responding to Health Crises*,³ Sean Slade notes that after an acute event occurs, the **first response focus is the short term and should be centered around physical safety through ensuring a safe physical environment.** When physical safety has been established, the **second recovery focus is the social and emotional climate.** The short-term recovery leads into long-term renewal, where the focus is on **structural changes and procedures, coordinating policy, processes, and practices** that center regeneration and healing.

School Mental Health Crisis Leadership

Crises can be interrupters or the norm, depending on the school and its community context. Whether the crisis is acute, chronic, or complex, there are shared leadership practices, policies, and paradigm shifts that can support all stakeholders' efforts to successfully navigate a crisis. In a crisis, school mental health leaders help a school community build a collective coping system; navigate overwhelming situations; and stay attuned to how various members will be activated by different events, experience shared events differently, and have varying response, recovery, and renewal needs.

School safety is a primary task of school mental health leaders before, during, and after a crisis. For the purposes of this guide, we see school safety as the overarching goal of school mental health leadership. Emergencies, crises, and disasters are events and experiences that require school mental health leadership⁴ *to plan for and then restore school safety*.⁵ School mental health leaders do the work of restoring safety and equity in the school community after a crisis.

²Note that the Department of Education's Emergency Preparedness Framework (2013) uses five stages: prevention, protection, mitigation, response and recovery. See more at [GUIDE FOR DEVELOPING HIGH-QUALITY SCHOOL EMERGENCY OPERATIONS PLANS](#).

³See more at [A Whole School, Whole Community, Whole Child Approach to Responding to Health Crises](#) (2020)

⁴A helpful starting point is the National Education Association's guide on "Addressing the Full Spectrum of School Crisis Response." The guide also differentiates between "emergency" and "crisis." An emergency is "an urgent situation that calls for immediate action such as a school shooting, tornado, gas leak, or fire." A crisis is defined as an "unfolding situation that has reached a critical phase with the distinct possibility of a highly undesirable outcome such as a hostage situation or terrorism" (NEA, 2018, p. 15).

⁵Following the Centers for Disease Control and Prevention [Safe Youth, Safe Schools | Features](#), we embrace a view of school safety that includes students' journey to and from school, the impact of bullying and gang violence on their daily routine, physical activity safety, and students' mental health and safety.

“The work of school safety and the work of equity is the same work. All of our safety interventions have to be designed from an equitable lens. They cannot be separated.”

-Yesmina Luchsinger

School Crisis Leadership in Practice. A foundation of our understanding of crisis readiness, response, recovery, and renewal is Complexity Leadership Theory (CLT). This approach recognizes leadership as a result of a complex, interactive dynamic which creates learning, innovation, and adaptability (Marion & Uhl-Bien, 2001). In this paradigm, leadership is not top-down decision making. Instead, leadership is process-oriented, systems-focused, relational, and partnership-reliant (Morrison, 2017).

School Mental Health Crisis Leadership is:

- **Inclusive:** It intentionally and consistently includes those in our decision making who may have differing views, identities, and experience. This provides the foundation of cooperation and transparency that will be needed during and after a crisis. Leading through inclusive leadership requires our awareness of who is and is not at the table, and what plans we do and do not consider. This includes the need for debriefing and reflecting on the unintentional infliction of stress and trauma for specific populations.
- **Complex:** Complex thinking involves the ability to hold multiple facts, outcomes, needs, and considerations that increase health and wellness and limit re-traumatization. In crisis planning, we can use this competency to think through the range of possible outcomes of our planning; consider the impact of our plans on students, families, and staff; and develop plans that consider secondary trauma, self-care, and debriefing, in addition to the mechanics of what to do, who to call, and where to go.
- **Relational:** Effective school mental health leadership requires us to centralize relationships as the drivers of staff productivity and wellness, rather than leading through authority, hierarchy, and power. The use of relational leadership during crisis allows for greater safety and a decrease in secondary trauma. Examples of relational leadership include: whole person thinking, staying open during times of stress, expressing emotion and vulnerability, inspiring and motivating, and using praise and recognition.
- **Individual and systems focused:** Morrison (2017) offers that school crisis leadership needs vary between different types of work as well as between organizational and individual needs. Consider readiness: at the organizational level, the district or school might offer training to all staff in trauma, grief, and bereavement awareness. At the individual level, the principal or district superintendent might invest in professional self-care. Consider recovery: at the organizational level, the state department of student safety or school-based health center might provide Mental Health First Aid to all members of the school community impacted by the crisis; at the individual level, the director of student safety might invest in their own personal therapy and recovery journey. School mental health leadership is a “both, and.” It is work at the personal leadership and collective leadership levels.



We define “School Mental Health Crisis Leadership” as:

The individual, collective, organizational, and systemic skills, knowledge, and competencies to create school conditions, climates, and cultures that empower others to navigate uncertainty and harm. This leadership is based on awareness and acceptance of the responsibility and accountability to help all students, staff, and partners repair, reconnect, regulate, and restore.⁶

“A school crisis is when a community member or an influence outside of the system acts upon a group to cause harm or destabilize the community. Oftentimes, not only does a crisis take us by surprise, but it also alters how the community can hold one another.”

-Kelly Knoche

⁶ Based on Harvard professor Marshall Ganz, who posits that “leadership is accepting responsibility to create conditions that enable others to achieve shared purpose in the face of uncertainty” (2010, p.1).



VOICES FROM THE FIELD: SCHOOL MENTAL HEALTH LEADERSHIP

On November 8th, 2018, Butte County residents noticed a white plume of smoke somewhere up in the hills, a troubling yet common occurrence in northern California county. Rapidly, that plume became a blanket of black smoke stretching for miles; it was a blanket that propelled the deadliest wildfire in California history. The Camp Fire would forever alter the lives of Butte County residents. Matt Reddam and Sandra Azevedo, two members of the Butte County Coordinated District Support (CDS) Team, reflect on what crisis response asks of school mental health leadership:

Crisis response has a way of feeling reactionary, even when there is adequate planning on the front end. Traditionally, crisis planning is a process by which the likelihood of an event is assessed, considering location, circumstance, and context. From that point, a set of protocols based on best practice may be developed. The role of leadership within this process is to prioritize, communicate, and provide direction. What is often not considered in the process is how we are to be as leaders (e.g., relational leadership); who we involve in our thinking (e.g., inclusive leadership); and in what ways our plans will mitigate/increase risk, increase/decrease safety, and also potentially traumatize/heal those we serve (e.g., complexity thinking).

The inevitability of crisis is a given. However, how we intentionally hold our own humanity in what can be a protocol-driven process is what separates trauma-informed, healing-centered leadership from business as usual. The distinction must be made in an organization hoping to transcend the bonds of business to move towards humanity and healing.

Reflection Questions for School Mental Health Crisis Leaders:

What is your relationship to ambiguity? To loss of control? To threat, a loss of regularity, and normalcy?

What is your personal relationship to crises? How might that impact your professional relationship to crisis management and leadership?

How might your relationship and responsibility to information (first vs. secondary responders) impact the way you become ready for a crisis or respond to one?

What is your personal narrative of crisis, and how might that impact how you lead organizationally?

The Complexity and Consequences of Crises

The complexity and consequences of crises are multifaceted and multidimensional. Students who experience a crisis may feel trauma, grief, loss, or bereavement. While these emotions can occur simultaneously, there are differences in the way they present that are important for school staff to understand. In this section, we summarize common emotional and psychological reactions to crises.

Trauma and Grief: How Are They Similar? Different?

Crises often create trauma and/or grief. Trauma can be an event, experience, or an effect, and it is highly subjective. Trauma is centrally characterized by something that overwhelms a person's, community's, or system's ability to cope, leaving them with a sense of powerlessness and harm. Grief does not always involve trauma, but trauma usually involves some degree of grief. School professionals increasingly recognize how students are impacted by trauma and the importance of creating a school culture that provides trauma-informed supports and services. While these trauma-informed practices are becoming more widely implemented, the impact of grief is less understood and less often addressed.



Grief follows loss. Grief is the emotional reaction to the experience of loss. Although trauma and grief often co-occur in the lives of students, especially after major crisis events, the professional fields of trauma treatment and childhood grief have little overlap. From the mental health perspective, emotional reactions to death of a family member or friend are normal. Grief is not generally considered a mental health condition that requires clinical intervention. In contrast, reactions to a trauma are often viewed as symptoms, and – when sufficient in number and duration – believed to require treatment. While grief support is generally provided in the family or faith community at no cost, trauma treatment is provided by licensed mental health professionals and often covered by health insurance. Grief is treated as a personal loss; trauma is treated as a medical condition. Yet those caring for students who have experienced both trauma and loss should attend to the impact of both, as well as the secondary losses and stressors that may result from either. School mental health crisis leaders bridge the divide between the fields of trauma treatment and childhood grief so that students who have experienced both are adequately supported.

Bereavement and Ambiguous Loss

Grief is a reaction to many forms of loss, whereas bereavement is grief that occurs when the loss is the result of a death. Other forms of loss can result in similar reactions and adjustment difficulties. For example, separation, deployment, incarceration, or substance use may create physical or emotional distance between children and their caregivers. These types of losses, although just as real as the loss from death, are often called “ambiguous losses” since their boundaries are not as clear. In these other situations, caregivers may return or become more involved, and they can carry on some of their parenting roles even when separated. The extent of the ambiguous loss is therefore variable and incomplete, and may change significantly over time.

These ambiguous losses may also be less visible or clear to others and receive significantly less support from school staff. A teacher may acknowledge the death of a caregiver or come to recognize a student who has experienced a traumatic event, but lack awareness or confidence in responding to a child when a caregiver is incarcerated or emotionally absent due to substance abuse. In the wake of a crisis, ambiguous losses might include dislocation; separation from classmates and friends; disruption of favored activities; or temporary changes to the physical spaces in which education is delivered. Children experience these as real losses, and school crisis leaders have a role to play in helping students name and recover from these losses.

Secondary Losses

When students experience the death of someone close, they lose not only the person who died, but the loss of everything that person did, could have done, or might have done for them. Common secondary losses include loss of income; changes in relationships (children may have far less access to the family and friends of the deceased, such as their maternal grandparents after the death of their mother or the close friends of a deceased sibling); relocations resulting in changes to school and social networks; or limited access to the surviving parent who needs to work longer hours or who becomes less emotionally available.

When supporting grieving students, it is important to assess not only their reactions to the loss of the loved one, but also how they are coping with their current situation and any associated secondary losses. Once identified, practical support strategies can then be provided to address these new challenges.

Secondary losses are also commonly seen after a crisis even when no one dies. Natural disasters that cause property damage often result in a wide range of secondary losses and stressors. After hurricane Maria in San Juan, for example, in one study the majority of children experienced the loss of friends and family when these important people moved permanently from the island.⁷ As another example, natural disasters that disrupt tourism or erode local business funding can result in income loss for caregivers, which may cause distress or exacerbate mental health challenges. These secondary losses and stressors may add to the impact of the crisis event and, in some situations, may far exceed the trauma and loss of the inciting crisis event for individual children. This underscores the need to look beyond the initial trauma of an event to explore how secondary losses and stressors may be presenting additional challenges for a student.

“If there wasn’t love, we would have death without grief.”

-Amy Wright Glenn

For more expansive exploration of terms, please refer to [After a School Tragedy...Readiness, Response, Recovery, & Resources](#), an info sheet that the MHTTC Network released in 2019, or refer to our glossary on page 51.

⁷ Orengo-Aguayo R, Stewart RW, de Arellano MA, Suárez-Kindy JL, Young J. Disaster exposure and mental health among Puerto Rican youths after Hurricane Maria. JAMA Netw Open. 2019;2(4):e192619. doi:10.1001/jamanetworkopen.2019.2619

⁸ Adapted from *The Grief Practice*, Monique Minihan

The Grief Practice⁸

GRIEF

Sadness
Understood by professionals
Talking helps
Pain from acknowledging loss

Anger is nonviolent
“I wish I would have/would not have”

Dreams of deceased
Grief does not always involve trauma

Healed through emotional release
Reaction may diminish over time

TRAUMA

Terror
Misunderstood by many professionals
Talking difficult or impossible
Pain triggers terror, grief, loss of safety, overwhelming helplessness
Anger to self or others (substance, spousal, child abuse)
“It was my fault/I could have prevented it/It should have been me”

Dreams nightmarish
Trauma involves grief/flashbacks/startle/hypervigilance/numbing

Healed through discharge, self-regulation, co-regulation
Reactions may worsen over time

TheGriefPractice.com



These Things Matter

Throughout each chapter of the school mental health crisis leadership continuum, there are core through-lines that serve as the foundation to readiness, response, recovery, and renewal. We call them the “things that matter.” When we miss or dismiss these things, we exacerbate harm and thwart the impact of school mental health crisis leadership work. These five elements include: 1) Names and Definitions; 2) Equality, Equity and Justice; 3) Roles and Positions; 4) Supporting the Supporters; and 5) Teams and Partnerships.

Names and Definitions Matter:

What we call the experience or phenomenon matters. Clarifying key concepts and definitions ensures that policies,⁹ practices, and programs are aligned with shared values and visions for the work. The definitions we choose and the way we name crisis-related experiences reflect our core principles and subsequent approach to readiness, response, recovery, and renewal efforts.

Yesmina Luchsinger, Director of School Safety & Social Wellness at the Arizona Department of Education, shares her definitions of safety and crisis, noting how her definitions change with her shifting role and context:

SAFETY: *As the **state leader**, I define safety as the systems in place to support the comprehensive safety and wellness of our education leaders, students, and their families. The most effective thing that we can do to ensure safety in our communities is to listen to our educators, families, and students. We have to work collaboratively to develop model plans, policies, and practices that will meet the needs of a diverse and rapidly changing state demographic. Research tells us that the best and most effective school safety plans utilize multi-tiered systems of support and build a positive campus climate and culture. This can be a difficult culture shift for an educator or parent constantly exposed to the 24-hour news cycle of fear and violence in schools. As a state agency, we can provide school communities meaningful guidance and professional development for school safety teams. State leaders can provide actionable school-based interventions and resources that align to best practices and research. But most importantly, we can take the time to build community trust and engagement. Our guidance and resources to educators need to be meaningful and meet their needs in the moment – not where we hope they will be in five years.*

CRISIS: *As a **school leader**, I would define “crisis” as a time when there is an immediate risk to student, staff, or campus safety and critical decisions must be made. Times of crisis are the reason that schools need to invest in prevention and planning, and make it a priority to develop strong multidisciplinary school safety teams. In times of crisis, all school staff must be prepared and confident to act if necessary. Most importantly, they must be able to execute those decisions calmly and compassionately to reduce panic and fear. The breakdown during campus crisis situations almost always has to do with unclear communication or management from leadership.*

*As a **state leader**, I would define “crisis” as a time where critical or important decisions must be made due to the overwhelming need for resources or support. The current COVID-19 pandemic would be an example of crisis at the state and federal level. All of our resources are starting to reach or exceed capacity, and we as a community must come together to cope with and mitigate something that is larger than any one school, one business, or one community.*

Anthony Petrosino explains how framing “school safety” and related issues can impact statewide policy through his reflections on the work of the 2018 Nevada Statewide School Safety Task Force:

In March 2018, Governor Sandoval’s Executive Order identified 25 stakeholders to be on the Task Force, including state legislators; Department of Education administrators; representatives from the Department of Health and Human Services; students; parents; teachers; principals; superintendents; school-based law enforcement; mental health professionals; and representatives of charter and private schools, school boards, and Indian education. I had the honor of being selected for the Task Force by the Governor as an expert to bring research evidence to bear on deliberations.

⁹ See our 2019 guide [Creating Trauma-Informed Policies: A Practice Guide for School & Mental Health Leadership](#) for a deep dive into developing, implementing, and evaluating trauma-informed and compassionate school policies.



In my presentation, I highlighted two trends that stood out in data compiled by the federal government on school safety. First, the data show that the risk for any student, ages 5-18, to die by homicide on school grounds is much lower than for children while they are home, on the streets, or otherwise outside of school grounds. Regardless of which year one examines over the last 20 years, approximately 1-3% of all homicides of school-aged youth occur on school grounds. Second, the “sky is not falling” in terms of student safety. Most of the indicators on school safety trends are showing improvement, sometimes slight but sometimes much more substantial. For example, students (grades 6-12) are self-reporting far less violent and non-violent victimization at school than 20 years ago, mirroring the trend of their victimization off school grounds. Thus, despite the understandable concern among parents, students, media, government, and the broader community, homicides at school remained very rare and safety has been improving over the past two decades.

Jen Leland notes how the process of naming and defining in itself is a trauma-informed practice.

Defining crisis, and naming traumas in expanded and ecological ways, is critical to our work insofar as naming has healing properties. When we can say what feels unsayable, we are less likely to have it dragging us around by the nose. Naming then becomes a form of affect identification and is rooted in ancient traditions of naming, marking, affirmation, and witnessing through community and ritual. The naming here is critical for evolving the trauma narrative into transformed, reconstructed meaning narratives...

Jen goes on to explain how the names and definitions of our experience can invite intentional framing for equality, equity, and intersectionality.

We must name layers of structural violence that compound community trauma and mark the deep betrayal and injustices of those layers as we name the traumatic event and its effects.

Reflection Questions for School Mental Health Crisis Leaders:

What is the intended outcome of your school mental health crisis leadership? How might you develop and use language that reflects the needs and experiences of your school community members?

What might it look like to invite students, educators, families, and staff to constructively create definitions for phenomena like safety, crisis, healing, loss, grief-sensitive schools?

How might different stakeholders have different definitions of these phenomena, and how might those differing definitions impact and inform your crisis planning and plans?

Equity, Equality, and Intersectionality¹⁰ Matter:

School-related crises leadership requires an intersectional approach; crises are not experienced equally. Crises often surface systemic inequities and structural barriers to recovery and healing. Often, equity plans, safety plans, and emergency plans exist in separate, siloed departments. Our definition of school mental health crisis leadership invites these siloes to merge and for equality, equity, and justice leadership to be at the forefront of the crisis continuum.

