
Safe at School

The Macomb County School Crisis Response Manual

Developed by

The Macomb Intermediate School District
The Macomb Youth Violence Prevention Council

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Master Copies and Checklists

introduction

SCHOOL SAFETY PLANS must include prevention activities, a blueprint for managing a crisis-in-progress and a guide to recovery. This document highlights the activities, which should occur from the time immediately following an incident through the days, weeks and months that follow. The protocol must recognize school communities as complex, dynamic organizations, which must serve the needs of students, families, staff and the community. It must assist school leaders to assess the needs of people touched by the crisis, sponsor appropriate interventions, identify additional resources for those who need them and return the schools focus to learning as soon as possible.

This manual is the third in a set of documents to assist Macomb County schools with crisis recovery. It does not, of course, stand-alone. The prevention efforts it reinforces, the policies it illustrates and the training it implies, remain the work of the many interconnected agencies and individuals in Macomb County.

The manual is divided into the following sections: Crisis Response Team, Communication, Recovery Process Interventions, Training, Appendix, References and Resources.

special thanks

MICHAEL R. DEVAULT, *Superintendent*
and

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THE CRISIS TEAM OF CENTER LINE SCHOOLS. They generously allowed much of their existing work to be re-printed in this document.

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Macomb's 3-Part Plan to Keep Kids "Safe in School"

Safe at School: The Macomb County School Safety Guide

Safe at School: The Macomb County School Safety Checklist

Safe at School: The Macomb County School Crisis Response Manual

Macomb's 3-Part Plan

The Macomb County School Crisis Response Manual is offered as a blueprint for schools attempting to develop plans for organizing, communicating and intervening when facing critical incidents. It is a source book for administrators and mental health professionals responsible for providing leadership to their schools and communities.

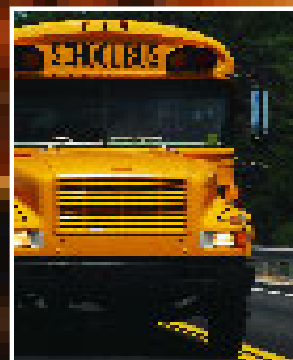
This manual is intended to serve only as a **resource guide**. It will supplement efforts that may have already been initiated in many districts. It is focused on assisting schools to develop staff training for both immediate response and long-term follow-up. Emphasis is placed on providing for the mental health needs of students, parents, and staff coping with traumatic incidents.

To develop an effective response, **schools must provide intensive on-going training and practice** for their crisis response team specialists and orientation in crisis response procedures for all staff. This manual may be helpful in such activities. As additional procedures are developed, they can be added to this document so that it becomes customized for each school district.

Safe at School

The Macomb County School
Crisis Response Manual

Crisis Response Team Formation/Initial Response



Crisis Response Team formation/ initial response

*“My first thoughts were:
did we have
enough staff
on the crisis team
to assist all
who needed support.”*

—Lakeview Public Schools

What a crisis team looks like

A crisis response team (CRT) is going to vary depending on school size and district resources. An ideal team would include the principal, assistant principal, school psychologist, counselor, social worker, nurse, teacher, secretary and other staff. A district not employing this range of staff should consider working with other districts or community agencies to include as many of the personnel listed above as possible.

Combining a comprehensive team with effective, ongoing crisis management training arms your school with a very useful, productive mechanism for handling any critical incident that may occur.

Roles and Responsibilities of CRT

Now that a comprehensive team is formed, roles and responsibilities will be defined.

Principal-CRT Leader

- Communicate with police and/or family members of victims to gather facts
- Communicate with superintendent
- Gather the CRT together
- Conduct CRT meeting to develop response plan that fits current crisis
- Communicate with media under the direction of superintendent
- Offer condolences to families affected by crisis
- Conduct staff meeting to inform and direct faculty and staff
- Delegate responsibilities to assistant principal or other staff
- Monitor crisis response activities

Assistant Principal-CRT Back-up Leader

Aid in activities delegated by principal, such as:

- Preparing statements for teachers, staff, students, parents and phone receptionist
- Evaluating and communicating needs of teachers and staff
- Arranging for possible use of substitute teachers
- Obtaining and keeping current a community resource list

Mental Health Staff, i.e. Psychologist, Social Worker, Guidance Counselor, Student Assistance Specialist

- Set up and staff saferoom (See Saferoom Section.)
- Assess students' need for professional outside treatment
- Provide one-on-one intervention to staff and students
- Develop and run specialized support groups for students (See Student Intervention by Mental Health Staff.)
- Provide (if trained) debriefing sessions (See Debriefing Section.)
- Refer students and staff as needed to community resources such as CARE

School Nurse

- Communicate with area hospitals and/or health department
- Assess and treat acute physical reactions resulting from crisis

Teachers

- Assist in rumor control
- Clarify facts to students
- Coordinate classroom activities (See Activities Section.)
- Assess and refer “At-Risk” students (See page 34.)
- Clerical and Other Staff
- Communicate needs of parents and students to principal and other CRT members

Secretary

- Answer telephone calls (have prepared statement)
- Record on paper all in-coming calls related to crisis – including name and phone number of caller in case call is disconnected before appropriate personnel receives it (See communication section – managing phones.)
- Prepare and assemble special announcements/mailings

Building Security

- Assess need for crowd control
- Monitor halls, classrooms, bathrooms, locker rooms, etc.
- Keep the building floor plan current and readily available

Responding to Crisis

How, when and where a crisis occurs is impossible to predict. Having plans in place to respond to a crisis will contribute to the school’s ability to recover from it.

Therefore, a well thought-out comprehensive plan is crucial. Just as crucial, is **knowing the plan and training the plan in an ongoing effective manner**. (See Training Section.) Following will be details that should be considered for inclusion in any crisis plan. **Please note that strict adherence to these details may not suit your particular school.**

Therefore, depending on your circumstances you will need to develop a plan suitable to your school’s setting.

Determine the Facts Surrounding the Crisis

Once a school is notified that a crisis occurred and the principal is aware, he/she needs to gather preliminary facts. This will allow him/her to determine whether or not a formal CRT meeting is needed. A team meeting will be necessary when an incident occurs that has affected a significant portion of the school.

“My first thoughts were:
to organize the building Crisis Management Team. The resources and personnel available to help, were great assets.”

—Anchor Bay School District

*“What helped most was:
my district sent over
to my building,
extra support staff
—our psychologist,
social workers and
other counselors.”*

—Romeo Community Schools

*“What helped most was:
we were able to
ask for assistance
from neighboring districts
who were most gracious
in allowing people from
their crisis teams to
come and help.”*

—Lakeview Public Schools

Crisis Response Team Meeting

Notify CRT of facts surrounding the crisis.

- Report only what has been confirmed
- Do not pass on rumors

Assess impact on the school.

(Initial estimates often underestimate impact. The number of affected students and staff and severity of the impact are difficult to project.)

- How many students and staff were affected?
- Who are these affected people?
- Are students or staff indirectly being affected (e.g. siblings, friends at other schools, staff from feeder schools, etc.)?

Determine required level of response.

- Should classes be suspended?
- Should assignments be cancelled or altered?
- Should school as a whole or certain students be released?
- Do you require additional support from other schools, districts or communities?
- Do you need extra secretarial help, substitute teachers, if so how will they be identified?
- Do you need saferooms? How many? (See Saferoom Section.)

Notify central administration if additional resources are required.

Assign team members to contact families of crisis victims.

- Face-to-face is preferred over phone contact
- A script should be prepared to offer comfort and to gather information
- Caller/interviewer should be prepared to deal with intense emotions

Determine what information should be shared with staff and plan staff meeting. (See also Communication Section Staff Meeting.) (Staff can provide good feedback on rumors and student needs.)

Remember to include:

- Teachers (Substitute Teachers)
- Counselors
- Secretarial Staff
- Bus Drivers (Crossing Guards)
- Cafeteria Workers
- Maintenance Staff
- Substitutes
- Itinerate Staff
- Volunteer Staff
- Paraprofessionals

Once the meeting is planned, begin staff fan-out.

Crisis Response Team Checklist	
Springfield (OR) Public Schools	
Activity	Person Responsible (identify before a crisis)
<input type="checkbox"/> Verify Facts	_____
<input type="checkbox"/> Contact Staff (phone tree)	_____
<input type="checkbox"/> Convene Crisis Team	_____
<input type="checkbox"/> Identify Family Contact Person	_____
<input type="checkbox"/> Arrange for Substitute Teachers	_____
<input type="checkbox"/> Write Announcement to Students	_____
<input type="checkbox"/> Morning Staff Meeting	_____
<input type="checkbox"/> Set up Safe Rooms	_____
<input type="checkbox"/> Distribute Suggestions for Classroom Discussion	_____
<input type="checkbox"/> Notify Students	_____
<input type="checkbox"/> Provide List of Readings and Materials to Teachers	_____
<input type="checkbox"/> Write and Send Letter to Parents	_____
<input type="checkbox"/> After-School Staff Meeting	_____
<input type="checkbox"/> Parent/Community Meeting	_____
<input type="checkbox"/> Plan Memorial/Remembrance	_____
<input type="checkbox"/> Post Intervention Debriefing	_____
<input type="checkbox"/> Follow-up with Students	_____

Crisis Response Team checklist

See Master Copies for full size document

Notification of Staff Off-Hours

Staff fan-out

Review fan-out message content

- Message should be read from prepared, written notes
- Message should list essential facts and required action

Execute fan-out

- Ask listener to write down and repeat back message
- Ask listener to repeat the process for his/her calls
- Leave a call back message if no answer
- Wait for personal contact to share message
- Notify principal of those who were not contacted

Close loop with principal

Last caller(s) should close loop and report to principal

Notification of Staff In School

Review message content

- Message should be read from prepared, written notes
- Message should list essential facts and required action

“What helped most was: crisis team knew late Sunday night and addressed the staff first thing in the morning.”

—Roseville Community Schools

*“What helped most was:
we immediately sent a
memo to the staff when
we had **direction from
the Superintendent.**
Instant communication
is most helpful.”*

—Romeo Community Schools

Execute fan-out

- Deliver sensitive information face-to-face
- Be prepared for initial emotional reactions
- Encourage listener to talk
- Allow time to gain composure

Close loop with principal

Once all staff have been notified, report back to principal.

In addition to notifying staff/faculty, some consideration needs to be given to advising parent teacher clubs, booster clubs and the like. Determine what information you want shared and how you may share it. Give some thought to having a parent information meeting. (See Parent Meeting Section.)

Determine information vehicle and prepare statements for:

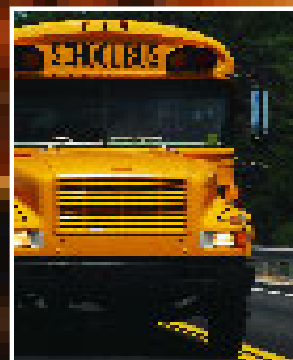
- Phone Receptionist
- Bulletins
- Assemblies
- Individual classroom notification followed with activities
- Media release
- Parent & community meetings



Safe at School

The Macomb County School
Crisis Response Manual

Communication



Communicating to staff

“What helped the most was hearing from our administrator the facts about situation.”

—L’Anse Creuse Public Schools

Staff Meeting

The meeting with staff to inform them of the incident and prepare them for student response needs to present the following messages:

- Factual data related to incident. **Warning:** if method of death is questionable, students, parents, etc. are to be told only that the manner of death is still under investigation by the coroner’s office.
- Rumors about the incident are to be reported immediately to the CRT (Identify a specific person, if possible.)
- Concerns about student emotional stability and risk is to be directed to the team immediately for assessment. Identify way to inform CRT of concerns. This is a time when many students may discharge a residue of emotion, which has nothing to do with the incident, but provides them with an acceptable vehicle for catharsis.
- How to “transport” upset students to the CRT or saferoom or how to bring the team to the student(s), if necessary. (See Saferoom Section.)
- Method for handling all media communication should be assigned to an administrator or superintendent.
- Reassurance that staff will be informed of any new information that is provided administration.
- Reassurance that staff is expected to meet again after school to discuss what took place during the day.
- Warning to staff that no one can predict what kinds of reactions they may see in students, staff, or even themselves and that at the after-school meeting possible reactions will be further addressed.
- Discussion of the announcement to be read or presented to students must be reviewed and teachers given some guidance for responding to student reactions such as:
 - students having a difficult time can be seen by the CRT. (Tell students process for this.)
 - students can be assured they will have an opportunity as a group to hear and talk more (See Classroom Presentation Section.)
 - permission for students to ask questions; note any possible questions the teacher cannot answer so that these can be addressed in the classroom presentation or as new information becomes available
 - permission for teachers to express their shock, sadness, tears, or difficulty talking about the incident.
- Staff needs reassurance that there is enough staff support available. Substitute teachers, team members from other schools can be called in should the response demand additional support. It is advisable that one or two trained people be identified as available during the day for staff people to talk with about their own reactions and concerns, if needed. (See Appendix—*What types of personal reactions can teachers expect after a crisis situation has occurred?*)

TLC 2000

General Considerations in Student Communications

Thought should be given to the timing and the format of all presentations to the class. The age level of the students and the cohesiveness of a specific group will be factors that will help the teacher decide how best to contain reactions and promote intimacy and support within the group. Students who are expected to be more reactive may be put in proximity of support staff so that they can be assisted more easily without unduly upsetting other students. Upset will also be minimized if students are provided with an opportunity to discuss the event and their feelings about it. More information about what behaviors/reactions teachers can expect is provided in the Appendix pages 85–88.

Center Line Public Schools

Communicating to students

Classroom Announcement

Teachers should be briefed prior to any classroom announcements.

A member of the crisis response team may, if needed, be present in the classroom to assist the teacher for the initial announcement.

The announcement should:

- Review the known facts; be as positive as possible
- List specific actions if required
- Outline referral procedures
- Mention any scheduled parent or community meetings
- Announce school schedule changes

Violent Death of a Classmate or Teacher

On _____ we were given some very tragic news. _____ died on _____, _____ was (murdered, killed in a car accident, committed suicide, died suddenly, etc). We do not have all the information at this time but will inform you as we learn more. _____'s (death, accident, injury, etc.) will upset some of you more than others and it will upset you in different ways just as it has the staff when we were informed. In the next few days, we will be visiting each class to answer any questions you may have and to talk about the kinds of reactions you may experience.

Should you want to talk with someone about _____ and your reactions to his/her death, please (tell you teacher) (let me know) and arrangements will be made.

Sample Announcement: violent death

See Master Copies for full size document

Individual Child's Loss (elementary)

_____ will not be in school today. His mother was killed in an automobile crash last night. A truck struck her car on highway 10. _____ will be very sad for a long time. Perhaps we can discuss ways _____ might be feeling and how we can help him.

Sample Announcement: child's loss

See Master Copies for full size document

Sample Announcement: school-wide loss

See Master Copies for full size document

Classroom Announcement (Secondary) School-Wide Loss

I/we have had a difficult time deciding what to say to you today about the recent incident(s) / tragedy. As adults, we are suppose to have all the answers and control our feelings. Let me tell you, however, that I/we have no real understanding of the reasons for and discussions about it from your friends, teachers, families, and the media, but no one will have all the right answers.

Even though I/we do not know why it happened, we do know many of the details of the incident and how our staff and students have acted.

To help us with this let me make some suggestions:

We need to respect each other's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting to, and coping with problems. It's OK to cry, laugh, or even do nothing.

If you are having problems, you may be comforted to know that the intensity of your feelings will gradually fade. You will always remember what has happened, but it will not always be as painful as it is today.

Again, for those who need help with this, it is available. If you wish help (list specific counseling services). We also plan to notify your parents and others in the community.

Although things are difficult now, they will return to normal eventually. We have set aside time for discussion now, and will resume classes when we finish.

After Reading Announcement

(Staff Handout)

1. **Ask students what they have heard as to what happened.** (Restate factual information provided by principal. Report rumors immediately to administrator or designee.)
2. **Ask students if they have questions they want to ask.** Answer honestly. If you cannot answer honestly, admit that you do not have the answer but you will get an answer for them. Write the question down and before the day is completed ask for assistance from the CRT. Let students know that you will get the answer for them by that day or the next.
3. **Express your own grief,** shock, difficulty with knowing what to say or what you feel right now. It's okay to show tears and emotions. This is a difficult time.
4. **Ask students if they would like you to have someone come into class to talk with them** or make that decision based on your observations of the need. (You know your students fairly well. Err on the side of this being a need of theirs, if you have a doubt.) (See student intervention section-classroom presentation.)
5. **Let them know that counselors have been trained for this situation and can help** if they would like to talk with someone. (Direct them to inform you and you will arrange it as quickly as possible.)
6. **Know that students may have difficulty focusing and attending.** Homework is probably not a good idea for a day or two. If there are any scheduled tests, check with administration about delaying these tests.
7. **Finally, there is no way to predict how your students will respond.** They may present some difficult situations for you simply because it is something new you have not experienced before. Consider sending severely affected students to the saferoom. (See Saferoom Section.)

Call for help from your CRT if you are worried about what to do or say. They are available to help you.

Trauma Response Protocol Manual TLC 2000

After children of any age have experienced a traumatic event, it is very important that they be allowed to “tell their story”. Following an opportunity talk about the event, providing structured activities to classrooms will help normalize response to an abnormal event. (See Activity Section)

If students exhibit any of the following reactions, after the classroom announcement, inform your team members immediately.

- Witness to or close friend of victim
- Any disruptive behavior
- Threats to harm others (often happens following suicide, accidental and violent incidents)
- Verbalizations of suicide
- Uncontrollable crying
- Behavior that appears unusual/inappropriate at the time
- Students asking questions you cannot answer
- Students who are preoccupied and or insist on knowing all the details
- Students indicating that they want to be with their friends or want to talk to a counselor
- Students in the same grade, who know the victim, and appear detached, numb or indifferent
- Students who talk about having nightmares, not being able to sleep, feeling jittery, confused, unable to concentrate
- History of emotional disturbance
- Confusion or disorientation
- Ritualistic behavior
- Extreme pressured speech
- Expressed concern for safety of self or others

Someone from the team or assigned by the team will come to you and escort the student to the saferoom (See Saferoom Section) or other appropriate location.

National Association of School Psychologists Crisis Prevention and Response.
A Collection of NASP Resources.

The next page is a list that briefly identifies common responses to grief.

Common Responses to Grief

Elementary (Ages 5 through 11)

Confusion	Nightmares
Sadness & Crying	Regressive Behavior (Clinging, Whining)
Fear of Personal Harm	Aggressive Behavior
Poor Concentration	Withdrawal/Social Isolation
Bed Wetting	Attention Seeking Behavior
Physical Complaints	Anxiety & Fear
School Avoidance	Eating Problems
Irritability	

Middle School (Ages 11 through 14)

Generalized Anxiety	Physical Complaints
Fear of Personal Harm	Poor School Performance
Eating Problems; too much-too little	Depression
Sleep Disturbance	Concentration Difficulties
Withdrawal/Isolation from Peers	Aggressive Behavior
Loss of Interest in Activities	

High School (Ages 14–18)

Intrusive Thoughts	Agitation or Decrease in Energy Level
Sleep/Eating Problems (too much– too little)	Decreased Interest in Opposite Sex
Poor School Performance	Numbing
Substance Use/Abuse	Peer Problems/Withdrawal
Poor Communication	Aggressive Behavior

Any of the above reactions may be present initially or over time in grief. If you are concerned about a student, talk with the counselor and parents to see if they are seeing the same signs. Most parents will welcome the honest observations and concern. It is helpful to have a list of resources, should parents decide to seek professional help.

