

Maryland School Mental Health Alliance*

Crisis Management in Children and Adolescents Information for School Clinicians

Definition

A crisis event can happen at anytime. Crises such as a schoolyard shooting, student suicide or death of a teacher, can emotionally debilitate teachers and classmates. If a family or friend has been seriously injured or killed or if a child's, school or home has been damaged or a change in the environment has occurred, there is a greater chance that the child will experience difficulties coping. Whatever the circumstance, the emotional effects on children can be tremendous. These external factors have a direct effect on the child's mental and emotional feelings. This could result in the need for crisis management and intervention.

Why do we care?

When compared to their developmental peers, children in crisis:

- Have lower levels of academic performance.
- Are more likely exhibit changes in behavior.
- Are more likely to feel more anxious or worried than usual or more than other kids in their age group.
- Are more likely to have anger or conduct problems
- Are more likely to isolate themselves from friends or family, or have a sudden, new group of friends.
- Might have the inability to concentrate, daydreams a lot, and seems spacey.
- Are more likely to hurt other people, destroy property, or harm themselves.
- May resort to drugs/alcohol to ameliorate the pain
- Are at risk for suicide

Age-appropriate reactions and related symptoms associated with crisis:

Childhood

- Sadness and crying
- School avoidance
- Physical complaints (headache or stomachache)
- Poor concentration
- Irritability
- Regressive behavior
- Aggressive behavior
- Anxious
- Confusion
- Withdrawal/social isolation
- Attention seeking behavior

Early Adolescence

- Withdrawal/ isolation from peers
- Loss of interest in activities
- Rebelliousness

- Generalized anxiety
- School difficulty, including fighting
- Fear of personal harm
- Poor school performance
- Depression
- Concentration difficulties

Adolescence

- Anxiety and feelings of guilt
- Poor concentration and distractibility
- Psychosomatic symptoms (e.g., headaches)
- Antisocial behavior
- Agitation or decrease in energy level
- Poor school performance
- Peer problems

When is help needed?

Help from a physician, mental health professional and/or clergy will be needed if the child or adolescent:

- Threatens or attempts suicide.
- Has reactions that are so intense that they interfere with daily functioning over a prolonged period of time.
- Re-experiences the trauma through flashbacks, hallucinations, or, with children, a constant reenactment through play.
- Exhibits aggressive violent, or intensely irrational behavior.
- Excessively uses alcohol and/or drugs.

What can we do about it?

Goals in Crisis Intervention:

1. Improved functioning.
2. Return to equilibrium.
3. Prevent decline in functioning.

Strategies/techniques in Crisis Intervention:

- **Be available.** Make yourself available to students in their time of need without interruption.
- **Cancel other activities.** If you had other scheduled tasks or duties during the time of the student's crisis, postpone them to address the child's immediate needs.
- **Locate counseling space.** Secure a safe and confidential room for you to talk with the student.
- **Offer hope.** Because clients in active crisis often feel despair and hopelessness, approach the client with a positive, optimistic attitude (*but don't offer promises!).
- **Stay event focused.** Remain focused on the recent life event that caused the crisis.
- **Promote catharsis.** Allow for ventilation if it is not already occurring (some clients may be frozen/numb/expressionless).
- **Reconnect/mobilize support system.** Help the client to keep connected to significant others and realize and reach out to/utilize these supports.
- **Help client to cope.** Have client work on an immediate task not related to the trauma to help the client realize he/she can accomplish something.

- **Set Routines.** Help the family/teacher to keep usual routines (e.g., meal times, activities, and bedtimes) as close to normal as possible. This allows a child to feel more secure and in control.
- **Special needs.** Help families to allow the child be more dependent on them for a period of time (e.g., keeping light on at night, sleeping with parents, offering more hugs).
- **Lessen media coverage.** Have parents turn off media coverage regarding incident because it can often be exaggerated or show the most severe scenes/pictures which can trigger stress-related symptoms/re-living the event.
- **Accept feelings.** Your acceptance of the child's feelings will make a difference in how the child recovers from the trauma.
- **Set up a safety contract.** If the child has admitted to wanting to hurt him/herself or has hinted to potentially hurting him/herself, set up a safety contract that consists of what should occur if he/she has these thoughts, who he/she can go to for help, and other contacts (e.g., calling 911) if he/she has these thoughts again outside of the counseling setting or if no one is around who can help. Also make sure the parent is aware of the contract and of the crisis situation if he/she is not already aware.
- **Get assistance if needed.** Some crises might be more extreme than originally anticipated if you need assistance do not hesitate in asking for help.
- **Support the faculty.** Provide support and feedback to teachers and other school staff as needed.

Key Resources/Links

American National Red Cross. (2001). *American Red Cross materials dealing with unexpected events.*

<http://www.redcross.org/news/ds/0109wtc/010914children.html>

- *Helping Young Children Cope with Trauma:* on-line brochure designed for parents and caregivers
- *When Bad Things Happen:* on-line brochure designed for junior high school students
- *Why Do I Feel Like This? :* on-line brochure designed for high school students

American Psychological Association. (n.d.) *Reactions and guidelines for children following trauma/disaster.* <http://www.apa.org/practice/ptguidelines.html>

Cash, R. (2004). Depression in adolescents: When it really hurts to be a teenager. *Helping Children at Home and School II: Handouts for Families and Educators.* National Association of School Psychologists. <http://www.nasponline.org/resources/intonline/depression.pdf>

Crisis Intervention goals, techniques, and resources:

http://www.ssw.umich.edu/simulation/crisisTutorial_intervention.pdf

Hamblen, J. (2002). PTSD in children and adolescents: A National Center for PTSD fact sheet.

http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_children.html

National Alliance on Mental Illness. (2005). *Family guide: What families should know about adolescent depression and treatment options.*

http://www.nami.org/Content/ContentGroups/CAAC/Family_Guide_final.pdf.

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*Developed by the Center for School Mental Health (<http://csmh.umaryland.edu>) in collaboration with the Maryland School Mental Health Alliance.