Yesmina Luchsinger shares how equity is foundational to crisis response work:

Sometimes the terms inequity and trauma can be used interchangeably, because in emergency situations the inequities that already exist in society become magnified in the context of uncertainty. The COVID-19 pandemic is a good example of inequities that become amplified for marginalized groups during periods of fear. Within days of announced school closures, local food banks were stretched to capacity, school communities struggled to find solutions for families who rely on free and reduced lunches to eat, and online education is limited to many students who do not have computers in their home or data plans to support cell phone access. Equity relates to the work of safety; this is where the results of that work can be seen, or that gaps that remain will come to light.

¹⁰ Intersectionality refers to the “confluence of gender, sexuality, race, class, and other facets of social identity that contribute to an individual’s experience across multiple contexts” (Holmes, 2016, in [Special Issue: The Intersection of Child Psychiatry and Sociocultural Issues](#))



When school leaders design emergency operations plans, they must consider the groups that are the most vulnerable and experience the most trauma. If an Emergency Operations Plan does not include support and resources that are accessible to a single-parent household; homes without internet, childcare, and citizenship; and those who lack health insurance or ready access to food or family support, then the support and resources do not meet the need of the people who need it the most in the event of an emergency.

Reflection Questions for School Mental Health Crisis Leaders:

How do your crisis plans reflect which students, families, and districts matter, and who might be further disenfranchised?

How might your crisis leadership focus on who will be harmed the most, and plan from there? How might crisis, safety, and equity leadership collaborate to ensure full inclusion? To ensure an intersectional analysis?

Roles and Positions Matter:

Crises are complex and multifaceted. They require leadership to rise from multiple roles so that the efforts of readiness, response, recovery, and renewal can be led by plural voices and held as plural responsibilities.

Darrick Smith reflects on educators' roles broadly:

We have, as educators, an opportunity to take individual and family crises and turn them into experiences of connection, appreciation, empowerment, and love. It is important that when our students and communities face tremendous challenges, we work as educators to serve as allies for young people and families to empower themselves. Such work can take the form of curricular references and collective student action to help. In other circumstances, the ways in which crisis can cultivate connection may be as varied and expansive as the imaginations of the people we serve.

Yesmina Luchsinger describes school and state leaders' roles:

*In the aftermath of an emergency situation, state leaders should do our best to assess the short- and long-term impact of a crisis or emergency. **We should collaborate across state agencies to reduce barriers to needed support and resources, provide flexibility when possible, and advocate for legislative action when flexibility is not possible.***

*We are the voice for the most vulnerable, and we have the opportunity to leverage our collaboration to reduce the impact on our communities, and especially for marginalized groups. We owe our communities transparency, and we should listen to their concerns and include them in the process to improve our future response. **Our legacy as state leaders during times of crisis will be measured by the ability to mobilize quickly, the quality of response, and the willingness to listen to our community with empathy, compassion, and action.***

Katherine Loudon reminds us: Don't forget students as stakeholders.

*Student voice is critical. **Students can tell you what they need, and what works and doesn't work for them.** Students need to be included in two-way communication and input processes.*



Reflection Questions for School Mental Health Crisis Leaders:

How might your crisis readiness, response, recovery, and renewal work engage all stakeholders to leverage everyone's unique contributions?

What might need to be differentiated across the crisis leadership continuum to respect the different needs and capabilities of each role?

Supporting the Supporters Matters:

Often, school crisis planning and response focuses on students. Our definition includes plans, policies, practices, and procedures that focus on the first responders who support students: educators, staff, and faculty.

Emily Jo Hernandez, of the Los Angeles Office County of Education, offers her perspective:

Providing crisis intervention for educators and school staff on campus is equally as important [as providing services to students] and is unfortunately not prioritized in school systems.

*For this reason, school support staff professionals, such as school psychologists, social workers, and counselors, are frequently utilized to provide pseudo-emotional support to employees experiencing difficulties. This can add to their current workload and level of stress, and can lead to professional burnout and compassion fatigue. It can also lead to a host of legal and ethical issues related to confidentiality, dual relationships, and conflict of interest. **Including educators in crisis response procedures and promoting educator mental health and wellbeing is vital not only for educator health, but also for workforce stability and the provision of optimal quality care and safe school systems.***

Matt Reddam and Sandra Azevedo from the Butte County Office of Education add:

Research regarding traumatic stress and the brain has shown that when we are in a heightened state of arousal or fear, we have less access to the parts of our brains that are critical for decision making and effectively relating to others. This research also tells us that if we have those around us who provide co-regulation, we are better able to combat the impact of trauma.

Leaders are often asked to hold the stress and trauma in others, but may feel isolated at times with their own level of secondary trauma and ability to mitigate with self-care. When we lead from the lens of trauma during crises, it must involve both the impact of stress and trauma on others, and on ourselves. As we slowly begin to recover from the Camp Fire, we recognize the population hardest hit by secondary trauma has been staff and administrators.

Reflection Questions for School Mental Health Crisis Leaders:

How might your crisis readiness, response, recovery, and renewal efforts focus not only on student needs, but also the needs of those who support students (school counselors, psychologists, educators, maintenance staff, cafeteria employees, office receptionists, administration, community-based organizations, etc.)?

What specific partnerships, policies, and practices need to be put in place as structural supports for educators so that they can access mental health services?

How might state, district, and other organizational systems interrupt or intervene in current response procedures that might exacerbate or limit educators' ability to cope, build resilience and heal?

Partners and Partnerships Matter:

Crisis work, no matter what chapter of the continuum, cannot be done alone. The existence, health, and robustness of teaming and partnerships comprise one of the eight [Quality Indicators for School Mental Health](#). Teaming and partnerships are also foundational components of the [PREPaRE School Crisis Prevention and Intervention Training Curriculum](#) (National Association of School Psychologists, 2016).

Darrick Smith reflects on the value of partnerships when he was a school principal:

*While our school considered itself part of the community, the bulk of our faculty were not from the surrounding neighborhood – including myself. As such, we lacked the knowledge and level of awareness that we needed to understand the nuances of why our alumnus was killed; how the broader community was reacting to it; and the possible array of ensuing events, conflicts, or tensions that may result from his murder. We also lacked the level of reach or depth that many community-based youth organizations had in regards to healthy outlets for mourning and opportunities for violence prevention efforts in the broader city. **Reaching out to our community partners enabled us to give our students and staff a number of options with which to get involved in projects and movements to make a difference in the city.** This can provide a more active and engaged option for working through the trauma that often comes from violent incidents.*

Robert Weires oversees the Department of Student Threat Evaluation and Crisis Response, a specialized sub-department of Psychological Services. He shares how collaboration is essential in his leadership:

*Clark County School District has a dedicated Emergency Command Center that works collaboratively with local law enforcement and other community partners when a crisis situation arises. CCSD has a student enrollment of approximately 324,000 students within 367 schools, which makes it a sizable city on any given school day. **Collaboration** has been practiced internally (i.e., across departments/divisions) and externally with partners and staff on a routine basis.*

Jim Lee reflects on the role of partnerships at the state level:

Emergency preparedness is still a relatively new concept for most schools around the country. Arizona has recognized the value of collaboration to go beyond the realm of traditional community partners. [Our] collaboration includes neighboring and regional school districts [that meet] periodically throughout the school year to discuss emergency operations planning... [including] courses of action incorporated in functional and threat/hazard annexes.

The Arizona Department of Education has partnered with the Arizona School Risk Retention Trust (the Trust) in the organization and sponsorship of five regional School Emergency Preparedness Consortia around the state. Each consortia meets up to four times per school year for the purpose of identifying best practices, lessons learned, and key strategies and concepts to incorporate in school emergency operations plans. All five regions have a lead facilitator/organizer who identifies meeting dates for the year as well as topics for the agenda. Invitations for the meetings are extended to school district personnel who oversee emergency operations planning, law enforcement, fire, emergency management, public health, and other agencies and entities that provide a presence, response, and/or resources during a school emergency.

*Presenters at meetings include school district personnel who share and demonstrate successful policies, practices, and procedures incorporated in their district and school planning process. Area subject matter experts and community partners are invited to present on topics of interest to consortia members. **These meetings are crucial networking tools for districts as well. Beyond hearing presentations on topics that are of interest, district representatives are able to connect with neighboring districts and discuss relevant questions and issues. A common mantra repeated at the consortia is the encouragement to “beg, borrow, steal, and vet,” pushing districts to better rely on one another for resources rather than create something from scratch.** Networking is not limited to forming district relationships, but to establishing good communications with their responding partner agencies as well.*



Katherine Loudon, administrator at Washoe County School District in Nevada puts it simply: “Always invite the community in.”

*Work with the city, county, and state. **Build relationships before the crisis even occurs. Even though the relationships with community partners take time and effort to establish and maintain, they save time and help tremendously in the long run.** Community partners take the pressure off, make sure you don't miss anything, and help you coordinate a more effective and holistic response. Set up meetings in your emergency management structure to include partners in mental health as well as other logistics. If you spend time on these relationships beforehand, you will know exactly who to call when something happens.*

Lastly but foundationally important, **Yesmina Luchsinger** identifies the necessity to partner with all school stakeholders to establish and ensure school safety:

The false perception that school hardening measures improve school safety can only be changed by us as leaders outreaching to the community and by inviting our community to be part of the safety planning process.

*At the school level, **it is critically important that school leaders include teachers, staff, students, and their families in their conversations about safety.** Family and community engagement are critical for any school leader, but particularly important to maintain a safe and supportive environment.*

Reflection Questions for School Mental Health Crisis Leaders:

Which partnerships exist that specifically support trauma, grief, bereavement, loss, and crisis?

What agreements need to be fostered to ensure shared consensus about how partnerships will actuate in the event of a crisis?

What relationships, learning, and communications need to be fostered at all levels of school systems to best support the efficacy of school mental health crisis leadership?



School Mental Health Crisis Leadership: The Four “Rs”

In the previous section we discussed the five ingredients essential to all four “Rs.” We recognize that each element of the crisis continuum may require different skills as school mental health crisis leaders. The table below summarizes the leadership skills, actions, and temporal orientations of each phase. The next four sections explore each “R”: readiness, response, recovery, and our additional “R,” renewal.

	Leadership Skills and Attributes	Leadership Action	Leadership Time Focus in Relation to the Crisis
READINESS p. 18	<ul style="list-style-type: none"> • <i>Trust</i> • <i>Reflection</i> • <i>Identification and implementation of staff training</i> 	<ul style="list-style-type: none"> • <i>Partnership and team cultivation</i> • <i>Plan and policy development</i> 	<i>Past, present, and future</i>
RESPONSE p. 24	<ul style="list-style-type: none"> • <i>Relational safety and strategic thinking</i> • <i>Restoration of sense of safety</i> 	<ul style="list-style-type: none"> • <i>Administrative and adaptive decision making</i> • <i>Trauma-informed communication</i> 	<i>Present</i>
RECOVERY p. 31	<ul style="list-style-type: none"> • <i>Relational and interdependent</i> • <i>Enabling and empowering</i> • <i>Coping with ambiguity</i> • <i>Transform ambiguity into coherence and solution-finding</i> 	<ul style="list-style-type: none"> • <i>Coordination</i> • <i>Bridging connectedness and commonality</i> • <i>Revise and improve school safety, emergency, and crisis response via data gathering and analysis</i> • <i>Integrating knowledge about trauma into all facets of the system (NCTSN)</i> 	<i>Past and present</i>
RENEWAL p. 40	<ul style="list-style-type: none"> • <i>Constructive</i> • <i>Name, navigate, normalize</i> 	<ul style="list-style-type: none"> • <i>Meaning-making</i> • <i>Collective coherent narrative development</i> • <i>Revision of plans, partnerships, and policies in place</i> 	<i>Present and future</i>



Crisis Readiness (Preparation): School Mental Health Crisis Leadership

READINESS » RESPONSE » RECOVERY » RENEWAL

	Leadership Skills and Attributes	Leadership Action	Leadership Time Focus in Relation to the Crisis
READINESS	<ul style="list-style-type: none"> Trust Reflection Identification and implementation of staff training 	<ul style="list-style-type: none"> Partnership and team cultivation Plan and policy development 	Past, present, and future

Readiness requires that leaders primarily focus on preparing for inevitable crisis events, while understanding that these events may both cause and surface harm. Leaders must prepare themselves and their personnel to minimize the psychological and physical harm that may emerge after a crisis. As the National Educators Association notes, the crisis readiness phase “requires planning for worst-case scenarios and involves a continuous cycle of planning, practicing, and evaluating actions aimed at an effective response to an incident. Its goal is to minimize psychological and physical harm as incidents occur and to have a system in place for immediate and effective response and recovery” (NEA, 2018, p. 2).

Because crisis, trauma, and grief are characterized by uncertainty, ambiguity, and complexity, school mental health crisis *readiness* leadership is fueled partly by the past. Leaders ask: what did we learn from past crises? But readiness is also present- and future-oriented. Leaders must also ask: what are the current strengths and needs of staff and community? What can we plan for?

School mental health crisis *readiness* leadership:

- Primarily focuses on leaders’ own relationship with crisis, trauma, and grief
- Builds state, local, and site-based partnerships that provide tiered mental health and wraparound supports for all school members
- Cultivates a holistic workforce development and training approach that ensures all school and education mental health professionals are trauma informed, grief sensitive, and healing centered (e.g., Psychological First Aid); training is content, knowledge, skill focused and when possible, evidence-based
- Ensures that any plan or policy is data driven; this includes listening sessions with students
- Ensures that any plan or policy identifies response, recovery, and renewal strategies for both natural disaster and human-led crises, and for both acute and chronic crises
- Leads partners and teams that are reflecting on past crisis response, recovery, and renewal to co-construct plans that are equitable, meaningful, and attuned to known and unknown needs (including mutual aid guidelines, and partnership agreements between agencies such as law enforcement, education, mental health, child welfare, and health care)

How a community defines trauma and safety; approaches readiness through an equity lens; and plans not only for student needs, but also for educator and administrator mental health, is foundational to school mental health crisis readiness leadership. This chapter focuses on two critical elements of school mental health crisis leadership in the readiness phase: *workforce development* (training, professional development, self and collective work) and *creating and cultivating teams*. In essence, crisis readiness is building and investing in coping systems so that you and your team are able to face overwhelming circumstances without being overwhelmed.

Workforce Development: Cultivating Staff Knowledge, Skills, and Approaches to Crisis

Ensure that you provide professional development that is not only trauma informed, but also grief sensitive. As Dr. Schonfeld from the National Center for School Crisis and Bereavement notes, about nine of ten students in the U.S. experience the death of a family member or friend, with one in 20 experiencing the death of a parent or caregiver. The high frequency of childhood bereavement is contrasted by the limited preparedness of classroom educators and other school staff to support grieving students: 93% of classroom educators report that they have never received any pre-service training in how to support a grieving student; even more report that such training is not offered in their school district. Educators report that this lack of preparation is the primary reason that they don’t offer support to grieving students in their classes. They are afraid that they will further upset students or make matters worse because they do not feel competent to address bereavement.

Although most students will ultimately cope with the death of someone close to them, this doesn't mean that they don't grieve, or that grieving isn't extremely difficult. Indeed, the same could be said about the high prevalence of trauma in the lives of students: most students ultimately do cope – yet we call for schools and school professionals to become trauma informed in order to minimize their distress.

Bereavement has a significant and often long-term impact on learning, social, and emotional development, behavior, and adjustment. Classroom educators and other school professionals can play a critical role by being supportive and empathetic, without needing to learn clinical skills or interventions; they can adopt trauma-informed and grief-sensitive skills and approaches.

VOICES FROM THE FIELD: CRISIS READINESS THROUGH WORKFORCE DEVELOPMENT

Identifying the professional development and training all staff need in order to feel efficacious before, during, and after a crisis starts with a strengths-based approach and involves identifying the knowledge, skills, and attitudes that wrap around crisis readiness.

*Our teachers are passionate and capable. **If we're able to help them reimagine and reframe what it means to be ready and prepared to prevent school violence, they will become our biggest champions for the cause.** School leaders should include professional development to help staff understand child development, the impact of trauma on the brain, and what trauma behavior might look like in an academic environment. School leaders can promote and elevate the research that shows the power of positive relationships over punishment, of restorative practices over zero tolerance, and of interventions over discipline as the keys to school safety.*

-Yesmina Luchsinger

*Train your teachers ahead of time. You don't have as many counselors as you do teachers, and teachers need to be prepared to respond. Focus on Tier 1 interventions such as social and emotional learning (SEL), trauma-sensitive classrooms, and making sure that teachers have access to the free Psychological First Aid course that is offered through the National Child Traumatic Stress Network. **Our district had already trained people in SEL before COVID-19, so we were more equipped in the response, and will be more effective in the recovery.** SEL not only helps students, but prepares teachers and staff to support one another.*

-Katherine Loudon

Preparedness is not only work of the mind (knowledge training), but also work of the body (somatic training).

*How people react in a crisis is dependent on their ability to tolerate intense stress and maintain effectiveness. And while a crisis will exercise this capacity, you want your staff to **have a pre-tested set of tools they can use on their body and mindset to stay steady for those they serve and repair when the crisis has passed.***

-Kelly Knoche

School districts can serve as a training ground, ensuring that all crisis team members receive foundational Crisis Response and Student Trauma Training so that when something happens, they are prepared and able to respond.

*Remember that professionals have a mixture of prior training, practice, and comfort level in responding. The more education and exposure, the more predictable the outcome will be. The Department of Student Threat Evaluation and Crisis Response is a centralized resource for training staff and coordinating suicide intervention efforts across the district. CCSD is the largest single provider of mental and behavioral health services in the state. School-Based Intervention Team members, including school counselors, school nurses, school psychologists, and school social workers, had previously been systematically trained as first responders in schools for school intervention. **All of those providers had some basic knowledge, training, and experience related to student trauma and crisis. The School-Based Intervention Team members had previously been trained and retrained in crisis response for suicide intervention. Comprehensive training paid off in their ability to act quickly.***

-Robert Weires, as told to Pat Sanborn



Training and workforce development itself can be a merger of readiness (preparation) and renewal (healing). By training school communities on the dynamics of grief, trauma, and the continuum of crisis leadership across the Four “Rs,” the forecasted experience becomes normalized and potentially less overwhelming.