The Superintendent's Role

Of special concern is communication with the media. The media has an important job to do. However, their work can, on occasion, prolong grief, re-traumatize survivors and fuel negative reaction. What is communicated is critical.

Unless otherwise specified, the Superintendent's Office will provide a media spokesperson. All communications with the media should be directed through that office.

Notes for Dealing with the Media

Provide a brief summary of the event, the fact that the school has a crisis response plan in place, major activities within the crisis response plan, a phone contact for further information, and any scheduled meetings or activities.

A written version of the announcement should be provided. In interviews or media conferences, stick to the text of the announcement. Do not provide additional information which is not required.

The Superintendent should provide background information in written form after review and approval.

Center Line Public Schools

Media Announcement

The coroner's office reported that _____, a freshman, died from (EVENT). This certainly is a shock and tragedy for all of us. Our Crisis Response Team is well trained in helping both students and staff with their reactions. We are meeting with students as needed and as often as necessary.

On (DATE), we will hold a meeting for parents and the community where we will address their questions and concerns and provide information about the reactions, which can be expected following such a tragedy.

If parents or others wish to contact us, they can call (PHONE). We will respond as soon as possible.

Communicating to media

"What we needed most and lacked: more experience dealing with such intense media presence. They surrounded the school for two weeks."

—Lakeview Public Schools

Media announcement

See Master Copies for full size document

Parents Can Add Value

- Parents are a great resource in a trauma situation:
- A parent can be appointed to handle questions from other parents
- Given the right message, parents can usually effectively communicate it with the right tone to their children
- Parents can provide overwhelming ratification and support to administrators and staff who manage trauma in the schools, if they are brought into the process.

Communication to parents

*“What helped the most was:
we sent a note home
with the students
that same day so that
parents knew what
had happened.”*

—Romeo Community Schools

Affected Parents

The Building CRT Leader (usually the School Principal) is responsible for contacting the family of the student(s) or staff person(s) involved in the trauma. He/she should offer condolences on behalf of all students and staff in the school. The family should be asked to express their wishes on funeral arrangements, and whether or not they would appreciate student participation, etc. The family should also identify sensitive or private information, e.g., announcing the cause of death in the case of suicide. Appropriate steps should be taken to ensure effective communication with parents for whom English is a second language.

The team leader should be prepared to undertake appropriate arrangements on behalf of the school, such as chartering a bus to bring students to the funeral, etc.

Other Parents

When a trauma affects a large number of students, addressing the parents as a group becomes imperative. (See Parent Meeting Section.) It is crucial to make parents aware of the situation and their children’s reactions to it. If the parents are confident in the school’s ability to manage the situation, it will make managing the situation much easier.

A Parent Information Package can communicate much of the information parents need to know about. (See Masters Section – What Parents Need to Know.)

- The relevant facts of the trauma
- The range of children’s behaviors as they react to the trauma
- What the school is doing to deal with their children, particularly those at high-risk
- What they can do to identify their children’s response and deal with it

Center Line Public Schools

parent letter

See Master Copies for full size document

Parent Letter

Dear Parents,

Our school has experienced a tragedy that has affected us deeply. Let me share the facts with you. (Give known facts). The school has implemented a response plan that was developed some time ago to deal with situations of tragedy or trauma, such as that which we now face. We have staff trained in handling the effects of trauma who are reaching out to all our students and also identifying students who are in need of special assistance and support during this time.

Each student and staff member will react differently to this event. We – all of us, staff, parents and children – should expect to deal with a spectrum of emotions, in ourselves and in other members of our community. A document package has been prepared to assist you in identifying and addressing your children’s needs. You will find this material helpful after reviewing it.

You may have questions, comments or concerns. If so, do not hesitate to bring them to my attention.

We know you will join us in our concern, support and sympathy for those involved in and affected by this incident. We also greatly appreciate your cooperation and assistance.

Sincerely,
Principal (Building Team Leader)

Call Routing

When a crisis situation occurs, phone calls can be expected. Some will be of an emergency nature, some pertinent to the situation, and others will be business as usual.

During a crisis, all non-emergency, non-related calls can be switched to regular clerical staff.

Emergency and crisis-related calls, i.e., police, funeral home, surviving family, etc. can be directed to the person or location identified in the Call Routing Matrix.

This is not a time to have students taking calls.

Crisis team members should be available to process crisis-related calls, since the principal will need assistance as well as some relief from dealing with normal routine calls. However, the team should have direct and immediate access to the principal and vice versa. It may be advisable for the principal and other team leaders to carry cellular phones when they are not immediately available.

Managing the phones

Notes for Managing Calls

Ask for caller's name, purpose for calling and phone number. Write this information in the Phone Log and provide it to the person accepting the call.

If concern is regarding trauma:

What is your name and your phone number in case we are disconnected.

What is this regarding?

Routing Matrix

Ask for the caller's name, purpose of calling and phone number. Write this information in the log.

Category of Callers	Refer to	Phone Number
<input type="checkbox"/> Press, TV, Radio		
<input type="checkbox"/> Family, Close Friend		
<input type="checkbox"/> Emergency		
<input type="checkbox"/> General Information		
<input type="checkbox"/> Normal Business		

Center Line Public Schools

Call Log

Date ____/____/____

From ____:____AM/PM

To ____:____AM/PM

Caller Name	Caller's Phone Number	Purpose of Call	Referred To

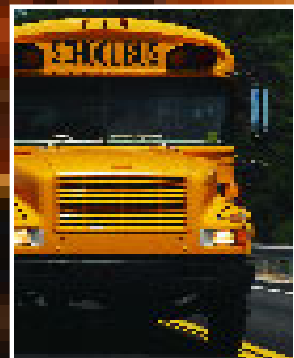
SAMPLE

Center Line Public Schools

Safe at School

The Macomb County School
Crisis Response Manual

Saferoom Guidelines



Saferoom guidelines

*“What helped the most was:
offering students
a place to meet
in groups or individually
with professionals
to normalize
their feelings.”*

—Utica Community Schools

The primary focus of the Saferoom is to give students an opportunity to process, vent, and to integrate the meaning of the loss for themselves, usually primarily through talking in small groups with trained staff members. Additionally, activities might be helpful (see Activities Section).

Remember that you don't have to have all the answers, the most important gift you have to offer is your willingness to be present and listen. When talking to students:

LISTEN – To what they are saying

OBSERVE – “It looks to me like you're...”

VALIDATE – “It makes sense to me that you feel/think that.”

REFLECT – “If that happened to me I might feel/think...”

- When giving students information regarding the tragedy, **stick to the facts** that have been released by the school's administration and do **rumor control**.
- Have students who enter the saferoom **sign in and out**. Check with those leaving the saferoom to make sure they're doing OK. Invite them to check in later if they like.
- **Encourage students to remain in** the saferoom or to be in their classrooms or in other **areas supervised by an adult**. If they decide to go home, see if a phone call to a parent would help them make it through the day at school. Sometimes it works to have a parent come to the saferoom to be with their child for a time. If none of these work, follow school procedures for checking out. Remember that grief is processed in the environment of the loss.
- Encourage students to **take a recess or lunch break** to let off energy and regain some sense of normalcy. Take a break when you feel a need; you are modeling good self-care.
- Encourage students to **express** themselves through drawing pictures or writing letters. Have a variety of activities available so students have some choices for processing.
- Keep a **list of students** who exhibit extreme emotion or withdrawal and of those you are especially concerned about and **who may need follow-up services**. Ask them if they would like to see an individual counselor.
- Ask for a break when you feel a need; you are **modeling good self-care**.
- Remember that there will be different expressions of grief. One group will tend to be in shock, denial, or confusion. These will be kids who knew the deceased and are at the beginning of the grief process. Another group will likely be in a more full-blown state of grief, perhaps crying or sobbing. These students may or may not know the deceased, but have an unresolved death in their past. The current tragedy has simply broken down their defenses and has put them back into the pain of an earlier time. This may be amplified if the school-related loss was also a friend.

- Let the student be in charge of his/her feelings. **Allow him/her to choose the length of the saferoom stay.** Some students are there to support their friends. Some students want to be there for the drama. Discourage drama!
- Listen for kids who seem to **feel the need to DO** something. Invite them to help plan the memory activity. Give suggestions/permission to be creative.
- **Network/refer students** to counselors and other resources if appropriate.

Saferoom Sign-In

Students need to sign in and out each time they are here.

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Saferoom sign-in

See Master Copies for full size document

Saferoom Checklist

These items are helpful to have on hand.

Name tags for staff

Chair, tables, big pillows.

Food, drink; avoid cookies, high sugar content. Try fruit and cheese.

A great idea is to have toasters and let students make cinnamon toast.

Sign-in and sign-out sheet

Fact sheet with information about the tragedy

Kleenex

Materials for writing, drawing; paper, pens, crayons, etc.

Stuffed animals, big pillow, blankets, "comfy" things, cots

Age-appropriate books

CD player and CD's of relaxing music

List of community resources

List of students who might need follow-up

Handouts on self-care for students, staff and saferoom staff

Activities: talking, sitting, writing, coloring, walking, listening to music, quiet time, working on assignments, drinking hot chocolate... just a time to feel "safe enough" to feel.
(See Activities Section Page ____.) Highly emotional students will be referred to the counselor for one-to-one time.

Saferoom checklist

See Master Copies for full size document

Saferoom Introductory Questions/Statements

I'm glad you came in. I'm sorry this has happened to you(r school).

How did you know _____? How did you learn of _____'s death?

Yes, what happened is horrible. Things may never seem the same, but can be OK again.

Did you know _____ or are you feeling sad about another death?

I didn't know _____. Can you tell me what s/he was like?

It isn't your fault. (If the student was directly involved in a way that makes this uncertain, get a trained counselor for this student.)

What are some of your favorite memories of _____? What will you miss most?

What is the most painful part about this right now?

Phrases to avoid:

- I know how you feel.
- He/She led a good, long life... It was God's will... (any other platitudes).
- At least s/he didn't suffer.

Saferoom Wrap-Up Questions

What's the hardest part about this right now? What are your greatest fears/concerns?

What's going to happen when you get home tonight?

Will your family support be different than the saferoom support today?

Who is your support system? Are there people you can call?

If you wake up in the night and feel scared, could you wake your parents?

(Encourage them to check this out with parents.)

Who will be here for you at school tomorrow – who can you talk to?

Is there anything we could do that we haven't thought of?

- Distribute handouts on self-care.
- May be helpful to suggest kids exchange phone numbers so they can touch base in evenings.

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Ways to Take Care of Yourself at Times of Loss

Handout

Talk to family or friends about how you are feeling/doing.

Write your thoughts and feelings in a journal.

Write poetry.

Write letters of regret and appreciation about anything in life.

Draw pictures. Get into art.

Play a game or sport. Get lots of exercise.

Listen to soothing music.

Listen to raucous music and dance!

Snack on healthy foods. Take vitamins.

Enjoy a bubble bath.

Care for your pets and houseplants.

Take a favorite stuffed animal to bed with you.

Read a favorite story.

Ask someone who loves you to read you a story.

Let yourself cry.

Ask for a hug. Ask for another hug.

Get lots of sleep.

Spend time in prayer or meditation.

Collect a favor from someone who owes you one!

Treat yourself to a massage.

Light a candle.

Sing loud.

Laugh. Rent a great, hilarious video. See a fun flick.

Ask for a hug. Ask for another hug!

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Signs That a Child Needs Professional Help

Handout

Any of these signs may be present initially in grief...pay attention if these persist over time. If you are concerned about a child, talk with the school counselor and parents to see if they are seeing the same signs. Try not to overstate your case. Most parents will welcome the honest observations and concern. It is helpful to have a list of resources for them, should they concur and wish to seek professional help. (See Resource Section.)

Physical Signs:

- Changes in eating (less or more)
- Changes in sleep (less or more)
- Significant loss of energy
- Nausea
- Headaches
- Stomach aches

Emotional Signs:

- Persistent anxiety
- Hopes of reunion with deceased
- Desire to die
- Clinging to others
- Absence of all grief
- Strong resistance to forming new attachments
- Expression of only negative or only positive about the deceased

Behavioral Signs:

- Aggression, displays of power
- Withdrawal; regression
- Overachieving syndrome
- Inability to focus, concentrate
- Self destructive behaviors
- Excessive daydreaming
- Compulsive care-giving
- Accident-prone
- Stealing, other illegal activities
- Use/abuse of drugs/alcohol
- Unable to speak of the deceased

Cognitive Signs:

- Inability to concentrate
- Confused or distorted thinking

Any signs of long-term or clinical depression are red flags, as are your own “gut feelings” about whether a child is really struggling with more than just the profound sadness which typifies “normal” grief.

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At the end of the day, it is helpful for saferoom staff people to attend the after-school meeting with the building staff. Because this is a time to identify those kids who are at risk, saferoom people may know of kids at risk who are not known to be at risk by school staff.

Beyond that, it is essential for people who staff the saferoom to have a short time at the end of the day to debrief. This is shorter and separate from the Crisis Response Team debriefing which should follow within the next couple of days. The saferoom staff debriefing is partly to let them “clear out” before they go home.

It would actually be fine to include any Crisis Response Team members who happen to be close. It is important for saferoom people to attend the larger Crisis Response Team debriefing which will probably be a day or two later.

Following are some questions which might assist in the debriefing:

What happened for you in doing this saferoom response today?

How was it for you?

What feelings are you having right now?

What parts worked well?

What parts could be improved?

How could you have felt more supported during the day?

How could you be supported right now?

What changes would be helpful to make in the crisis response plan based on this experience?

What are you going to do to take really good care of yourself tonight?

** *All should get handouts on self-care* **

Saferoom Staff debriefing questions

“As a staff we needed time to get together after the incident and debrief or come down from the crisis.”

—Roseville Community Schools

Saferoom Evaluation

School _____ Date _____

What worked well? _____

What could be improved? _____

What about the room arrangement or environment was particularly helpful or could have been better structured another time?

Any other suggestions for future saferooms? Other comments? _____

Your name (Optional) _____

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Especially for Teens

Handout for Saferoom

(This list developed by teens in Bereavement Support Program, Caledonia Health Care)

Things that helped me with my grief

- Being acknowledged (Knowing people were thinking of me)
- Working (It was often a relief to stay busy)
- Helping (Helping others made me feel better)
- Sharing (When friends told me of similar losses, I felt less alone)
- Talking (I was grateful for friends who were willing to listen)
- Crying (It helped loosen up the knots inside me and brought relief)
- Laughing (I learned it was OK to laugh and have a good time, too)
- Hugging (It often meant more than words could say)
- Being with my friends (I like sometimes doing the old, “normal” stuff and getting away from home)
- Being alone (Sometimes that’s what I wanted most – there aren’t any rules for grief)

Things that hurt

- Being avoided (People didn’t know what to say or do)
- Being pushed to talk (Sometimes I didn’t feel like talking or didn’t like people being nosy)
- Feeling different (People whispered about me, looked at me. Sometimes I just wanted to forget what had happened and feel normal again)
- Being offered a replacement (Like people saying I should get another dog or that my mother should have another baby)
- Not being asked (It hurt when people asked my friends what happened because they were afraid to ask me)
- Being told how to feel (“You shouldn’t cry”, “don’t be angry”, “you should be over this by now”, “everyone feels that way”)

Ways you can express sympathy

- Say “I’m sorry this happened to you.” (It is direct and simple)
- Give a hug, take some flowers, bake some cookies, lend a teddy bear
- Listen
- Don’t be afraid to mention the dead person’s name
- Remember to keep in touch
- Find out if s/he wants to do “routine” activities or wants a break
- Don’t act embarrassed if a grieving friend cries OR laughs...just BE there!

Things that might be a support to grieving teenagers:

- Joining a support group of peers who are also grieving.
- Writing letters of “regret and appreciation” to the one who has died.

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What Students Need in Times of Tragedy

Handout for Saferoom staff, teachers and parents and mental health staff

“What we needed most and lacked was:

exact information about what happened to tell the students. **To grieve with the students and parents.**” —Roseville Community Schools

■ **Honest answers**

There is no way to begin to grieve without understanding how someone died or what the reality of the situation is...consider how differently you feel if a loved one is killed in an unavoidable accident or a reckless incident or an intentionally perpetrated act or a suicide. Our grief is dependent upon the circumstances of the loss, and the only information to ever give children is the truth. The only variable in that element is the amount of detail. It is not necessary to give gory or frightening details. But if there is information you are choosing to withhold, be honest about that. This is respectful of their integrity and the only way to maintain trust.

■ **Reality checks**

The reality will sink in at different rates for different children. Because of denial, a common initial response to tragedy, it will be necessary for adults to repeat details of the event until the children really grasp it.

■ **A variety of ways to do memory work**

Some students will want to talk about their favorite memories of the person who has died. Some will do better drawing pictures, doing collages or writing a letter to the family. One suggestion is either leading classroom discussion on this or encouraging writing/art is to suggest that they focus on their regret and appreciation about this person. With younger children choose simpler words or define the meaning of regret and appreciation. This is an essential part of grief work.

■ **A means to say good-bye**

We grieve in the environment of the loss...that means that the children may not be able to go home and process the loss with parents, who didn't know the deceased in the context of the school in the way the student did. For youth to really mend from the loss, the school needs to facilitate a means for youth to have a period of grieving as well as a time when that formal grieving is over. Reminisce, say good-bye, and get on with life. This may be as simple as tree planting or as organized as a memory activity for the school. (See Activities Section.) Remember that doing this is the statement that the community of the school as a whole is done with the formal period of grieving, but that this in no way suggests that individuals are over their grief.

■ **Reassurance**

The younger the student, the more there may be need for reassurance. When one person dies, it is not uncommon for children to generalize and fear that other special people will die in the same way. We cannot promise children that another person won't die, but it is reassuring to

point out that it makes sense to us that they might have that fear, but that we do not expect this kind of death to happen again soon to anyone we know. Of course, if the death were one in which you anticipate other deaths to follow, you would be honest about that. All reassurances must be honest and without promises of things over which we have no control.

■ ***No comparisons***

It is not helpful to idealize the person who has died. If students (or staff) are painting the deceased as a superhuman angel of some sort, it is helpful to point out that he/she was just human like the rest of us, with strengths and weaknesses. Help them realize that making someone else sound perfect is not what makes us miss them...it is the love and caring that was shared that brings about the pain of grief when we lose someone special.

■ ***To continue to be...just who they were before!***

Often a family will redefine a child's role when someone dies. If a father dies it is important not to expect the oldest son to be the man of the house. He is still just the oldest son. The child may have more work to do at home, but he is still just a child, and needs the support and room to be so. Watch that this general caution is also respected at school, and that we do not lay additional expectations on grieving students, but instead that we support them in their grief.

■ ***Opportunities to move in and out of the grief process***

Children move in and out of grieving, sometimes rather quickly with many transitions in a single day. When they are playing and laughing, it is not disrespectful – it is a healthy reprieve, though temporary, from the pain of the loss. Encourage them to go outside for recess and enjoy the parts of life they can... and be there to support them when they move back into the tears and sadness.

■ ***To know that they do not have to protect you***

Children often choose their words carefully if they think that what they are saying might make you cry – they think that their words are adding to your grief. They do not understand that they are just providing you an opportunity to let out a few of the tears you already had inside you. Model for them that sadness and tears are a part of grief and that there is nothing they might say or ask that you would want them to withhold.

■ ***To be included***


Any memorial activity you plan will be more effective for students if they feel some sense of ownership. Ask them for their ideas of what a most fitting tribute might be. If you are aware that a student who has experienced a family death is not being included in the planning of the family memorial service or funeral, and if you know the parents well enough to do so, consider suggesting to them that they include the children in the planning.

