Group Interventions in Rural Schools to Assist with a Community Trauma

Linda Leek Openshaw
Texas A&M University-Commerce

Abstract. Rural communities and school districts often face traumatic events. These can be the result of accidents, suicides, school bullying, and shootings. This paper documents a group crisis intervention at a rural high school after a horrific traffic accident where a vehicle struck and killed three students. When a crisis takes place in rural schools and communities, group work is an effective tool to offset the effects of grief and distress that students often experience. School personnel must create support groups within a short time following a traumatic event. Interventions are most effective when schools have a pre-determined action plan, have staff trained in correct intervention techniques, and can seamlessly transition into crisis intervention and support mode. Quick professional response through group support will help students alleviate the effects of traumatic events.

Keywords: rural community crisis, school groups work, student support

A crisis-precipitating event at school upsets the daily school routine for all or a portion of the school population. A school crisis "brings chaos" that "undermines the safety and stability of the entire school" (Johnson, 2000, p. 18). It exposes students to "threat, loss, and traumatic stimulus" and undermines their "security and sense of power" (Johnson, 2000, p. 3).

"School systems face crises of a variety of types and forms, including the suicide death of a student, the death of a teacher, mass shootings, and the aftermath of terrorist attacks" (Williams, 2006, p. 57). Some school crisis events, such as school bus accidents, happen outside the school building. Other crisis events, such as student and teacher deaths or natural disasters (e.g., earthquakes, floods, or tornadoes), can occur both at and away from school. Exposure at school to gangs and bullying can also create a crisis event for some students.

There is wide student exposure to traumatic events both in rural and urban settings. There have been several highly publicized school tragedies occurring in the United States such as the 1999 Columbine High School shooting in Colorado, the 2006 Amish school shooting in rural Pennsylvania, and the most recent shooting at Sandy Hook Elementary School in Connecticut on December 14, 2012. In fact, National School Safety and Security Services report that there have been a total of 284 deaths from shootings, suicides, fights, and stabbings between 1999 and 2010 (http://www.schoolsecurity.org/trends/school_violence.html). In a survey of school psychologists, Adamson and Peacock (2007) found that 150,000 crimes had been reported against students in middle and high school. Many of these traumatic events happened at school or are related to school. Accordingly, the prevalence and severity of stressors in the lives of adolescents may predispose them to symptoms of psychological stress.

Schools can play a substantial role in promoting emotional well-being and academic achievement of children and youth (Goldenson, 2011). However, when a crisis-precipitating event takes place at school, the effects may be particularly devastating because the students and teachers are expected to return to the school building and resume normal functioning when just being in the school causes them to experience stress and trauma. Because school buildings are often in the center of a rural community, just passing the building after a crisis often recreates the traumatic event for community members. Thus, even a small scale crisis event at a school or related to school children may produce devastating effects for those who are intimately involved.

Sixteen percent of the U.S. population lives in rural areas (Marketplace Morning Report, 2011). Rural communities are deeply affected by the death of youths, whether in a school or community crisis, because when a community is intimately intertwined and everyone knows each other, a crisis becomes personal for each member of the community. Rural communities are homogeneous; when something happens to one family in the community it has an impact on everyone (Davenport, 2004). This paper will provide an overview of school interventions to offset the effects of a crisis-precipitating event and discuss how a rural school district was able to help students and school personnel deal with the tragic death of three students.

Literature Review

The primary goal in any grief and trauma work with a child is to help the child cope with his or her resultant feelings (Zambelli & DeRosa, 1992). Grief must be worked through before it will dissipate. It may be awhile before one who has been exposed to a crisis event begins to accept its reality and discuss his or her feelings without pain or being overwhelmed. Children and adolescents without a strong voice are trapped by their feelings of powerlessness in various situations (Boylan & Ing, 2005). Discussing and processing a traumatic event helps eliminate feelings of isolation and helps the traumatized individual avoid symptoms of Post-Traumatic Stress Disorder (PTSD; Poland, 2002).