*Educating those impacted about what happens in the trauma state is essential; this means understanding all phases – readiness, response, recovery, and renewal. **It gives a map and a structure to the chaotic feeling inside, making visible the silent aspects of trauma: shame, fear, anxiety, worry, depression, and substance use.***

-Jen Leland

*Crises need to be prepared for. **While crises will be inevitable, having a purely reactive response in a crisis creates more damage to students, staff, and the school community.** This can create a sense of chaos, panic, and increased stress levels, all of which can contribute to compassion fatigue and/or burnout. Planning and preparing can alleviate these responses and, while responding to a crisis is still stressful, a sense of preparation allows for a more proactive response with less secondary stress effects for those involved.*

Everyone in the field should know how to recognize the signs of distress and be trained in de-escalation. Many crisis events can be identified earlier on, and frequently are escalated by responding behavior. Everyone in the field should know the basics in responding to a crisis. One should NOT panic. The energy and reactivity we bring has the potential to exacerbate a situation for the worse.

-Emily Jo Hernandez

A school mental health crisis readiness leader examines the basin of the school – the culture, climate, and tenor of the environment which can ensure that when and if a crisis happens, there are support structures in place to be called upon in response and recovery. This also requires self-examination of the leader’s biases, awareness, limitations and strengths in the dimensions mentioned in the These Things Matter section.

The bulk of campus efforts should center around developing trauma-informed approaches in the readiness component of the emergency response. This includes an honest evaluation of your school’s climate and culture. This means examination of your discipline practices; a review of available mental health supports and interventions at your school; and, if those don’t exist, looking at ways to bring mental health services and support to your students and staff. Work with your local government officials, local governing boards, or finding creative solutions to ensure that the community has access to the support we know works.

*Many schools are discouraged because they think that they cannot afford these types of supports due to funding. However, the intervention that works best and is the most effective is free and at your fingertips. **It is as complicated and as simple as forming positive relationships and fostering a positive school climate.***

*You can’t have safety without mental health. You cannot have health without equity. You cannot have safety without wellness. And you cannot have wellness without compassionate awareness; that compassionate awareness starts with your own “not knowings” and our own “unlearnings.” On personal and professional levels, shifting from shame to compassion to joy of my own ignorance has transformed my work: **herein lies my work that is the foundation of all school safety, crisis response, and education. Create a relationship and learn about someone or something different from myself.***

-Yesmina Luchsinger

Building Teams: Collaboration, Communication, Trust, and Interdependency

Teams are a collective of different people who are united for a shared purpose; in this case, that shared purpose may be focusing on past, present, or future crises, or it can be a school culture team who incorporates crisis planning in the fabric of the larger work.



A hallmark of school crisis teams is multidisciplinary and diverse role membership (Brock et al., 2002): students, families, administration, educators, community-based partners, and district leaders should all be engaged. School mental health crisis leadership focuses on the development, health, and cultivation of each of these teams.

As the School Crisis Intervention Model (Lichtenstein, Schonfeld & Klein, 1994) articulates, effective school mental health readiness leadership ensures that teams exist at all levels of the school system:

1. The *regional team* is composed of representatives from district-level teams and professionals from outside the school system.
2. The *school district* crisis team includes administrators and other individuals with special responsibility for and/or expertise in crisis response (for example, health and mental health professionals, police officials). This team: (1) establishes districtwide guidelines and adapts recommendations from the regional team to district policies; (2) enables district staff to receive adequate ongoing training; (3) ensures that each school has a fully operational crisis intervention team; (4) serves as a liaison between the regional team and the individual school crisis teams; and (5) coordinates special assignments of school and community personnel in the event of a crisis.
3. *School crisis teams* are primarily responsible for implementing the response plan at the time of a crisis. Building personnel are best able to provide direction and support to members of the school community as a crisis evolves and can continue to do so during the aftermath.

VOICES FROM THE FIELD: BUILDING CROSS-SECTOR CRISIS RESPONSE TEAMS

Building cross-systems teams is a sustainability and capacity-building leadership strategy.

*As people leave and/or transition, the systems they created often go along with them. For this reason, it is even more critical to **adopt a multifaceted systemic approach to crisis response that includes multiple stakeholders and requires documentation of procedures and practices.** Adopting a multi-tiered crisis response model is critical. This includes a school site crisis response team (Tier 1), local district crisis response team (Tier 2), district office crisis response team (Tier 3). When a large-scale crisis takes place that exceeds the immediate response capacity, additional Tier 3 crisis teams response should be engaged through city, county, and community-based partnerships, as well as the Office of Education.*

-Emily Jo Hernandez

Creating effective crisis teams requires a distribution of power and trust.

*In a crisis or emergency situation, leadership that is aligned with an organization's plan and values will need to emerge in many places at once because centralized leadership often can't respond quickly and flexibly enough to meet the urgency of the moment. **A distribution of the capacity and willingness to lead across many people within an organization is an essential aspect of readiness. Such a distribution must be cultivated in an ongoing and intentional way, and it requires that an organization reckons with how power is distributed; whose voices inform policies and practices, and whose do not; and who has access to agency and choice in driving the organization's mission and work, and who does not.***

As school coaches:

- *We cultivated shared values among these cells through whole-staff learning experiences that centered collective well-being and connection.*
- *We ensured that the principal had one-on-one support to navigate the personal and professional journey of becoming a "power-with" leader in a system that often models and enforces "power-over" dynamics.*
- *We created channels for communication and accountability by establishing a resilience leadership team with representatives from all facets of the staff.*
- *We prioritized and practiced the "how" of the work – making sure that we gathered and made decisions in ways that were trauma informed and prioritized well-being.*

-The Meaning Makers Collective

Team leaders reflect on their personal and collective learnings from past crises to better prepare for the next one.

[In] October 2018, another devastating Super Typhoon hit our island, including our neighboring sister island, Tinian. Many who haven't fully recovered from the first disaster have to weather yet another storm that hit even harder. Personally, I rebuilt to the best of my ability, but what about the rest? Professionally, I have planned accordingly, and it was very apparent that many agencies thrived on the lessons they learned from the past storm.

This time around I felt that we (our community) were more prepared – we planned the work, and worked the plan, had teams in place quickly, had back up to the back-up, and disseminated information with minimal hiccups.

When we made mistakes, we owned them, and we fixed them because we implemented a communications strategy to keep the community, stakeholders, and staff informed. We were able to mitigate any issues on the front end to avoid making or fixing mistakes at the back end. When challenges arose, there was a very minimal “blame game” that went on because we took the steps to correct it, and did it quickly. Still, almost two years later, we are still restoring as we recover from two catastrophic events.

-Jodina Attao

Problems we hadn't anticipated as district leaders: professionals were being pulled from the schools, leaving them without internal support for the adults, staff, and students, including some students and staff that were traumatized by the incident. We had to ensure adequate school coverage of professionals while also providing the necessary support to the community.

-Robert Weires, as told to Pat Sanborn

School Crisis Teams not only prepare for students' needs, but explicitly develop plans for all roles involved, including educators, school site administration, and community-based organizations. These plans address the different phases of crisis across readiness, response, recovery, and renewal needs.

Have plans for suicide prevention: extend suicide prevention plans to include school staff. Over the last year, [the EASE program](#) has worked with approximately 118 school staff [in Los Angeles County, CA] experiencing suicidal thoughts and ideation while at work.

Include a self-care program for school personnel: school districts need to adopt policies and infrastructure that support and promote staff wellness and self-care. School and district leaders and management should be aware of employee assistance options and resources and actively promote the resources to employees that may be struggling.

Have plans for intervention and “postvention.” Employee Assistance services can play a major role in the crisis response intervention by providing mobile crisis response, and they are extremely effective in providing postvention efforts to increase a sense of stability and safety at the school site. Many school staff have stated that just knowing that a counselor is available on site is comforting and reduces anxiety, regardless of whether they utilize the service or not. This also applies to leadership/management personnel; the presence of a crisis counselor to work with staff reduces their own anxieties and sends a message of care and support to their staff.

Remember that educators at the school also have a reaction and are affected by crises that take place at the school. Integrate a component into your crisis response team that addresses support for educators too, not just students.

-Emily Jo Hernandez

School Mental Health Crisis Readiness Leadership Reflection Questions:

How might the professional development that staff, teams, and all school community members (including students) have received be assessed for: the gaps that surfaced in past crises, the needs that are currently present, and skills that might address future harm?

How might the training provided reflect a trauma-informed and grief-sensitive approach, ensuring the content and skill development is interdisciplinary and comprehensive?

How might you, as a school mental health crisis readiness leader, collaborate with leaders in other tiers of the school system to ensure alignment and distribution of power and responsibility?



Response (Acute): School Mental Health Crisis Leadership

READINESS » RESPONSE » RECOVERY » RENEWAL

	Leadership Skills and Attributes	Leadership Action	Leadership Time Focus in Relation to the Crisis
RESPONSE	<ul style="list-style-type: none"> Relational safety and strategic thinking Restoration of sense of safety 	<ul style="list-style-type: none"> Administrative and adaptive decision making Trauma-informed communication 	Present

The response phase requires crisis leadership in the first hour, first day, days after, or week(s) after an event or experience. In this phase, school mental health response leadership “includes the steps taken to minimize harm to people and property during a particular incident. Its focus is on the short-term, direct effects of an incident and requires tight coordination and rapid action among all participants. This includes executing the emergency plans developed and practiced in the preparedness phase” (NEA, 2018, p. 3).

School mental health crisis *response* leadership:

- Considers the cultural and developmental contexts and needs of all stakeholders to effectively respond
- Communicates clearly and steadily, and differentiates the type and amount of information relayed. Leaders intentionally choose how much and what information for members to know, and recognize the importance of teaching the “why” and providing context. In crisis leadership, communication is about bridging and informing versus managing or controlling power
- Focuses on the return to school (supporting staff and students) by providing acute processing (what happened, current/potential effects, actions to prevent being or feeling unsafe in the future)
- Actualizes the crisis intervention teams discussed in the readiness phase
 - Crisis Response Team (CRT): An appointed group of staff members who develop and execute districtwide procedures for the handling of mental health needs in the recovery phase of a crisis situation, including grief support
 - Crisis Support Team (CST): A designated group of district and non-district professionals who provide grief services following the death of a student or staff member, including clergy, outside community support, grief specialists, etc.
- Leads the planning and coordinating of memorials, if appropriate
- Normalizes, validates, and acknowledges the spectrum and continuum of stakeholder experience with the crisis

In the response phase, school mental health response leaders shift into a management role: the skills become more tactical. Note that this phase is not called “crisis reaction”: reactions usually happen without thinking or regulation. Reactions can exacerbate the crisis and harm. The word “response” is purposefully used: responses require reasoning, regulation, awareness of your body, your needs, and your limitations, and allow for the adaptive decision making necessary in a school-related crisis.

Response to School Crises and Student Bereavement

After a death occurs, all children and adults may also experience a loss of their sense of safety – a “threat to their assumptive world.” There are many assumptions people make about their safety and the safety of those they care about. These assumptions allow people to make it through the day without feeling overwhelmed about all the possible trauma and loss that can occur.



For example, most people will drive in vehicles without thinking about the risk that drivers of other cars could cross into their lane of traffic if they become distracted or temporarily impaired. When this happens to someone we know – or even if we just hear about it in public or on social media – it can challenge our assumptive safety and cause anxiety and distress. After a crisis, assumptions of personal safety may be difficult to maintain, even in situations that are unrelated to the context of the crisis. This leaves students, educators, and administrators feeling vulnerable and unsettled.

Helping students understand the reason why they may be feeling this way may normalize the reaction. This simple framing may be more responsive to individual students' needs than clinical treatment for trauma or anxiety. When students are experiencing a threat to their assumptive world, a goal should be to restore a sense of safety and predictability while also teaching strategies for coping with stress. The following recommendations can be implemented by non-clinical school staff in individual or classroom settings.

- Help students to understand why they may feel vulnerable and unsettled after a crisis, even if they weren't directly impacted by the event. This may normalize their reactions.
- Help students restore a sense of safety and predictability – explain why they are safe and what you are doing to keep them safe. Minimize disruptions and unnecessary changes to their routine. Given them plenty of notice if something is going to change.
- For many students, this will be what they need most. Be careful not to over-diagnose anxiety or confuse this reaction as post-traumatic in nature.

VOICES FROM THE FIELD: SCHOOL MENTAL HEALTH CRISIS RESPONSE LEADERSHIP

Clear communication is essential in crisis response leadership: communication is just as much about what we don't say as it is about what we do say. When we have clear communication systems and structures in place, we are able to more effectively lead crisis response. These should be developed as part of the planning process so that all crisis leaders are resourced during the acute phase of crisis response.

*I received the call at 2:00 a.m. early Monday morning, just hours after the shooting, and immediately activated our phone tree. By 6:00 a.m. at least 60 administrators and licensed staff members had reported for service and were ready to provide triaged support to traumatized victims. However, the casinos that served as support centers had not yet organized to know what they needed. We basically sat around for a half day ready to respond before the calls came in. **We were mobilized and ready for service before the casinos could ask for support.***

-Robert Weires, as told to Pat Sanborn

Everyone in the field should have emergency phone numbers programmed in their cell phone that can be easily found and navigated. For example, creating a phone directory listing as "CRISIS NUMBERS" in the cell phone. In the notes section, enter in all the important crisis numbers needed for the local school site, community, district, and then general numbers (ACCESS, hotlines, etc.). In addition, all school crisis responders should have a similar phone directory in their cell phone labeled "SCHOOL CRISIS TEAM" and the numbers of the school, relevant district office/s, and all crisis team members and school administrators should be included. In an emergency, if the person does not have access to a "radio" they can easily contact anyone on the team to reach out for assistance, or communicate by text if needed.

-Emily Jo Hernandez

No one ever says, "That was a great crisis (suicide, fire, shooting, etc.)" because no one ever feels good about a crisis situation. What they do feel good about is having accurate information, delivered in a timely manner. Let stakeholders know what is happening, what they can do, and what you expect as soon as possible, and in an honoring and proactive way.

Communication is usually where a crisis response can fall apart most easily. If you communicate too early, and your information is wrong or changes, that adds insult to injury. If you don't communicate frequently and in a timely manner, people feel disempowered and left out.

Communication is critical, so make it the responsibility of a designated person on your crisis response team. No matter how big or small the district is, you need a procedure (e.g., universal email group) for communicating accurate information. Otherwise, people start spreading the wrong information all over social media, or they inaccurately fill in the blanks for what they don't know.

-Katherine Loudon

Communication strategies should be responsive to the communities and cultures of those impacted by crisis. Good crisis response leaders recognize when it is better to step down or step back and invite cultural leaders to step up or step forward.

*Counselors could encourage Hispanic and Latino children to share their feelings with people they trust and feel comfortable with to alleviate their burden. School personnel can cultivate more meaningful and supportive relationships with Hispanic and Latino students by exploring, showing respect for, and acknowledging their cultural values. **The cultural value of Familismo or familism refers to the importance of family as the primary system of support when a member of the family is in distress. Also, Collectivism is where there is an emphasis on group activities; overall responsibility is shared and the group or community is accountable for identifying needs or getting results.** For the Hispanic and Latino population, these two cultural values frame how we react to harmful events.*

-National Hispanic and Latino MHTTC

*In responding to crises in Native communities, a foundation of strong relationships and trust is essential to success. The following elements foster trust in Native community crisis response. **Remember that crisis response should be community led, not provider led; providers that respond to crises should take a supporting role. Before entering a community, research the community's history; it is essential to understand historical trauma that has affected and continues to affect community members.** You can ask a community member you know what the best source for learning of the community's history would be. The process of building relationships and trust may take longer than you are expecting or longer than is typical. Whenever possible, hold meetings in person. This shows respect and mutual investment. Remind yourself that relationships come first, as this is your foundation.*

- *Remember that all individuals involved must be active participants and full partners.*
- *Show interest and respect in local culture and customs.*
- *Do not go into a community without being invited.*
- *Understand that Native communities are extremely diverse.*
- *Do not assume that just because you have worked in one community, your knowledge will automatically transfer to another community; although it may help with basic things, it is important to learn the specifics of each community.*
- *Educate yourself on the differences between Western and American Indian/Alaska Native worldviews, especially those regarding mental health.*

-National American Indian and Alaska Native MHTTC

Crisis leaders also know when to modify or abandon plans that don't serve the needs of the immediate crisis response. Flexibility, creativity, and compassion can be life-saving during an acute crisis phase.

*In Butte County, there had been planning around what to do in the case of a disaster. This planning involved a range of potential crises, including what to do in the event of a fire. What we could not plan for was what to do in the event of a fire of the force and magnitude of the Camp Fire. In this situation, **staff had to make snap decisions to save the lives of their students and fellow staff. The planning and protocols, while helpful in many ways, reached a point at which adhering to the plan became both impossible and potentially life-threatening.***



For example, there were policies that teachers should not transport students in their car, or that each child must have a seatbelt, and other plans and protocols that, if followed to the letter, would have led to dire outcomes for students and staff. These life-saving decisions were implemented by the leadership of individuals at every level of the system.

-Matt Reddam and Sandra Azevedo, reflections post Camp Fire

During crises, leadership can provide necessary relational safety and predictability to decrease trauma and increase communication and cohesion. Leaders must make decisions about what communication will support resilience and what will undermine morale.