■ ***For you to do your own grief work***

If you are stuffing down your unresolved grief, it is awfully difficult not be giving children nonverbal messages that we would rather they did not talk about the tough stuff. Realize that the more of your own grief work you have done, the better you will be at supporting them in theirs.

For you to have faith in their ability to cope and to be patient with them! Remember that they may have trouble concentrating on schoolwork for awhile.

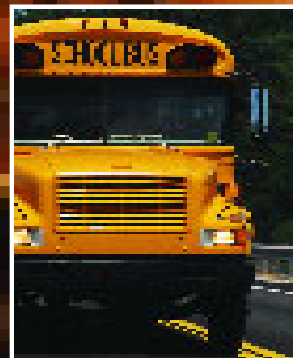
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Safe at School

The Macomb County School
Crisis Response Manual

Recovery Process Interventions



Student Interventions by teachers

Recovery Process

Role of classroom teacher

When a trauma occurs, the classroom teacher, who has the primary relationship with the students, carries the burden of setting the appropriate tone to the class. Teachers should seek assistance from a CRT member in presentations and discussions in the classroom. (See Classroom Presentations.) They should also do the following:

- Provide accurate information to students
- Lead classroom discussions that focus on helping students to cope with the loss
- Dispel rumors
- Answer questions without providing unnecessary details
- Recognize the varying religious beliefs held by students
- Model an appropriate response
- Give permission for a range of emotions
- Identify students who need counseling and refer to building support personnel
- Provide activities to reduce trauma, such as artwork, music and writing
- Set aside the curriculum as needed
- Discuss funeral procedures

National Association of School Psychologists Crisis Prevention and Response.
A Collection of NASP Resources.

Needs of Students

- To have an honest accounting of facts and relevant details.
- To have some understanding of the biological aspects may be helpful.
- To have reassurances about safety and security:
 - Understanding that the disease was not contagious, that they aren't at risk.
 - Knowing that the perpetrator has been captured... or steps being taken to ensure their safety.
- To have opportunity to verbally or actively process the event:
 - Talking, drawing pictures, listening to stories, hearing others talk
- To have opportunity to ask questions. Respectful and honest answers.
- To have time for this to sink in.
- To have time to address issues again (and again, and again).
- To know how the family is doing, whether there will be a funeral, etc.
- To have opportunities to be actively involved in doing something helpful.
- To be able to grieve in the environment and with others in the context in which the deceased was known.
- To express their feelings, share memories, cry together.

- To have the opportunity to repeat certain things or ask some questions over and over.
- To have adults model feelings.
- To have lots of reassurance - have their feelings and experience validated.
- To benefit from DOING - like drawing pictures, making cards for family, planning a memorial activity for school.
- To have an opportunity to say “good-bye”.
- To have encouragement realizing that love goes on. (Gone but not forgotten.)
- To have help understanding that the pain eases over time as we talk and cry; they will not feel this way forever.
- To have support from adults that going in and out of grief is fine – that the intermittent experiencing of grief allows helpful breaks for fun and reprieve.
- Support their thoughts and feelings and still expect appropriate behavior.
- To have continued structure; maintain disciplinary code with some flexibility.
- To have a stable environment, predictable schedule (exceptions are announced).

REMEMBER

- Kids sense if something is wrong – NOT addressing it is leaving FAR more to deal with over a long time than doing what you really can do now.
- It is better to be honestly reflective of the obvious (“I can see you are scared”) than artificially cheerful.

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Classroom Presentation Outline

The following outline can be used regardless of the type of incident. Immediate presentations help diffuse unwanted student responses. If a teacher does not feel comfortable doing this, a CRT Member may assist the teacher. For more information on what teachers can do to help students after a crisis, see Appendix pages 89–90.

This outline does not include the different reactions survivors may have following different types of incidents such as: suicide, murder, non-violent trauma, grief, etc. Each situation will dictate a change in content presented.

1. Introduction

This is very difficult for us all. It is not easy to know what to say or how to act. Sometimes our own reactions frighten us because they are so new to us or seem so strong.

We are here with your teacher to talk about _____, to answer your questions if we can, and to tell you of some of the reactions you may have that are very normal.

“Each teacher was given
the choice of discussing
it with their class,
or having crisis members
address their class.”

—Roseville Community Schools

2. Beginning

This is what we know so far _____.

Have any of you heard anything different about (the way he/she died, was killed, injured, kidnapped, etc.)?

Did any of you play/spend time with or have conversations with _____ in the past couple of weeks? Tell us about that.

What do you remember?

Have any of you had a similar incident happen to a family member or friend?

What upsets you most about _____'s (death, murder, injury, etc.)

What questions do you have about what happen or even about what will be happening over the next few days?

3. Normalize

Let us describe the kinds of reactions that most people have following this kind of situation. (Use appropriate survivor reactions, i.e. suicide, homicide, trauma. Briefly identify and explain the possible reactions and then relate the following.) (See Children Exposed to Community Violence pages 31–33.)

You may already have experienced some of these reactions or you may experience them weeks, even months, from now. They are very normal reactions so do not be alarmed. It will help, however, if you can talk to someone about them.

4. Identifying Appropriate Behavior

This will vary somewhat depending upon the incident. If the incident is suicide, the students need to clearly hear what they are to do if a friend talks about ending his/her life. If the incident is murder, then messages about revenge are critical, and so on.

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Basic Expectations Students Need to Hear

This is a time when it is not unusual for us to look for reasons why this happened. A lot of rumors can get started that are not at all helpful to the family or to close friends. If you hear stories that are different from the information we give you, please let us know so we can check them out, correct them, or confirm them.

Sometimes we want to blame others. This is normal, but not something we want to do. It simply doesn't help and can, in fact, cause the person or persons being blamed to retaliate (want to fight back) and that doesn't help anyone.

Although it is very normal to be angry, it is not acceptable to seek revenge on those we think may be the cause of _____'s death. We simply will not accept anyone going after anyone else.

Sometimes situations like this cause us to ask many questions we never thought of before. It is important that you ask the questions. Some of your questions may be personal. You can certainly feel free to ask any one of your teachers or us. This is how you can reach us:

Add additional issues specific to your situation as needed.

Conclusion

Are there any other questions before we end? If at any time over the next several days you want to talk with someone, let your teacher know and we'll be contacted – or come and see us directly.

NOTE: Be prepared for silence. Students may not always know what to say or ask. They may not initially give you credibility or simply be so overwhelmed they can only listen. If students do not respond to your initial questions, ask and then answer the questions you anticipated students might have asked.

You may wish to express some of your own personal reactions initially. This sometimes gives students “permission” to open up.

Inform students of the related activities which are planned over the next several days and that they will be kept informed of new information and upcoming activities.

The classroom presentation may be as short as 25 minutes or last the entire class period with very vocal students. The important fact is that you are there trying to help. That makes you human and can help diffuse student anger and acting out that can occur when staff does not sit down with students face to face. (The assembly method simply is not as effective as smaller classroom presentations.)

NOTE: If you are responding to a suicide, it will be critical to be very direct with students about suicide being an unacceptable choice. Also discuss, what they might do if they have friends who are talking about it, etc.

Trauma Response Protocol Manual © TLC 2000

Children Exposed to Community Violence

Preschool Through Second Grade

<i>Behaviors</i>	<i>Helpful Hints</i>
1. Feels helpless	Provide support, rest, comfort, food, and opportunity to play or draw.
2. Experiences generalized fear	Repeatedly tell them adult(s) will care for them.
3. Has confusion about the event (e.g., does not understand that the danger is over)	Give repeated reassurances that the event is over. Clarify the confusion.
4. Has difficulty identifying what is bothering him/her	Provide emotional labels for common reactions.
5. Will not talk or only talk about certain things, repeated play of traumatic event	Help to talk about feelings and complaints (so they will not feel alone with their feelings).
6. Attributes magical qualities to reminders of the event (e.g. being afraid of an object/place)	Separate what happened from the reminders.
7. Experiences sleep problems (night terrors and nightmares; fear of going to sleep; fear of being alone, especially at night)	Encourage them to let their parents and teacher know.
8. Clings, does not want to be away from parent, worrying about when parent is coming back, etc.	Provide consistent care taking (e.g., assurance of being picked up from school, knowledge of caretaker's whereabouts).
9. Acts younger than usual (e.g. thumb sucking, "accidents," speech problems)	Allow this behavior for a couple of weeks.
10. Has incomplete understanding about death; expectations that a dead person will return (e.g., a killer)	Give explanations about the physical reality of death.

Macomb County Crisis Center

Children Exposed to Community Violence

Third Through Fifth Grade

Behaviors

Helpful Hints

1. Thinks about their own actions during the event repeatedly and often feels responsible and guilty	Help to express their secretive thoughts about the event.
2. Feels specific fears, brought on by reminders or by being alone	Help to identify and talk about reminders and fears; encourage them not to generalize.
3. Retells and replays the event (traumatic play); misinformation and repeated thoughts	Permit them to talk and act it out. Correct misinformation, and let them know that feelings and reactions are normal.
4. Tries not to cry, be angry, etc.	Encourage them to express fear, anger, sadness, etc.
5. Has difficulty concentrating and learning	Encourage them to tell parents and teachers when thoughts and feelings interfere with learning.
6. Has sleep problems (bad dreams, fear of sleeping alone)	Encourage them to talk about dreams and the feelings that go with them.
7. Has concerns about their own and others' safety, (e.g., worries about siblings)	Help to share worries; reassure with realistic information.
8. Acts unusually aggressive or reckless	Help them to use their own impulse control (e.g. acknowledge, "It must be hard to feel so angry").
9. Has physical complaints (e.g. stomach or headaches)	Help to talk about how their body felt during the event.
10. Closely watches parent's responses and recovery; hesitates to bother parent with his/her own fears	Meet with a professional counselor to help children let parents know how they are feeling, if they won't talk.
11. Has concern for other victims and their families	Encourage remembering activities for the injured or deceased.
12. Feels disturbed, confused and scared by own feelings; fear of ghosts	Help to remember positive memories as they work through the pain of the event.

Macomb County Crisis Center

Children Exposed to Community Violence

Adolescents (Sixth Grade and Up)

Behaviors

Helpful Hints

1. Feels detachment, shame, and guilt (similar to an adult response)	Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.
2. Feels self-conscious about their fears, feeling vulnerable, other emotional responses; fear of being different	Help them understand the adult nature of these feelings, encourage peer understanding and support.
3. Acts out after the event, (e.g. drug use, delinquent behavior, sexual activity)	Help to understand the acting out behavior as an effort to numb their responses to, or to express anger about the event.
4. Becomes self-destructive or accident-prone reckless behavior	Monitor behavior and limit the opportunities to misbehave and also help them talk about their reactions. Consider professional counseling.
5. Experiences major changes in relationships	Discuss problems with relationships with family and peers.
6. Experiences desires and makes plans to take revenge <i>"My biggest fear was: one of the most difficult things to manage was the anger of grieving students and their efforts to find a target for that anger."</i> —Utica Community Schools	Talk about their plans of revenge, and address the realistic consequences of these actions; encourage positive actions to lessen the sense of helplessness.
7. Experiences radical changes in attitude and behavior	Link attitude changes to the event's impact.
8. Experiences premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home	Encourage postponing radical decisions; in order to allow time to work through their responses to the event and to grieve.

Macomb County Crisis Center

Adapted from: Psychological First Aid and Treatment Approach To Children Exposed To Community Violence: Research Implications by Robert S. Pynoos & Kathi Nader in Journal of Traumatic Stress, vol. 1, No. 4, 1988

Referring Potential At-Risk Students for Counseling Assessment

Referred by: (Name/Initials) _____ Student Name _____
 _____ / _____ Referral Date _____ / _____ / _____

NOTE: Early action to identify and treat at-risk students will assist them to return to normal and will minimize severe problems later. Teachers, counselors and others who interview and refer potential at-risk students should use this form.

NOTE TO TEACHERS AND STAFF: Answering the questions in this form is helpful, but not required. Teachers and staff may submit form with student's name only.

	High-Risk Behavior (if applicable)	Give a Brief, Specific Description of Behavior(s)
	In close proximity to crisis: e.g.: Family or close friend of victim(s)	
	Prior or related trauma experience	
	History of emotional disturbance	
	Prolonged and/or persistent reaction	
	Disruptive behavior	
	Excessive withdrawal or depression	
	Lack of self-care	
	Confusion or disorientation	
	Ritualistic behavior	
	Excessive agitation, restlessness or pacing	
	Substance abuse	
	Hallucinations	
	Expresses fears of "going crazy"	
	Obsessed with one thought or idea	
	Paranoia or delusions	
	Expresses fear of killing or being killed	
	Other	

Center Line Public Schools

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Student Interventions by mental health staff

Role of Mental health professional

(counselor, psychologist, social worker, student assistance specialist)

By virtue of their training, they should be in a good position to educate the school staff and students about what to expect in the aftermath of a traumatic event. They should also:

- Be available
- Cancel other activities
- Locate counseling assistance (Check Community Resources.)
Provide individual and group counseling
- Contact parents of affected students with suggestions for support or further referral
- Follow the schedule of the deceased student and visit classrooms of close friends
- Support the faculty (Provide counseling as needed.)
- Keep records of affected students and provide follow-up services

List of Community resources

See Master Copies for full size document

List of Community Resources

(See also References Resource Section.)

Category	Agency Name	Contact Phone	Street Address-City,ST,Zip
Police			
Police			
Community Agency			
Psychiatric Hospital(s)			
Outpatient Clinics			
Medical Clinic			
Crisis Lines			

Crisis Intervention Plan

A psychologist, counselor, social worker (student assistance specialist) may want to utilize this crisis intervention plan when working one-on-one with a student. This plan will help the student to identify the problem, process feelings, and explore solutions. If a student cannot be helped by this intervention, further risk assessment may be needed.

Activity	Helper Behavior	Objective
1. Make Psychological Contact	<ul style="list-style-type: none"> ■ Invite student to talk ■ Listen for facts and feelings ■ Summarize/reflect facts/feelings ■ Make emphatic statements ■ Communicate concern ■ Physically touch/hold 	Bring “calm control” to a tense situation. Student feels heard, understood, accepted. Intensity of emotion reduced. Problem-solving capabilities re-activated.
2. Explore Dimensions of the Problem	<ul style="list-style-type: none"> ■ Ask about the past: <ul style="list-style-type: none"> • Precipitating event ■ Ask about the present: <ul style="list-style-type: none"> • Current functioning • Personal (inner) resources • Social (outer) resources ■ Ask about immediate future: <ul style="list-style-type: none"> • Decisions for tonight, next several days/weekend event 	Rank order: immediate need, later needs.
3. Examine Possible Solutions	<ul style="list-style-type: none"> ■ Ask what student has tried so far ■ Explore what student could do ■ Propose options – new view of problem, outside help, other changes 	Identify one or more solutions for immediate and later needs.
4. Assist in Taking Concrete Actions	<ul style="list-style-type: none"> ■ If student is capable and secure from risk: “We talk, you act.” ■ If not: “We talk; I may act on your behalf.” 	Implement immediate solutions for immediate needs. Continue process if necessary.

Center Line Public Schools

At Risk Assessment Guide

Self Destructive Behaviors – Threats of Suicide

Counselors and CRT members should review this guide prior to conducting the interview.
Use the guide to assist you in preparing questions so that you can make a complete and accurate assessment.
When conducting the interview, use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists.

Student Name _____ Date _____ / _____ / _____

NOTE: Do not be afraid to ask, “Are you thinking of suicide?” This shows that you have been paying attention to him, so much so that you recognize that something is seriously wrong and that something may be suicide.

If a youngster responds with a “no,” pursue it with words of understanding. This shows that you are serious, care and are free to talk about it. If they have been thinking about it, they are likely to tell after this. If they are not suicidal, they will still respect the caring and concern and be more liable to come for help when in trouble.

If a youngster answers “yes,” the immediate task is to assess the possible risk involved. Inquiring about their thoughts of suicide involves exploring if they have a plan. The more specific the plan, the higher the risk. If they have a when, where and how, it is serious.

It is also necessary to determine if they have the means to commit suicide, i.e., access to a gun or other lethal means, such as potentially lethal prescription drugs. These means need to be discussed with the parent and removed from the youngster’s access.

Use of alcohol or drugs, a history of suicide in the family, chronic depression in the parents, and friendship with another person who has recently completed suicide are also factors placing a student at high risk. When dying is seen as the only solution and the individual is not attached to any future possibility, the risk may also be high.

Use of words like “always,” “never,” and either/or statements (i.e. “Either I make this relationship work, or I’ll kill myself”) are also indications of cognitive distortion and affective disturbance.

High Risk Assessment Categories

Crisis Event Exposure and Recollections

- Aspects student cannot remember
- Proximity to crisis event
- Death fears or threats
- Familiarity with victim(s)

Event Re-experience

- Recurrent, intrusive recollections which distress the student
- Dreams about event
- Flashbacks, hallucinations, etc.
- Signs of physical and/or emotional distress

Avoidance

- Numbing of responsiveness
- Feelings of detachment
- Feelings of fore-shortened future
- Difficulties falling or staying asleep
- Irritability or angry outbursts

Guilt

- Feelings of survivor guilt

Somatic Complaints

- Headache, stomach, bowel problems

Available Resources

- Student’s knowledge of support resources

Aronis & Randall (1994) in Brok, Sandoval and Lewis (1996)

Interviewer's Notes During At-Risk Screening

Student Name _____ Date _____ / _____ / _____

Counselors and CRT members should use this guide when conducting the interview. Use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists. Use forms and instructions in the Dealing with Potentially Suicidal Students Appendix. (See Suicide Prevention Section)

High Risk Assessment Category

Meeting Notes

Other Factors

- Perceived lack of support from caring other
- History of depression in one of the parents
- Current substance abuse problem; other risk taking behaviors
- History of academic difficulties
- Inability to communicate or express feelings; feeling overwhelmed or in a panic
- Inability to entertain alternative solutions, a “yes...but” mentality
- Inability to perceive others as helpful
- Inability to engage in problem-solving process
- Deterioration in daily habits, including eating, sleeping and work habits
- Severe, overwhelming feelings of sadness and hopelessness
- Unstable personality
- Sexual minority (gay and lesbian youth), or ambiguous about sexual orientation

At-Risk Screening Interview

Student Name _____ Date ____ / ____ / ____

Summary Findings

As an outcome of the At-Risk Screening Interview, this student is at:

___ High ___ Medium ___ Low Risk

High Risk Assessment Categories _____

Checkmark = "Yes". One or more checkmarks in this category identify the student as HIGH RISK. Potential Suicide Prevention procedures should begin immediately. Fill out Suicide Lethality Checklist for Youth. Initiate Potential Suicide Disposition Form. (See Suicide Prevention Section)

- ___ Is the student giving any evidence or impression of lethality(i.e., suicidal thoughts or threats)...
- ___ Is the student involved in a crisis event?
- ___ Did the student have direct exposure?
- ___ Was student at the site of the trauma?
- ___ Did the traumatic event occur in the student's neighborhood or home?

Other Factors _____

Checkmark = "Yes". One or more checkmarks in this category may indicate that student should be classified "high risk."

- ___ Was the student acquainted with victim?
- ___ Has the student suffered previous trauma or loss (Attach Notes with details.)
- ___ Is the student currently concerned about the safety of a family member or significant other?
- ___ Does the student have access to support resources (friends and family, etc.)?