School social workers are well suited for group interventions that address loss and grief because of their training in theories of child and adolescent development, and their practical training in group therapy (Finn, 2003). During group sessions, school mental health professionals have access to many children. As a consequence, they can assess the needs of trauma survivors and offer support without making group members divulge personal thoughts and feelings. Because the major purpose of any school district is education, grief work needs to occur as soon after the event as possible so students may return to school and learn. However, some children may not want to discuss their feelings at first, and there is a possibility that forced discussions of the catastrophic event or repeatedly bringing it up for discussion may retraumatize children (Helping Kids Cope with Violence and Disaster, 2010). Professional sensitivity must be used in allowing children the opportunity to express their feelings when they are ready or when the effects of the trauma have significantly inhibited the child's level of functioning.

There is empirical evidence that group interventions work for bereaved children (Finn, 2003). Tonkins and Lambert (1996) illustrated that grief groups have many positive effects on children who had experienced the death of a family member. Group interventions provide an outlet for the feelings of grief and powerlessness youth experience after a traumatic event. Group work is an efficient methodology to address the needs of large numbers of students and teachers who have experienced trauma or who are experiencing grief (Finn, 2003; Huss & Ritchie, 1999; Tonkins & Lambert, 1996). Huss and Ritchie (1999) reported that group interventions may help reduce feelings of isolation and normalize feelings associated with loss. Research supports the effectiveness of short term groups that focus on trauma and grief (Chemtob, Nakashima, & Hamada, 2002; Finn, 2003; Jaycox et al., 2009; Salloum & Overstreet, 2008; Stubenbort & Cohen, 2006). Short-term crisis intervention groups provide support for children.

> When a large number of children have been exposed to trauma,
> schools provide the ideal setting for group interventions as soon
> as possible after the event. Different helping interventions include
> classroom presentations, debriefing, and defusing. (Webb, 2002,
> p. 377)

Many rural communities use school buildings for public meetings, such as scout meetings, which allow community members to feel comfortable in using the school as a setting to deal with a community crisis. The number of trained staff who can address a crisis may be limited because rural communities traditionally have "fewer resources and services available" (Hickman, 2004, p. 46). However, the effects of trauma may linger after a crisis situation if those affected by the crisis do not have an opportunity to deal with their resultant feelings.

Forms of Trauma and Grief Interventions Used in Schools

School crisis plans. Most districts have mechanisms to address crisis situations effectively. When a crisis occurs, the school crisis plan will usually go into effect immediately. School-based crisis intervention is usually reactive rather than proactive (Shafombabi, 1999). However, it may not address the follow-up that is necessary to help school staff, faculty, and students fully address their feelings. The school crisis plan should address the level and type of interventions and collaboration between the school and community (Knox & Roberts, 2006). Knox and Roberts (2006) propose three levels to a school crisis plan:

- *Primary prevention:* Planned emergency response practices, training, establishing a school crisis team, preparing for emergency medical and communication.

- *Secondary intervention:* Steps taken during the crisis to minimize effects ensure student safety, notification to families, and intervention strategies.

- *Tertiary Intervention:* "In the aftermath, including debriefing, support groups, short-term counseling, and referral to community-based services" (p. 552). There are

several phases following a crisis: recoil-immediately after the crisis, post-impact (days to weeks) after the crisis, and recovery/reconstruction-months or years after the crisis (Brock & Jimerson, 2004). Each of these phases must be considered and possible community-based referrals must be made for long-term support for those most affected by the crisis.

It is also essential for crisis response procedural guidelines to include care for the caregivers (Jimerson, Brock, Woehr, & Clinton-Higuita, 2006). School mental health professionals should be given the opportunity to debrief, receive support, evaluate the effectiveness of the intervention, and plan the necessary changes to deal effectively with the next crisis (Jimerson et al., 2006).