*The goal of trauma-informed communication is to balance the need for “task completion” on the part of those involved and the toll that the crisis is taking on those who are being asked to complete the task. Trauma-informed communication involves intentionally thinking about the mode, frequency, and amount of information to offer others to minimize the impact of stress and trauma. **Examples of trauma-informed communication are: right-sizing information (how much to give and how often), use of multiple delivery modes (email, in-person, phone), offering stabilization (consistently available, predictable), and framing (providing the “why”).** These strategies are linked with relational leadership and support the goal of using communication intentionally to provide transparency and predictability when individuals under stress typically tend to revert to their most easily accessible form of communicating and relating.*

Often, a leader does not have the capacity to directly check on the health and wellness of every impacted staff member, especially during a disaster crisis. In this case a “tree of concern” can be effective, whereby the leader encourages less-impacted staff to make direct contact with those highly impacted and then report back. The importance of leaders communicating concern is paramount during a crisis, even if it is through indirect means.

-Matt Reddam and Sandra Azevedo, reflections post Camp Fire

On August 2nd, 2015, Super Typhoon Soudelor made landfall in my hometown, Saipan – the Commonwealth of the Northern Mariana Islands, a chain of 14 islands. As an islander, I grew up accustomed to the experiences of a typhoon – the intensified wind speeds, non-stop rain, and waiting it out by cooking and playing board games with the family in the living room. This time was different, though. Different in that we woke up the next morning to what was, for many, a first-time experience with a full-blown natural disaster. I came to realize this when my spouse walked into our damaged home the morning after with a morbid look on his face. As a first responder, he was able to witness the damages first hand, not to mention work at clearing the roadway for about an hour just to get to us. His first words to me were, “it is so bad out there,” with his head bowed, speaking with so much sadness. Looking out of our kitchen window, fully grown trees uprooted with our tin roof wrapped around tree stems that remained standing. At that moment, I felt my heart break for my children that would have to wake up, process, and live in such a calamity.

*Two days later I reported back to work. Because we have not experienced a disaster this huge in thirty years, we, as well as many other agencies, were in a state of shock. We gathered in a hallway and took a couple of minutes to assess how everyone was doing, validated our experiences, and got to planning our next steps. **If there was one thing I know now that I wish I knew then, it would be how to strategically and effectively push out a communications plan; I would have taken part in the Incident Command System (ICS) training sooner.** Knowing what I know now, the ICS components would have been such an enhancement to the work we performed at the time. The structure of the ICS in so many ways proved helpful to keep everyone informed, which aligned with various activities that needed to take place.*

-Jodina Attao

School mental health crisis response leadership requires negotiation between your needs (as the leader) and the broader community's needs.

*When the crisis occurs there is a collective level of arousal that we try to be apart from so we can direct, react, and plan. **The difficulty arises when we are part of the crisis, when we are both leader and victim/survivor. How then do we balance our role as the constant, level director with our own level of arousal and natural response to the crisis?***

During the Camp Fire, many staff and administrators lost homes, drove through flames with the thought that they may not survive, and witnessed the destruction of their school and town. Because of this, many of the immediate interactions were not regarding safety plans, task completion, etc., but were about the health and wellness of the staff. When we prioritize inquiry into the health and wellness of an individual, we are offering attention to one's full humanity.

-Matt Reddam and Sandra Azevedo, reflections post Camp Fire

Connection and community are critical to crisis response. Leaders must create and cultivate a network of relationships with the school community that are supportive, reflective, and responsive. Strong crisis leaders offer opportunities for those impacted by the crisis to participate in the crisis response.

*For two weeks following the shooting, we did not officially have school, but we did have an open campus for parents and students to engage in a variety of activities. These activities included: one-to-one therapy, group therapy, and a variety of therapeutic activities such as yoga, art therapy, sound baths, blanket making, pet therapy, coloring, and an open gymnasium for basketball and volleyball. In looking back, these activities helped the parents as much as the students in providing reassurance that things are going to be okay. In my opinion, the parents who participated in these activities were better prepared to help their children. **Perhaps the best coping strategy was the support students received during these two weeks for developing the confidence to be on school grounds.***

-Vince Ferry

As I am wrapping up a leadership session with a school principal, a knock arrives at the door. While the interruption is not unusual, the news arriving on the other side of the door is that just one week after the 2018 Parkland shooting, the school has received a school shooting threat from a student naming the principal and his 8th grade classmates as his target. Leaders made the call to keep the school open and actively call in support from the district and police department as they brainstormed how to best respond to support teachers and families the following day. They reached out to a key teacher leader in each grade level to share what happened and what they could expect tomorrow. They shared with families. On the day of the crisis, three leaders (police, district administration, The Teaching Well) arrived as third-party support, focused on creating an ambiance of support. After the day was complete and the threat had passed, leadership led a circle with staff giving space for their fears, concerns, and feedback.

-Kelly Knoche

*First responders may have delayed responses to which they don't attend while in responder mode. Many of our protocols and crisis response policies are heavily focused on protocols of risk mitigation and [strategy issues] like communication channels, documentation, and safety. Though these are necessary, we often neglect the more relational protocols — **how to resource people who may not know what they need and how to respond in ways that honor the collective over the individual.***

-Jen Leland

Effective crisis response is multi-tiered and acknowledges that everyone will have a spectrum of experience and needs. It should offer both individual and collective opportunities for healing.

Once students returned to school, two weeks later, the staff was very thoughtful about how to help students cope with the incident. We immediately froze student grades to the day before the incident, and students could only raise their grades from that point to the end of the semester.

In total, students had four weeks of frozen grades. During this time, teachers implemented light academics. The majority of teachers dedicated the bulk of class time to small group activities or activities that would allow students to engage with one another. For many students, being in class was still too stressful, so we allowed these students to visit our Wellness Center that housed our mental health professionals. And for some students, we modified their school day so they could experience the success of just being at school for a short period of time. We still provide ongoing therapy and related therapeutic activities for students and staff. Typically, these activities take place before and after school, with the Wellness Center being available all day.

If I were to highlight the most effective tool we implemented following the students' return to school, it would be the staff's intentional focus on student behavior/mood. Most of our referrals to the Wellness Center at the time were from teachers requesting a mental health professional see a particular student. A lot of the coping skills taught to students occurred because of these teacher referrals.

-Vince Ferry

School mental health response leaders need to resource themselves so that they can resource those to whom they need to respond.

When responding to a crisis, do your own internal checks before working with others. Check in with yourself. Have awareness of your breathing, heart rate, what your body feels like, the thoughts you have. Take three minutes to complete your internal check and center yourself. Talk yourself down if you find yourself feeling anxious or reactive. Practice breathing and engage in deep belly breathing, accessing your vagus nerve for immediate relief to trigger the stress response. This will invoke an immediate sense of relief and calm. Know that as a responder, you are a tool to others. The calmer and more collected you are, the more you have the ability to calm and stabilize others. The more prepared you are, the more others will feel this and follow your lead.

-Emily Jo Hernandez

A tool which became very useful during this time was a resource from the [Centers for Disease Control and Prevention Office of Public Health Preparedness and Response](#). This resource brought perspective around preparedness capabilities in areas such as community resilience, incident management, information management, and other components relevant to the work we had to carry out. ***This tool has taught me that as a leader you must always be honest with yourself, ask for help when you feel like you need it, and act carefully, but quickly.***

*All options should be brought to the table, and, most importantly, you need to form a dedicated team to craft a strategic plan to put into action as quickly as possible. Time is of the essence when a crisis demands same-day responses; delays can be perceived as incompetence or even indifference, both of which can worsen a crisis. Stay focused and try to keep your emotions in check. **Be aware that there will be some challenges that surface once the plan is set in motion; use them to your advantage, as lessons learned, and close the day with a team wrap-up to reflect and improve for the next day.***

-Jodina Attao

*The [Nevada Statewide School Safety] Task Force took a balanced approach in its deliberations and recommendations. **What would make students and staff safer without harming the educational environment?** The recommendations promulgated by the Task Force included a strong focus on social and emotional learning, increasing access to mental health and behavioral counseling for students, addressing disproportionate disciplinary practices, reducing bullying, and establishing funds that schools could apply for to address physical security (e.g., retrofitting doors so they lock from inside the classroom).*

-Anthony Petrosino



This also means: don't be afraid to ask for help.

*Don't be afraid to contact neighboring school districts, as well as state and national organizations such as: National Association of School Psychologists (NASP), American School Counseling Association (ASCA), School Social Work Association of America (SSWAA), and Mental Health Technology Transfer Center (MHTTC) Network. They have resources, tools, and protocols for helping you through every stage of the crisis. **When we had multiple suicides at a middle school, we asked the state for help, and that collaboration yielded a guide we have used for suicide response ever since.***

-Katherine Loudon

*School Mental Health Crisis **Response** Leadership Reflection Questions:*

Which elements of the voices of experience resonated for you?

What questions are you left with?

How might you leverage culturally competent resources to ensure your community will be inclusive during a response?

During the response phase, how might you ensure that the roles and responsibilities are clearly defined for all stakeholders?



Recovery (Short Term): School Mental Health Crisis Leadership

READINESS » RESPONSE » **RECOVERY** » RENEWAL

	Leadership Skills and Attributes	Leadership Action	Leadership Time Focus in Relation to the Crisis
RECOVERY	<ul style="list-style-type: none"> Relational and interdependent Enabling and empowering Coping with ambiguity Transform ambiguity into coherence and solution-finding 	<ul style="list-style-type: none"> Coordination Bridging connectedness and commonality Revise and improve school safety, emergency, and crisis response via data gathering and analysis Integrating knowledge about trauma into all facets of the system (NCTSN) 	Past and present

The recovery phase requires crisis leadership in the first three months, six months, and years after a harmful event. School mental health crisis recovery (short-term) leadership is buoyed by the social fabric of the school community. “The recovery phase is concerned with **restoring the learning and teaching environment** after an incident,” the National Educators Association notes. “It is the process of **mending the physical and psychological health of school community members**, as well as **restoring physical facilities to re-establish a positive learning environment**” (2018, p. 3).

Judith Herman was one of the first psychologists to codify the importance of recovery in *Trauma and Recovery* (1992). Herman posits that the central recovery modality is **connectedness and commonality**: finding peer support and resonance.

School mental health crisis *recovery* leadership is comprised of the following principles for recovery, based on Herman’s model:

1. Safety (empowerment of the survivor, restoring a sense of control)
2. Remembrance and mourning (commemoration and memorialization)
3. Reconnection with ordinary life (regulation, stabilization, reorientation)

Herman writes: “in the course of a successful recovery, it should be possible to recognize a gradual shift from unpredictable danger to reliable safety, from dissociated trauma to acknowledged memory, and from stigmatized isolation to restored social connection” (1992, p. 155). This section highlights stories of school mental health recovery leadership in Region 9 according to these three principles.

An incident like this teaches us something about vulnerability and a realization that we can’t totally solve the problem. We’ve reached a point where these things happen. We have to be prepared. With that, the question shifts from “What happened?” to “How do we move forward?”

- Robert Weires, as told to Pat Sanborn

Safety

Safety is a construct and is subjective: it can mean and feel very different to each member of the school community, and those meanings may shift before or after a crisis. Recovery leadership acknowledges the diverse experiences and needs that contribute to safety individually and collectively. **Safety is also multidimensional: as RYSE co-director Kanwarpal Dhaliwal writes, “safety is structural, institutional, organizational, intergenerational, familial, and interpersonal.”** School mental health crisis recovery leadership addresses all dimensions. Recovery leadership understands that crisis and safety are nested in social-ecological realms and are mutually informative.



The following are key leadership approaches that can guide the recovery process that provides **safety**.

- **Be planful and attentive** to the importance of transitions: transitions heighten vulnerability and openness to trauma that may resurface. Certain transitions – like those between home and school, between classes, from school to home – are essential. Recovery leadership can leverage partners (e.g., higher education institutions in the case of graduating students) to ensure that the mental health supports continue between systems and across institutions.
- **Acknowledge the loss** to minimize the isolation that grieving students and staff often experience; recovery leaders explicitly acknowledge the crisis, death, or trauma event and the experience of the response. This also requires communicating and ensuring that anyone can attend a funeral or memorial. “Funerals and memorials are important,” David Kessler reminds us, “Something profound happens when others see and hear and acknowledge our grief” (2020, p. 44). This helps community members feel seen and also feel contained in an overwhelming experience.
- **Recognize traumatic grief** that can result from a death, and understand that this interferes with adjustment to the loss. When students are exposed to traumatic events associated with a death (for example, if they witness the violent murder of a family member), they may experience traumatic grief. An initial focus on trauma treatment does not mean that all subsequent reactions relate to the trauma rather than traumatic grief. The consideration of bereavement is also critical and time sensitive. Treatment modalities and interventions designed for the treatment of trauma symptoms may not be optimal for supporting students whose predominant need is related to their grief.
- **Ensure culturally responsive recovery supports.** As the National Hispanic and Latino MHTTC notes, there are certain culturally modified, evidence-based therapies that school mental health clinicians can offer. For example, the culturally modified trauma-focused cognitive behavioral therapy (CM-TF-CBT) can be used with children and adolescents who are first generation immigrants to recover from grief and trauma. *Dichos* (proverbs) can be used during psychoeducation or cognitive processing. Some *dichos* instill hope, like *Después de la tormenta, llega la calma* (After a storm, comes a calm). School mental health providers may be aware of children who were raised speaking Spanish and who learned emotions using Spanish words. During affect regulation, clinicians may take into consideration the meaning of some Spanish words to express their feelings.
- **Communicate supports:** inform families about bereavement supports in the school and community (such as children’s bereavement support groups and camps); offer proactive academic supports so that academic failure doesn’t become an additional stressor. There is a crucial connection between crisis communication, renewal, and organizational transformation. We never fully recover without coherent crisis communication management (Ulmer 2007, 2009, 2013). Communication is central to both exacerbating harm during a crisis as well as creating trauma-informed response experiences.

VOICES FROM THE FIELD: RECOVERING SAFETY

The school mental health leaders who contributed to this guide emphasized that recovering safety is critical after a crisis. They reported that this effort is supported best when the broader school community is engaged, including families, students, neighborhood institutions, and regional and state education agencies. It takes time to recover after a crisis, and a critical job of school mental health leaders is to shepherd students back towards feelings of safety and stability.

Ensuring that we took time to reflect on our existing practices for security and community safety [was important]. Traumatic events and community crises can often lead schools to develop more ways to be active in the outside community. It is important that, as an institution that has the youth of the community in one place for half the calendar year, we take time to reflect on our own capacity and ability to protect and provide resources to our students.

-Darrick Smith, reflecting on his role as principal guiding his team in recovery

We cannot expect that children/young adults will be able to return to school and return to normalcy without any acknowledgment from the adults. As school leaders, we have an obligation to our staff to provide them tools to have these conversations at developmentally appropriate levels with our students. We also should provide the staff with support, space, and time to process their own emotions around the event. As state leaders, we have access to some of the nation’s leading experts through our work and it is our duty to remain informed while our educators are on the front lines in our classrooms. It should be our commitment that we stay informed, remain aware of best practices, and readily make that information available and easy to access for our school communities. School and state leaders across agencies can also collaborate to ensure that students and their families have access to health and wellness services from a place they already know and trust – school.

-Yesmina Luchsinger



I had quite a few students voice concerns over campus safety and ask what we are doing to improve campus safety. Most of their suggestions revolved around metal detectors or additional police support on campus. For the first month back, we did have parent volunteers on campus to help with supervision. We did this to provide students with a feeling of safety. Students feeling safe continues to be an ongoing discussion, and something we are continually working on.

*A couple of weeks ago, one of our golf carts ran over some trash and made a popping noise. As a result, we had about one thousand students run off-campus, so I know students are not feeling 100% safe or secure yet. After the incident, I was upset because I had already hired additional custodial support to pick up trash on campus throughout the day to prevent something like this from happening. However, in some ways, **it was good that it happened because I needed to see how fragile we still are, and I was probably developing a false level of confidence in regards to the speed of our recovery.***

-Vince Ferry

Our school leaders again reminded us that school-based personnel need recovery support as much as students, and that the return to safety for staff may also be a long process. In the immediate aftermath of a crisis, there are often intensive resources for students, as well as acknowledgement of the fact that students need ongoing support in their recovery. But when staff are not similarly supported, they may not have the emotional wellness to sustain their students.

The aspect of postvention becomes even more important for school staff. After the immediate crisis, the school site is frequently flooded with support services for students and districts usually do a good job of responding to the socio-emotional needs post crisis. Training and direct support are provided, and even the community may get involved through community partnerships. However, there are [usually] few to no postvention resources to support school personnel. In turn, the educator's mental health suffers, and so does their ability to provide the best support for their students.

-Emily Jo Hernandez

Time does not necessarily heal all wounds, or at least, not immediately. School mental health leaders need to monitor student and staff adjustment over the recovery period. Recovery is not something that happens all at once during the first week, or even the first month. Recovery includes the first three months, and the first year after a big crisis event. Every member of the school community will have different adjustment experiences as they go through recovery.

To date, we still provide ongoing therapy and related therapeutic activities for students and staff. Typically, these activities take place before and after school, with the Wellness Center being available all day.

-Vince Ferry

Educators are role models in their classrooms and students learn more than reading, writing, and arithmetic from the adults at school. We teach them how to cope in times of uncertainty and fear. We model to them that it is okay if they cannot be okay. We respect them enough to tell them what happened, that it impacted us too, that we will be here with them, and that we will all heal together. [Students] learn by watching how the adults respond. Allowing them a space and a place to process their emotions is critical to the recovery process.

-Yesmina Luchsinger

RYSE on Responding to and Restoring Safety: *Assess, Attune, Coordinate (AAC)*

At [RYSE](#), we respond to ongoing incidents as well as chronic and structural conditions of distress, harm, uncertainty, and violence. **Our practice and learnings have shaped the Assess, Attune, Coordinate protocol.** AAC helps to right-size our response. It puts into practice our values, house agreements, and guiding assumptions by being adaptive, structured, tailored, and consistent. AAC helps us refrain from being too rigid in our response or getting so stuck in over-think that we don't do anything.