Referrals (Check if Notified) _____

- ___ Police ___ Community Agency ___ Special Services – Group Counseling
- ___ Agency ___ Private Practitioner ___ School Counselor

Interviewed by (initials): _____ Date ____ / ____ / ____

Aronis & Randall (1994) in Brok, Sandoval and Lewis (1996)

Once at-risk students have been identified, group counseling or support groups can be developed.

When developing these support groups, consider the following:

- Establish the size of the group (4 to 8 members).
- Decide if the group will be closed or if others can join at any stage.
- Determine where the group will be held and how the room will be set up
- Decide how many weeks the group will meet.
- Assess the effectiveness of the group upon completion.
- Follow-up with members and assess current level of functioning.
- Refer student to professional treatment center if student's behavior warrants.

Support Group Planning Following a Crisis

Have a group leader who has some training in groups and grief.

Identify Likely Students to Participate

- Identify those students who are having difficulties with adjustment to the loss.
- Put them into groups that “make sense” – peers of the student who died, students who have lost another person besides the classmate, students who already know each other – students with some common element in their loss, if possible.
- Keep groups small – 8 is top end for ideal.
- Determine how long group will run. Groups for elementary students may be an hour. Groups for high school may run through two class periods.

Put Together a Plan of Topics and Activities

- Identify a set of clear goals.
- Look through the list of activities. (See Activities Section.)
- Choose activities which appear appropriate and will allow you to help students get in touch with the task or goal for that week.
- Consider running groups for more than six weeks, so you may spend more than one week on a task, or you may integrate additional ideas into your plans.
- Consider having some of the group time be “art from the heart,” where they draw whatever comes up for them.
- Consider having some established activities each week for opening and closing. That might be to always do a picture before moving into the main activity, it might be to have an exercise involving, identifying, and sharing with others how they are feeling as they come into group. It is a good idea to always have some kind of circle time at first when students each “check in.” Closing can be as simple as “What is one thing each of you got from or noticed about your time in group today?”

support groups

“Students have been over emotional to many different events that have been going on in their lives since the suicide. We need to keep an eye on our students, as contagion is a real possibility.”

—Armada Area Schools

Intakes, Orientation and Process

- Interview students individually ahead of time to be sure they appear appropriate for the particular group you have chosen for them.
- Let them know what to expect (who else will be in the group, when, where, for how many weeks, students of activities you might be doing, etc.)
- Be certain that you will have no interruptions in the room you've chosen.
- Begin the first group by establishing the rules with the group.

Possibilities:

- Respect each other's feelings and listen while others talk
- No one has to participate in something if he/she does not want to, but no one will interrupt or bother someone else who is participating in group.
- Ask for what you need/want – try to meet other's requests with this.
- Consider using a talking stick or a special rock, and students only speak when they have the rock. That way there is not cross talk or interruptions, and others tend to be better listeners.
- Be certain there is a way to be sure that each person in the group has been invited to share.
- Provide a clear agenda so students know that group process.

Considerations

- It is helpful to have two group leaders rather than just one.
- The greatest goal for the group is for students to feel safe enough to open up and talk about the most painful parts of their experiences while others “witness” their pain.
- It is more important for students to express themselves than for adults to try to teach them much. There is some room for education about the grief process, but that does not take the place of grieving.

Working With the Students

- Go over saferoom guidelines, (See Saferoom Section.) which covers some language and has helpful discussion starters.
- Make opportunities for students to process losses other than those, which are school-related.
- Consider having a pre- and post-test, such as giving students a handout of a blobby, blank body (like a Pillsbury Dough Boy outline). Each student colors in where s/he holds feelings and labels what those feelings are. Compare the differences at the end of the last group.

Closure

- Be certain that students do not get to the last group not knowing that it is their last group! Keep students aware of how many sessions are left toward the end.
- Provide a party or special activity for the last group. A great idea is to have a “Memory Cake”, and each student gets a candle. As the student lights his or her candle and puts it on the cake, he/she tells a special memory of the person he/she has lost.
- Give students some tangible item as a way to remember the importance of the group. A little token goes a long way. It is also a nice piece of identity to know that each one got the same thing.

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Permission Slip for Educational Support Group

Dear Parents/Guardians,

As you know, our school recently experienced a very traumatic incident. (Give a brief description of trauma.)

When children are exposed to trauma, then they can react in a number of ways. To assist them in dealing with these reactions, I will meet with students affected by the trauma in an educational support group. This is not therapy group. It is an opportunity for children to ask questions, talk about what is on their minds, and get the facts clear. Most importantly, it should help them work through the tremendous emotional effects of this trauma. This will hopefully also prevent further trauma reactions.

Children look to adults to assist them in dealing with their fears, sadness and grief. If you wish your child to participate, please fill out and sign this Consent Form. If you wish to speak with me first, please contact me through the school.

Sincerely,

_____ has my permission to participate in the group for children who have been affected by the recent trauma experienced at school.

Parent/Guardian Signature _____ Date ____ / ____ / ____

Daytime Phone _____

Teacher/Grade _____

Permission Slip for educational support group

See Master Copies for full size document

Posttraumatic stress

Counselor Information

Factors Placing Traumatized Children At Risk

Factors Potentially Prolonging Trauma Reactions

The following information is provided to assist you in making your final determination for termination, continuation and/or referral of the traumatized children you have been providing initial intervention to.

Children can be traumatized by:

1. Being surviving victims of violent or non-violent incidents such as physical abuse
2. Being witnesses to traumatic events such as domestic violence, house fires, car accidents, drowning or critical injury
3. Being neither victims nor witnesses but by simply being related to the victim as a loved one, peer or friend or sharing similarities with the victims in cases where coverage of national tragedies profile victims with similarities, such as pre-schoolers in the Oklahoma bombing

Factors Placing Traumatized Individuals at Risk:

1. The terrifying effects of the suddenness of an unexpected event
2. The threat to life
3. The degree to which the individual feels helpless and powerless
4. The physical proximity to the trauma
5. The duration of exposure to the terrifying elements of the event, i.e. violence, dismemberment, mutilation, destruction of the body
6. Visually graphic and grotesque details
7. Survivor guilt

Post Traumatic Stress Disorder Reactions in Children

- **Cognitive dysfunction involving memory and learning.** “A” students become “C” students. Severe reactions cause others to fail altogether.
- **Inability to concentrate.** Children who once could complete two and three different tasks now have difficulty with a single task. Parents and educators often react negatively to this behavior because they simply do not understand its cause.
- **Tremendous fear and anxiety.** For example, one seventeen-month-old boy who witnessed his father kill his mother is now 7 years old. He still sleeps on the floor, ever ready to run from danger. Six year old Elizabeth, whose sister was killed one year earlier, is also sleeping on the floor. She did not witness her sister’s murder, yet she is experiencing this same hypervigilant PTSD response.

Increased aggression, fighting, assaultive behavior – are the first reactions generally identified as a change since the trauma. Revenge is a constant theme when the incident has been a violent one.

Other reactions may include:

- **Survivor guilt:** Students not in school at the time of a random shooting and subsequent death of a fellow student feel accountable and experience intrusive thoughts and images. Another form of survivor guilt is the belief that “It should have been me instead” or “I wish it would have been me instead.”
- **Intrusive images (flashbacks):** Teenage girl was home when the beating of her mother occurred. She did not know her mother was already dead when she ran to help her. When she rolled her mother over, her mother’s mouth was filled with blood and broken teeth. The daughter began pulling the broken teeth from her mother’s mouth so she wouldn’t choke on them. Two years later, that plucking motion still occurs when she’s re-experiences the event.
- **Traumatic dreams:** Eleven year old Tommy was a survivor, not a witness of his sister’s murder by a serial killer. He was still having dreams of his “guts” being ripped out by the Candyman one year after her murder. His sister had been stabbed repeatedly in the chest/stomach area.
- **Startle reactions:** After her father beat her mother to death, the police arrived to take pictures and arrest the father. Two years later, this daughter still cannot allow her picture to be taken because it reminds her of that day.
- **Emotional detachment:** Fifteen year old Mary, whose sister was also killed by a serial killer, had made friends her mother described as “real trouble.” She never even cried at the funeral. She had received help but not the trauma-specific help.

Factors Potentially Prolonging Trauma Reactions

Factors following a traumatic experience which have the potential to prolong trauma reactions as well as place the individual at risk for more serious symptomatology include:

1. Additional traumatic exposure, i.e. domestic violence, community violence
2. A dysfunctional parent unable to provide consistent nurturing and protection from harm or the threat of harm
3. Pre-existing disorders
4. Absence of a safe environment
5. Limited social support system or perceived lack of support
6. Assumption of victim personality
7. Additional secondary losses, i.e. loss of friends due to moving, secondary victimization by caregivers and caretakers
8. On going legal issues, such as in the case of murder, the trial, etc.
9. Significant hormonal/biochemical changes induced by the trauma which trigger physiological, emotional and cognitive changes necessitating medication
10. Absence of accessibility to trauma specific interventions

What we also know about vulnerability or risk is:

1. PTSD is correlated with the degree of exposure or proximity to the event. “Most exposed” can be defined as being a victim, participant or witness. “Least exposed” can be defined as a relative, peer, friend who was not present at the traumatizing event
2. Those actually at the event (most exposed) are at greater risk, yet those who are “least exposed” also can experience PTSD
3. Exposure can be the result of verbal exposure, hearing from survivors the details of their experience. This also has implications related to the stress of those who work with traumatized children every day. They, too, can begin to experience PTSD reactions over time
4. Reactions do tend to differ by exposure but not by sex, ethnicity or age – every child is vulnerable

Therefore, the answer to the question, “Who is Vulnerable?” is everyone at the incident and everyone who is in some way associated with the participant(s) of the incident.

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Once support groups are concluded, complete the following checklist to determine if students may be at risk of developing PTSD.

Symptoms of posttraumatic stress

See Master Copies for full size document

Checklist for Symptoms of Posttraumatic Stress

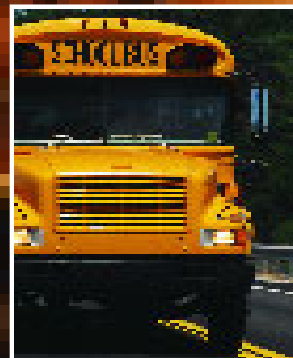
Answering yes to **two or more** of the following may indicate posttraumatic stress and need for further assessment.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The person has experienced, witnessed, or confronted an event that threatened serious injury, physical harm, or death. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The person responds with intense fear, helplessness, or horror. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The person experiences recurring and intrusive distressing recollections of the event, including images, thoughts, or perceptions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The person experiences distressing dreams of the event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The person may act or feel as if the traumatic event is reoccurring (a sense of reliving the experience, illusions, hallucinations, and flashbacks). |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The person experiences intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The person experiences efforts to avoid thoughts, feelings, or conversations associated with the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The person experiences efforts to avoid activities, places, or people that arouse recollections of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. The person experiences an inability to recall an important aspect of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The person experiences a markedly diminished interest or participation in significant activities |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The person experiences a feeling of detachment or estrangement from others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The person feels unable to have loving feelings, or other strong feelings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. The person feels a sense of a foreshortened future. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The person has difficulty falling or staying asleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. The person feels unusually irritable or has outbursts of anger. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. The person has difficulty concentrating. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. The person feels on guard, distrustful of others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. The person avoids being touched, and if touched unexpectedly, has strong startle response. |

Safe at School

The Macomb County School
Crisis Response Manual

Debriefing Models



Debriefing models

“What biggest fear was: that we might miss the quiet student who may not verbalize their feelings or appear obviously affected.”

—Lakeview Public Schools

Debriefing cannot be learned from a manual. Training is mandatory. The following models will explicitly detail who the models are for, when they are to be used, the size of the group being debriefed, who conducts the debriefing, duration, purposes and format.



Debriefing Models

Debriefing

Defusing

Operational

<p>For Whom</p> <ul style="list-style-type: none"> ■ reserved for most exposed students (5th – 6th grade and up) and staff 	<ul style="list-style-type: none"> ■ reserved for most exposed children K–5th grade 	<ul style="list-style-type: none"> ■ appropriate for entire staff
<p>When</p> <ul style="list-style-type: none"> ■ initiated three days to two weeks after the event (even months later is appropriate) ■ follow up debriefing 4–6 weeks after the incident 	<ul style="list-style-type: none"> ■ initiated three days to one week after the event ■ follow up 2–6 weeks after initial debriefing 	<ul style="list-style-type: none"> ■ initiated first day ■ follow up in three to five days, thereafter as determined by duration of event
<p>Size</p> <ul style="list-style-type: none"> ■ limit to 8–10 participants per group 	<ul style="list-style-type: none"> ■ can be conducted with most exposed class (limit to 30 students) 	<ul style="list-style-type: none"> ■ any number
<p>Conducted By</p> <ul style="list-style-type: none"> ■ three debriefers (can be crisis team members) 	<ul style="list-style-type: none"> ■ two to four debriefers depending upon size of group and age 	<ul style="list-style-type: none"> ■ outside consultant
<p>Duration</p> <ul style="list-style-type: none"> ■ two hours 	<ul style="list-style-type: none"> ■ 30 minutes to one hour 	<ul style="list-style-type: none"> ■ one hour
<p>Purposes</p> <ul style="list-style-type: none"> ■ to mitigate impact of event ■ to accelerate healing ■ to identify what happened ■ what role participants played ■ what cognitive behavioral and emotional reactions were experienced ■ to educate about signs and symptoms ■ to normalize ■ to identify related issues, support needed ■ to summarize and prepare for next several days, week, months ■ to refer as needed 	<ul style="list-style-type: none"> ■ includes all the purposes of debriefing 	<ul style="list-style-type: none"> ■ to evaluate current status of staff and students/clients ■ to share new information and clarify rumors ■ to determine additional needs for immediate resource and support ■ to prepare staff for possible upcoming problems ■ to help staff care for themselves ■ to reinforce positive aspects emerging from this event
<p>Format</p> <ul style="list-style-type: none"> ■ question, answer, inform 	<ul style="list-style-type: none"> ■ question, answer, inform, drawing, story telling, reading 	<ul style="list-style-type: none"> ■ question, answer, inform

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Debriefing Models

Debriefing the Debriefee	Classroom Presentation
<p>For Whom</p> <ul style="list-style-type: none"> ■ Crisis team members, debriefers <p>When</p> <ul style="list-style-type: none"> ■ end of first day or as soon as possible after debriefing process <p>Size</p> <ul style="list-style-type: none"> ■ limited to no more than 10 <p>Conducted By</p> <ul style="list-style-type: none"> ■ outside consultant <p>Duration</p> <ul style="list-style-type: none"> ■ one to two hours <p>Purposes</p> <ul style="list-style-type: none"> ■ to help process difficult personal reactions ■ to identify procedures within the system which helped or hindered effective interventions ■ to evaluate each debriefers performance ■ prepare for future debriefings <p>Format</p> <ul style="list-style-type: none"> ■ question, answer, exploratory, problem solving 	<ul style="list-style-type: none"> ■ appropriate for all grades ■ initiate immediately – within first week ■ entire classroom participation ■ crisis team – one–two members or teachers and team member ■ 30–45 minutes ■ one time presentation ■ to gather information on students reactions, questions, concerns information about event and victim(s) ■ to provide factual information to minimize rumors, misperceptions ■ to normalize current future reactions and what students can do and where they can go for help ■ to identify appropriate behavior in the midst of such a crisis ■ to encourage students to ask for help if needed/referral ■ to inform of upcoming related activities e.g. memorial service ■ question, answer, exploratory, problem solving

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Debriefing Checklist

Inform the contact that you and your colleague will arrive 30 minutes early to be taken to the debriefing room to arrange the room. (Always work in teams.)

8–10 in the group with 2 debriefers are comfortable. A larger group takes too long to debrief. The way that can be done with larger groups is to:

- Educated as to the possible reactions they may experience.
 - Ask the following questions:
 - What scared you most?
 - What surprised you the most?
 - What concerns do you have now?
 - Prepare them on ways to help themselves over the next several weeks.
 - Tell them the signs that indicate the need to call you for assistance.
1. During the debriefing **NO ONE** is to have access to the office or participants. If there is a phone in the office turn it **OFF**. (The exception – life and death emergencies).
 2. Be certain to have handouts for all participants. It is helpful to pass them out beforehand so participants have something to read and “hold onto” while they wait to begin.
 3. Be certain there are several boxes of kleenex in the room.
 4. In this situation, coffee, juice and water may be helpful when meeting with adults. If meeting with children, **DO NOT** have refreshments available during the session. **DO** have colored pencils, felt markers and paper available.
 5. Plan twice as much time as is allowed to you. 2 hours is a minimum with adult. 30–60 minutes minimum with children and adolescents. Experience teaches that some groups will need and want more time.
 6. Be prepared to provide recommendations to the director, following your session. Have the director meet with the debriefing participants at the end of the session to hear her immediate needs.
 7. Insist that a staff person be available should a participant need to leave during the session. Your colleague should accompany the participant to the staff person, who can then stay with the participant or assist the colleague in stabilizing the individual. Handle as an at-risk client; do not leave unguarded. Call for a pickup; offer coffee or water; encourage him/her to sit. Do crisis intervention if necessary.
 8. Be ready to deal with dominant responders who keep others in the meeting silent. Each person should respond in turn.
 9. Spend 15 minutes after the debriefing talking with your colleagues. Walk; take deep breaths; relax. Allow time before you drive. Do not underestimate your own trauma reactions, which are induced by listening.

See Master Copies for full size document

Debriefing Most Exposed Elementary Students

This is an outline for a 1–2 hour session with a small group (8 students) of children, 6–12 years old. It is recommended to seek parents' permission prior to the session.

Example

Our names are _____ . We are here because of _____ .

EVENT

When these kinds of things happen to us and to people we know all kinds of new feelings and thoughts can also happen to us.

We have met with other children who have experienced similar kinds of situations. They talked with us about what happened, drew pictures to help us understand how they were feeling. And they felt much better afterwards.

We are interested to know what this has been like for you. By telling us, you will help us to help other children who may have to go through the same experience as you.

We will talk about _____ in a minute; but, first, can you tell us what other kinds of accidents have happened to you or your friends?

EVENT

Notes: Whatever the specific incident, generalize it. For example, if it was a fatal car accident, begin by asking about accidents in general.

Now let's talk about _____ . Who can tell me where you were and what you were doing when it happened or when you first heard about it?

EVENT

Notes: Ask specific questions: Where were you? Who were you with? What do you know about what happened? Did you know any of the people involved? Do you have any questions?

(During discussion):

It's OK to be sad (afraid, etc.)

It's OK to talk about (NAME). It's OK to miss them, too. Isn't it?

We can still love them and miss the way they used to be, can't we?

I want you each to draw me a picture of what happened that you could tell us a story about. You can draw whatever you like.

Notes: Allow 10–15 minutes to draw. Let each child tell a story about his or her drawing. Ask questions: Describe what's happening; how do you think they felt, etc. Normalize any reactions: It's OK to be sad, afraid, etc.

Well, you have all done very well. A number of you have different feelings. Let's make a list of them on the board.

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Debriefing Most Exposed Elementary Students (continued)

Lets talk about what we can do to feel better

Notes: Make a list and keep it hanging or type it up and hand out to the children. Make certain that each student understands that it's OK to: Be Afraid, Be angry, Be guilty Be sad, and that they can: Talk to Mom and Dad, Draw pictures of what scares us (with a happy ending!), Talk to a special friend.

What still worries you?

Notes: Have them write it down and color in the box that best shows how big their worry is.



