School Counselor Role on the interdisciplinary emergency management response team

School counselors are crucial resources in preventing incidents of violence, conducting interviews when concerns arise about potential threats, and responding when violence occurs (ASCA, 2013). School counselors in West Virginia are required to coordinate the mental health crisis team for their school in accordance with Policy 2315 (Manchin, Green, Combs, Campbell, Dunlevy, Jackson, Martirano 2014-2015, p. 27). There are four different role categories that school counselors will practice: preparedness, prevention, response, and recovery.

During the preparedness stage, school counselors, along with the rest of the Emergency Management Response Team, confirm that members are engaged, that contact information is up to date, and that the crisis plan is updated annually (Manchin, et. Al., 2014-2015 p. 27). It is important that the school counselor makes sure all members are trained about their roles, applying self-care, and are aware of members with high levels stress. Members not properly trained will not be prepared for when and if a crisis occurs. If members on the crisis team are experiencing stress, it may affect their ability to provide support when needed. It is important for the crisis team to receive training about self-care because research has shown that self-care practices can impact stress levels (Myers, Sweeney, Popick, Wesley, Bordfeld, & Fingerhut, 2012).

When practicing the prevention stage, some of the activities that a counselor should do are to conduct annual needs assessments, to determine the needs of students to guide the priorities of prevention, and to identify behavioral needs and students with at-risk behaviors by reviewing discipline referrals. School counselors should also assist with training, staff, administration and students in efforts of preventing crises. Liaisons from local resources can be

Identified and established to aid in counseling staff and students when crises occur ((Manchin, et. Al., 2014-2015 p. 28).

During the response stage, the school counselor has various roles, such as working closely with the principal or site administrator to direct Mental Health Crisis Team's response to all persons involved and impacted by the crisis event and to establish the facts as clearly as possible about the crisis. The school counselor will also determine when and where the crisis team will meet and respond. During this stage, the school counselor will determine which groups were impacted by an event and what type of support and responses are needed (Manchin, et. al., 2014-2015, p. 28).

The school counselor's role during the recovery stage is to refer students who need further counseling and resources. They will also debrief with the crisis team to determine what went well, challenges that were encountered, identified needs, and so on. The school counselor can also assist in activities to memorialize the crisis with school and community members.

Processes for referral and follow-up should be set in place for students and staff members who need long-term services (Manchin, et. al., 2014-2015, p. 28).

Student and Staff Reactions to Crisis

Students exposed to crises will become distressed and may display various reactions that are common reactions when experiencing a crisis (Brock, 2013). According to Brock, 2013, some common emotional reactions students may encounter are shock, anger, sadness, guilt, helplessness/hopelessness, and emotional numbing. A few of the cognitive reactions effects students may experience are impaired concentration, self-blame, memory impairment, nightmares, and impaired decision-making ability. To name some of the physical effects as reaction to crisis are fatigue, headaches, gastrointestinal problems, startle response, and impaired

immune response. Social withdrawal/isolation, change in eating patterns, aggression, tantrums, and regression in behavior are a few of the interpersonal and behavioral reactions a student may experience in response to a crisis. Not all students will have the same reactions to the same events, the developmental level of students is an important determinate to the type of reactions they will display (Brock, 2013).

School staff members may also experience similar reactions to crisis as previously mentioned. Similar to students, staff members will have varying reactions to the crisis event. It is important for staff members to be sensitive to their own reaction as well of the reactions of the students (Manchin, Green, Combs, Campbell, Dunlevy, R., Jackson, ... Martirano, 2014-2015, p. 14). Staff and students should seek support when necessary. If needed, they may be referred for longer term treatment.

Developmental Level Phycological First-Aid Strategies

Psychological first-aid is an early intervention approach that follows disasters to help promote a sense of safety and comfort. Psychological first-aid reduces acute stress responses, increases adaptive coping, and fosters connections with support systems and community resources (Lee, You, Choi, Youn & Shin, 2017). When using psychological first-aid strategies for developmental levels, the counselor needs to consider what strategies will work best for the elementary level, middle school level, and high school level.

