



American Counseling Association

School Counselor Connection

Support Following School Shootings

References

Hobfoll SE, Watson P, Bell CC, Bryant RA, Brymer MJ, Friedman MJ, ... Ursano RJ. (2007). Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence. *Psychiatry: Interpersonal & Biological Processes*, 70(4), 283–315.

Ruzek, J. I., Brymer, M. J., Jacobs, A. K., Layne, C. M., Vernberg, E. M., & Watson, P. J. (2007). Psychological First Aid. *Journal of Mental Health Counseling*, 29(1), 17–49.

Schreiber, M., Gurwitch, R., and Wong, M. (2006). Listen, Protect, Connect – Model & Teach Psychological First Aid (PFA) for Students and Teachers. Retrieved from:

www.schoolcrisiscenter.org/wp-content/uploads/2017/04/ncscb-psychological-first-aid-students-and-teachers.pdf

www.schoolcrisiscenter.org/#

Counselors lead the mental health services in schools and sadly one of the challenges we are called on to address is targeted violence. For years there has been a core assumption that students will be safe when they go to school, and a shooting fractures that belief. Being well prepared in the event of a mass casualty event can help alleviate the sense of helplessness, and support the school community following a tragedy.

If a school experiences a mass casualty event such as a school shooting, there are specific steps that should be considered in trying to support the school community. In the immediate aftermath, a Psychological First Aid (PFA) response is appropriate and can be utilized by any trained adult in the school community. PFA utilizes the following eight core steps: Contact and Engagement, Safety and Comfort, Stabilization, Information Gathering regarding Current Needs and Concerns, Practical Assistance, Connection with Social Supports, Information on Coping Support, and Linkage with Collaborative Services (Ruzek et al., 2007). In addition, there is an excellent adaptation of the PFA approach specifically for school settings, which frames the PFA response as an educational process, as well. Stakeholders are encouraged to Listen for risk factors, Protect them from re-traumatization and over-exposure to traumatic material, Connect students with resources to help with coping, Model self-care and adaptive coping strategies, and Teach the expected reactions to a traumatic event (Schreiber, Gurwitch, & Wong, 2006). Generally, we want survivors to understand that there are normal reactions to abnormal situations, and that if their reactions are troublesome, we have professionals who can help. Hobfoll and colleagues recommend five essential elements in the immediate and mid-term crisis response, as follows: promoting a sense of safety, promoting calm, promoting a sense of self and collective-efficacy, promoting connectedness, and promoting hope (Hobfoll et al., 2007).

School counselors know their students, faculty, and staff better than anyone, and as the lead mental health professional in the schools, counselors have a deep understanding of the school's culture. Supporting individual and community needs takes planning and flexibility. We should be deliberate about how and when to commemorate losses and focus on how the community will support one another to overcome this situation. Remember that being a helper can take a toll, especially when we are affected by a tragedy in our own school or community. Counselors must engage in and model effective self-care, because we can only serve others effectively when we take care of ourselves.

— Gerard Lawson, Ph.D., LPC, NCC, ACS
Professor of Counselor Education, Virginia Tech