ASSESS Level of Urgency

Acute or immediate
Persistent or chronic
Unknown, unpredictable

ATTUNE to Context and Impact

On individuals involved
Family/kin/friends
Social media
Organization or system
Other organizations or systems
Community

COORDINATE Resources and Responsibility

What is the sphere of influence? Decision-making?
How are those most impacted engaged and held?
Who else should be involved, formally and informally?
What guidelines, resources, and capacities are already in place? Are they helpful?
What is needed?
Where can we stretch/take risks?

Remembrance and Mourning

Remembrance and mourning is essentially about telling the story of the trauma or crisis (Herman, 1992). These activities can help school community members reestablish a sense of empowerment and restore a sense of continuity with the past and the present. This can happen collectively (all together in an assembly setting) or separately by advisory, school, class, and other groupings. Recovery leaders plan for what spaces need to be held together as a whole, and which members may need differentiated recovery spaces.

Commemorative activities in schools present opportunities for students and staff to take an active role in constructing an enduring memory related to the event. As a group, they can discuss what they wish to remember and honor about what was lost or permanently altered by the crisis. Memorial and commemorative activities help students express and cope with difficult feelings, realize that they are not alone in having persistent fears and concerns, and learn and share coping strategies.

What is planned for a memorial event is generally less important than how schools go about the planning. For memorial events to have meaning for students, they must be involved actively in the planning and the events should be relevant to their interests and developmental needs. A commemorative activity or memorial planned by educators for students is more likely to be helpful to the educators.

The goal of commemoration is to remember what was lost and what we wish to preserve, rather than to remember the moment or method of loss. Therefore, it is best to minimize traumatic reminders that focus on the details of the tragedy. For example, a moment of silence during homeroom to remember a classmate who died on the playground may be helpful. However, conducting the moment of silence during a special gathering on the playground near the site of the death and at the same time of day the incident occurred would have a greater risk of retraumatizing students.

The one-year mark is important: students and staff are likely to experience a resurgence of feelings associated with the crisis around the time of the one-year mark (survivors often prefer avoiding the term “anniversary” since that term is associated with celebrations), as well as at other markers of the passage of time (e.g., graduation or the same date two or more years later). Coverage in public and social media at the first (and subsequent) year marks may include photos, video, or sound recordings from around the time of the event that can serve as traumatic reminders. School mental health leaders can talk to students and staff about the things that will likely emerge at the one-year mark and offer strategies for disengagement from these events, and coping strategies when avoidance is not possible.

Tips for Involving Students in Commemoration and Memorialization from the National Center for School Crisis and Bereavement

- Involve student representatives or volunteers to plan commemorative activities. After large-scale crisis events, classroom discussions can be held to solicit ideas and input from all interested students.
- Adults should mediate and guide the discussions to make sure that all stakeholders (students, staff, family members, etc.) are able to contribute their views and the decisions both follow best practice and align with their interest and needs. Students and educators may have very different, but strong, views of what should be done. The goal is to identify something that works best for most students.
- Students learn a great deal by exploring how to balance different and strong views in a respectful manner. This is an important life skill to learn.
- Remember, the primary goal is to meet the needs of students (and staff). If the family of a student(s) that died has strong preferences that conflict with the needs of the students and staff of the school, then the needs of the student body should prevail. In most situations, a compromise can be found that will meet the needs of both. Don't try to tell families what you can't or won't do, but rather find out why they want to do something and look for another way to achieve the same goal.
- For example, in one instance, parents of students killed in a school shooting wanted pictures of the deceased students prominently placed in the office near the school entrance, but this was upsetting to staff that would have to view this daily and found the idea overwhelming. A discussion with the parents of the deceased students showed that they were worried that their children would be forgotten. Once they realized that the students and staff were actively remembering their children in small and meaningful ways on a daily basis (e.g., the choir selected a song that was special to one of the students; a sport team huddled before a game to remember their teammate and play in the person's honor), and that the pictures only reminded students and staff of the shooting and not the lives of their children, the parents withdrew their request for the photographs.
- One approach that has proven very successful with schools is to mark the passage of a year with a day of community service – this builds on the positive role of service-learning in schools and allows students and staff to play an active role in helping others at a time that might otherwise remind them of the powerlessness associated with the tragedy. Many schools the Center has worked with have chosen to invite students, as well as family members and school staff, to participate in a day of community service on the one-year mark (and in some situations, continued this as a tradition for subsequent years).
- Invite students (and staff) to contribute ideas about what types of service would be meaningful to them. It's helpful to identify a range of options that are appropriate and viable; for younger students you may wish to present the options and ask them to select. The day of service, though, doesn't need to coincide with the date of the death or tragedy. For example, if the death occurred in the winter when community service would be difficult due to weather, consider conducting planning on that day for community service that will happen later in the year at a more accommodating time.

VOICES FROM THE FIELD: MOURNING AND COMMEMORATION IN RECOVERY

Our school mental health leaders provided specific recommendations for how to acknowledge and process trauma in the school setting. They encouraged the use of dedicated classroom time for students to collectively make meaning from the event in a context where they are supported by both adults and peers.

Recovery plans should always include a period of school time where acknowledgment of the event and time to process is available. This does not, and often should not, mean this acknowledgement must take place in an assembly setting. This process is most successful when all teachers read a prepared statement in front of all students at the exact same time. This allows students a safer space to process and hear the information. The statement should provide factual information about the crisis, whether it be student or staff loss, significant event in the world, or significant natural disaster.

-Yesmina Luchsinger

Provide space for dialogue: An advisory class or homeroom is a good place for students to process the loss of a peer as students. There is ample opportunity for young people to have group conversations about traumatic losses of life, but there aren't that many opportunities to do so in a space with an adult present – especially one that can spend 180 days watching over them. Providing a class period soon after the traumatic event to have a group discussion in class can serve a few key purposes.



First, dedicating some classroom time for dialogue between students can be a strong demonstration of how much the adults on campus care about students. As schools can often interrupt curricular schedules for standardized testing, it is important that students know that the adults in the building are willing to take a pause to plan for and facilitate discussions about how students are feeling about what happened.

Second, students can hear perspectives from students that they might not otherwise spend time with. Such an opportunity can provide students with important bonding experiences, or, at the very least, allow students an opportunity to truly see each other as human beings.

Lastly, it provides teachers with an opportunity to hear about the nuances of what students might be experiencing and identify needs that may not emerge in a setting when only adults are present or the size of the group is larger.

-Darrick Smith

If schools rely on educators to guide students in their recovery, the educators themselves need the support from administration and school mental health providers and other partners to do so.

Educators are role models in their classrooms and students learn more than reading, writing, and arithmetic from the adults at school. We teach them how to cope in times of uncertainty and fear. We model to them that it is okay if they cannot be okay. We respect them enough to tell them what happened, that it impacted us too, that we will be here with them, and that we will all heal together. They learn by watching how the adults respond. Students know when you're lying to them and they know when adults gloss over the truth. Allowing them a space and a place to process their emotions is critical to the recovery process. In the wake of a large emergency or crisis situation, some of the recovery process may be handled by outside entities such as the Department of Health, law enforcement agencies, or outside nonprofit support.

-Yesmina Luchsinger

The co-creation of memorials among students, or among students and staff, can help the recovery process. Collaboration on memorial projects builds community and may help students feel like they are moving forward from the crisis and creating distance from the event. The creation of tributes can also be an opportunity for students to take a leadership role in recovery. Making this an opt-in activity can help students who need more structured recovery time while excusing students whose recovery is better served by returning to their pre-crisis routine.

In class, some students wanted to discuss the incident, but only briefly, and others only wanted to use class time to review the incident. For the students who wanted to spend more time discussing the incident or appeared to be struggling in dealing with the incident, we referred them to group therapy sessions, or one-to-one therapy when appropriate.

We did have many students participate in “pop-up” memorials for the students who died. From these “pop-up” memorials, we were able to identify students needing additional supports. However, the majority of students were craving getting back to a routine and were not interested in sharing or expressing their feelings. I know in the classrooms of our deceased students, many students decorated the deceased students' desks and even placed a mini Christmas tree on their desks before the holidays.

-Vince Ferry

It was September, and an alumnus that graduated three months earlier had been murdered. The school was a lake of sorrow and anger as students and staff wrestled with the realities of losing a talented and well-liked artist and student. I was a new administrator to the school, and while I was in charge of student services and campus culture, I was neither familiar with the slain student, nor the community of people that mourned his loss.

*My Co-Principal and I worked with our faculty and staff to elicit ideas from everyone on campus as to how we might move together as a community to address this loss. **What was clear was that students and adults on campus wanted to address the loss directly in a school-wide***

context. To start, it was important that two things be accomplished in a time of community mourning: 1) As a school, our students and staff wanted to honor the memory of this young man with some sort of monument to his life; 2) It was important that we provide space for students to discuss their feelings and have access to professional counselors on campus. As a result, our students and staff began working together to discuss and organize these activities.

In addition to us as administrators taking time in a school assembly to address the incident, students and staff decided to honor the young man's memory with a mural of him to be displayed in one of our hallways. A professional artist was brought in to assist with the painting of the artwork as well as guide students in their contributions to the piece. I believe this gives the school community a way to acknowledge both the life and loss of their community member. In this way, students do not feel like the experiences out in the world are detached from school life. Instead, it is a demonstration that the adults on campus are willing to confront the realities of what happens off-campus in the lives of some families. Such decisions also mark those lost as human beings who contributed to the lives of others, regardless of their age or identity.

-Darrick Smith

Remembrance and mourning should invite all hands and bodies that went into the school crisis response. School recovery leaders may center, welcome, and invite first responders who tended to the crisis in the past to present commemorations or memorials to help them recover, too.

Don't forget about the first responders. *People that are engaged in the support of others suffer from extremely high stress levels. They are giving their 100% at an emotionally engaged level for an extended period of time. We need to make sure they come off that climax and allow them time and space to discharge those emotions.*

-Robert Weires, as told to Pat Sanborn

*Often, the first responders to a traumatic incident are not emergency or police. They are the people and staff who lead the school or institution. They are educators, who are themselves impacted by the event, and needing to resource others in the immediate crisis. **We often do not go back and resource the first responders adequately or acknowledge the variance in responder trauma.***

-Jen Leland

School mental health recovery leadership embraces that remembrance and mourning is never really over: new and ongoing events can reactivate, remind, and resurface wounds. The role of leadership in this chapter is to encourage hope, engagement, and rebuilding in the aftermath of loss, pain, or harm.

It has been inspirational to see the various renewal efforts that have grown: *The "Vegas Strong" sentiment took hold of the city and an outpouring of community support and volunteerism took place in different pockets of communities. An annual Sunrise Ceremony takes place on the anniversary of the shooting to honor the victims and their families; and various Vegas Strong groups have coordinated events and erected commemorative places honoring those who were lost. Among them, the [Las Vegas Healing Garden](#) was established in downtown Las Vegas where people could go and memorialize the victims and share their grief. Spearheaded by a volunteer and supported by the City, the Healing Garden offers events and activities year-round. "We are very proud of Las Vegas."*

-Robert Weires, as told to Pat Sanborn

Reconnection with Ordinary Life

Reconnection is focused on creating a future in the context of past and present hurt. In this part of recovery, school mental health leaders regain self-assurance and build and bridge social connections to remind community members that while crisis often creates a sense of fraction and separation, recovery encourages us to recommit to supporting ourselves and each other.

VOICES FROM THE FIELD: REBUILDING, RECONNECTING, AND RECLAIMING ROUTINES

School staff need to be resourced while they rebuild. State agencies and local organizations can support schools through the recovery process by making resources available to schools, including educators, parents, and families. Partnerships between agencies and institutions and the schools they serve help get recovery resources where they are most needed.

*As state leaders, we have access to some of the nation's leading experts through our work and it is our duty to remain informed while our educators are on the front lines in our classrooms. **It should be our commitment that we stay informed, remain aware of best practices, and readily make that information available and easy to access for our school communities.** School and state leaders across agencies can also collaborate to ensure that students and their families have access to health and wellness services from a place they already know and trust – school.*

-Yesmina Luchsinger

Moving from schoolwide processing to individualized counseling: It is important that school leaders are cautious not to turn an opportunity to find solace and understanding into a series of events that continue to rehash and review the incident in a group setting. It is important that students have an opportunity to move back into a consistent and predictable pattern of schooling, to establish and maintain the school site as a safe place.

*Once we had our initial assembly, had our advisory discussions, and started the mural, we had only one more activity when the mural was completed to honor the fallen young man and the people who contributed to the art piece. **The rest of our efforts to provide students with support services were focused on providing access to our trained counseling professionals in our health center and developing our intentional partnerships with our local non-profit organizations.***

-Darrick Smith

***Districts need to seek resources for their employees in times of crises.** County offices of education are able to serve as a resource for school districts. Partnering with an education-focused employee assistance program (such as EASE – Employee Assistance Service for Education) that provides immediate mental health counseling, mobile crisis response, and consultation to schools can serve as a critical layer of support for employees during a crisis. This alleviates the pressure on school and district leaders to scramble for professional support during the crisis, which will allow them to focus on the crisis at hand.*

-Emily Jo Hernandez

Recovery, for many school mental health professionals and leaders, is complex because many of us carry multiple roles, and so our recovery is multimodal. Reconnection with ordinary life acknowledges that educators and school site personnel need both universal supports and supports that are tailored for their multiple roles in crisis recovery.

Many school systems are not fully equipped for this additional layer of crisis response services, mainly because they are at their capacity in terms of ensuring student, family, and community support is provided. Their focus is to stabilize students and the school site.

***Educators and site personnel bear the responsibility of responding in crisis situations and may experience the crisis as both first responders and as employees with their own personal experience of the event.** When it is determined that crisis support is needed for site personnel, there are usually no formal processes in place, or knowledge of such processes, and the support that may be available is limited.*

-Emily Jo Hernandez

Going back to normal isn't possible: it's important to distinguish between the desire to return to the way of being before the crisis ("normal times") and what is actually necessary, which is a balance of flexibility and predictability. Students may crave the return of routine while at the same time struggle to succeed within previously "normal" education structures. As educators, we can support a return to pre-crisis routines while also acknowledging post-crisis changes.

*The most common thing I hear from students is, "we just want to go back to being normal." However, this statement is a Catch-22 for teachers. Teachers realize that most students cannot handle the "typical" workload or they cannot focus for an extended period of time, so returning to normal may look different for a student through a teacher's eyes. As a staff, we refer to our academic return as "a return to rigor but with more flexibility." **I am constantly asking students how their classes are going, and they all appreciate the great level of flexibility teachers are providing.** This flexibility can be re-takes on exams, less homework, chunking up learning into smaller segments, and allowing students to work more in groups. Staff members indicate that students are doing better, but they are still struggling to make it through a full period. In terms of work completion, staff members indicate that approximately 60% of their students are completing homework or work outside the classroom (this is not typical for our school), and this is where teacher flexibility is coming into play. To date, we still have several students participating in small group therapy, as well as therapy-related activities before or after school.*

-Vince Ferry

It is a delicate balance to hold space for processing while guiding a community back to routine. We should be understanding that healing takes time and the return to normalcy may not or cannot always happen within the confines of reporting requirements or deadlines. It is a delicate balance to hold space for processing while guiding a community back to routine. ***We cannot expect that children/young adults will be able to return to school and return to normalcy without any acknowledgment from the adults.*** As school leaders, we have an obligation to our staff to provide them tools to have these conversations at developmentally appropriate levels with our students. We also should provide the staff with support, space, and time to process their own emotions around the event.

-Yesmina Luchsinger

School Mental Health Crisis Recovery Leadership Reflection Questions:

As a school mental health crisis leader, what skills, tools, and trainings:

Do you possess to help create safety?

Do you possess to help create spaces of remembrance and mourning?

Do you possess to help create reconnection?

As a whole organization (or school, agency, district):

What has supported all stakeholders to recover their safety?

How does your community experience remembrance and mourning?

How might different members experience reconnection? How might you create policies, practices, and programs that support all reconnection needs?



Renewal (Long Term): School Mental Health Crisis Leadership

READINESS » RESPONSE » RECOVERY » **RENEWAL**

	Leadership Skills and Attributes	Leadership Action	Leadership Time Focus in Relation to the Crisis
RENEWAL	<ul style="list-style-type: none"> • Constructive • Name, navigate, normalize 	<ul style="list-style-type: none"> • Meaning-making • Collective coherent narrative development • Revision of plans, partnerships, and policies in place 	Present and future

This chapter of the school mental health crisis leadership continuum is our addition: we add “renewal” to create space and place for the leadership needed in the long term: **The renewal phase requires crisis leadership after the first year, first three years, five years or more after a harmful event or crisis is experienced.** “Renewal” is our adaptation and combination of meaning-making (Neimeyer, 2001), building and fostering resilience (Ungar, 2011), post-traumatic growth theory (Calhoun & Tedeschi, 2006), and organizational change after crisis.

School mental health crisis *renewal* leadership:

- Leads for learning, reflection, and storytelling: who are we because of this event? Who have we become through this experience? How have we emerged?
- Connects the personal to the professional and the professional to the personal
- Creates space for the survivors to make meaning of their experiences. How do we grow through a big thing to lessen the traumatic impact on ourselves, school stakeholders, and communities?
- Revisits the protocols, policies, and practices related to readiness, response, and recovery based on the learnings from the aftermath
- Is attuned to the needs of members who were involved in the event or experience, whether still a part of the community or not (e.g., alumna)
- Focuses on transformation, opportunity, and discussion (Ulmer et al., 2007)
- Foundationally comprised of meaning-making and reflection, both at the personal (self) and collective levels

It’s not always the crisis itself that was trauma-inducing for the school community, but how school leaders communicate what is going on, what happened, and what came next. The way in which leaders hold – or do not hold – the school community’s healing can contribute and exacerbate the trauma or harm of the incident, stalling recovery and potentially making it more complex.