When working with students of the elementary level (between the ages of three and eleven years old), the counselor could use some of the following strategies: encourage expression through play or drawing; allow students to retell events and how it affected them through writing, art, or music activities that end with a discussion of how they can improve something such as life at home, school, or in their community, and; teach stress management techniques to

help improve student concentration and attention to prevent impaired learning (Wong, 2008).

Parents should also be reminded monitor adult conversations and media exposure that pertains to the crisis.

When working with students in middle school and high school developmental levels (ages twelve years old and up), school counselors can incorporate the following strategies: encourage students to resume the activities they participate in, such as athletics or clubs; encourage constructive involvement in their communities to help decrease their feelings of helplessness, and; help students understand withdrawn and aggressive behaviors are in effort to numb responses or to cope with fear and anger (Wong, 2008). Psychological first-aid can be very helpful to students after a crisis has occurred. However, some students may exhibit serious behaviors ranging from feeling suicidal to refusing to attend school after a period of post-disaster (Wong, 2008). Students who experience such behaviors may need to be referred to a community mental health professional to seek further treatment.

Recognizing students and staff in need of more intense services and referrals.

After a crisis and initial interventions have taken place, a school counselor may make plans for regular checks-ins with student and staff who are affected by the crisis. These check-ins can determine which students and staff may be in need of being referred for mental health counseling with an outside provider (Wachter, Minton, & Clemens, 2008). Signs to recognize that staff and students need more intense services and referrals are: it's been six weeks and they are not feeling better; difficulties functions as school, home, or work; they continue to experience terrifying memories, nightmares, or flashbacks; they have difficulty connecting and relating to others; begin to experience suicidal thoughts or feelings; and avoid more and more things that remind them of the crisis (Brock, S & Reeves, M, 2015).

Sources:

- ASCA. (2013). The School Counselor and Safe Schools and Crisis Response. Retrieved June 4, 2019, from
- https://www.schoolcounselor.org/asca/media/asca/PositionStatements/PS SafeSchools.pdf
- Brock, S. (2013). Crisis Intervention Handouts. Retrieved June 4, 2019, from https://www.csus.edu/indiv/b/brocks/courses/eds 246b/f) crisis intervention 2/handouts.pdf
- Brock, S., & Reeves, M. (2015, July). Helping Traumatized Students and Those Who Experience Grief, Loss, and Mourning. Retrieved June 5, 2019, from Helping Traumatized Students and Those Who Experience Grief, Loss, and Mourning
- Lee, J., You, S., Choi, Y., Youn, H., & Shin, H. S. (2017). A preliminary evaluation of the training effects of a didactic and simulation-based psychological first aid program in students and school counselors in south korea. *PLoS One*, *12*(7), e0181271. doi:10.1371/journal.pone.0181271
- Manchin, G., Green, M., Combs, T., Campbell, T., Dunlevy, R., Jackson, L., II, . . Martirano, M. (2014-2015). *Addressing Mental Health in School Crisis Prevention & Response*. West Virginia Board of Education.
- Manchin, G., Green, M., Combs, T., Campbell, T., Dunlevy, R., Jackson, L., II, . . Martirano, M. (2014-2015). *West Virginia Schools Crisis Prevention and Response Plan Template*. West Virginia Board of Education.
- Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology*, *6*(1), 55-66. http://dx.doi.org/10.1037/a0026534
- Wachter, C. A., Minton, C. A., & Clemens, E. V. (2008). Crisis-Specific Peer Supervision of School Counselors: The P-SAEF Model. *Journal of Professional Counseling: Practice, Theory & Research*, 36(2), 13-24. doi:10.1080/15566382.2008.12033846
- Wong, M. (2008). Helpful Hints for School Emergency Management. *US Department of Education Readiness and Emergency Management for School (REMS) Technical Assistance Center*, *3*(3), 1-11. Retrieved June 4, 2019, from https://rems.ed.gov/docs/HH_Vol3Issue3.pdf.