

RESPONSE TO THE SHOOTING AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL

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The mass casualty shooting at Marjory Stoneman Douglas High School (MSD) on February 14, 2018 resulted in the loss of 17 lives. As in the past, the tragic and senseless deaths of students and school staff was met with widespread shock and dismay, locally and across the nation. As a school psychologist who has responded to numerous school shootings around the country over the last 20 years, and countless homicides of youth on the streets of Miami-Dade County during my career, I am hopeful that this tragedy will serve as the tipping point leading to a comprehensive and sustainable effort to prevent violence in all its forms.

Within hours of the MSD tragedy, Broward County Public School officials requested assistance from Miami-Dade County Public Schools Crisis Management Personnel. The assembled team of 18 school mental health professionals, led by myself, provided 13 days of support, at nine locations, resulting in 468 hours of service delivery. A description of said services and recommendations follow:

- **Assistance with planning, consultation, faculty presentations, crisis counseling for students, staff and parents (psychological first aid, psychoeducation, grief support)**
- **Support at the Family Assistance Center (a.k.a., Parkland Resiliency Center)**
- **Counseling support provided for students at neighboring schools**
- **Support and guidance for the return of faculty and other staff**
- **Counseling at the school open house**
- **Faculty preparation for return of students**
(Points of emphasis)
 - welcoming**
 - adult modeling**
 - script for addressing students**
 - acknowledgement of losses and impact**
 - validation of thoughts and reactions/triggers**
 - reassurance of safety**

- long process to recovery/unique pathways through grief
 - coping strategies, self- care
 - information about available resources
 - Preparation of school mental health/instructional support staff
 - Logistics (130 classrooms; 33 classes & 900 students relocated)
 - Faculty options for assistance

 - 130 school mental health professionals
 - supplemental instructional support staff
 - 70 comfort dogs & handlers
 - First day of school for students
 - 95% attendance
 - teachers at doors
 - non- academic approach
 - mix of excitement, apprehension and tears
 - eight 25-minute class sessions - connect with each teacher
 - media center utilized as counseling support hub
 - classroom crisis intervention upon request of teacher
 - numerous environmental triggers encountered
 - free meals for students and staff
 - end of day faculty debrief
 - morning/ afternoon debrief for school mental health professionals

 - Second day
 - four 50-minute classes
 - more students seeking assistance than previous day
 - mental health professionals teamed with comfort dogs

 - Final day of deployment
- Exit recommendations:
1. prepare for the development of PTSD
 2. consider the use of the Cognitive Behavior Intervention for Trauma in Schools (CBITS) to address the emergence of PTSD

- 3. consider developing affiliating agreements with community counseling centers to provide trauma-focused therapy on campus**
- 4. focus on caring for caregivers; practice self-care**
- 5. partner with community-based mental health resources**
- 6. maintain increased on-site mental health presence through end of school year**
- 7. arrange for increased visibility of adults in hallways, stairwells, and throughout the campus for the remainder of the school year**
- 8. prepare for events that may result in strong emotional responses; e.g., prom, graduation, criminal proceedings, and media coverage**
- 9. provide drop-in counseling opportunities for students and staff**
- 10. initiate bereavement groups**
- 11. monitor attendance closely (students and staff); initiate contact with parents of students who are chronically absent**
- 12. involve students, faculty, school mental health professionals, and school administration in generating school-based options for memorializing the deceased**
- 13. provide case management, monitoring, and extended care**
- 14. capture lessons learned**