Renewal requires a social-emotional leadership lens that often is least discussed, funded, or developed. Renewal after a crisis asks for leaders of school communities, organizations, teams, or sites to help all involved make meaning of what is happening and what happened, to ground and try to make sense of things that don’t make sense. “Humans are a meaning-making species,” Britta Bushnell (2020) reminds us. “We crave understanding and meaning, especially around events that defy classification.”

Renewal involves the leaders themselves. This is the chapter of crisis leadership where leaders are not only externally focused, but internally introspective. As poet and organizational leadership strategist David Whyte writes, crisis is essentially about vulnerability, which is an experience in which we are opened to the world in a different way, whether we want to be or not. School mental health crisis renewal leaders take the years following a crisis to engage in deep reflection, a practice they may not have been afforded in the response or recovery chapters.

Reeves and Allison frame renewal at the personal level as deeply connected to resilient leadership. “Resilient leaders,” the authors note, “who are happy and doing meaningful work make time for activities that revitalize them physically, emotionally, spiritually, and intellectually. Personal renewal generates the energy leaders need to show up for demanding work.” This can often look like engaging in professional coaching “which gives them interludes for reflection during the throes of a demanding

day. Less resilient leaders counterintuitively forfeit coaching sessions because they're "too busy" (Reeves & Allison, 2009, 2010). Part of crisis leadership is taking the time to make meaning of the experience and event for the leaders themselves. This reflection can help prevent burnout or fatigue; the crisis itself can resurface hope that can contribute to sustainability in the long term.

Constructing meaning through and after pain, loss, trauma, or crisis is dynamic. David Kessler (2020) reminds us that:

1. Meaning is relative and personal.
2. Meaning takes time; you may not find it until months or years after loss.
3. Meaning doesn't require understanding; it's not necessary to understand why someone died in order to find meaning.
4. Even when you do find meaning, you won't feel it was worth the cost of what you lost.
5. Your loss is not a test, a lesson, something to handle, a gift, or a blessing; loss is simply what happened to you in life and meaning is what you make happen.
6. Only you can find your own meaning.
7. Meaningful connections heal painful memories.

Questions to Bring out Resilience for Leaders

(adapted from Allison & Reeves, 2011)

To Help Someone Learn from Loss

- What has this loss or challenge cleared up for you?
- What are the best lessons here and how will you use them in the coming weeks?

To Encourage Action in the Face of Loss

- What is the new reality?
- What next milestone are you working toward?
- What can you do immediately to support the people who are affected the most?
- How can you show others this challenge will not get you down?
- What skills, habits, and knowledge do you have that will work here?
- What can you eliminate now? What are you willing to give up?

To Bring Out Someone's Vision

- What is your new vision? How does it resist the "pull of the past"?
- What will you celebrate?
- What do you wish to let go of that is holding this project back?

When Progress has Plateaued

- Where have you seen the strongest momentum up to this point?
- What is still missing?
- How are your talents a plus in this situation?
- What requests could you make to move this forward?

VOICES FROM THE FIELD: HOW TO FOSTER RENEWAL

This section offers seven elements that can foster school mental health crisis *renewal* leadership.

1: Create Structural Witnessing

When we talk about "holding space," we mean the practice of offering the experience of being heard without fixing, solving, or treating. This practice is essential to our healing and renewal. "Each person's grief is as unique as their finger print. But what

everyone has in common is that no matter how they grieve, they share a need for their grief to be witnessed,” Kessler writes. “That doesn’t mean needing someone to try to lessen it or reframe it for them. The need is for someone to be fully present to the magnitude of their loss without trying to point out the silver lining” (2020, p. 29).

Culture is developed over time through the ways we relate with one another and the meaning we make of these shared experiences. We must cultivate compassionate, responsive, curious, and courageous cultures every day so that these ways of being are in our nature when times get extraordinarily tough and uncertain. Practices that contribute to this are deep, active listening practices; community circles; rituals of opening and closing space together; and protocols for safe and authentic dialogue and protocols for inclusive decision making.

-The Meaning Makers Collective

Our practices of naming, or what Western approaches call psychoeducation, often utilize ritual, ceremony, and group circle settings to name and make visible the effects of trauma in each phase, as some individuals may need connection in order to identify and name what is going on inside them.

The hearing that one is not alone reduces isolation and stigma. It increases the likelihood of individuals accessing the level of support they need and the likelihood of full recovery and renewal.

-Jen Leland

This witnessing includes acknowledging that a crisis happened, someone died, and that harm existed, and probably still exists at some level. Crises get amplified when school leaders are afraid to embrace and lead through pain.

School administrators have on occasion required that pictures of those that died in a crisis event be omitted from the school yearbook based on a mistaken view that this will decrease the risk of trauma triggers for survivors, without appreciating the importance of commemorative activities after a death has occurred.

-David Schonfeld

2: Center Significant Relationships

School mental health renewal leaders recognize that both healing and harm happen in relationships; the former emerges most when community members feel unified with one another and as contributors to each other’s repair.

Center relationships and contextualize individual narratives in whatever practice one does, whatever modality. By centering relationships, I mean developing a real relationship (versus “engagement”) with those we are working with or in the community.

By real relationship, I mean NOT to use language (us/them) or expertise or discipline to distance oneself from another’s pain or joys...all healing is collective in nature, that is not an I/you context but a we/us context...be with and not do for.

-Jen Leland

3: Foster Healing-Centered Cultures

Renewal leadership is fostering cultures that are healing centered. This can be done formally through ritual or ceremony, or informally through continuous collective inquiry and ongoing peer-to-peer opportunities.

While in immediate response to crisis, communication will be short, direct, and focused on action. The recovery and renewal period require the opposite: time and space for the adult community to share complex feelings with one another as they rebuild the safety and fabric of their community.

-Kelly Knoche

Healing Leadership Coaching (the Meaning Makers Collective version): Create peer-practice opportunities among colleagues to practice mind/body tools for reducing stress and building resilience. Ensure people at all levels have opportunities to give and receive support from colleagues/coaches who are not in a position to supervise or evaluate them.

-The Meaning Makers Collective



One structure I now know to be essential is the use of ceremony and ritual in advancing post-trauma integration and recovery in communities. Ceremony and ritual can be used in all phases of the readiness-response-recovery-renewal continuum. Use of ceremony and ritual can create a deeper container for holding collective grief and a container for meaning-making and collective identity reconstruction. Additionally, ceremony and ritual practices also inspire active engagement, as well as activism and advocacy as healing modalities for collective trauma.

*In the past year, I have been practicing with the [5 Gates of Grief model](#) for responding to traumatic grief. I wish I had known about the 5 Gates of Grief early on in my understanding and approaches to healing traumatic grief. It is such a useful mental model and can inform community healing circles as we name both the immediate crisis and also acknowledge the way trauma and loss ripple out and touch on our other wounds. **Models include the ancestral grief, the places that have not known love, collective grief, and what we longed for but never received. At all these levels, we have the opportunity to experience reconciliation and healing as well.***

-Jen Leland

This can also include utilizing real-world-driven pedagogy such as project-based learning or other strategies to scaffold students' investigation of the root causes of the harm. As leaders, we must use the renewal period as a time to review and recommit to the core values of our community. Building this into the pedagogy keeps students and staff in alignment toward meaning-making after a crisis.

*A key objective of our academy was to enhance and strengthen student character through a fall curriculum emphasizing honor and respect. This was introduced in the first two marking periods of the year. **A particular school-based crisis situation served as an instructional moment that was referenced for the next seven years as a real-life, tangible, relatable anecdote to be used in our work.** Other forms of crisis such as natural disasters, housing loss, job loss, and health issues can serve as empowering instructional opportunities as students learn important details that can demystify what has occurred.*

-Darrick Smith

4: Encourage Individual and Collective Storytelling about the Crisis

As Kessler writes, "meaning both begins and ends with the stories we tell" (2020, p. 51). Meaning-making is impossible without storytelling; renewal is impossible without meaning-making.

***Cataclysmic events often reliably produce a crisis of identity, personal agency, and meaning for those impacted and subsequently, a search to reconstruct, make meaning, or make new narratives to make sense of the event.** Collective crisis can produce psychological, biological, relational, and spiritual wounds that can lead to isolation, fragmentation of self and relationships, and a loss of access to one's or the communities' normal resources and coping strategies to mitigate stressors.*

-Jen Leland

Storytelling helps school communities create a coherent narrative, a complete story of self, that can help foster healing. The National Hispanic and Latino MHTTC recommends using Cuentos (short stories) to support cognitive coping and processing. Cuentos might teach children and adolescents ways to modify their behaviors and thoughts in a more adapted narrative (cognitive restructuring).

*For example: the message of *The Little Red Ant* is that by changing our thoughts we will be able to do tasks by gaining confidence and learning how capable we are to do other things. [The story goes]: "There once was an ant that was smaller than everyone else and thus believed she was weaker and different. One day she came across a piece of cake that she really wanted to bring home for her family to eat. She did not believe that she could carry this cake by herself, and as she came across many other animals, she asked them to help her. However, no one could help her. In the end, she told herself to at least try to carry the cake before giving up and it ended up that she was able to carry the cake all by herself after all." (Adapted from: Cohen, Mannarino, & Deblinger, 2012).*

-National Hispanic and Latino MHTTC

5: Be Prepared to Sit in the Sticky Stuff Where there are More Questions than Answers

Crises are often transformative for both impacted individuals and communities. Once they understand the transformation the crisis has affected in themselves, educators are positioned to lead students and peers through a cycle of radical inquiry. Through this process, school communities can begin to understand what the crisis revealed about the strengths and weaknesses of the collective response. This inquiry will cause discomfort. It is uncomfortable to sit with hard questions about which people were well-served by the response and which were not. These reflections require courage, but they are also an opportunity to transform systems towards greater equity.

*There are many layers to crisis and trauma. A crisis can also be thought of as an acute event, turning point, opening for transformation, or witnessing that impacts the self in ways that overwhelm our resources; fractures the self (body, spirit, relational); and can lead to disorganization, disconnection, and dehumanizing of self and others. **Scratch the surface of crisis and we find loss, loss of identity, loss of safety, and in many cases, grief-related loss — loss of beloved. As we work with trauma, we are always working with grief.***

-Jen Leland

Healing and recovery from crisis is not a linear process and depends greatly on the level of stress and trauma the individual experienced during the crisis. Given this reality, we believe there are two competencies most needed: mindfulness and reflection, and radical/critical inquiry. Mindfulness and reflection are necessary to remind ourselves and our systems that we need to be aware of how the crisis may still live in us in the form of trauma, anxiety, exhaustion, confusion, anger, etc. Reflection encourages our system to make space and time to reflect on the crisis, its impact on our system, and where we are in our ability to recover. Mindfulness allows us to take moments to consider what we have been through and what others may still be going through due to the crisis.

Radical and critical inquiry are ways in which we as leaders can look at our own responses during the crisis and how they impacted our own wellness, that of our staff, and the system as a whole. We can also do this for the larger system response, critically asking ourselves, **“Did our response to this crisis highlight inequities, exacerbate power dynamics, or lead to re-traumatization or increased secondary trauma?” “Did we fall short in our ability to communicate effectively, respond to trauma, or respond to the impact of secondary stress and trauma?”** The answers to these questions from a trauma-informed perspective include information from all levels of the system, and from a leader’s willingness to face hard truths. When this is done correctly and the process is transparent and accessible to staff, it increases a sense of empowerment within a system and illuminates that a leader is concerned with more than the machinations of the system.

This level of reflection and inquiry in relation to the Camp Fire is an ongoing process as Butte County residents and leaders move towards stability. This is not a process to rush. It requires multiple iterations, a great deal of patience, and ample self-compassion.

Nearly a year post fire, Butte County residents are acutely aware of the ways in which our landscape has forever changed. We recognize there is a long road of healing ahead. **We are grateful for the vast demonstrations of humanity and profound leadership exemplified by countless individuals both during and after the Camp Fire.**

-Matt Reddam and Sandra Azevedo

6: Renewal Itself can Foster a Renewed Commitment to the Work

The hard questions we ask can themselves inspire us to do more, and do better. The inventory of the challenges we face in the years after a crisis can help us focus our efforts to transform our school communities into safer, more equitable, and more supportive environments. The renewal period can be a time of collective recommitment to the ideals we hold for our schools and our students.

Crises can often tell us a great deal about the health, wellness, and efficacy of a system. In schools, crises often have the unintended impact of showing us the gaps in resources, interventions, planning, or communication. They also often show us our own humanity, strength, care, collaboration, and resilience. It is critical that we identify both the lessons the crisis can teach us about where we fall short, and the ways in which our response to the crisis was a testament to everything good about our system. Most important is that we, as leaders, reflect that goodness back to our system.

-Matt Reddam and Sandra Azevedo

Losing a student to homicide can serve as a sobering reminder of what we are up against as educators. Our positionality as professionals in this field provides us with an opportunity to teach students in ways that may help them avoid and work through traumatic situations, but we also have the capacity to create safe, predictable, and healthy environments in which students and adults can begin or continue to heal through the harsh realities of our society.

-Darrick Smith

7: Engage in Collective Reflection to Fuel and Inform Crisis Readiness

The phases of crisis readiness, response, recovery, and renewal are not linear, but cyclical. As we interrogate our plans, policies, and practices at each phase of a crisis, we build collective knowledge of how to reform and revise our leadership strategies.

*For our school, we wanted to reflect on our institutional ability to address hostile conflicts, gang tensions (though our alumnus [who was murdered] was not gang affiliated), campus trespassers, and how we communicate and maintain our communal and behavioral expectations. The goal of such reflection is to make sure our expectations are clear, fair, and respectfully aligned with the broader community's high standards for their children. **It also means that we take time to reflect on whether our practices as a school community are consistent, compassionate, and geared towards the humanizing development of our students as healthy, empowered individuals.***

- Darrick Smith



Leaning In and Leading Out to Renew:

A Story of Holding Grief Personally and Professionally, Together

To say that grief has held a better part of my life is an understatement. I've accepted it as a friend, not a welcome one, but one that has taught me to lean in closely to hear the message of wisdom it has to offer. Yet I never understood grief until I stood waiting to lower the casket of my second-born child into the early spring ground in 1990.

In the following weeks, I not only had to navigate my way through my own pain, but as a mother, I still had a 9-year-old son to soothe in his own experience of loss. Time passed slowly in the wake of that event; not quietly, not gently, but more like a windstorm in a desert landscape stirring up emotions and hurricane-like winds of rage. Sometimes, grief would knock me off my feet in the middle of a blue-sky day and I would crash to the ground. I wanted the whole world to stop and acknowledge that I had lost something very precious. But time is a constant and it doesn't stop for anyone. Eventually days turned into weeks, and weeks turned into months, and before I knew it years had passed, and my older son had grown up. I was in a fog for so long that I almost missed it. "Lean in, Pat," a small voice whispered.

Twenty-two years later in 2012, my elder son took his life, a casualty of depression and mental illness. The depression had set in after a series of losses beginning with his brother. Soon after, his father had died suddenly from a massive heart attack as they sat together watching TV. He had suffered so much trauma in those growing-up years. Death by suicide is a completely different type of loss. The stigma that surrounds suicide has crippled many who have been survivors of a suicide. There were so many questions and the survivor's guilt nearly swallowed me whole. "Lean in, Pat," that small voice urged me on.

Professionally, I have been drawn to work that allows me to continue to learn about the connection between trauma, crisis, mental health, and suicide prevention, particularly as it relates to education. In the years between then and now, science has learned so much about the connection between trauma and academic learning that we are nearly at a point where the two cannot be separated. Compared to 1990, there are so many more helpful programs in schools to support children with mental illness and to address trauma sooner than later. I often wish that these programs were available to my older son in school after his brother died. **Perhaps by doing this work of leading grief, I am trying to change my past by indirectly helping others as I continue my own journey of healing.**

When my son took his life, I started reading to figure out why. My degree is in organization development. And one day in group counseling, I understood "this is the thing you

are meant to do." And now my work is a clear path. I had a harder time when my second son died by suicide, so I sought out a group and it was collaborative and supportive. I know that collaboration is the way to go: relationships are essential.

Empathy has a lot to do with it [too]. Knowing that all people have experiences and stories I might not know about. There is a moment where I can hear people's stories beneath their words. It takes time to nurture that kind of empathy. If you have experienced pain and loss, have empathy for yourself. Healing doesn't mean you'll never get sad again; it means getting past the point where you want to destroy yourself. Healing requires us to live courageously and allow ourselves to fully experience the feelings of loss and grief.

There is no distinction between the personal and professional. When I'm on webinars or at trainings, it's an experience of mirrored reflection of myself. I think "Am I experiencing that?" or "Did my son experience that?" My work offers me purpose. My purpose coincides with my healing; I can't separate it. I didn't choose the losses of my sons. Every day I learn more about myself, and every day I hope that what I do helps someone else. I learn through my work how to have empathy for myself.

There are certain things people won't talk about. Everyone has a story to tell. If we don't allow each other to tell our stories, we become disconnected. That disconnection can agitate and can provoke anger. **We need to talk to each other and be authentic. As a colleague, take a step with me.**

No two people experience grief the same. Grief has no timeline. Grief can be a surprise guest. Grief is sometimes welcome. Grief passes through you; you do not pass through grief. Grief changes you – forever. Listen – to your own heart – and let others listen to you. And don't be afraid of your own story. Many are afraid to ask further questions as if in their silence they are protecting me. But it is the questions I love, because that story will never be forgotten. **There is healing in telling that story. And to be listened to in that story is the greatest gift anyone can give a person grieving a loved one.**

Through leaning in to myself, I can lead out for others.

-Pat Sanborn



*School Mental Health Crisis **Renewal** Leadership Reflection Questions:*

What does it look like to hold and create culture and climate after an event (or ongoing experiences)?

How might school and mental health leadership engage in renewal (vs. rebuild)?

How might bridging your personal and professional stories support your leadership? What might you need to protect? What supports may you need in navigating where the lines blur, and where the lines bold?

What does healing mean to you?