Informed consent. In order to assure that children and adolescents can have access to immediate services after a school-related crisis, the school administration should send a letter to parents at the beginning of each school year explaining the school procedures for handling crisis situations and their aftermath. The letter should state that students will be educated in how to deal with a crisis and, in the aftermath, will be offered the opportunity for group support and debriefing if such a crisis occurs. The school should then be ready to send consent requests immediately after a crisis if it becomes necessary for an intervention to take place at school.

School crisis teams. Some rural school districts have school crisis teams. Crisis team members should have mental health experience and experience working with groups. Therefore, trained mental health professionals, such as school psychologists, social workers, and counselors must be the leaders of short-term crisis intervention and debriefing groups. These organized teams are essential in providing immediate psychological first-aid to assist with student well-being and safety (Jacob & Feinberg, 2002).

Classroom interventions and cognitive behavioral therapy. Classroom presentations provide support to a large number of students after a school crisis (Sheras, 2000). These presentations can be used to provide information about the crisis and can help begin crisis intervention (Nader & Muni, 2002). Classroom presentations can be used to defuse strong emotions (Furlong, Pavelski, & Saxton, 2002).

Some classroom interventions include teaching relaxation techniques and coping skills to students and teachers. Structured presentations, such as those found in *Support for Students Exposed to Trauma (SSET),* based on the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), were created to help school staff work with traumatized children (Openshaw, 2011). CBITS is sponsored by the National Institute on Mental Health and is endorsed by the National Child Traumatic Stress Network (NCTSN). It has been described as a promising research-based practice (Jaycox et al., 2009).

Support groups. Support groups are an effective tool to offset the effects of grief and trauma (Chibbaro & Jackson, 2006; Huss & Ritchie, 1999; Layne et al., 2001, 2008; Stein et al., 2003; Tol et al., 2008; Worden, 2009). In support groups, children and adolescents have the opportunity to speak freely about their feelings and gain comfort from helping others who are grieving (Sormanti & Ballan, 2011). It is difficult to use ongoing support groups in schools

because of the scheduling problems presented by the large number of students who need support and because the groups keep students away from the classroom where they need to do their academic work.

Traditional support groups for grief are difficult to manage in the public schools. Setting up a regular time for a long-term support group is difficult. Students are usually penalized if they miss the same class period more than once. Therefore, students should not miss the same class more than once or twice in order to attend the group. Many class periods are 40 to 50 minutes in length, which is not enough time for a student to address his or her feelings (Openshaw, 2011).

Adequate time for closure of each session must also be provided. There is a possibility that spending time dealing with trauma at school may retraumatize some students if there is not adequate time for closure in each session. Finally, students who open up and express feelings of loss and fear often are not in a position to return to class because they are upset. If a student returns to class upset after dealing with grief, the teacher and principal may soon become hesitant to send students to the groups (Openshaw, 2011).

Thus, the best time to run grief groups is during the last period of the day or after school. But even this time has its problems. Many schools have athletics and other extra-curricular activities during the last period of the day and after school, and those attending the support group would have to miss these activities. Accordingly, these groups are extremely difficult to manage at school. Moreover, transportation becomes a major issue if students stay after school to attend grief group activities. School buses run on regular schedules, and students cannot expect the buses to wait for them. Rural communities usually do not have public transportation, so if students miss the school bus because of their participation in grief groups, students whose parents have not arranged for rides do not have a way to get home from school.

Debriefing groups. Debriefing groups are time limited, have a specific purpose, and should be open to anyone who needs to deal with the immediate effects of traumatic grief and trauma. However, some students do not feel the need for help immediately after a crisis. If students express the need for support at a later date, then cognitive behavioral therapy has been shown to reduce the incident of PTSD among people exposed to traumatic events (McNally, Bryant, & Ehlers, 2003).

