WS2 Handout 26 (Slide 141): Delivery of an Individual Crisis Intervention

Professional Behavior

- Operate only within the framework of an authorized school crisis intervention team response.
- Model healthy responses; be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.
- Make appropriate referrals when additional expertise is needed or requested by the student and/or the student's caregiver(s).
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

Guidelines for Delivering Psychological Crisis Intervention

- Politely observe first; do not intrude. Then ask simple, respectful questions of the student and/or his or her caregiver(s) to determine how you may help.
- Make contact by providing practical assistance (food, water, blankets).
- Initiate contact only after you have observed the situation, and the student or his or her caregiver has determined that contact is not likely to be intrusive or disruptive.
- Be prepared to have students either avoid you or overwhelm you with contact.
- Speak calmly; be patient, responsive, and sensitive.
- Speak slowly, in simple, concrete terms; do not use acronyms or jargon.
- If a student wants to talk, be prepared to listen. While listening, focus on hearing what he or she wants to tell you and on how you can help.
- Acknowledge the positive features of what the student has done to keep safe.
- Give information that directly addresses the student's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience.
- When communicating through a translator or interpreter, look at and talk to the student or caregivers you are addressing, not at the translator or interpreter.
- Remember that the goal of crisis intervention is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Some Behaviors to Avoid

- Do not make assumptions about what students are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize; keep in mind that acute reactions are understandable and to be expected, given what students exposed to a disaster have experienced. Do not label reactions as symptoms or speak in terms of diagnoses, conditions, pathologies, or disorders.
- Do not talk down to or patronize the student, or focus on his or her helplessness, weakness, mistakes, or disability. Focus instead on what the student has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.

- Do not assume that all students want to talk or need to talk to you. Remember that being physically present in a supportive and calm way helps affected students feel safer and more able to cope.
- Do not "debrief" by pressing for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a student's question, do your best to learn the facts.

Interventions With Children and Adolescents

- For young children, sit or crouch at the child's eye level.
- Help school-age children verbalize their feelings, concerns, and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Using extreme words like "terrified" or "horrified" to describe a child's reactions may increase their distress.
- Listen carefully and check in with the child to make sure you understand him or her.
- Be aware that the child may show developmental regression in behavior and use of language.
- Match your language to the child's developmental level. Because younger children typically have less understanding of abstract concepts like death, use direct and simple language as much as possible.
- Reinforce these techniques with the child's parents or caregivers to help them provide appropriate emotional support to their child.

Note. From *Psychological First Aid: Field Operations Guide* (2nd ed., p. 7–10), by M. Brymer et al., 2006, Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. Reprinted with permission.