CONTRIBUTORS

Authors

Leora Wolf-Prusan, EdD, is the School Mental Health Lead and Training Specialist for SAMHSA's Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the Director of Partnerships and Teaching at the Center for Applied Research Solutions (CARS). She provides consulting and training around issues related to trauma-informed and resilience-oriented leadership, organizational and school climate and positive youth development, educator mental health and wellness, grief in the workplace, and anti-racism and health, among much more. Leora received a BA in International Relations and a BA in Spanish with a minor in Social and Ethnic Relations from the University of California, Davis; a teaching credential from Mills College in Oakland, California; and an EdD in Educational Leadership from the University of California, Los Angeles. Her research examines how teachers cognitively appraise the gang/gun-related deaths of students, what factors contribute to teachers building resiliency, and what supports teachers need from the school system in the event of a student homicide or other traumas.

About the Pacific Southwest MHTTC: The Pacific Southwest MHTTC serves the priorities of SAMHSA Region 9 states and territories, including: Arizona, California, Hawaii, Nevada, and U.S. Pacific Islands of American Samoa, Guam, Marshall Islands, Northern Mariana Islands, Federated States of Micronesia, and Palau. We offer a collaborative MHTTC model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care. The Pacific Southwest MHTTC also provides TTA and resources at a national level for a specialty area focused on youth and young adults of transition age. The school mental health initiative has two tracks: 1) Increasing school mental health literacy & leadership and 2) Supporting school mental health crisis readiness, response, recovery and renewal.

David J Schonfeld, MD, FAAP, is the Director, National Center for School Crisis and Bereavement, at the Children's Hospital Los Angeles. David established and directs the National Center for School Crisis and Bereavement (www.schoolcrisiscenter.org); the Center coordinates the Coalition to Support Grieving Students (www.grievingstudents.org), comprised of over 100 organizations including the major educational professional organizations. He holds a faculty appointment at the Keck School of Medicine of USC. Schonfeld has authored more than 150 scholarly articles, book chapters, and books (e.g., *The Grieving Student: A Teacher's Guide*, Brookes Publishing), and he has given more than 1,000 presentations on the topics of pediatric bereavement and crisis. He has provided consultation and training on school crisis and pediatric bereavement in the aftermath of a number of school crisis events and disasters within the United States and abroad, including the COVID-19 pandemic; terrorist attacks on the World Trade Center (2001); school and community shootings in Santa Clarita, CA, Parkland, FL, Newtown, CT, Benton, KY, Las Vegas, NV, and Thousand Oaks, CA; flooding from hurricanes Maria in San Juan, Sandy in NY and NJ, Katrina in New Orleans, and Ike in Galveston, Texas; tornadoes in Joplin, MO and AL (2011); wildfires in Butte County, CA, Sonoma County, CA and Sevierville, TN; and the 2008 earthquake in Sichuan, China. He has also conducted school-based research (funded by NICHD, NIMH, NIDA, the Maternal and Child Health Bureau, William T. Grant Foundation, and other foundations) involving children's understanding of and adjustment to serious illness and death, as well as school-based interventions to promote adjustment and risk prevention.

About the National Center for School Crisis and Bereavement: In 2005, Schonfeld established the NCSCB with funding from the September 11th Children's Fund and the National Philanthropic Trust. Further funding from the New York Life Foundation has allowed the center to provide ongoing and expanded services. The center aims to promote an appreciation of the role that schools play to support students, staff, and families at times of crisis and loss; to collaborate with organizations and agencies to further this goal; and to serve as a resource for information, training materials, consultation, and technical assistance.

Contributors

Anthony Petrosino serves as Director of the [WestEd Justice & Prevention Research Center](http://www.westedjustice.org), focusing on high-quality research to identify solutions that promote positive community and school environments. Petrosino has more than 30 years of experience conducting research in areas such as violence prevention, school safety, and juvenile justice, with an emphasis in program evaluation and research synthesis. He co-directs a number of federally funded research studies, including randomized controlled trials, for the U.S. Department of Justice and the U.S. Department of Health and Human Services. He served as non-voting expert to the Nevada Governor's Task Force on School Safety during 2018.

Anthony reflects on his time serving on the Nevada Governor's Statewide School Safety Task Force.



Darrick Smith, EdD, is an Associate Professor of Educational Leadership and Co-Director of the Transformative School Leadership Program at the University of San Francisco. His research interests are culturally responsive discipline practices; critical pedagogy; transformative school leadership; equity in higher education; and social justice schooling. As a result of his work in school leadership and community college policy, he continues to serve as a consultant to school districts and colleges as a member of California's Community College Professional Learning Network. <https://www.drdarricksmith.com/>

Darrick reflects on his previous role as co-director for June Jordan School for Equity, a high school in San Francisco, CA, whose school community experienced ongoing student death and trauma.

Emily Jo Hernandez, PPSC-CWA, LMFT, EdD, works at the Los Angeles Office County of Education (LACOE) with Employee Assistance Services for Education ([EASE](#)), an assessment and brief counseling service to employees of Los Angeles County school districts and their families. In addition, EASE provides mobile crisis response services to school districts and consultation to district leaders on issues related to emotional and mental health in the workplace. Dr. Hernandez is also a professor at the California State University, Los Angeles teaching in the School-Based Family Counseling program, a fully integrated marriage and family therapy (MFT) and school counseling graduate degree program. With her involvement on the The Disaster and Crisis Coping Resources Team (one of eight Research and Intervention Teams of the Oxford Symposium in School-Based Family Counseling), Emily collaborates internationally with other scholars and practitioners in the field with the goals of collecting and disseminating resources on disaster coping and crisis response. In addition, Emily has over 20 years experience working in schools and mental health.

Emily reflects on her role both as the EASE Director and as a professor in the School-Based Family Counseling program Cal State LA.

Jim Lee, Emergency Preparedness Advisor, Arizona Department of Education. Jim retired from the Paradise Valley Unified School District after 36 years of service where he served as a teacher, principal, and district director of student services. During his nine-year tenure in student services, he facilitated emergency response planning for the district and district schools. He also oversaw district- and school-level threat assessment and crisis intervention teams.

Jim reflects on his current role serving as an Emergency Preparedness Advisor for the Arizona Department of Education, specifically on the organization and continuation of the five regional school emergency preparedness consortiums and the supporting role the consortiums provide to Arizona school districts and charter schools.

Jen Leland, LMFT, is the Trauma Transformed (T2) Center Director, a program of the East Bay Agency for Children (EBAC). Jen joined the EBAC team in April 2012. In 2014, Jen took on the role of T2 Center Director. With the support of a multi-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant, East Bay Agency for Children launched Trauma Transformed in 2015, with the collaboration of seven Bay Area Counties and founding partners including Youth in Mind, Center for Youth Wellness, UCSF Benioff Children's Hospital.

Jen reflects on her work through [Trauma Transformed](#), a program that advances trauma-informed and healing-centered system change through community- and cross-system collaboration that mitigates stress, trauma, and oppression impacting our communities.

Jodina Attao, M.Ed, is the Quality Improvement Specialist at the Maternal & Child Health Bureau of the Commonwealth Healthcare Corporation in the CNMI (Saipan). In her role, she provides assistance for organizational structure in improvement practices to enable profound learning, process improvement, and reliable performance through the use of innovative, change-agent ideas by applying the Institution for Healthcare Improvement's Model for Improvement model: setting clear aims, running Plan-Do-Study-Act (PDSA) cycles, and using data for learning that will result in substantive change and sustainable success.

Jodina reflects on her leadership through the event of August 2nd, 2015, when Super Typhoon Soudelor made landfall in Saipan (the largest of the Commonwealth of the Northern Mariana Islands, a chain of fourteen islands) and then again two years later (October 2018) when another devastating Super Typhoon hit Saipan, including a neighboring sister island, Tinian.

Judee Fernandez and Michelle Kurta are co-founders of the [Meaning Makers Collective](#).

Through professional development, coaching, and meaningful gatherings, Meaning Makers Collective supports schools and organizations to make meaning of current challenges, repair and strengthen relationships, and develop an organizational culture that advances well-being for all.

Katherine Loudon has served Washoe County School District for almost 25 years, beginning as a school counselor; joining district leadership in 2001 over Safe and Drug Free Schools; supervising multiple departments, grants, and initiatives; and overseeing school counseling since 2010 and school social work since 2015. Katherine has responded to many crisis situations including: fires, stabbings, the Sparks Middle School shooting, an officer-involved shooting, the Reno Air Races crash, suicides, and many other threats and tragedies involving students and staff. She was appointed by Nevada Governor Sandoval to serve on his School Safety Task Force, and she currently serves on Governor Sisolak's Reopening of Schools Mental and Behavioral Health Subcommittee.

Katherine reflects on her crisis response experience throughout her 25 years at Washoe County School District (a large urban school district that serves 64,000 students) in Nevada.

Kanwarpal Dhaliwal, MPA, is one of the co-founders of [RYSE](#) and currently acts as the Associate Director. As Associate Director, she supports and guides the implementation and integration of healing-centered practices, grounded in racial justice and liberation, across all of RYSE's program areas. She also develops, promotes, and advocates for policies, investments, practices, and research that enliven healing, justice, and liberation across the fields and sectors in which RYSE works. Before joining RYSE, Kanwarpal received a Master's Degree in Public Health, and now serves as adjunct faculty at San Francisco State University.

Kanwarpal shares RYSE's approach to student-driven safety culture cultivation.

Kelly Knoche is Founder and Executive Director of [The Teaching Well](#), a multi-leveled systemic approach to bringing wellness back into school systems. In this role she has mentored hundreds of teachers; led trainings to thousands; and has built an organization committed to living its values of honest communication, somatic embodiment, and transparency. Prior to leading at The Teaching Well, she taught math, science, and socio-emotional learning (SEL) for six years in public schools in Oakland.

Kelly reflects on her experience onsite as a school coach during a crisis, and the support her team provided to enable recovery.

Matt Reddam, LMFT, School and Community Wellness Advisor, and **Sandra Azevedo**, MA, PPS, Coordinator Continuous Improvement, Butte County Office of Education, California. Matt and Sandra are leaders on the Butte COE's Coordinated District Support (CDS) Team.

Matt and Sandra reflect on their experience responding to the November 2018 Camp Fire which decimated Paradise and neighboring communities. The wildfire killed 85 people, making it the deadliest in California history. It also destroyed or badly damaged several schools in the Paradise Unified School District and a handful of charter schools.

National Hispanic and Latino Mental Health Technology Transfer Center ([visit site](#)) with contributions from Dr. Christine Miranda, School-Based Trainer and Content Specialist.

National American Indian and Alaska Native Mental Health Technology Transfer Center ([visit site](#)) with contributions from Natasha Peterson, B.S and Jacqueline Gray, PhD. **Natasha** currently works as Program Manager for the School Mental Health Grant at the National American Indian and Alaska Native MHTTC. In this capacity, Natasha works with rural and urban Indian communities, providing technical assistance, training, and support. Recent initiatives include Crisis and Resiliency Team Building in Indigenous communities, Native Youth Telemental Health, and a Native School Mental Health curriculum. She has a background in public health, health promotion and communications, mental health, and health behavior change. **Dr. Gray** is a research associate professor for the Department of Population Health and the associate director of Center for Rural Health over indigenous programs at the University of North Dakota (UND) School of Medicine and Health Sciences. Dr. Gray developed a rural crisis intervention program and an adolescent suicide prevention program in Oklahoma that have been adopted across the state, and began the first viable divorced parent education program in Oklahoma. Dr. Gray was part of a rural health training grant during her psychology internship at the University of Wyoming that put multidisciplinary teams in rural/frontier settings around the state.

Pat Sanborn, Project Manager at the Nevada Department of Education. Pat currently works as a Project Manager at the Nevada Department of Education, where she leads and coordinates several federal grant projects focused on school climate, behavioral health and wellness. She holds a bachelor's degree in Psychology and a master's degree in Psychology/Organization Development with an emphasis on systems thinking from Sonoma State University in Rohnert Park, CA.

Pat reflects on how the deaths of her sons, Bryden W. Sanborn (1986-1990) and Narayan K. Sanborn (1981-2012), impacted her championship of school mental health in districts and across the state of Nevada. She dedicates the stories she submitted to this guide to the memory of her sons.



Robert Weires is the Director of Psychological Services for the Clark County School District (CCSD) and oversees the Department of Student Threat Evaluation and Crisis Response, a specialized sub-department of Psychological Services. Clark County School District is the fifth largest school district in the United States and, as such, the district constitutes the largest single provider of mental and behavioral health services in the state.

Robert reflects on his leadership through the events of October 2nd, 2017, when during the Route 91 Harvest Music Festival in downtown Las Vegas, Las Vegas became the site of the largest mass shooting in US history, killing 59 people and injuring over 400 more. Clark County School District is the district serving schools in Las Vegas.

Vince Ferry, Principal of Saugus High School. Before taking the leadership helm at Saugus, Vince was principal at Rio Norte Junior High School. Ferry acted as a Hart District special education teacher for nine years, director of Valencia High School's ASB program for four years, and assistant principal of Valencia High School.

Vince reflects on his leadership as a principal after the November 14th, 2019, school shooting on their campus when a Saugus student opened fire on the school's quad, killing two students (a 15-year-old girl and 14-year-old boy) and injuring three others, and ending his own life.

Yesmina Luchsinger, MS, is the Director of School Safety & Social Wellness at the Arizona Department of Education. Her career path has been an interesting crossover of the behavioral health and education worlds. Her areas of focus include: prevention and intervention support in school settings, multi-tiered systems of support, mindfulness and yoga in schools, and developing school leadership teams. She is a certified Hatha Yoga Instructor and believes the tools of mindfulness and yoga can help to create a trauma-aware/recovery-focused campus. Yesmina was recently honored as the 2019 Youth and Family Partner of the Year by the National Center for School Mental Health.

Yesmina reflects on her role as a state leader and former school site administrator in Arizona.



APPENDIX: Commemoration and Memorialization

From the National Center for School Crisis and Bereavement

Commemorative activities in schools present opportunities for students and staff to take an active role in constructing an enduring memory related to the event. As a group, they can discuss what they wish to remember and honor about what was lost or permanently altered by the crisis. Memorial and commemorative activities help students to express and cope with difficult feelings, to realize that they are not alone in having persistent fears and concerns, and to learn and share coping strategies.

What is planned for a memorial event is generally less important than how schools go about the planning. For memorial events to have meaning for students, they must be involved actively in the planning and the events should be relevant to their interests and developmental needs. In contrast, a commemorative activity or memorial planned by adults for students is more likely to be helpful to the adults.

- Involve student representatives or volunteers to plan commemorative activities. After large-scale crisis events, classroom discussions can be held to solicit ideas and input from all interested students.
- Adults should mediate and guide the discussions to make sure that all stakeholders (students, staff, family members, etc.) are able to contribute their views and the decisions both follow best practices and align with their interest and needs. Students and adults may have very different, but strong, views of what should be done. The goal is to identify something that works best for most students.
- Students learn a great deal by exploring how to balance different and strong views in a respectful manner. This is an important life skill to learn.
- Remember, the primary goal is to meet the needs of students (and staff). If the family of a student(s) that died has strong preferences that conflict with the needs of the students and staff of the school, then the needs of the student body should prevail. In most situations, a compromise can be found that will meet the needs of both. Don't try to tell families what you can't or won't do, but rather find out why they want to do something and look for another way to achieve the same goal.
- For example, in one instance, parents of students killed in a school shooting wanted pictures of the deceased students prominently placed in the office near the school entrance, but this was upsetting to staff that would have to view this daily and found the idea overwhelming. A discussion with the parents of the deceased students showed that they were worried that their children would be forgotten. Once they realized that the students and staff were actively remembering their children in small and meaningful ways on a daily basis (e.g., the choir selected a song that was special to one of the students; a sport team huddled before a game to remember their teammate and to play in the person's honor) and that the pictures only reminded students and staff of the shooting and not the lives of their children, the parents withdrew their request for the photographs.



Glossary

The following are terms that help us build our school mental health crisis leadership vocabulary.



School Mental Health Crisis Leadership

The individual, collective, organizational, and systemic skills, knowledge, and competencies to create school conditions, climates, and cultures that empower others to navigate uncertainty and harm. This leadership is based on awareness and acceptance of the responsibility and accountability to help all students, staff, and partners repair, reconnect, regulate, and restore.

Ambiguous Loss. A term coined by Boss (2007), ambiguous loss refers to a loss that remains unclear and complicates closure and grief resolution; sometimes referred to as “frozen” grief.

Anticipatory Grief. As David Kessler explains: “Anticipatory grief is that feeling we get about what the future holds when we’re uncertain. Usually it centers on death. We feel it when someone gets a dire diagnosis or when we have the normal thought that we’ll lose a parent someday. Anticipatory grief is also more broadly imagined. There is a storm coming. There’s something bad out there. With a virus, this kind of grief is so confusing for people. Our primitive mind knows something bad is happening, but you can’t see it. This breaks our sense of safety. We’re feeling that loss of safety” (in [That Discomfort You’re Feeling Is Grief](#), 2020).

Complicated Grief. Complicated grief is the kind of grief that doesn’t seem to resolve itself over time and becomes prolonged or chronic. This can occur due to the nature of the loss being sudden, violent, or hidden (e.g., prison or addiction), where we are ambivalent about the loss and don’t really mourn it to begin with. “Complicated grief,” explained by the PDQ Supportive and Palliative Care Editorial Board, “differs from normal and uncomplicated grief, not in terms of the nature of the grief reaction, but in terms of the distress and disability caused by these reactions and their persistence and pervasiveness.” The Editorial Board delineates three connected experiences of complicated grief:

- **Delayed grief:** A pattern in which symptoms of distress, seeking, yearning, etc. occurs at a much later time than is typical.
- **Inhibited or absent grief:** A pattern in which persons show little evidence of the expected separation distress, seeking, yearning, or other characteristics of normal grief.
- **Chronic grief:** A pattern emphasizing prolonged duration of grief symptoms.

Cumulative Grief. Cumulative grief occurs when losses accumulate because they occur on top of each other. This may happen if the COVID crisis continues to disrupt people’s lives (The Meadows, 2020).