Worries don't last forever, even though some worries seem like there is nothing we can do about them.

You know when it's raining out and you're inside, the rain seems like it will never end. But it does, doesn't it?

Notes: Normalize the worry reaction and make certain they know what they can do when they are worried (similar to when they are scared)

Who can tell me some good things you remember about (NAME)?

Notes: End on a positive note.

If you could do anything you wanted, or go anywhere, draw me a picture of what it would be.

Notes: Show that they are still going to be able to enjoy the things that are fun to them. Give them the option of hanging their drawings in the classroom.

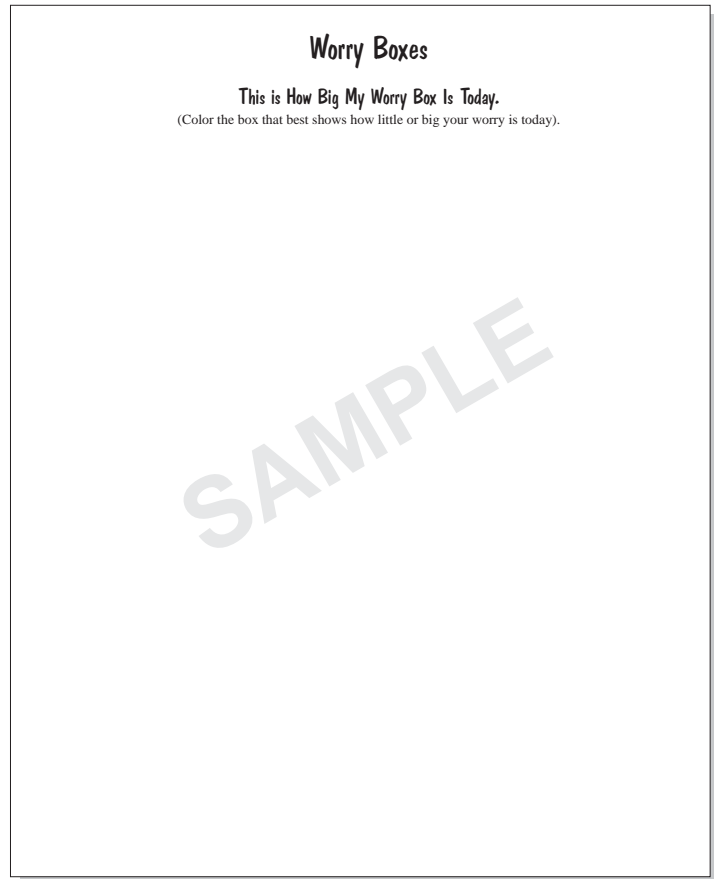
Look what we have learned: You are not alone. You are not strange or crazy or different. Others have similar feelings. Drawing helps and so does talking to adults who care for you, like your Mom and Dad.

Notes: Conclude with a fun activity.

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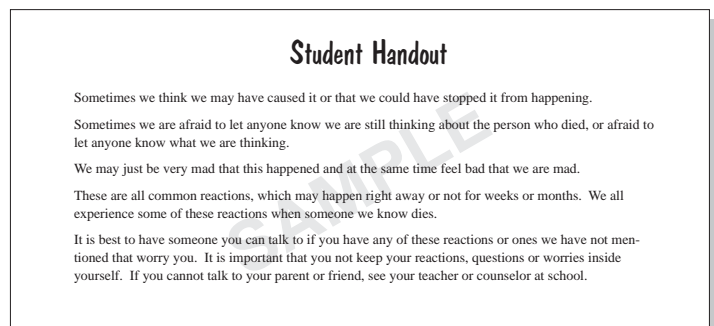
worry boxes

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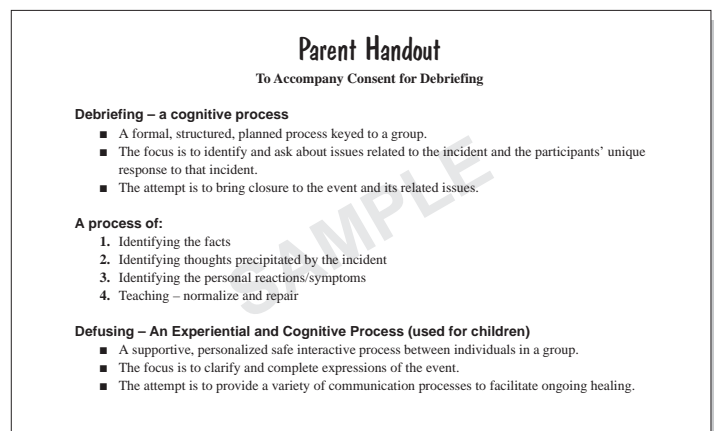
student handout

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parent handout

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Debriefing Most Exposed Secondary – Adult

This is an outline for a 1–2 hour session with a group of adults or adolescents.

During the de-briefing, **NO ONE** should have access to the participants.

Pass out handouts at the start of the session.

Have coffee, juice, cookies and kleenex available. **NO** refreshments for children’s sessions.

2 hours is a minimum for adults and adolescents: 30–60 minutes for children.

Have a crisis team member present to assist with any problems. Some people may need 1-on-1 attention.

Don’t let one person dominate the meeting. All need to participate.

Remember to debrief yourself after the session. It is a trying experience.

(Also see “Staff Debriefing.”)

Example

Our names are _____ . We are here because of _____ .
EVENT

When these kinds of things happen to us and to people we know all kinds of new feelings and thoughts can also happen to us.

We have met with others who have experienced similar kinds of situations. They talked with us about what happened, and helped us understand how they were feeling. And they felt much better afterwards.

We are interested to know what this has been like for you. By telling us, you will help us to help others who may have to go through the same experience as you.

Now lets talk about _____ . Who can tell me where you were and
EVENT
what you were doing when it happened or when you first heard about it?

Do you have any feelings now that you didn’t have before? What do you need right now to help you?
What have you learned?

Notes: Whatever the specific incident, generalize it. For example, if it was a fatal car accident, begin by asking about accidents in general. Ask specific questions: Where were you? Who were you with? What do you know about what happened? Did you know any of the people involved? Do you have any questions?

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Day's End – Operational Debriefing for Staff

*“What we needed most and lacked:
debriefing time – it took a toll on the professionals
to not have that.” —Utica Community Schools*

Operational Debriefing

Group Size: Any number

Group Membership: All staff

When: End of first full or second day of incident with one follow up to be determined by the outcome of this initial meeting. It is generally beneficial to have an additional session three to five days later.

Duration: One hour

NOTE: Debriefers should be consultants from the community to minimize resistance and increase objectivity.

Introduce this process by informing staff that the session will run no longer than one hour. Its purpose is to identify: **1)** what has worked well and what has not; **2)** current concerns and worries; **3)** additional interventions which are still needed; **4)** additional resources or assistance to make the next several days easier. Inform them you will be asking questions about students/clients, their own experiences, and procedural issues and then summarize your observations and comments. Begin with stage one.

Stage One – Student Reactions

1. What behaviors of students were most upsetting for you?
2. What were you not prepared to see or hear from students?
3. What worries you the most about students?
4. What happened with students that didn't need to happen?
5. What didn't happen that should have happened or still needs to happen?

Stage Two – Staff Reactions

1. What one thought stands out the most in your mind about anything you saw or heard?
2. Of all the thoughts, emotional reactions, and things you've done during this crisis, what surprises you the most. (This question is not what surprised them about other's actions/reactions but their own thoughts, emotions. Keep them focused on their reactions).
3. What behaviors among other staff surprised you the most?
4. What has been the worst part for you?
5. Where have you felt the impact most in your body?
6. What additional physical reactions have some of you been experiencing?
7. If you were to go through this again, what would you do differently?

Day's End – Operational Debriefing for Staff (continued)

Stage Three – Administrative Issues

1. What have been some of the positive things that have happened?
2. What still needs to happen, either immediately or over the next several days, to help you out?
3. Are there any unanswered questions or additional information you need?

(Questions 2 and 3 can be partially answered by administrative staff, if present)

Stage Four

1. Similar to debriefing, this is the place for you to educate staff about trauma reactions, what they might experience in the following days and, ways to care for themselves, etc.
2. It is important not only to normalize the reactions they have experienced but also to normalize the system response, especially if this is the first critical incident experienced. It is essential to be honest regarding the need for additional training, and improvements needed on their crisis plan, policies and procedures. An honest appraisal now will help them be better prepared in the future. It is also important to stress the strength that has emerged, the dedicated caring, etc.
3. It is also appropriate to ask if they have any questions of you and they often will. Questions generally refer to your experiences with other systems and how they managed in comparison. Inform them that you will be having a detailed consultation with the principal, superintendent, executive director, etc. about their recommendations and your own. It is appropriate to mention what some of your recommendations may be if you know at this time.

Notify them that you will be available for a few minutes should they have personal questions or comments to share with you.

Provide them with encouragement and affirmations for their care and concern and dedication to students. Thank them. Remind them that if they do have concerns about specific individuals to see one of the crisis team members (debriefers) immediately following this meeting.

Your responsibility does include a consultation with the appropriate sources related to your observations and recommendations. This can be done following the operational debriefing session and followed if needed with a written report (general).

Pass out materials prior to this session, as you may want to reference them during your presentation. (First Aid for Staff. . . and PTSD checklist).

First Aid for Staff After A Crisis

Handout

Crisis team members are subject to stresses and can become incapacitated as a result of unmanaged stress. A person in crisis cannot assist another person who is in crisis. In the aftermath of a crisis, keep the following in mind:

1. It is very important to get enough rest, especially the first four to six weeks following the crisis. If you cannot sleep at night, take short naps during the day. If traumatic dreams wake you up during the night know that they will pass in time. Involve yourself in a comforting activity, such as reading, snacking, watching television, etc.
2. Exercise can be useful in relieving stress (even a short walk can help).
3. Avoid too much caffeine, alcohol, or other stimulants.
4. Be protective and nurturing of yourself. You may want to be alone, or just to stay at home with family members.
5. Do not commit to additional responsibilities for the first four to six weeks following a crisis. Put what you can on hold. During recovery from a crisis, everything is a bit distorted. It may be helpful to postpone major decisions.
6. Traumatic dreams, intrusive thoughts, images and other crisis specific reactions may affect your capacity to concentrate. In most cases, they will diminish over time and become less upsetting.
7. Expect during the four to six weeks following the event that new memories of and reactions to your experience are likely to emerge. Generally, these newer memories and reactions may mean you are feeling safer and rested enough to deal with the crisis.
8. Understand that your crisis reactions need to be expressed and experienced by you in order for healing to occur. Support can come from talking with others who also experienced the crisis.
9. People react to crisis in different ways. What affects you may not affect someone else. Reactions that continue for four to six weeks following the crisis may not indicate that something is wrong. Your reactions may suggest that you need more time to feel secure.
10. Do not hesitate to consult with a mental health professional should you feel that your reactions are interfering significantly with normal functioning.

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Parent Meeting

*“My first thoughts were: preventing hysteria.
What we needed most and lacked: **Communication.**
Parents were reacting from ‘word of mouth’.”*

—L’Anse Creuse Public Schools

Parent Meeting Agenda

The immediacy and unpredictability of crisis situations often leave individuals with a sense of worry, vulnerability and distrust. In light of this, a parent meeting can help bring an effective crisis response to a community. For more information to provide parents on coping with crisis see Appendix pages 91–102.

Parent Meeting

Caution

It is important to be in and remain in control of this meeting as some parents and community members, who are not thinking of the students well-being but of their own personal agenda, may attempt to turn this meeting into a political issue. To defuse this it is best that a well-respected member (professional) of the community and supporter of the school open the meeting and introduce the principal for his/her comments followed by the crisis response team presentation.

The moderator must clearly state that the purpose of this meeting is specifically to:

1. Inform parents of what the school has done and plans to do in the following days
2. Talk about how this has impacted students and staff
3. Identify (suicide, murder, sudden death) the specific reactions to be expected in students
4. Answer questions parents have about the nature of the incident as well as how to determine if their own child needs help.

The principal needs to welcome parents and the community. It will be important to express the tragedy for all involved and provide what factual information is available. Afterwards, the administrators need to let the community know the staff is prepared, has been trained (hopefully), and that the crisis response team can best inform them of the ways they have been responding to their children and what they as parents can expect from their children over the next several days. A brief comment from the superintendent may be beneficial. This can be accomplished prior to the introduction of the principal or at closing.

Parents will be concerned about their own children and want to know what to look for so be prepared to present this information. Additionally they will want to feel confidence in the school, administration and counselors, preparedness and ability to help their children. It is often best for a team member to describe the ways in which staff are prepared as parents tend to listen to administrators from more of a political perspective (administrators tell you what they need to tell you to make you believe everything is okay).

It is important to state that the school will be open to suggestions as to how to respond to future incidents but that this is just not the time to discuss these recommendations as all energies are currently focused on getting through the next few days. Do offer that an additional meeting will be scheduled in the next few weeks to then look at suggestions and recommendations. The moderator

Parent Meeting (continued)

needs some experience in being able to keep people focused and the ability to quickly prevent individuals from dominating the meeting with their own issues.

If the incident was suicide, handout material and the presentation will be different than if the incident is an accidental death versus a violent death like a shooting, stabbing or physical assault or sudden natural death from heart failure.

The suggested agenda is in outline form. Providing information about reactions to anticipate following the incident is information your team should present.

One and One Half Hour Meeting

5 minutes Moderator

- Welcome (Introduction of superintendent can be made here followed by principal introduction and comment. Superintendent needs to express confidence in the school staff and that, hopefully, staff has been trained how best to handle this difficult situation.)
- Introduction of Principal

10 minutes Principal

- Assurance of staff preparedness during such a tragic time
- Acknowledgement that such situations present difficult challenges, a need for patience and support from a variety of sources (can be identified, e.g. police, community, mental health district team members, etc.)
- Brief comment on the work of the crisis response team
- Introduction of crisis response team members

45 minutes Crisis Response Team

- Some of the student reactions and ways the CRT has responded
- Activities planned for the next several days
- Inform parents of the reactions likely to be seen in students (their children) over the next several days
- Normalize these behaviors
- When/who parents should call for assistance because of their child's difficulty with this experience.

20 minutes Moderator

- Ask for questions, which can be directed, to administrators or crisis response team members.
- Make a comment about how difficult this is for everyone, and if at all possible give an example of something positive that has resulted from this. (Often times teachers tell of students who have been troublesome in the past emerging as real helpers in the midst of chaos.)
- The moderator might comment that although this is a difficult time, the strength and resiliency and closeness of staff and students has really shown itself in many ways and that this unfortunate tragic situation will better prepare us for future situations.
- Closing comments may vary, of course, but it is important to bring back to the concept that everyone is pulling together to support one another.
- Pass out handouts (See Master Copies Section – What Parents Need to Know, Ways to Help Trauma and Children)

Trauma Response Protocol Manual © TLC 2000

Safe at School

The Macomb County School
Crisis Response Manual

Suicide Prevention



Suicide prevention

“What biggest fear was: contagion and losing another student. It didn’t happen because we had a plan.”

—Armada Area Schools

Students who verbalize suicidal intentions must be referred as soon as possible to a counselor or other crisis response team member.

The law requires:

1. Duty to inform
2. Duty to refer
3. Duty to report to child protective services when parent refuses to accept referral.

The School’s Duty

It is the legal obligation of school personnel to warn parents or guardians of a student at risk of self-destruction and to refer the student for further evaluation and treatment. A California Appellate Court decision held that “The jury could reasonably conclude that the standard of care imposed on non-therapists who hold themselves out as counselors, can require them to refer suicidal persons to those individuals authorized and specially suited to prevent suicide.” Since the school is not a clinical setting, a referral is necessary.

Who Pays for Referral?

The American Association of Suicidology News Link (Volume 14, No. 2, Summer, 1989) further clarifies the responsibility of schools to warn and refer. It also points out that if a child is taken involuntarily to a hospital because of the school’s recommendation, the district should not be responsible for the costs of such service, since this service is similar to the school calling a rescue squad for an injured student.

The law related to homicide is quite clear in every state and province. If a student were to threaten to murder another person, that intended victim must be warned, the legal authorities informed and the appropriate referral made.

Appropriate Training

School and individual staff members can be held responsible for both unprofessional omission and commission of acts that jeopardize the lives of at-risk students. Not every staff person in a school can be expected to assess and refer students who are at risk of committing suicide. It is the intention of this manual to outline the procedures for CRT members to handle crises imposed by suicides, homicides, or other sudden death. Teachers should be made aware of general indicators of student distress and cautioned to refer students suspected to be at risk to the Administrator, Counselor, Social Worker, or Psychologist on site. These professionals will then conduct a preliminary assessment, inform the parent and determine the need to refer a student to one of the local mental health facilities for follow-up.

The determination of risk and the subsequent interventions, should not be the responsibility of one person. After a student in crisis is physically present in the office/counseling center:

- Contact another crisis response team member to conduct an assessment.
- Gather facts and information, including a statement from the referring person.
- Interview the student, using the Suicide Lethality Checklist to determine the degree of lethality. Verify impressions with another team member, using a third member if necessary. Also refer to the additional materials in this chapter, including Methods of Assessment, General Considerations. If there are questions, contact _____.
- Contact parents to inform them of the student's status and the need for referral for further evaluation if lethality is judged to be medium or high. **Note:** even though additional evaluation may not be mandatory, the parents should be made aware of one or two options for referral for mental health support, given the likelihood that the assessment in school may reflect the presence of a number of underlying problems.
- Parents must be contacted the same day the student is referred to the Counselor, Social Worker, or Psychologist.
- If parents are unavailable, contact people listed on the student's Emergency Card who may know of the parents' whereabouts.
- If a student reports abuse or neglect or if the parent refuses to get help for the child, a referral to Protective Services must be made.
- At least two CRT members must remain with the student until transfer of care to parents/guardians has been completed.
- Inform building administrators of the student's status and update them on progress the day of the crisis.
- A designated CRT Member will follow-up with parents (within 24 hours) to insure that appropriate action has been taken. If the student has been hospitalized or is being seen by a therapist, a Release of Information Form is to be completed by the school signed by the parent and sent to the agency. Parents may need to be reminded that they will need to sign a Release Form to ensure two-way communication so that the student's transition back to school can be smoother.
- A certified letter (see sample page 64) must be sent to parents/guardians shortly following the crisis, to document the incident, team actions and recommendations. A statement of what the parent agreed to do should be included. Names, addresses and phone numbers of community agencies that could perform professional assessments should also be provided.
- Document all steps taken by the CRT on the Potential Suicide Disposition Form (see sample page 63). This checklist, together with a copy of the Lethality Checklist (see sample page 63) and the certified letter should be sent to the _____ and also kept in a confidential file in the Counseling Center of the student's school.

Physical Management of potentially suicidal students

Medical Emergencies Which Result From Suspected Suicide Attempts Should be Dealt With by Calling:

Police Department _____

Phone Number _____

Suicide Lethality checklist

See Master Copies for full size document

Suicide Lethality Checklist for Youth

Be aware that when assessing risk, the higher the number of risk factors present, the higher the risk. This does not mean, however, that if only a few of the risk factors are present there is little likelihood for an attempt. Someone who has no plan, only an ideation, but has history of poor impulse control could be considered high risk.