Debriefing has increasingly come under fire over the past 16 years (Everly & Mitchell, 2000; Mitchell & Everly, 2001). However, in school settings, modified debriefing has been found to be helpful and accepted as a standard intervention for children immediately following a traumatic event (Brock et al., 2009). In fact, Brock et al. (2009) supports debriefing as an intervention for students who are experiencing grief and trauma, particularly for those students who were not directly involved in the traumatic event but were indirect or secondary victims. Also, Brock and his colleagues (2009) believe debriefing should last as long as necessary and should be integrated into a larger well-organized crisis intervention support system.

School mental health professionals should not focus crisis debriefing and support groups on maladaptive patterns but, rather, should focus on client strengths that can help restore

equilibrium, hope, and trust (Chen & Rybak, 2004). Using a strengths-based approach in crisis intervention groups helps victims find positive challenges as a substitute for dwelling on the losses that occurred. A strengths-based practice focuses on what is positive in the individual's situation rather than what is going wrong. Teachers may view crisis situations and trauma as struggles and injurious, but they may also be sources of challenge and opportunity (Saleebey, 1997).

Teaching coping skills. Learning some coping strategies to deal with grief and loss is essential (Fisher, Jimerson, Barrett, & Graydon, 2010). Any group or individual intervention should include some of the following activities to help teach coping skills. First, participants must be educated about grief and the grieving process as well as about death and trauma. Next, the participants should share their stories about the person who is gone or about the crisis precipitating event. Then participants should be guided to discuss what has already changed in their lives at school, at home, and with peers so that students can share their reactions to the changes. Participants should receive help in discussing any unfinished business from the crisis (things they missed out on or things they did not get to say or do). The participants should identify some positive coping abilities that they already know and then learn new coping skills such as relaxation techniques or health promoting strategies (Fisher et al., 2010). When a group is involved, the participants should be asked to share how they feel about the group ending, and should be asked if they need any additional support.

Educating teachers and administrators. School personnel need to be aware of the effects of trauma and grief. Learning becomes difficult for students when there is a traumatic event or school crisis. Wong (2008) states, "In mental health as in education—trauma leaves children behind" (p. 400). Where there is an intervention after a school crisis, it is usually provided by the available school counselors, psychologists, and social workers, or a school or district crisis team. However, teachers as the front line personnel may discover how a child is reacting to a crisis either through the child's change in behavior or because the child tells the teacher. "Children are most likely to select someone they know with whom to discuss their loss" (Reid & Dixon, 1999, p. 219).

Because teachers observe students daily, they are in the best position to assess subtle changes in student behavior and attitudes resulting from trauma and resulting grief. Understanding the stages of grief is crucial for teachers because they may be the first ones to become aware that students are having difficulty moving through the grief process. However, educators cannot identify children and adolescents who are experiencing grief, depression, or PTSD if they do not know the warning signs. Teachers should be considered to be part of the intervention team and should be trained to notice warning signs of grief, depression, and stress to help prevent PTSD in children who have been traumatized (Balk, Zaengle, & Corr, 2011).

Discussion

Three rural Texas students were killed when they were walking on the side of a poorly lit highway and were struck by an automobile while returning home from visiting a friend. The students' deaths triggered a series of events at school and in the community as everyone rallied to support the families and cope with their loss.

The rural Texas school district where the students attended school provided support to any student who was affected by the death of the students. At both the high school and middle school, students were invited to visit with the school social worker, social work interns, or school counselors the first school day after the accident occurred. The schools ran debriefing and follow-up groups to allow students, staff, and faculty to discuss their feelings. These groups took place immediately after the accident. A week later, the school staff again ran grief support groups for any student who needed to talk. One of the social work interns also provided group support in Spanish for students in English as a Second Language (ESL) classes.

It was learned that the families of the students who were killed needed help with funds to pay for the funerals. The community became involved in raising funds to assist the families. The social work interns collected funds from classmates of the deceased students and faculty at their school.

