

Hearing Testimony of Melissa Reeves, PhD, NCSP
U.S. Senate Ad Hoc Subcommittee on Disaster Recovery
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Good afternoon. I am Dr. Melissa Reeves, a school psychologist and faculty member in the school psychology program at Winthrop University. I want to thank Senator Landrieu and the members of Ad Hoc Subcommittee on Disaster Recovery for taking the lead in shining a light on the needs of children impacted by crises and disasters. It is a privilege to be here today on behalf of the National Association of School Psychologists (NASP), and to share my view of the critical role schools must play in crisis response and recovery.

In addition to being a graduate educator and a consulting school psychologist, I am also a licensed special education teacher, licensed professional counselor, and lead developer of the PREP_aRE School Crisis Prevention and Intervention Training Curriculum with more than 15 years of direct experience helping schools prevent, prepare for, and respond to crisis events.

My remarks today focus on the significant role of schools in keeping our children safe and healthy in the event of a crisis. After both 9/11 and the Gulf Coast hurricanes, we saw America's schools thrust into the center of the nation's crisis response. Not only did schools respond in the immediate aftermath of these tragedies, but they have been, in many cases, the sole source of ongoing support for children and their families during recovery. In fact, I think it is safe to say that the country would have been unable to meet the needs of children and youth, even to the extent we have, without our schools.

Impact on Children

This support is vital, since trauma can have significant psychological consequences for children and youth if we fail to provide the appropriate services needed for full recovery. In working with a variety of students and age levels in the aftermath of crises, I have seen firsthand their impact on both the physical and psychological safety of students. Immediate reactions can be profound and include fear, anger, grief, anxiety, loss, and hopelessness. Children also often have trouble eating, sleeping, concentrating, or interacting with others; crying; regression; and/or withdrawal. As children grow, their reactions may change and new emotions emerge as they process the crisis event at different stages of their lives. Therefore, recovery takes time. In schools, trauma reaction can manifest itself in declines in grades; inattentiveness in class; increased social, emotional, and behavior problems (such as interpersonal conflicts or increased aggression); physical complaints; and risks from serious mental health problems like posttraumatic stress disorder (PTSD), major depression, anxiety, or suicidal ideation.

The aftermath of Hurricane Katrina illustrates many of these negative and concerning outcomes. For example, a study of children living in FEMA subsidized housing found 44% (at 6 months) and 55% (at 1 year) experienced new emotional or behavioral difficulties (Abramson & Garfield, 2006; Abramson et al., 2007). Additionally, a study of individuals from households that were displaced by Katrina, conducted 21 months after the hurricane, found that up to 37% had been diagnosed with depression, anxiety, or a behavior disorder (Abramson et al., 2007). Further, the lifetime prevalence rate of PTSD (a serious and debilitating mental disturbance generated by exposure to extreme traumatic stressors) is estimated to be 6–10% for children and adolescents in the general population (Dyregrov & Yule, 2006) and as high as 30% among some urban populations (Buka, Stichick, Birdthistle, & Earls, 2001). Finally, there is considerable evidence that youth with trauma exposure and PTSD are at increased risk for low academic achievement, depression, aggressive or delinquent behaviors, and substance abuse (Kilpatrick, Saunders, Resnick, Best, & Schnurr, 2000). Despite these alarming findings, the good news is that when we meet the needs of children affected by a crisis with timely and appropriate services, we minimize traumatic effects and increase the odds that children will continue to learn and grow despite their crisis experience.

Schools Are Critical to Providing Services

Schools are uniquely positioned to support this process and the President's New Freedom Commission on Mental Health (2003) recommended that one way to enhance the utilization of mental health

services is to deliver them in schools. Supporting this recommendation, it has been found that referrals for school-based mental health services are far more successful than referrals to agencies in a community-based setting (Evans & Weist, 2004). There are multiple reasons for this. First and foremost, schools are where children reside for a significant amount of time each day. The learning environment provides daily structure and support, and opportunities for building coping skills. Second, school personnel know the students. They have the opportunity to monitor the residual and emerging effects of the crisis and provide a continuity of supports over time. And third, schools are familiar and accessible to families. This increases the likelihood that they will seek and accept help for their children. Schools can help support the parents as well, and in my personal experience, this also leads to more parent engagement with their child's learning and recovery.

This need is especially great in New Orleans, as documented by *The State of Public Education in New Orleans Reports* (BCG, 2007, 2008). Both reports documented teacher and support staff shortages, and the 2007 report indicated that students often did not receive the services they needed, especially counseling services. In addition, the 2007 Report noted that students, families, and community members all voiced the need for improved mental health support for students in the public schools. Many schools report that they lack sufficient numbers of mental health professionals (such as school psychologists), which they believe has led to a growing difficulty engaging students in learning and an increase in disciplinary incidents.