Part I	Low	Moderate	High
Plan	___ none	___ vague	___ specific*
	*What is plan? _____		
Method	What is method? _____		
Method available	___ no	___ yes	___ yes
When	___ unplanned	___ vague	___ specific
Where	___ unplanned	___ vague	___ specific
Previous attempt	___ no	___ yes	___ yes
Alcohol/drug use	___ none	___ sporadic	___ chronic
Recent loss	___ none	___ yes	___ yes
Part II	Low	Moderate	High
* Physical/sexual assault	___ no	___ recent	___ ongoing
Gender identity conflict	___ no	___ recent	___ ongoing
* Witness to violent behavior/trauma	___ no	___ recent	___ ongoing
Hypnosomnia/Disturbed sleep	___ no	___ recent	___ ongoing
Weight loss	___ no	___ recent	___ ongoing
* Poor impulse control	___ no	___ recent	___ ongoing
* Fear of losing control	___ no	___ recent	___ ongoing
Loss of concentration	___ no	___ recent	___ ongoing
Psychomotor retardation/agitation	___ no	___ recent	___ ongoing
* Constricted thinking (either, or; always, never)	___ no	___ recent	___ ongoing
Somatic complaints	___ no	___ recent	___ ongoing
* Expression of guilt/shame	___ no	___ recent	___ ongoing
* Expression of hopelessness	___ no	___ recent	___ ongoing
* Chronically depressed parent	___ no	___ yes	___ yes
* Turning against self (verbally)	___ no	___ yes	___ yes
Perceived support of others	___ several supports	___ one/two	___ none
* Refuses to contract	___ no	___ yes	___ yes
Total	___	___	___

* represents high risk

Potential Suicide tasks and disposition report

See Master Copies for full size document

Potential Suicide Tasks and Disposition Report

Student Name _____ Date ___ / ___ / ___ Time _____

School _____ Referred by _____

Parents _____ Ph _____ Wk _____

Trauma Response Members _____

State the Nature of Crisis _____

Initial Those Procedures Appropriate to This Crisis :

___ A member of the team was with the student at all times.

___ Student was under direct supervision at all times.

___ Assessment of risk completed. Checklist attached.

___ Principal, team members, and other appropriate school personnel were contacted and consulted prior to final disposition.

___ Attempt to contact parents/guardian by telephone were: (circle one)
successful or unsuccessful

___ Protective Services contacted for direction

___ Police contacted for support

___ Parents/guardian advised of the crisis response team's concern that student is: (circle one)
1) actively suicidal 2) high suicide risk 3) low suicide risk

___ Request was made for parents/guardian to come to school.

___ Student transported for evaluation. (Parents directed to outside agency.)
Parents/guardian were able to come to school to discuss concerns regarding student.
Student released to parent.

___ Parents/guardian told to remove gun or method of choice from home.

___ Parents refused referral. Parent ___ signed ___ did not sign release form.
Professional therapy for student recommended and parents/guardian assisted in making arrangements for prompt assessment of student, prior to releasing the student to parent/guardian.

___ Referral made to outside agency. Agency contact _____

___ Follow-up call about evaluation made. Date of call: _____

Appointment made _____ Appointment not kept _____

Additional Comments _____

List of Agency Referrals

Category	Agency Name	Contact Phone	Street Address-City,ST,Zip
Community Agency			
Psychiatric Hospital(s)			
Outpatient Clinics			
Medical Clinic			
Crisis Lines			
Other			

Agency referrals

See Master Copies for full size document

Post-Referral Follow-Up Letter — Guide

(Send via Certified Mail and request receipt.)

Student Name _____ Date sent ____ / ____ / ____

This is to summarize the meeting that we had on _____ DATE regarding your son/daughter, _____ NAME .

Note: Explain what happened and why parent was called.

Our meeting focused on _____ .

The primary outcome of our conversation was that you agreed to seek a professional assessment to further explore your student's feelings and strategies for dealing with them more appropriately.

You were provided with referrals and a number to call in case of emergency.

Note: Describe the follow-up actions parents were expected to take.

Those numbers included the following: (List referrals)

You promised to follow-up with a return call to me within _____ TIME FRAME . If I do not hear from you by _____ DATE , I will call you to see if I can be of further assistance.

I appreciate your prompt attention and cooperation in this matter and know that you will take the necessary steps to insure _____ NAME well being.

Post-Referral follow-up letter

See Master Copies for full size document

Safe at School

The Macomb County School
Crisis Response Manual

Training



training

“Although all staff received a manual, subs were at a loss as were some staff members who did not have their manual present.”

—Anchor Bay School District

The Macomb County School Crisis Response Manual is intended to serve only as a resource guide. This manual will assist schools in developing staff training for both immediate response and long-term follow-up. Training **ALL** faculty and staff including substitutes should be done yearly.

Training, to ensure a school is responding effectively to a crisis, may be done on three levels.

Level One

- Selection of CRT members
- Discussion of teams responses
- Assignment of roles
- Quarterly meetings
- Yearly meetings with district’s CRT.

Quarterly meetings provide opportunity

- for getting to know each other’s areas of expertise and comfort.
- for evaluating past responses.
- for practicing various scenarios (see Training Scenarios pgs. 67–68)
- to review community resources available. Consider inviting community resource personnel to your meeting for input.
- to continually update/orientate new members.

Level Two

Specialized training for select CRT members via workshops, seminars and/or training’s in the areas of:

- group facilitation skills
- adolescent suicide prevention
- substance abuse
- crisis intervention/management skills
- other pertinent staff development topic.

Level Three

Specialized training in trauma response for student assistance specialists:

- Certification by TLC (See Appendix pgs. 103–104.)
- Workshops/trainings

Personnel should use the Crisis Response Manual as a guide in formulating and “role-playing” appropriate responses. Schools are encouraged to develop their own scenarios. Each participant should have reviewed the Crisis Response Manual prior to the session and should bring it to the session as reference.

Participants are divided into workgroups for the session. Training is case-study format. At the beginning of the session, each workgroup participant is assigned a case study, without preliminary review or discussion. Each workgroup meets separately for approximately 60–90 minutes to review

the case study and formulate a trauma response plan. Representatives selected by each workgroup present a short summary of the group’s plan to the participants in general session (approximately 1 hour total).

Workshop Activities

Using the Crisis Response Manual as a guide, each study group should develop, in outline form, the key elements of a district-wide response plan and individual response plans for each affected school. This should include, at the minimum:

1. Analysis of the situation’s potential impact and severity
2. Announcements to inform staff, students, parents, the school community and media
3. Staff assignments and tasks; additional resource requirements
4. An approach to identify students at greatest risk
5. Group counseling sessions and counseling activities
6. Other elements identified in the Response Manual. (Refer to Macomb County School Crisis Response Manual Table of Contents.)

Crisis Team Response

A. Compose a response via the Crisis Response Team which addresses the following:

1. Communication with staff, teachers, parents and students (including those away from the building on field trip).
2. Policy for releasing children to parents
3. Attendance issues
4. Classroom activities
5. Identifying those most at risk for grief/trauma reactions
6. Funeral/memorial considerations
7. Need for parent meeting
8. Responding to the media

B. Identify roles and responsibilities assigned to various staff in the building and consider the need for additional staff.

1. Principal
2. Assistant Principal(s)
3. Teachers on building crisis team
4. Counselors
5. Special Ed support staff
6. Secretaries
7. Paraprofessionals
8. Custodians
9. Cafeteria personnel
10. Bus drivers

C. Devise a plan for addressing grief and loss issues along a timeline for

1. Student’s class
2. Other classes
3. Other schools in the district
4. School personnel

“My first thoughts were:

I am so thankful
that we had
a proven crisis plan
to follow.”

—Lakeview Public Schools

Center Line Public Schools

scenario

Student Death by Apparent Suicide (High School)

A 12th grade student falls to his death from the I-96 freeway overpass during the school day. The student is a popular athlete.

Reasons for the student's behavior are not clear. Rumor has it that he was recently jilted by his girlfriend. Several girls were identified as the student's former girlfriend. Some family problems have also been reported.

Within the last 24 hours, students should have received their grades. Records indicate that the student had failed two courses required for graduation.

School officials initially became aware of the situation because of traffic backups on I-96. A family spokesperson called late afternoon to deny rumors that the cause of death was suicide.

Several siblings attend the school district.

scenario

Dealing with the Effects of a Violent Parent (Middle School)

A male parent enters the building while school is in session. The parent arrives at the main office and, in a loud and threatening manner, demands that his child be released to him. Others present in the room note the smell of alcohol.

The parent becomes visibly frustrated, displays a handgun and waves it around. The parent leaves the office, apparently heading toward the child's classroom.

The parent is apprehended in the building a short time later by police, but only after threatening students and teachers and entering several classrooms in search of his child.

scenario

Toxic Fumes (Elementary School)

Toxic fumes overcome children and staff out for lunchtime recess at two elementary schools. Many faculty and staff at the two schools need immediate medical treatment, while others are experiencing various physical symptoms.

Meanwhile, parents are hysterically calling the two schools and the district offices for information; some are arriving at the two schools. Media representatives are arriving on the scene or calling on the phone. For at least the near term, staffs at the two schools are not capable of handling the situation.

Notice was just received of a train derailment in Warren, which involves the release of toxic chemicals.

(**NOTE:** Prepare specific plans for each school; discuss possible roles and responsibilities for staff at neighboring schools.)

Child Killed by Car on the Way to School

(Elementary and High School)

A vehicle strikes and kills a 6th grader entering the school grounds for the start of the day's session. The vehicle leaves the scene. Many elementary- and high- school students on the way to school witness the event. Police and media are on the scene.

Several teachers witness the event. By the time word gets to the office, news has already traveled widely via word-of-mouth. The accident is also being reported in the media. Dozens of anxious parents have already called the office.

Student Death by Meningitis

Student dies of spinal meningitis on Monday at 10:00 a.m., following a brief hospitalization. Central Office is informed of death by the Health Department at the same time that the media breaks the news on TV. No information is available regarding the specific form of meningitis involved. The Superintendent at 10:05 calls the principal.

The class to which the student belonged is on a fieldtrip for the day. Parents begin arriving at school to pick up their children at this school and at other schools in the district. The media begins to arrive at the school. Many calls are received through the school's central number.

High School Student Suicide

A popular high school senior completed suicide on Monday after school. The principal gets a call at about 11:30 p.m. that evening. The student was a soccer player and had a game with his team just prior to his death. A couple of his friends from school are the ones that found his body. This class of seniors also had a student die in a car accident when they were in the 10th grade.

It is 8:15 on Tuesday morning. A busload of elementary kids is on the bus when it collides with a car in the school parking lot. The car catches on fire before the driver is removed from the car. The driver is taken to the hospital and we are unsure if she will survive. The driver of the car is the elementary school principal. Her husband is a principal at the middle school and they have 2 children in the same elementary school. Several of the children have broken bones and have been taken to the local hospital.

A tornado has occurred during school hours in your school district. There has been some minor damage in many of the buildings but the middle school has been severely damaged, destroying the front office. Many children have been taken to the hospital. Fire, police and parents are all on the scene.

Center Line Public Schools

scenario

scenario

scenario

scenario

scenario

Safe at School

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Activities



activities

Activities May be Helpful in a Number of Different Areas of the Crisis Response Plan:

- After classroom announcement
- After classroom presentation
- After classroom debriefing
- During support groups
- During saferoom use
- During days/weeks following crisis as teachers/staff may deem appropriate
- Around or at the anniversary date of the crisis

Activities may also be useful in introducing a curricular topic. Please use these suggested activities as a way to help your school process the crisis event. Be creative with regard to how, when and where they are used. Alter the activities in order to best suit the needs of students.

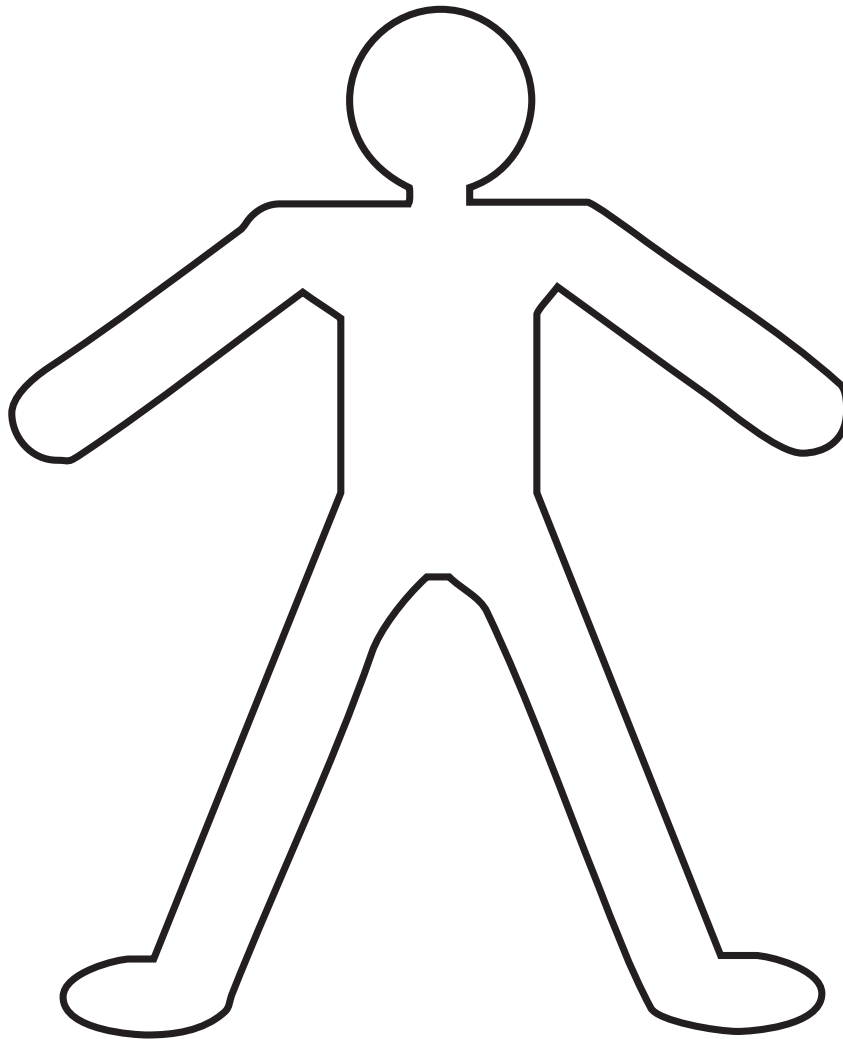
Activities in this section are, for the most part, appropriate for all ages. However, some alterations or modifications may be needed for younger students.

This section has a variety of activities for children and youth, which help them process grief and loss. The more training the facilitator or teacher has had in grief, the better. But grief is a part of life, and as long as the person leading the exercise is comfortable with grief as a life experience, the children will be comfortable with expressing their own grief process. The first few pages are samples you could copy for the students to use. They are followed by explanations of other activities.

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Here is a list of feelings I have . . .

And here is where I hold those feelings in my body:



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If I could make a **Mask of Death**, here's how it would look:

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Here is a picture about what this is like:

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When someone dies . . .

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Use these as ideas for cards students could have in their classrooms or in the Saferoom. After they are screened (to be sure the message is appropriate), they could be compiled onto a bulletin board or made into a big banner which could be given later to the family.

What I most appreciated about Jenny . . .

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My favorite memory of Joey . . .

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Activities for Processing Loss/Grief

**These activities are appropriate directly after a death or tragedy.
They could be used in a Saferoom or in the classroom.**

1) Letters of regret and appreciation.

This is an opportunity for youth to process their “unfinished business” by getting clear about anything which is fostering feelings of guilt as well as helping them begin to get in touch with the wonderful things about that person that they will miss.

2) Cards and letters to the family.

This is a wonderful means for youth to share their sympathy with the family. Encourage them to share a happy memory about the deceased either in words or by drawing a picture. Or suggest they share the attributes they most appreciated in their friend. These must be screened by an adult to be certain that what goes out to the family is appropriate. Often art activities are times when students are therapeutically working on making the event real, or coming to terms with some of the frightening or gory details. If a student does a card for the family that is graphic in this regard and might be hurtful to receive, explain the positive function of being able to draw about the scary parts and give the student lots of positive reinforcement for their willingness to confront this part for themselves. Then gently encourage them to think of a second “theme” to use and make another card especially for the family. The student might want to take their first picture home to share with parents, and if this is so, it might be helpful for someone to give a call to the parents to help them understand the context of how this came to be drawn. Getting these things out of context can be very upsetting to parents.

3) Reading stories about other kinds of death/loss.

It is most helpful if someone has already organized a bibliography of those books or films that anyone has on hand in the building.

4) Clay or play dough.

Some kids just need time to let their minds wander while the shock is wearing off. Having something for their hands to do keeps them in one place and still gives the mind freedom to let things sink in.

5) Art supplies and butcher paper or poster paper.

Often kids want to make a giant poster that expresses their loss. This is something a whole group can do.

6) Planning of the memorial activity.

This can be something which happens either on or out of the Saferoom environment. That should be determined independently with each crisis. There could be one person from the building assigned to coordinate the memorial activity efforts, and students need to be aware of how they can be involved in this.

Activities for Processing Loss/Grief

7) Having specific outside people available to talk.

Sometimes because of the uniqueness of an event, it may be helpful to have a specific person come in to process this event with some kids. That might be having a nurse come in who can describe material facts about a particular death or illness, or having a paramedic come in who was at the scene to help dispel rumors.

8) Drawing favorite memories of the person.

This internalizes that the love doesn't die.

9) Think of analogies, which makes sense to the developmental age of the kids

and encourage them to draw pictures which represent grief, loss or sadness. Examples of this might be "Every time someone dies it is as though we have a bucket of tears inside us. Draw yourself and the bucket inside you. How high up is the level of the tears?" or "If sadness were an animal, what would it look like?" or "If we could do all of our grieving on a special island, what would that island have on it? Draw your boat on the journey to the island."

10) Do lifelines.

Hang a huge long piece of butcher paper on the wall, and invite kids to draw a long line representing their lives, and let each one note significant life events, both "good and bad" (or happy and difficult) along the line. Help them see what balance you can find in their lives, and similar experiences between kids.

11) Create a "question wall".

Students write their life questions on paper and place them on a special wall designated as the "Question Wall." Then ask the question of the group. As questions are answered or discussed through group dialogue or activity, remove the question and replace it with a new one. Questions which might arise include: What is the meaning of life? The meaning of death? Who is God? What is nature? Who or what is part of nature? Why do we die? Why is there pain and suffering? Why do some die young? Is there meaning to the cycle of life and dying?

12) Grief Haiku.

Read a couple of haiku, and talk just briefly about the style of haiku—that it isn't prose or sentences, or even poetry. Just a collection of words which flow together, all relating to a central theme. Then students can either compose their own or collectively put together phrases to make haiku-like expressions of their feelings, reactions and grief.

13) Feelings List.

Students generate a list of feelings that are written on the board. Make a second list of what we can "do" or how to express those feelings. For example, "I could go out and beat the ground or rip newspapers." (If a student responds with, "I can pretend I don't have feelings," ask, "What happens then? What happens to those feelings and what is the result of pretending? What will happen the

Activities for Processing Loss/Grief

next time someone you love dies?") Don't expect immediate resolution of grief issues. In this type of discussion, you can also point out that it is an opportunity to make choices about how we solve our problems and how we will share serious feelings. This may be a new experience.

14) Create a mural.

Put up huge pieces of newsprint roll or butcher paper on the walls and let kids create a mural of their thoughts and feelings.

15) Create a memory bulletin board.

A special bulletin board in a central location that is accessible to all students (like in the main hallway or the front office) can be designated as a place for student to display special pictures or poems they write about this tragedy. Screen contributions for appropriateness before posting.

16) You can get there From Here.