The community leaders reviewed the scene of the accident to determine if there was a need for better lighting. There had already been several citizen complaints about the darkness of the highway and the high speed that cars were allowed to travel at the location of the accident. The community also began to use the area as a memorial site: Teddy bears, flowers, letters, and various other tributes were left at the site to help students and other community members show their grief and support.

Analysis

The school district where the deceased students were enrolled had a crisis plan in place and utilized the school mental health professionals in the district to help with the aftermath of a crisis. The school district administrators sanctioned support and debriefing groups, allowed students to be released from class, and provided an appropriate (i.e., private) place for the groups to meet. Teachers also allowed students to miss class without being penalized in order to be a part of the group. The entire school staff had previously been informed about how to refer students to crisis intervention groups and answered questions from parents regarding the groups.

Use of Support and Debriefing Groups

Debriefing techniques were used initially because the school mental health professionals had received training in how to use the techniques appropriately. The district mental health staff had been successful in using the debriefing techniques for several school-related crisis situations such as the death of a teacher and a school suicide. Debriefing and follow-up support groups were used at both the junior and senior high school in the rural district after the death of the three students.

When using debriefing methods, there is usually a pre-determined format to follow which includes specific steps to help students process the events by recalling specific thoughts and feelings. Stallard et al. (2006) indicates that debriefing should include the following six stages:

Stage 1 Introduction. Explain the purpose, format, and rules of the debriefing meeting. (Trauma-focused practitioners may claim that stage one involves providing coping strategies so group members can tell their stories using the coping skills they have learned, which helps to decrease retraumatization.)

Stage 2 Reconstruct the traumatic event from beginning to end in a factual manner.

Stage 3 Focus on the person's thoughts about the trauma.

Stage 4 Talk about the person's emotions related to the trauma.

Stage 5 Draw similarities between the thoughts of all those involved to help normalize their reactions.

Stage 6 End with advice on how to cope with future thoughts and feelings related to the trauma.

The Salt Lake School District (2008) has added the following additional stage:

Stage 7 Follow-up. Debriefers should meet to determine if any students need continued individual help and to identify who would benefit from individual sessions or referral for more extensive grief work.

Because the debriefers also need debriefing, the following stage should be added:

Stage 8 Debrief the debriefers. A session should be held to support debriefers. Help them normalize their feelings, and allow them to express their thoughts and feelings about what they have heard.

Group debriefing sessions should have group rules. These are established by the leader because there is insufficient time for the group to set the rules. The Salt Lake School District (2008) implemented the following rules for debriefing groups:

1. Only one person speaks at a time.
2. Responses should last about one to two minutes.
3. Each person should speak only for himself or herself.
4. There should not be laughter or judging about other group members' statements.
5. Members should not leave after the group begins.

Group members should not be forced to express their feelings. There should be more than one meeting of the group to allow time for group members not only to identify their feelings, but to learn to cope with those feelings. There should be no interruptions once the group meetings have begun. There should also be a chance for each group member to talk for a couple of minutes. The group meetings need to be held in a private space away from the location where the crisis event took place.

After the first group meeting, time should be set aside for individual meetings with each child in the group. After two or three sessions, continued help should be offered to those group members who are still interested in receiving it.

When deciding who should attend a debriefing group, school mental health professionals should include those who wish to attend and should also include those who have experienced emotional, cognitive, or physical reactions to the event, such as nightmares, problems concentrating, recurrent thoughts of the event, feelings about how they could have prevented the event, or guilt. The groups should be age specific because a child's or adolescent's ability to understand and deal with the scope and finality of death varies directly depending on his or her age (Webb, 2011). The middle school and high school students responded well to the debriefing sessions after their classmates were killed because the groups were age appropriate.