Direct Interventions Provided by School Psychologists and Other School-Based Mental Health Professionals

Community-based services are also critical to meeting the full continuum of children's needs and are invaluable in cases where children require intensive long-term therapeutic support. However, these services need to be supplemental and complementary to those provided by school-employed mental health professionals (such as school psychologists, school counselors, school social workers, and school nurses). Ensuring the ongoing presence of school-employed mental health professionals is important because of our specialized training with children, knowledge of schools, and our familiarity with students. I saw this firsthand as a crisis responder following the Columbine High School shooting. While there were many mental health professionals offering their assistance, some lacked the special knowledge and training needed for work in schools and with traumatized youth. Those that lacked this knowledge were not particularly helpful, and in some cases they did more harm than good.

This brings me to a key point: crisis response is *not* a matter of choice for schools. When a crisis occurs, the school can be immediately transformed from an environment focused on learning to a triage center, emergency shelter, evacuation site, counseling center, communication depot, and/or liaison between families and community services. I can tell you from firsthand experience that the entire school staff (including secretaries, teaching assistants, and custodial staff) become caregivers who provide a critical sense of normalcy and structure for children in an otherwise chaotic, sometimes frightening world.

The problem is that very few schools today are adequately prepared to perform this role in a comprehensive, cohesive, and sustained manner. It is critical that any proposed legislation addressing children and disasters explicitly link schools to policies and funding to ensure all phases of emergency response are efficient and effective.

What Does This Look Like? PREPaRE Curriculum & Professional Training Opportunities

Effective school crisis response requires planning and strategies appropriate to the learning environment that encompass both physical and psychological safety, school–community collaboration, a designated school crisis response team, and staff training. In training professionals across the country, I have often seen some or part of these things addressed, but rarely all. For example, a crisis plan may address physical safety with minimal focus on psychological safety. Or staff training may focus on plan development, but not staff skill development. Effective crisis training must use a comprehensive approach.

As a leader with NASP, I have had the privilege to help develop the *PREPaRE School Crisis Prevention and Intervention Training Curriculum* (PREPaRE) designed to help schools build this capacity at the local level. NASP has long been a leader in school crisis response, providing direct support in schools,

training, research, and free public resources in the aftermath of major crises. The PREPaRE curriculum is a comprehensive crisis prevention and intervention curriculum developed by school-based professionals who have extensive direct experience in school crisis for school professionals. The curriculum integrates the U.S. Department of Education's four crisis phases (prevention/mitigation, preparedness, response, and recovery), and makes use of the National Incident Management System (NIMS) and its Incident Command Structure. Specifically, PREPaRE combines the important aspects of crisis team and crisis plan development with extensive training on the mental health implications for children and how to minimize traumatic impact within the school context. To date, PREPaRE has trained close to 5,000 school and community professionals from more than 38 states and several foreign countries. We have also trained local trainers to offer PREPaRE workshops within their school communities in order to foster long-term sustainability at a reasonable cost. As one district administrator put it, "PREPaRE has provided the continuity amongst providers that we have striven to reach for years." In addition, I recently had a high school science teacher who had completed a PREPaRE crisis training workshop say that what made the training important to her was that it helped her better understand the traumatic stress reactions displayed by many of her students.

In addition, the school psychology program at Tulane University in New Orleans is one of the first school psychology programs in the country to offer a specialty PhD training program in Trauma Focused School Psychology. It is important to note that this program is made possible through funding provided by the U.S. Department of Education Preparation of Leadership Personnel training grant. Their doctoral students and faculty directly work with students in New Orleans area schools that were impacted by Hurricane Katrina. In addition, they are also working collaboratively with Project Fleur-de-lis (PFDL), which is a collaborative program linking local social service agencies, schools, and nationally recognized researchers, program developers, and clinicians in a coordinated effort to provide evidence-based mental health services within 64 New Orleans area schools. This special focus on specialized school-based crisis response training that emphasizes the importance of school–community collaboration is exactly the kind of training that needs to be emphasized in policy and practice.

How Can Congress Help Schools Build This Capacity?

We need clear policies that recognize the importance of schools in disaster and crisis response. These policies must give schools the mandate and funding to develop crisis plans and teams, train school staff, strengthen the school's capacity to deliver short- and long-term mental health services, and sustain these supports over time. We need national school crisis response standards and a national repository for best practice resources, technical assistance, and research to evaluate the efficacy of school crisis training and strategies. Immediate streamlined access to emergency funds in the event of a major crisis with the goal of restoring learning environments as quickly as possible is critical. And we need a clearly defined mechanism for school–community collaboration that lays out roles, responsibilities, and the use of resources. Lastly, schools need an adequate number of school-employed mental health professionals, such as school psychologists, who can provide the ongoing expertise and support to students, teachers, and families before, during, and following a crisis. These are the professionals trained to link services and interventions to learning, not just in the event of a major disaster, but through daily challenges that affect children's academic achievement and well-being.

Again, I'd like to thank you for your leadership on these issues and the opportunity to contribute today.

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