A series of three pictures can be very helpful. Have kids draw a picture of themselves, which depicts the depth of their sadness and grief. The picture should be of themselves, not of the situation. The second picture is one of how it will be once they have reconciled their grief and feel happiness again. Then place those two pictures in front of them with a space in the middle for the third picture. The third picture is one of what they would need to do to get from where they are in picture one to where they'll be in the other one. Let them draw one thing they could do that would make some difference - - help them realize it is a process made up of lots of little steps, and that even realizing one step gets us closer to feeling better. This is an activity of empowerment.

17) Create a treasure box, a memory book or some other means of saving or keeping the memories of a loved one alive after a death.

The treasure box could be decorated or just could be a special box ... but it is a place to put special things that belonged to that special person or it could be a place to keep writings and pictures of him/her. The memory book could be something the child writes in or could be something that is passed around to many that knew the person who died. Many people could put their memories down so the child has these for later, when the loss is being viewed from a different developmental stage.

General Activities About Loss

These can be done to introduce death as a curricular topic, not necessarily in response to a death of someone known.

- 1) **Animals and plants in the classroom** give ample opportunities to talk about life cycles, birth and death. Certainly observing the seasons does, too.
- 2) **Create a lifeline or a year line** in the room. If the format is a lifeline, each student does a personal lifeline, showing both happy and sad events of life. This gives students a great opening to talking with each other about similar experiences, such as how it was to live through a divorce in the family. With a **year line**, you could put up a long piece of butcher paper and draw a line representing the school year. Each time a noteworthy event occurs, it could be entered on the line. This provides an opportunity to show that there is (usually) a balance in life, that both happy and sad things happen, and then there is the opportunity to talk about what we learn from each, and which kind tends to give us the opportunity to learn the most!
- 3) **Give each student a loss inventory** that includes deaths, divorces, moves, and the multitude of other losses, which occur in life. A resource for this is Barbara Bebensee's [Perspectives on Loss: A Manual for Educators](#). Allow it to be taken home so a parent can assist, if this seems appropriate.

Another great way to do loss inventories is to have all of the students volunteer verbally or on little pieces of paper (for those who do better with anonymity) the longest list your class can compile of losses. Death, divorce, moving, pets dying, several things—for the group as a whole to rank them in order of challenge, or for each student to rank them according to one's own values and experience, or for students to give each one a point value. This can be very validating, for youth to have their losses acknowledged.

- 4) **Take a field trip to the cemetery and do rubbings** of the headstones. This gives an opportunity to notice the different ages at which people die, and gives rise to pondering the many causes of death. Look for headstones of those that died young and ask questions to help them surmise that there are many causes of death at all ages.
- 5) **Each student asks a parent to assist in the drawing of a family tree** that will include birth and death dates at least back through grandparents.
- 6) **Draw a picture** of early recollections about death. This could be one in a series of pictures, beginning with early recollections about other life events and dilemmas we have in common (birth, first day at school, first fight with a friend, an accomplishment).
- 7) **Lead a discussion about death**, letting each student volunteer his or her own experiences. Follow-up questions might include:
 - what did people do that was helpful?
 - what did people do that wasn't helpful?
 - what do kids wish that adults understood about this?
 - do you have unanswered questions that someone could still answer? (Might relate to the cause of a particular death, where someone's ashes are...)

General Activities About Loss

- 8) **Create a feelings list** on the board or on butcher paper which includes each student's contributions regarding how he felt after learning of someone's death. Validate the range of emotional responses to death.
- 9) **Have a memory day** when students can bring in pictures or other representations of people they loved whom have died. Create a bulletin board or a "memory corner". In conjunction with this, teach about reverence and respect for each other's treasures, memories and needs.
- 10) **Teach a unit on death rituals and traditions in other cultures.** This is fascinating for middle and high school students.
- 11) **Have students write their own imaginary obituaries, epitaphs or eulogies.** Have them include goals not yet accomplished and other projected details, including contributions to their communities and possible family members (marriages, sons and daughters).
- 12) **Have students do collages about the meaning of death.** Take time to set the tone, that this is an honest and forthright effort, not a time to look for gruesome pictures to paste up.
- 13) **Have students interview older people** either in the community or in their families. Brainstorm with them ahead of time the kinds of questions they might ask, including how our society and way of life has changed over their lifetimes, accomplishments they made, losses they endured, disappointments and joys along the way. Have students share high points of their interviews and perhaps assign that students come up with a couple of introspective realizations they made in this process (What did you learn about life from this?).
- 14) **Use the newspaper** to find topics of discussion. Local fires and other mishaps can help students address how other losses are similar and different from losses of death.
- 15) **Lead discussions on difficult issues related to death,** such as euthanasia, life support, living wills, and so on. The important factor is to set the tone ahead of time; this is not a time to search for an answer, and that there is no right or wrong here, but rather that this is a time to grapple with the difficulties we face in our culture, relative to these issues. Focus on this as a time students will practice respect for other's viewpoints and allow no criticism of others, but rather a forum for all.
- 16) **Bring speakers into the class.** This could be folks who are terminally ill, have lost someone to death, a counselor in the field, etc. Speakers with a particular experience bring loss, grief and recovery to life.
- 17) **Make a list of open-ended sentences for kids to finish.** Some examples:
 - The saddest day of my life was . . .
 - The first time I really thought about death was . . .
 - The most frightening part about someone dying is . . .
 - When I'm feeling sad, one thing that helps is . . .

A part of the exercise might be having kids contribute to the list of starters. When they've finished their sentences; you might have them pair up and talk about what surprised them most.

General Activities About Loss

- 18) Check out what books, films or other resources** might be available to you either through your ISD, library, school or other places.
- 19) Use puppets** for kids to do a variety of endings to loss-theme story lines you give them. Have them talk about the feelings of their own puppet or part in the story might have had. Talk about solutions or resolution or reconciliation of feelings. Do some projection (“How long will it be before the puppy puppet will want to have a new baby sister or brother?”)
- 20) Family drawings** are wonderful for many, many reasons. Have students draw their families grappling with a recent challenge, loss or disappointment. Invite them to share their pictures.
- 21) A Circle of Listening** – have students sit in a circle, preferably holding hands. The first student is given a “leader” (When I lose my jacket or pencils or lunch box I feel ...”). The following student repeats what the last student said and then makes his or her own statement:
- “Susie, When you lose your jacket you feel scared. When I lose my jacket, I feel angry.”
- Other leaders might include:
- When I have a fight with my friend, I feel ...
 - When my mother or father yells at me, I feel ...
 - When I’m feeling sad, something I can do to feel better is ...
 - If my pet died (or when my pet died) I would feel (I felt) ...
- The goal is to keep the circle going with no one forgetting the statement of the child prior.
- 22) Journals are always a great practice.** There are several ways of doing journals. Kids can write in them, turn them in, and the teacher/adult can read what they’ve written and give positive and constructive feed-back. A variation of this might be that kids be given the option of folding a particular page in half, effectively “hiding” the writing. This would be the signal to the adult that the student is writing something she/he wants to “get off her chest” but still wants it to be private. It is then appropriate not to read it, but could be supportive to write comments on the outside of the paper commending the student for being able to make choices for herself that allow her to express but to set boundaries.
- 23) Poetry, stories and songs** are great ways of talking about death and loss without it having to be personal. It is also; of course, wonderful to have the kids write their own poetry, stories or songs regarding death, loss or sadness.
- 24) The Tree of Life Group exercises** ... on the blackboard draw a huge tree. Let the group of students label the roots with the things we need for a healthy life (food, shelter, water, love, kindness... kind of a Maslow approach!) Then let the students draw the growth ... ask them “What will the tree look like if there isn’t enough of the nutrients for the roots?” Or students might want to draw their own Tree of Life and in some way represent their own families and losses.
- 25) Anger T-Shirts** – this comes from Barbara Bebensee’s book Perspectives on Loss. Copy off enough pictures of a hand-drawn T-shirt on a piece of paper so each student gets one. Let them represent anger in whatever way they wish on the T-shirt. Some students will likely do something fairly abstract, while some may draw a detailed representation of specific incident. Good door opener.

School Memory Activities

The function of a school memorial service or memory activity is to **benefit the student**. The family may be invited to attend, but it is suggested that they not be involved in the “program” end of it. Family members have the opportunity to make their statements about the child at the funeral they plan. The school activity is the time when peers have that opportunity. It can be a “service” in the gym or a simple tree planting.

The tone might be nicely set by having the principal begin the activity by making statement that every student and staff person is a part of the school community, and that “when any one of you dies, we notice and take pause to commemorate this person and acknowledge our loss.”

The focus and content should be uplifting, celebrating the positives in the person’s life, hopeful, acknowledging the sadness, yet looking optimistically toward the future. It can be a “service” or just a tree planting. The goal remembrance of the deceased and providing a clear transition time after which things should begin to return back to “normal”.

- Part of the content of the activity should be directed at instilling the memory of the student in a positive way in the context of the student body and school’s history. (Statements such as “Although she is no longer with us each day, we in the choir will always think of her when we sing _____, her favorite song.”) Note ways the student brought humor, creativity, or anything else to the school.
- It may be helpful to make a statement that this gives reason as to how we consider the importance friendships are and how precious it is ... It is also a nice time for the principal to talk about how each student is valued and important ... to encourage kids to take care of themselves... those kinds of feelings...
- If there is a way to relate this death into a context of meaning, it is helpful to do so—and this is definitely a time to relate the person’s life into a context of meaning...gifts we received by knowing him.

Materials or “props” might include an 8x10 picture of the student with some personal memorabilia on a table (volleyball, sports equipment, musical instruments, other items representing interests), balloons and candles (which are about life, hope and celebration) or things which the students have made for this occasion.

All students, in most cases, should attend for a variety of reasons. It makes a clear statement that “when any one of you dies, we in this community take notice.” It is also a statement of unity and an opportunity to learn empathy. All should know what to expect ahead of time.

It is helpful to have some kind of **standard format or agenda** that is always followed (with variations to commemorate the uniqueness of each one who dies) so that the statement the school makes about a popular student is not significantly greater than the statement made for a “fringe” kid. If the number in attendance or the significance of activity is greatly different, that reinforces to less popular kids that they don’t matter as much.

CAUTION!

Do not memorialize a suicide as such memorialization may lead to a contagion effect.
Memory activities should help students grieve the loss without glorifying the act.

School Memory Activities

If there has been a Saferoom opened earlier in the week, consider having someone available to open that room up for awhile after the activity. For some students, the memory activity will be the first time they've really broken through their own denial about the death of this friend. For others the memory activity will awaken profound grief of past deaths or losses.

The degree to which the activity will be effective in helping students process grief will be in direct relation to the degree of participation and "ownership" the students feel in having been a part of the planning. As much as possible, it should be planned by and be meaningful to the students, with adult supervision to be certain all that is going to be said/done has been previously cleared. It is easy for students to get overly dramatic or inappropriate in other ways at times like this.

Timeline Considerations

- **Have the activity after the family funeral**, but during the same school week, if possible. That way, the activity marks the end of the school's grieving process. (If it is before the family funeral, those students who plan to go the funeral do not make the shift back toward "normal", because they're still anticipating the sadness of the funeral. Having it before a weekend gives student the chance to come back to the next week with a fresh start. Of course, depending on the time of the death, this is not always possible.)
- **Have it early in the day**, so students will have time back in the "regular" classroom activities before leaving for home. That way, if some students need to talk more to counselors or peers, they're not being shuffled onto busses to go home where (for some) there may be no parent.
- **Keep it fairly brief**. Just long enough to seem complete. (20–40 minutes)
- **The goal is to meet the needs of kids** processing grief. Therefore, have the school activity meet the tasks of grief.
- **Be certain students have had clear information** about the death as early as facts are known. Clear up ambiguities all along the way.
- **Staff must acknowledge** that this is a time of moving toward the pain rather than avoiding it, that this activity is part of the process.

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Memory Activity Agenda Suggestions

It is a nice touch to have music playing as students enter and leave the activity. The space most often used is the gym, but this depends upon the chosen activity. Students should have been told what to expect prior to coming in. If students have made murals on butcher paper or other expressions of their grief, these can be displayed as appropriate.

Following is the format used by Cascade High School in Marion County, Oregon

In the gym, a table has a picture of the deceased student, 8x10 or larger if possible, with a tall blue taper next to it. The table also holds other items of memorabilia representing the student's life – band instruments, sports items, whatever. At the back of the table is a large yellow candle, one that will burn for many hours (3or 4 inches in diameter and several inches tall). Blue and yellow are the school colors.

A special section of front row seating is marked off for the family of the deceased, should they be coming. They are invited to attend, but not to participate

- The principal opens by acknowledging why we are gathered. Messages are conveyed
- This is a sad time – we are a community – when any one of us dies, we stop and take note and pay tribute.”
- Times such as these are times that we learn something very different from what school is usually here to teach us. This is a time to contemplate the bigger picture – the meaning of life, the preciousness of friendships, the importance of treating each other with respect and caring. Although it is difficult to be with each other in times of pain, it is much better than being alone in our grief. These kinds of times are when we build character, when we build inner strength, when we learn about compassion. I'm glad each of you is here.”
- This is a time to acknowledge the life and death of _____.” At this point, _____’s best friend lights the tall taper which is next to _____’s picture on a table that holds memorabilia representing this student. The large candle remains unlit.
- Next – statements are made by the principal about the student.
- Peers and friends then read poems or statement they've written, all of which have been screened by a school staff person.
- The school chorus sings a special song about the importance of friends.
- If the student belonged to activity groups, someone from each activity shares a perspective of that student's contribution.
- If the student was a member of jazz band or other musical groups, that group will perform the student's favorite song or one which seems meaningful.
- After all of those presentations have been given, the principal again takes the lectern. He states that _____ has contributed to a part of the collective and eternal essence of _____ (name of school), and that those contributions will always be a part of the (school name) legacy. As he says this, the best friend uses the light from the taper to light the big candle, which represents the collective student body. Then, the principal's message, as he looks

Memory Activity Agenda Suggestions (continued)

over to the student's picture, is "_____, we love you, we'll miss you, good-bye." As he says good-bye, the student's best friend blows out the light of the taper, and walks over to give it to the student's mother, father or family member. If no family is present, the principal states that _____ will be taking the taper to the family, along with a message of how meaningful the school memory activity was in celebrating this student's life and representing this student's contributions.

In dismissing students, the principal states that:

- The "hospitality" room is open, that the family will be there for awhile and would welcome the opportunity to visit with students who knew _____.
- The Saferoom is open for awhile for any students who need to talk a bit more before returning to class.
- He has appreciation for the mature behavior students have displayed both at the activity and during this difficult past few days as well.
- As with all school assemblies, staff will leave the gym first, and students will follow. Students who do not go to the hospitality room or Saferoom have five minutes to report to their _____ period class. Please do not gather in the commons, bathrooms, locker rooms or other unsupervised places.

It has become very apparent to staff at _____ (name of school) that if they only do memory activities for students who are well-known and popular, that there are increased disciplinary problems with peers of "fringe" kids following their deaths and again following memory activities of subsequent deaths which are acknowledged. It is a tough call if the student is very new to the school or in a special program which kept that student from having contact with the mainstream.

There are no hard and fast rules about this, but in general, it is better to include the whole student body and/or do too much rather than too little. You want this activity to be a clear statement that this is the end of the formal grieving period for the school, and that things are now returning to "normal", whatever that is!

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Safe at School

The Macomb County School
Crisis Response Manual

Appendix



Teacher Guidelines for crisis response

Reprinted from *A Practical Guide for
Crisis Response in Our Schools*

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Stress – Reproduced with permission
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What types of behaviors/reactions can teachers expect from their students after a crisis situation has occurred?

The manner in which people react to crisis situations is dependent upon a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and the type and quality of intervention. While no two people respond to situations, including crisis situation, in exactly the same manner, the following are often seen as immediate reactions to a significant crisis:

- shock, numbness
- denial or inability to acknowledge the situation has occurred
- dissociative behavior – appearing dazed, apathetic, expressing feelings of unreality
- confusion
- disorganization
- difficulty making decisions, and
- suggestibility.

It is important to note that most children will recover from the effects of a crisis with adequate support from family, friends and school personnel. Their response to a crisis can be viewed as “a normal response to an abnormal situation.” While the emotional effects of the crisis can be significant and can potentially influence functioning for weeks to months, most children will evidence a full recovery.

Following are descriptions of responses likely to be observed in children:

- **Regression in Behavior**
Children who have been exposed to a crisis often exhibit behaviors that are similar to children younger than themselves. This is especially true of toddlers, preschool and elementary school children. They may return to behavior that was abandoned long ago (e.g., thumb sucking, bed-wetting, fears of the dark). Traumatized children may also exhibit separation anxiety, clinging to parents and resistance to leaving the parents’ side. They may resist going to bed alone. Bladder and bowel control may be temporarily lost in younger children.
- **Increase in Fears and Anxiety**
Children also exhibit an increase in their fears and worries. They may again become afraid of situations they mastered long ago. As mentioned above they may become fearful of the dark and refuse to go to bed alone. A school phobia may emerge, where the child refuses to go school for fear of something happening and/or fear of leaving his/her parents. They may openly verbalize their fear of the crisis occurring again in the school. It is important that parents do

not allow the child to remain home as a means to deal with his/her anxiety. This will result in the anxiety increasing once the child needs to return to school. Due to the increase in fears, additional demands are made for parent attention and support. Adolescents may experience a more generalized anxiety and not the specific types of fears that are seen in younger children.

■ **Decreased Academic Performance and Poor Concentration**

Given the increase in anxiety and the disruption a crisis can have on children's sense of safety and security, there is a decrease in the amount of mental energy and focus available to learn and complete academic assignments.

■ **Increased Aggression and Oppositional Behavior, and Decreased Frustration Tolerance**

Children who have been exposed to a crisis can experience difficulty controlling their anger and frustration. Situations that would not have caused a heightened emotional response prior to the crisis, can post-crisis result in an aggressive response and/or expression of frustration. Adolescents may also exhibit an increase in oppositional behavior, refusing to live by the rules and regulations of school and home, and/or meet their responsibilities (e.g., chores, academic assignments). Some adolescents may resort to antisocial behavior (e.g., stealing).

■ **Increased Irritability, Emotional Liability and Depressive Feelings**

Children can also exhibit stronger and more variable emotional responses to situations. There could be symptoms of depression that include general sense of sadness, difficulty falling and remaining asleep or sleeping more than normal, change in eating habits, loss of interest in activities once enjoyed, social withdrawal, mental and physical fatigue and/or suicidal ideation. In younger children there may be an increase in irritability and moodiness.

■ **Denial**

In an effort to cope with the psychological and emotional ramifications of a crisis, certain children and adolescents will deny that a crisis has occurred and/or deny the significance of a crisis. A child whose mother has died suddenly may demand that he can return home so that they can watch their favorite television program together. An adolescent whose favorite teacher was badly injured in a car accident may insist that he will recover fully, despite the medical evidence that indicates that this will not happen. Children who continue to utilize denial to cope may need to be confronted in a sensitive but straight forward manner. Anger and resentment may be expressed when confronting the child with the reality. In time, and with support, children do come to accept the reality of a situation.

Understanding the typical reactions of individuals exposed to a crisis situation is a critical step in identifying people who may be in need of further professional assistance. Several investigators (Greenstone & Levittown, 1993; Klingman, 1987; Weaver, 1995) have described **age-appropriate reactions** of individuals exposed to a traumatic event. Although there is heterogeneity in the reactions of individuals surrounding a crisis, most of these responses are expected reactions and subside in several weeks following the crisis.

