

Practical Suggestions for Crisis Debriefing in Schools

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The recent tragic attack on America has highlighted the need for group processing in schools after a tragedy. It is well documented in the literature that those persons who have experienced a crisis need to have an opportunity to talk about it (Poland & McCormick, 1999). Processing reduces the likelihood of survivors having symptoms of post-traumatic stress disorder (PTSD) and feelings of isolation and helps to restore equilibrium. A review of the crisis processing models finds several that have been utilized in the schools with success but also with limitations. I have dealt with many school crises in my position with a school system in Houston, have led or served on national crisis teams in communities that have experienced school shootings such as Paducah KY, Jonesboro AR, Littleton CO, and Santee and El Cajon CA, and I assisted in the aftermath of the Oklahoma City bombing.

School administrators sometimes underestimate the emotional impact of the tragedy and the need for faculty and students to have the opportunity to process the tragedy. Higher rates of PTSD in particular have been found with exposure to violence versus national disasters (Brock, Sandoval & Lewis, 2001). School support personnel such as school counselors, psychologists, social workers, and nurses are aware of the need for processing sessions but are sometimes uncertain how to proceed.

Outlined below are suggestions from several models but especially a processing model developed by Nancy Sanford, a psychiatric nurse in Los Angeles (Wong, 1999). The Sanford model, which is based on pioneer work from firefighter Jeffrey Mitchell (Mitchell, J., & Everly, G., 1998) is especially useful with large groups of high school students and adults. There are three specific advantages to the procedures:

- Everyone gets the opportunity to talk.
- Large numbers of people impacted by the trauma can be assisted at one time.
- The model is time limited (this is very important due to the length of a classroom period and the reality that a faculty meeting must be over in less than an hour in most situations).

The author recently used this model with approximately 250 faculty members at a school where a tragic shooting occurred. The setting was a large room with chairs. The session began with the leader expressing sorrow about the tragedy and explaining the importance of everyone having an opportunity to talk and that everyone has a story to tell regardless of where they were when the shooting occurred.

The leader stressed that this session was only the starting point of the healing process, and then he explained that he would be monitoring groups to see how the session was progressing and to be able to summarize at the end.

The following basic ground rules were stressed for the large group processing session:

- Group members need to both begin and end the session together.
- Everything said would be confidential.
- Everyone would be divided into small, equal sized groups of five (recommended size of 4-6 with the larger groups requiring a longer processing session). It is essential that all groups be the same size or one person smaller so those groups can stay together through the guided intervention. A group with one less member than the others can sit or talk quietly and then move to the next question. However, a group with an additional member would always have one person who did not get to answer each question.
- One person from each group was selected to go first with each question, and there is a specific allotted time for each question.
- Each person is invited to take a turn to speak, and rotation is in clockwise order.
- Each group member is asked to listen attentively.
- If someone does not use all their allotted time, the group members are encouraged to sit in silence to process what their group member said.
- Time limit recommendation of either 60 to 90 seconds per question for each person. My experience has been that this length of time is sufficient and that when there is no time limit that the session does not proceed well and cannot be completed.
- One mental health professional leads the session while a second serves as a timekeeper. A third serves as a caregiver who makes certain that tissues and water are available to group members. The caregiver would also offer assistance to anyone who left his or her group. Several caregivers are recommended for a processing session for a large number of participants and a microphone would be needed for the facilitator so that participants can hear all directions and questions.
- No written notes are taken of what is said during the session since each group of 4-6 people is only talking to each other and not to the larger group.

Processing Questions

1. Please introduce yourself to the group and tell where you were when you first became aware of the tragedy and specifically what were your initial sensory perceptions? What did you see, hear, taste, touch or smell?
2. What thoughts or reactions have you been having since the tragedy?
3. What is your biggest concern or worry about the immediate future?
4. What would help you feel safer right now?
5. What has helped you cope when you have had to deal with difficult things or losses in your life before? What can you do to help yourself cope now?

These procedures are recommended when there are time constraints and when the group size is 30 or more.

The leader states each question and also displays it on an overhead screen. At the designated time interval the leader states in a calm and soothing voice, "Stop, please go to the next person in your group. Thank you."

The leader summarizes for the entire group after the final question. A brief summary is given of responses given to each question with emphasis being placed on the commonality of what everyone has experienced and that no one is alone. It is emphasized that this session is only a starting point and that those who would like more assistance are invited to stay for additional individual or small group assistance. It is also desirable to have a handout available with mental health information about coping.

A classroom intervention with secondary students would utilize the exact same questions and format. A key recommendation is to process the faculty first if at all possible after a crisis. If faculty members have already processed, then they will support processing in the classroom. An accompanying activity that is extremely productive is to have students write a letter to the building principal in which they answer the processing questions. These letters provide the principal with an important overview of what the students have gone through and to plan additional support for the entire student body as well as those who need individual help.

These processing suggestions are extremely effective and recommended for use in crisis events besides violence such as when students are killed in a car wreck. A well-planned mental health intervention is very comforting to school faculty and students and helps the school return to normalcy (Poland and McCormick, 2000).

These processing questions can be very beneficial with a small group and would utilize many of the recommendations from the National Organization for Victim

Assistance. Having been trained on the NOVA model and having led two of NOVA's national crisis teams, the author can attest to the fact that their training is highly effective and recommended. More information on this model is available at 1-800-TRY-NOVA. The format would change only in that there would be no time limits and the mental health group leader would give individual feedback to each person after they answered a question. This feedback should include statements such as:

- "I can't imagine what that might have been like."
- "It is not uncommon after a tragedy to..."
- "Others have reported..."
- "You are not alone with those thoughts."

The NOVA Model also utilizes a scribe who takes notes on the session.

The leader should close his or her comments with each participant in a small group by asking if there is anything else that they wish to say and by stating, "I am so sorry this happened to you!"

Summary of the Processing Suggestions

	<i>Group of 30 or More</i>	<i>Group of 29 or Less</i>
Questions	Same 5 questions	Same 5 questions
Rules	Follow large group procedures with equal size groups and time limit.	Leader personally asks questions to small group seated in a circle. Scribe keeps notes of key points made by participants and group decides what to do with notes taken of the session.
Advantages	Large group processes in a short amount of time and everyone has an opportunity to talk.	Each participant who chooses to talk gets personal attention from leader.
Disadvantages	Participants only have mental health leader summative, not individual feedback.	Some participants may dominate the session and it may be quite lengthy.
Recommended for:	Faculty, other adults, and high school students.	All age students and any adult group.

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Additional Resource

Brock, S., Lazarus, P., & Jimerson, S. (in press). **Best Practices in School Crisis Prevention & Intervention**. Bethesda MD: National Association of School Psychologists.