Collective Grief. This is a form of grief felt by a group. It might be racial, class-related, the death of a public figure, or the result of a natural disaster (The Meadows, 2020).

Disenfranchised Grief and Loss. Some losses are hard to see and society doesn’t recognize them and support us mourning them. And we ourselves may not be aware of the impact that these losses had on us, especially if we were very young or the pain was in some way denied. Divorce, abandonment, growing up with addiction, mental or physical illness, miscarriage, abortion, death of a pet, adoption, moving/loss of “home,” job loss/retirement, or the loss of connection to a part of the self due to trauma are all examples of this type of grief (The Meadows, 2020).



Resources: From the Pacific Southwest MHTTC, the NCSCB, and our Contributors

Organizations and Initiatives

The [National Center for School Crisis and Bereavement](#) at Children's Hospital Los Angeles provides free technical assistance, consultation, training and resources to help schools become better prepared to support students, staff and families at times of crisis and loss and to assist with recovery after crisis events such as school shootings and natural disasters. For example, step-by-step guidance documents on [how to respond to the death of a member of the school community](#) can be freely downloaded at the site, including [guidance specific to death by suicide](#). For support related to a school crisis event, contact helpnow@schoolcrisiscenter.org or call 1-877-53-NCSCB (62722).

The [Coalition to Support Grieving Students](#) is a unique collaboration of the leading professional organizations (the Founding Member Organizations are identified) representing classroom educators (AFT and NEA); principals, assistant principals, superintendents, school board members, and central office staff (AASA, AFSA, NAESP, NASSP); student support personnel (including school counselors -- ASCA, school nurses -- NASN, school psychologists -- NASP, school social workers -- SSWAA, and other student support personnel); and other school and health professionals who have come together with a common conviction: no child should grieve alone. The Coalition now includes more than 100 professional organizations representing the full range of school and health professionals that came together to create and share a widely endorsed set of resources to empower school communities across America in the ongoing support of their grieving students. [GrievingStudents.org](#) is a practitioner-oriented website providing practical, accessible, free information, handouts, and reference materials, and includes over 20 video training modules featuring expert commentary, school professionals sharing their observations and advice, and bereaved children and family members offering their own perspective on living with loss. Free electronic and print materials are available for [download and order](#), including materials for [parents](#) and school professionals.

New York Life Grief-Sensitive Schools Initiative. [The Grief-Sensitive Schools Initiative](#) (GSSI) seeks to better equip educators to care for grieving students by introducing free resources including [GrievingStudents.org](#). A Grief-Sensitive School is an accredited K-12 public or private institution that commits to help provide a supportive environment for students who have experienced the death of a loved one. Grief-Sensitive Schools pledge to foster a more supportive environment for those who are grieving in the school community by:

- Increasing awareness of the issue of grief at school
- Sharing information with the school community about [GrievingStudents.org](#)
- Reviewing relevant school policies and procedures
- Providing specific professional learning opportunities

The Grief-Sensitive Schools Initiative offers presentations to school staff on key bereavement resources, led by New York Life GSSI Ambassadors; schools that commit to become more grief-sensitive following the presentation are also eligible to receive a \$500 grant to enhance their ability to offer grief support and resources. Interested schools can visit [www.grievingstudents.org/gssi](#) to pledge to become part of this initiative.

[Crisis Response Education and Resources](#) from CAMFT, the California Association of Marriage and Family Therapists, an independent professional organization of approximately 32,000 members representing the interests of licensed marriage and family therapists.

[Disaster Coping Resources Team](#). The DCRT is composed of a collaboration of educators, practitioners, university faculty, and service professionals committed to providing information, tools, and resources to be used as coping resources in the aftermath of a disaster. The Disastershock Manual provides a multitude of disaster coping resources. This resource is distributed to schools and communities in the immediate aftermath of a disaster. Feel free to download and share with your local communities and networks. The Disaster Coping Resources Team is one of eight Research and Intervention Teams of the Oxford Symposium in School-Based Family Counseling. This is one of the tools that is sent out in the aftermath of a disaster/crisis to schools and communities. DISASTERSHOCK: HOW TO COPE WITH THE EMOTIONAL STRESS OF A MAJOR DISASTER. This Disastershock book is intended to help families and communities to cope with disaster related stress such as that caused by the Covid-19 pandemic. Part I describes ten effective methods to be used to reduce stress. Part 2 describes 12 stress reduction methods to be used with children. Although Part 2 was written primarily for parents, teachers and other adults working with children will find it useful. A unique feature of Disastershock is that its practical stress reduction methods are described in an explicit manner making them easy to learn.



[EASE](#): housed under Los Angeles County of Education, Employment Assistance Services for Education (EASE) is an assessment and brief counseling service to employees of LA COE member districts and their families. In addition, EASE provides consultation to managers and supervisors on dealing with emotional issues in the workplace.

[Eluna Network](#): Supporting Children and Families Impacted by Grief or Addiction. Eluna's innovative resources and programs address the critical needs of children experiencing powerful, overwhelming, and often confusing emotions associated with the death of someone close to them or substance abuse in their family.

[School Crisis Response Initiative](#) (2003)

[The Educator's School Safety Network](#). The Educator's School Safety Network is made up of experts committed to making schools safer through an education-based, all-hazards approach to school safety.

[Lumos Transforms](#). Lumos Transforms is a social enterprise founded in 2015 to shepherd individuals, communities, and organizations through positive change. Whether people are dealing with unpleasant symptoms, overwhelming stress, difficult past experiences, or unjust circumstances, Lumos Transforms meets clients exactly where they are – providing responsive solutions that help people feel better, prepare for change, and unlock their inner potential.

The Interactions Institute for Social Change: [From Emergency Response to Resilient Futures: Moving Towards Transformation](#)

Products & Books

[A Model for School-based Crisis Preparedness and Response](#) (Office of Victims and Crime, 2003)

[After a School Tragedy...Readiness, Response, Recovery, & Resources | Mental Health Technology Transfer Center](#) (2019). This resource, developed by a workgroup across the MHTTC Network, is designed to help schools better support students and families in the aftermath of violence and trauma. It provides strategies to assist schools with readiness, response, and recovery to help a school community support resilience in the event of a tragedy. It offers places to turn for more resources and discusses terminology and concepts related to suicide and grief. Finally, it highlights the importance of providing culturally responsive services, with example cultural considerations for schools to help Hispanic/Latino students struggling with grief and trauma.

[A Shining Affliction: A Story of Harm and Healing in Psychotherapy](#) (Rogers, 1996)

[Behavioral Health Services for American Indians and Alaska Natives For Behavioral Health Service Providers, Administrators, and Supervisors – TIP 61](#). The Executive Summary of this Treatment Improvement Protocol summarizes substance use and mental illness among American Indians and Alaska Natives and discusses the importance of delivering culturally responsive, evidence-based services to address these behavioral health challenges.

[Emergent Strategy: Shaping Change, Changing Worlds](#) (adrienne marie brown, 2017)

[Healing the Healers: Urban Peace Movement](#) (Erickson & Chavez-Diaz, the Urban Peace Movement & East Oakland Building Healthy Communities, 2016)

Mullen, J. (2018). Common recommendations from state school security task forces. Education Commission of the States. [Common Recs From State School Security Task Forces](#)

[National Educator Association School Crisis Guide \(2018\)](#). This guide presents resources, tools, recommendations, and evidence-based practices for incorporating best practices in school mental health into school crisis plans. It is organized into four sections: Prevent, Prepare, Respond, and Recover.

Petrosino, A., Boal, A., & Mays, A. (2018). Policy responses to a high-profile school tragedy. *Translational Criminology* (Fall): pp 5-7. [WestEd Researchers Examine Policy Responses to School Tragedies](#)

[Responding to Crisis at a School](#) (School Mental Health Project, 2016)

[University of Minnesota Culturally Responsive School Leadership Framework](#) (Khalifa, Gooden, & David, n.d.)

[Recovering Your Sacredness](#) (Tello et al, 2019)

[Tips for Survivors: Coping with Grief After Community Violence](#) (SAMHSA, 2014)



[Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A GUIDE FOR PARENTS, CAREGIVERS, AND TEACHERS](#) (SAMHSA, 2012)

[Coping with the Death of a Student or Staff Member](#) (REMS, 2007)

[School Crisis Response Manual](#) (San Francisco Unified School District School Health Programs Department, n.d.)

[Addressing Grief: Tips for Teachers and Administrators](#) (NASP, n.d.)

[Crisis Planning and Response | American School Counselor Association](#) (ASCA Toolkit: Crisis Planning and Response During a Pandemic/Virtual School Counseling)

[After a Suicide: A Toolkit for Schools](#) (If your school has lost someone to suicide, After a Suicide: A Toolkit for Schools offers best practices and practical tools to help schools in the aftermath of a suicide, 2018).

[Experiencing the Loss of a Student or Teacher: Responding to Crisis](#) (National Association of Secondary School Principals, 2020)

[AASA School Safety & Crisis Planning Toolkit](#)

[Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources](#) (The Trevor Project, 2019)

[Resilient Together: Coping with Loss at School](#) (Kognito)

Learning Opportunities

[Apprenticeship with Grief — Pathways to Resilience](#). A course to reconnect with the ancient art and practice of grief. To take it out of the shadows of individual experience, often tainted by shame and repression, and to reclaim it in the space of community where its gifts can be honored and held with care, beauty, reverence, and respect. This course explores grief through the “Five Gates of Grief” that Francis Weller (2015) lays out in his book, *The Wild Edge of Sorrow*.

Amos, L. and Dwyer, K. (2016). [Creating the conditions for learning in schools: Crisis prevention and intervention: A NCSSD short course](#). Washington, DC: National Clearinghouse for Supportive School Discipline.

Websites & Articles (Including Evidence Based Practices)

[Psychological First Aid: Supportive Strategies for Parents/Caregivers on how to Address Immigration Matters](#) (Los Angeles Unified School District, Student Health & Human Services)

[Managing Your Distress in the Aftermath of a Shooting](#) (American Psychological Association, n.d.)

[Crisis Response - Crisis Preparedness \(CA Dept of Education\)](#). Helpful resources to assist school districts with the ongoing concerns of the mental health aspects of crisis planning and crisis response.

[Coping with Tragedy - Crisis Preparedness \(CA Dept of Education\)](#). Helpful resources to assist schools in helping students to cope with tragic events.

[Responding to a crisis](#). From the School Mental Health Project (UCLA), links provide a variety of quick aids, resources, and materials for use in crisis prevention and response.

[Trauma and Healing Learning Series: RYSE Youth Center and Liberation Praxis](#). From RYSE, including their “Interacting Layers of Trauma and Healing” model.

[Policy for Preventing and Managing Critical Incident Stress](#) (HSE Policy for Preventing & Managing Critical Incident Stress, 2014)

Nickerson, A., & Cornell, D. (2019). School crisis prevention, response, and recovery. In M. J. Mayer & S. R. Jimerson (Eds.), *School safety and violence prevention: Science, practice, policy* (p. 223–246). American Psychological Association. <https://doi.org/10.1037/0000106-010>



Macneil, Wilson & Topping, Keith. (2009). Crisis Management in Schools: Evidence-based Postvention. *Journal of Educational Enquiry*, 7.

[A Framework for Safe and Successful Schools](#) This joint statement provides a framework supported by educators for improving school safety and increasing access to mental health supports for children and youth.

[School Crisis Response & Recovery Resource Guide](#) (Sonoma County, California, 2015)

[Creating, Supporting, and Sustaining Trauma-Informed Schools](#): (National Child Traumatic Stress Network)

[Empirically Supported Treatments and Promising Practices for Child Traumatic Stress: New Evidence Based Training Guidelines](#) (Children's Mental Health Network, 2016)

[Why a Postvention Plan is Integral to Schools and Institutions](#) (JED Foundation, 2016)

References

Allison, E., & Reeves, D. (2011). *Renewal coaching field guide: How effective leaders sustain meaningful change*. San Francisco: Jossey-Bass.

Boscarino, J., Adams, R., & Figley, C. (2011). Mental Health Service Use After the World Trade Center Disaster: Utilization Trends and Comparative Effectiveness. *Journal of Nervous and Mental Disease*, 199, 91-99.

Boss, P. (2007). Ambiguous Loss Theory: Challenges for Scholars and Practitioners. *Family Relations*, 56: 105-111. doi:10.1111/j.1741-3729.2007.00444.x

Brock, S. E. (2002). Crisis theory: A foundation for the comprehensive crisis prevention and intervention team. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 5-17). Bethesda, MD: National Association of School Psychologists.

Bushnell, B. (2020). *Transformed by birth: Cultivating openness, resilience & strength for the life-changing journey from pregnancy to parenthood*. Boulder, CO: Sounds True.

Calhoun, L. G. , & Tedeschi, R. G. (Eds.) (2006). *The handbook of posttraumatic growth: Research and practice*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers. <https://ptgi.uncc.edu/publications/>

Dayton, T. (2020, April 15). When Hidden Grief Gets Triggered During COVID-19 ... Retrieved May 26, 2020, from <https://www.themeadows.com/blog/when-hidden-grief-gets-triggered-during-covid-19-confinement/>

Everly, G. S., Jr. (2000). Crisis Management Briefings: Large group crisis intervention in response to terrorism, disasters, and violence. *International Journal of Emergency Mental Health*, 2, 53-58.

Ganz, M. (2010). Leading change: Leadership, organization, and social movements. *Handbook of Leadership Theory and Practice*, 9, Harvard Business Press, pp. 1-10.

Guide for Developing High-Quality School Emergency Operations Plans [PDF]. (2013). Washington, D.C.: Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center.

Herman, J. L. (1997). *Trauma and recovery*. New York: BasicBooks

Kessler D. (2020). *Finding Meaning: The sixth stage of grief*. New York: Scribner.

Kilmer, R. P., & Gil-Rivas, V. (2010). Exploring posttraumatic growth in children impacted by Hurricane Katrina: correlates of the phenomenon and developmental considerations. *Child Development*, 81(4), 1211–1227. doi:10.1111/j.1467-8624.2010.01463.

Lichtenstein, R., Schonfeld, D., & Kline, M. (1994). *Special Topic / School Crisis Response: Expecting the Unexpected* (3rd ed., Vol. 52, Educational Leadership, pp. 79-83, Tech.). Washington, D.C.: ASCD.



- Marion, R., & Uhl-Bien, M. (2001). Leadership in complex organizations. *The Leadership Quarterly*, 12(4), 389-418. doi:10.1016/s1048-9843(01)00092-3
- Morrison, S. R. (2017). *Leading During a Crisis: Are School Leaders Prepared?* (Unpublished doctoral dissertation). Northeastern University. <https://repository.library.northeastern.edu/files/neu:cj82r228g/fulltext.pdf>
- National Child Traumatic Stress Network, Schools Committee. (2017). Creating, supporting, and sustaining trauma-informed schools: A system framework. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
- NEA's [School Crisis Guide](#) [PDF]. (2018). Washington, D.C.: National Education Association.
- Neimeyer, R. A. (Ed.) (2001). Meaning reconstruction and the experience of loss. Washington: American Psychological Association.
- Nevada Department of Education (2020). *Statewide School Safety Task Force*. [Statewide School Safety Task Force](#)
- Orengo-Aguayo R, Stewart RW, de Arellano MA, Suárez-Kindy JL, Young J. Disaster exposure and mental health among Puerto Rican youths after Hurricane Maria. *JAMA Netw Open*. 2019;2(4):e192619. doi:10.1001/jamanetworkopen.2019.2619
- PDQ Supportive and Palliative Care Editorial Board. Grief, Bereavement, and Coping With Loss (PDQ®): Health Professional Version. 2020 Jan 13. In: PDQ Cancer Information Summaries [Internet]. Bethesda (MD): National Cancer Institute (US); 2002-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK66052/>
- Reeves, D. B., & Allison, E. (2010). *Renewal coaching workbook*. San Francisco: Jossey-Bass.
- Safe Youth, Safe Schools. (2017, August 04). Retrieved May 26, 2020, from <https://www.cdc.gov/features/safeschools/index.html>
- Schonfeld, D. J., & Newgass, S. (September 2003). School Crisis Response Initiative. OVC Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. Retrieved May 27, 2020, from: <https://www.ovc.gov/publications/bulletins/schoolcrisis/welcome.html>
- Slade, S. (2020, April 13). A Whole School, Whole Community, Whole Child Approach to Responding to Health Crises [Web log post]. Retrieved May 26, 2020, from <https://inservice.ascd.org/a-whole-school-whole-community-whole-child-approach-to-responding-to-health-crises>
- Tedeschi, R. G., Shakespeare-Finch, J., Taku, K., & Calhoun, L.G. (2018). *Posttraumatic growth: Theory, research, and applications*. New York: Routledge.
- Ulmer, R. R., Seeger, M. W., & Sellnow, T. L. (2007). Post-crisis communication and renewal: Expanding the parameters of post-crisis discourse. *Public Relations Review*, 33(2), 130–134.
- Ulmer, R. R. (2013). Discourse of Renewal Theory. In R. L. Heath (Ed.), *Encyclopedia of Public Relations*. Thousand Oaks, CA: Sage.
- Ulmer, R. R., Seeger, M. W., & Sellnow, T. L. (2007). Post-crisis communication and renewal: Expanding the parameters of post-crisis discourse. *Public Relations Review*, 33,130-134. doi:10.1016/j.pubrev.2006.11.015
- Ulmer, R. R., Sellnow, T. L., and Seeger, M. W., (2009). Post-crisis communication and renewal: understanding the potential for positive outcomes in crisis communication. In R. L. Heath and D. H. O'Hair, *Handbook of Risk and Crisis Communication* (pp. 302-322). New York, NY: Routledge.
- Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review*, 33(9), 1742–1748.
- U.S. Department of Education. (2018). *Final report of the federal commission on school safety*. Washington, DC: Author Retrieved from [Final Report of the Federal Commission on School Safety \(PDF\)](#)