Older adolescents may want to lash out after a death or have a forum for their grief (Goldman, 2006). A positive response to such anger is to help them find a way to honor the deceased. Memorials such as memory books assist with bereavement and anger (Goldman, 2006). It is common among adolescents to become involved in creating shrines, taking collections, or doing some activity to remember the deceased. For this age group, debriefing meetings can last up to one and one-quarter hour. The sessions should begin with the group facilitator finding the meaning of the crisis event to each student and what feeling, like guilt, each student is attaching to the event. After the first group meeting, there should be individual meetings with each student.

Morrison (2007) learned from staff and teachers that crisis debriefing in schools had positive results. The middle and high school students in rural Texas were able to discuss their feelings, have them normalized, and received support from several sources including their peers, school mental health professionals, and social work interns. The debriefing sessions took care of the needs of many of the students. Those who were in need of longer term help were placed in a support group run by social work interns. As a result, the students were also able to channel their grief into a memorial for the deceased students and raise funds to help support the costs of funeral arrangements. The students were given the opportunity to find sources for their own well-being. It is important to allow the natural abilities of those exposed to trauma to make their own recovery (McNally et al., 2003).

On a macro scale, the community worked together to heal and find a solution to the problem that caused the death of the students: Lights were placed on the dark highway to make pedestrians more visible.

Follow-Up

Follow-up may not be necessary for everyone who attends crisis debriefing and support groups. The group leaders should determine who needs continued counseling after the initial debriefing sessions end. All group participants should be given the invitation for follow-up if they find it necessary.

Debriefing the group leaders is a necessary step after any traumatic event. Those doing the debriefing are themselves at risk of developing secondary traumatic stress or vicarious trauma. "Vicarious trauma (VT) and secondary traumatic stress (STS) or compassion fatigue both describe effects of working with traumatized persons or therapists" (Jenkins & Baird, 2002, p. 423). These effects, if left untreated, can lead to burn-out. It is essential for group leaders to have the opportunity to discuss what they have heard and their reactions to what they have heard. These discussions follow the same type of format as debriefing. In particular, the debriefing group leaders need to discuss their thoughts and feelings and how they are affected by what they have heard. Debriefing allows the debriefers to become aware of their response to what they have heard and then to release their emotions and thoughts.

Implications for Rural School Districts

There was a school social worker, social work interns, and school counselors in the rural Texas school district where the students were killed after being struck by a car. The school mental health professionals provided immediate help to students and school staff. The community showed strong support to the schools and the families of the deceased students. The community also tried to resolve the poorly lit highway that may have been a factor in the death of the three young students. With the support of the school and community, the families of the three young students received both emotional and financial support to assist in healing.

The lessons learned from this rural community could serve as a model for other communities. The school district administrators were proactive in assuring that the district had a strong mental health support base of school counselors, psychologists, and social workers, as well as social work interns. The district was proactive in having a crisis plan in place. The district administration did not allow themselves to be limited by the normal problems of a smaller population and economic base in order to provide needed services (Hickman, 2004).

Recommendations for Rural School Districts

Rural communities should be proactive in hiring school administrators who understand the value of mental health practitioners in the schools and who will hire social workers and other mental health practitioners with a wider variety of specialized skills and intervention techniques. Likewise, the school district mental health staff should assist in developing a crisis prevention plan, which includes suicide prevention. School mental health professionals should offer training to assist other staff and teachers to recognize the warning signs of severe depression and suicide so they can identify at-risk students. School mental health professionals should help develop an intervention plan to deal with a crisis when it occurs. The school social worker can also be proactive in training MSW students as interns who may then be available to assist with crisis situations. Mental health professionals, along with all school personnel working together, can strengthen rural schools and offset the long-term effects of a crisis-precipitating event.

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Author's Note

Correspondence concerning this article should be addressed to Linda Openshaw, School of Social Work, Texas A&M University-Commerce, PO Box 3011, Commerce, Texas 75429-3011. E-mail: Linda.Openshaw@tamuc.edu