Preschool Children (Ages 1–5)

- thumb sucking
- speech difficulties
- bed wetting
- decreases or increases in appetite
- fear of the dark
- clinging and whining
- loss of bladder control
- separation difficulties

Childhood (Ages 5 through 11)

- sadness & crying
- school avoidance
- physical complaints (e.g., headaches)
- poor concentration
- irritability
- fear of personal harm
- regressive behavior (clinging, whining)
- nightmares
- aggressive behavior at home or school
- bed wetting
- anxiety & fears
- confusion
- eating difficulty
- withdrawal/social isolation
- attention-seeking behavior

Early Adolescence (Ages 11–14)

- sleep disturbance
- withdrawal/isolation from peers
- increase or decrease in appetite
- loss of interest in activities
- rebelliousness
- generalized anxiety
- school difficulty, including fighting
- fear of personal harm
- physical ailments (e.g., bowel problems)
- poor school performance
- depression
- concentration difficulties

Adolescence (Ages 14 through 18)

- numbing
- intrusive recollections
- sleep disturbance
- anxiety and feelings of guilt
- eating disturbance
- poor concentration and distractibility
- psychosomatic symptoms (e.g., headaches)
- antisocial behavior (e.g., stealing)
- apathy
- aggressive behavior
- agitation or decrease in energy level
- poor school performance
- depression
- peer problems
- withdrawal
- increased substance abuse
- decreased interest in opposite sex
- amenorrhea or dysmenorrhea

What types of *personal* reactions can teachers expect after a crisis situation has occurred?

(This is referenced in Communicating to Staff)

As in the case of children, the answer to this question is dependent on a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and type and quality of intervention. The fact that some of the possible immediate adult reactions to a crisis are confusion, disorganization and difficulty in decision making, underscores the need for a preplanned, practiced and organized response plan. Longer term reactions that are experienced by adults follow:

Adulthood

- shock and disbelief
- denial
- feelings of detachment
- unwanted, intrusive recollections
- depression
- concentration difficulty
- anxiety
- psychosomatic complaints
- hypervigilance
- withdrawal
- eating disturbance
- irritability and low frustration tolerance
- sleep difficulty
- poor work performance
- loss of interest in activities once enjoyed
- emotional and mental fatigue
- emotional lability
- marital discord

Since teachers are likely to be affected by the crisis situation, it is imperative that they receive the appropriate support and intervention. Without such intervention, they will be limited in their ability to meet the needs of their students. It is important that teachers have a forum to discuss their own feelings and reactions to the crisis and receive support. Teachers usually look to other teachers, and possibly school support personnel (e.g., psychologist, social worker, guidance counselor) to share their feelings. Family and friends outside the school environment can also serve as important sources of support. As with their students, most teachers will show a full recovery from the crisis situation. However, if the symptoms outlined above persist and continue to interfere with functioning, professional consultation may be beneficial.

What can classroom teachers do to address the reactions of their students during a crisis situation?

Teachers are on the “front lines” during and following a crisis situation. They have spent the most time with their students and often know them better than anyone in the school. Therefore, teachers are likely to be in a good position to provide early and ongoing intervention. However, they are also in a very difficult position because they need to remain composed and in control for their students at a time when they themselves may be experiencing a flood of emotions in response to the crisis. Classroom teachers can find this especially difficult if they are not trained in crisis response and/or are not familiar with how to address the needs of their students following a crisis. Following are interventions that teachers can provide to address the reactions of their students to a crisis situation:

- After obtaining the facts regarding the crisis **as well as permission from the principal to disclose them**, classroom teachers should accurately and honestly explain what has happened to their students. Their students should be told the information in a manner that they can understand, taking such variables as age and functioning levels into consideration.
- Teachers can, and most of the time should, **consult with school personnel who are trained** in crisis response and crisis intervention (e.g., school psychologist, school social worker, guidance counselors) on how to most effectively address their students’ reactions to the crisis.
- It is often helpful when teachers **model appropriate expression of feelings for their students** and let them know that they have permission to verbalize what they are experiencing. It is important that teachers remain in control of their own emotions while dealing with their students, a task that may be difficult given that teachers themselves may have been significantly affected by the crisis. Children tend to look toward adults to assess how to react to a situation. A teacher who is experiencing difficulty may not model the optimal ways of coping and expressing feelings.

- If a teacher is unable to function adequately and meet the immediate needs of his/her students, **another school official may need to replace the teacher temporarily** or help him/her deal with the students. Every attempt should be made to keep the classroom teacher with his/her students.
- **Education of students regarding likely responses to the crisis is essential.** Students should not feel they are “abnormal” or that they are “going crazy”. Explaining to students that they will likely have a “normal reaction to an abnormal situation” can be helpful for them. Teachers may wish to share the age appropriate reactions described in this document.
- **Students need to be warned** that they may experience waves of strong emotions and coached on how to effectively deal with them (e.g., by talking to others, looking to others for support).
- The **strong emotional reactions** to a crisis situation are usually overcome in one to six weeks following the crisis. The long-term effects outlined above, however, could take weeks to months to dissipate.
- Classroom teachers should be **vigilant for students who are experiencing significant difficulty** in comparison to peers and who may require additional and more individualized crisis intervention. Criteria for determining which students require additional intervention is outlined below.
- It is imperative that students, as a group, be given the opportunity to **discuss their feelings and reactions** to the crisis situation. The world as they know it has been threatened, their security undermined. They need to be able to discuss these feelings and know that others share their fears and reactions.
- When students are discussing their feelings, **teachers need to listen in a noncritical and non-judgmental manner**, with empathy and support. It is important that teachers communicate to the students that they understand the students’ feelings and as previously indicated that their feelings are normal reactions to an abnormal situation. Students who are hesitant to verbalize their feelings should be encouraged to do so, but demands to verbalize should be avoided.
- Teachers can **develop classroom activities and assignments**, and homework assignments that address students’ feelings regarding the crisis. Assignments that are a catalyst for group discussion are best and may facilitate empowerment at a time when many individuals feel a sense of hopelessness and vulnerability.
- **Crisis intervention is ongoing.** Therefore, future discussions may need to ensue and address residual feelings regarding the crisis. Some students may not experience a reaction to the crisis until days or weeks later. Teachers need to remain sensitive to this fact and remain vigilant to reactions for some time after the crisis. Some students may even try to convince others that they were not affected, and then suddenly show a strong emotional reaction.

Parent Guidelines for crisis response

Reprinted from *A Practical Guide for
Crisis Response in Our Schools*

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What types of behaviors/reactions can parents expect from their child after a crisis situation has occurred?

(This is referenced in Parent Meeting)

The manner in which people react to crisis situations is dependent upon a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and the type and quality of intervention. While no two people respond to situations, including crisis situation, in exactly the same manner, the following are often seen as immediate reactions to a significant crisis:

- shock, numbness
- denial or inability to acknowledge the situation has occurred
- dissociative behavior – appearing dazed, apathetic, expressing feelings of unreality
- confusion
- disorganization
- difficulty making decisions, and
- suggestibility

It is important to note that most children will recover from the effects of a crisis with adequate support from family, friends and school personnel. Their response to a crisis can be viewed as “a normal response to an abnormal situation.” While the emotional effects of the crisis can be significant and can potentially influence functioning for weeks to months, most children will evidence a full recovery.

Following are descriptions of responses likely to be observed in children:

■ Regression in Behavior

Children who have been exposed to a crisis often exhibit behaviors that are similar to children younger than themselves. This is especially true of toddlers, preschool and elementary school children. They may return to behavior that was abandoned long ago (e.g., thumb sucking, bed-wetting, fears of the dark). Traumatized children may also exhibit separation anxiety, clinging to parents and resistance to leaving the parents’ side. They may resist going to bed alone. Bladder and bowel control may be temporarily lost in younger children.

■ Increase in Fears and Anxiety

Children also exhibit an increase in their fears and worries. They may again become afraid of situations they mastered long ago. As mentioned above they may become fearful of the dark and refuse to go to bed alone. A school phobia may emerge where the child refuses to go school for fear of something happening and/or fear of leaving his/her parents. They may openly verbalize their fear of the crisis occurring again in the school. It is important that parents do

not allow the child to remain home as a means to deal with his/her anxiety. This will result in the anxiety increasing once the child needs to return to school. Due to the increase in fears, additional demands are made for parent attention and support.

- Adolescents may experience a more generalized anxiety and not the specific types of fears that are seen in younger children.
- **Decreased Academic Performance and Poor Concentration**
Given the increase in anxiety and the disruption a crisis can have on children's sense of safety and security, there is a decrease in the amount of mental energy and focus available to learn and complete academic assignments.
- **Increased Aggression and Oppositional Behavior, and Decreased Frustration Tolerance**
Children who have been exposed to a crisis can experience difficulty controlling their anger and frustration. Situations that would not have caused a heightened emotional response prior to the crisis, can post-crisis result in an aggressive response and/or expression of frustration. Adolescents may also exhibit an increase in oppositional behavior, refusing to live by the rules and regulations of school and home, and/or meet their responsibilities (e.g., chores, academic assignments). Some adolescents may resort to antisocial behavior (e.g., stealing).
- **Increased Irritability, Emotional Liability and Depressive Feelings**
Children can also exhibit stronger and more variable emotional responses to situations. There could be symptoms of depression that include general sense of sadness, difficulty falling and remaining asleep or sleeping more than normal, change in eating habits, loss of interest in activities once enjoyed, social withdrawal, mental and physical fatigue and/or suicidal ideation. In younger children there may be an increase in irritability and moodiness.
- **Denial**
In an effort to cope with the psychological and emotional ramifications of a crisis, certain children and adolescents will deny that a crisis has occurred and/or deny the significance of a crisis. A child whose mother has died suddenly may demand that he can return home so that they can watch their favorite television program together. An adolescent whose favorite teacher was badly injured in a car accident may insist that he will recover fully, despite the medical evidence that indicates that this will not happen. Children who continue to utilize denial to cope may need to be confronted in a sensitive but straight forward manner. The child may express anger and resentment when confronted with the reality. In time, and with support, children do come to accept the reality of a situation.

What types of reactions may parents experience after a crisis situation has occurred that involves themselves and/or their child?

As in the case of children, the answer to this question is dependent on a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and type and quality of intervention. The fact that some of the possible immediate adult reactions to a crisis are confusion, disorganization and difficulty in decision making, underscores the need for a preplanned, practiced and organized response plan. Longer term reactions that are experienced by adults follow:

Adulthood

- shock and disbelief
- denial
- feelings of detachment
- unwanted, intrusive recollections
- depression
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- anxiety
- psychosomatic complaints
- hypervigilance
- withdrawal
- eating disturbance
- irritability and low frustration tolerance
- sleep difficulty
- poor work performance
- loss of interest in activities once enjoyed
- emotional and mental fatigue
- emotional lability
- marital discord

Since you are likely to be affected by the crisis situation, either directly through exposure to the crisis or indirectly through your child's exposure, it is imperative that you receive the appropriate support and intervention. Without such intervention, you will be limited in your ability to meet the needs of your child. It is important that you have a forum to discuss your own feelings and reactions to the crisis and receive support. You should look to family members, other parents in the district, friends, and/or school support personnel (e.g., psychologist, social worker, guidance counselor) to share your feelings. It is likely that the school will have a meeting for parents to discuss the crisis, and offer them support and education. You are encouraged to attend. As with your child, you will most likely not experience long-term effects because of the crisis. However, if the symptoms outlined above persist and continue to interfere with your ability to function, professional consultation may be beneficial.

What can parents do to address the reactions of their child during a crisis situation?

As parents you are probably the most influential factor in the recovery of your child from the emotional consequences of a crisis. Since you are the most emotionally involved with your child, your support, encouragement and reassurance are of utmost importance in your child's recovery. While you may be frequently frustrated that you can't do more to alleviate your child's suffering; you need to realize that your efforts can not be replaced by anyone else.

As a parent of a child exposed to a crisis, you face several challenges in your effort to help your child. First, you may experience guilt because you were unable to protect your child from the wrath of the crisis. Even though this guilt may have no foundation in reality, it is real to you, and needs to be kept under control so that it doesn't disable you from focusing on your child's needs. Second, you need to keep yourself under control in a situation that may have been very emotional and traumatizing to you. This is especially true if you were also exposed to the crisis situation. You need to realize that you can suffer secondary traumatization due to your child's exposure to a crisis. As discussed above, you need to attend to your own emotional responses and seek intervention. While you need to be fully involved in your child's recovery, time for yourself will do more to help your child. Following are interventions that you can provide to address the reactions of your child to a crisis situation:

- **Speak to your child** regarding the crisis and provide him/her with accurate information regarding the crisis in a language that he/she can understand.
- Your child needs to feel that he/she is allowed to **express his/her thoughts and feelings** regarding the crisis without the fear that he/she will be judged negatively. It is important for you to listen carefully to your child and show him/her that you understand what he/she is feeling and thinking.
- Your child needs **constant reassurance** that things will get better and that in the long-term things will improve. This should only be stated if it is indeed true. No false statements regarding the future should be made in an effort to help your child feel better in the present. This will only lead to false hopes and distrust in the future.
- Reassure your child that you will continue to **"be there"** for him/her, and that you will see them through the aftermath of the crisis.
- Your child may need **additional affection** in the form of hugs and other physical contact.
- You will most likely need to **keep in touch with your child's teacher** to monitor his/her academic performance.
- You will need to **spend additional individualized time** with your child. Try to structure your time with him/her by playing games, having discussions and going places. During your time together, focus a majority of your attention on your child.

- You will need to **monitor the adjustment** of your adolescent from somewhat of a distance since his/her primary support group may be his/her peers. Don't be hesitant to ask your adolescent child how he/she is coping even though you may expect an answer of "fine". The fact that you ask will most likely be important to your adolescent child, even though he/she may not show this.
- Monitor your adolescent child for **increased use of alcohol or drugs**. There may be an attempt to "self-medicate" by using these substances. Also monitor your adolescent child for increased symptoms of depression.
- Regardless of your adolescent child's response to you, **reassure him/her that you are there** if he/she needs help and/or assistance. You may want to outline just how you can help him/her (e.g., by talking, by getting him/her professional help).

When should your child receive additional help in the form of professional intervention?

With support and reassurance from you and others in your family, intervention from school personnel, and the passage of time, your child should be able to recover from the effects of a crisis and return to pre-crisis functioning. He/she should be able to meet the demands of his/her environment, most particularly his/her home and school environments. However, there is a chance that your child, due to the nature of the crisis itself and due to his/her psychological makeup, history and ability to respond to support, will continue to experience difficulties, which interfere with his/her functioning. If the symptoms outlined above persist, your child is probably in need of further, and probably more, individualized intervention. The following are guidelines for determining if your child requires additional intervention from professionals trained in addressing traumatic stress:

- Your child **can not engage adequately** in home-based responsibilities and in school-based assignments and activities after a sufficient amount of time has passed since the crisis and after a majority of his/her peers are able to do so.
- Your child continues to exhibit **high levels of emotional responsiveness** (e.g., crying, and tearfulness) after a majority of his/her peers have discontinued to do so.
- Your child appears **depressed**, withdrawn and non-communicative.
- Your child continues to exhibit **poorer academic performance** and a decreased capacity for concentration.
- Your child expresses **suicidal or homicidal ideation**, or your child is intentionally hurting him/herself (e.g., cutting him/herself)
- Your child exhibits an apparent **increase usage of alcohol or drugs**
- Your child **gains or loses a significant amount of weight** in a short period of time.
- Your child evidences **significant changes in behavior**, and
- Your child **discontinues attending to his/her hygienic needs**.

What can school personnel provide in the form of support and intervention for your child?

The School Crisis Response Plan incorporates support and intervention to help your child return to pre-crisis functioning and cope effectively with the crisis. Teachers have been made aware through similar literature as this, disseminated by the district, on how to address their students' needs. The building psychologist, social worker and/or guidance counselors can consult with teachers to help them deal effectively with their students' reaction to the crisis. Discussions led by support staff and/or the classroom teacher regarding the crisis can be implemented if deemed necessary. These discussions hopefully will afford your child a forum in order to express his/her feelings regarding the crisis and understand how his/her classmates are coping. Specialized work may be assigned that can help your child to deal with the emotional aftermath of the crisis.

The classroom teachers can also assess their students' functioning and recovery from the crisis. They should be sensitive to the effects of the crisis on their students and can adjust the classroom demands accordingly. They can also monitor their students for signs that additional, and more individualized intervention is needed. If your child is experiencing difficulty in class and/or is referred to support staff for assessment and/or intervention, you will be notified as soon as possible.

Conclusion

The immediacy and unpredictability of crisis situation often leave individuals with a sense of worry, vulnerability and distrust. A school system is unique in that it brings together individuals of all ages and professionals from numerous disciplines. Effective response to a crisis capitalizes on the resources within the school environment. *A Crisis Response Team that identifies and responds to a crisis in a unified and collaborative manner can alter the aftermath of a crisis.*

trauma and children

A Parent Handout for Helping Children Heal

National Association of School Psychologists

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Background

Every parent at one time has worried about harm befalling their children. When trauma to children occurs, the territory of everyday life becomes frightening and unfamiliar not only for children, but parents as well. Parents may find themselves overcome with anxiety and fear. Trauma may send a shockwave to the system and parents may respond with a wide range of feelings. These feelings may include a sense of disbelief, helplessness, isolation, despair, or horror. Parents may try to make sense out of a senseless act. Who can prepare for their children being physically or sexually assaulted, kidnapped, mugged, robbed or involved in a severe automobile accident? Who can prepare for children being diagnosed with a life threatening illness or experiencing a natural or man-made disaster?

Traumas typically occur suddenly, often leaving children little or no time to prepare physically or emotionally. Traumas are unpredictable and outside what is to be expected in children's lives. During a trauma, children experience intense fear, horror or helplessness. Typical methods of coping no longer work. Following trauma, children require extra support and need to learn new coping strategies.

Parents can be instrumental in their children's recovery. Therefore, helping children recover from a trauma is a family matter. Parents need to take the lead and model positive coping. Yet parents themselves may require extra information, support and resources to assist their children. Some first steps that parents can take are to understand the impact and symptoms of trauma and how to help in the aftermath. This handout provides this information.

The Impact of Trauma

Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality makeup, and their characteristic coping style and the availability of support. It is common for children to regress both behaviorally and academically; following a trauma. A constructive way to view the situation is that they are normal children in an abnormal circumstance.

It is natural for children to first experience some sort of denial. For example, children may insist upon returning to a house that has been destroyed. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also children may begin to regress emotionally or act younger than their chronological age. They also may become more clinging, unhappy and needy of parental attention and comfort. Feelings of irritability, anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches, or sweating are not unusual. Some loss of interest in school and poor concentration are some other common reactions.

Symptoms Associated with Post Traumatic Stress Disorder

Following a trauma, children may experience some of the symptoms of Post Traumatic Stress Disorder (PTSD). The main symptoms are as follows:

Re-experiencing of the trauma during play or dreams.

For example, children may:

- Repeatedly act out what happened when playing with toys
- Have many distressing dreams about the trauma
- Be distressed when exposed to events that resemble the trauma or at the anniversary of the trauma
- Act or feel as if the trauma is happening again

Avoidance of reminders of the trauma and general numbness to all emotional topics.

For example, children may:

- Avoid all activities that remind them of the trauma
- Withdraw from other people
- Have difficulty feeling positive emotions

Increased “arousal” symptoms.

For example, children may:

- Have difficulty falling or staying asleep
- Be irritable or quick to anger
- Have difficulty concentrating
- Startle more easily

What Can I do as a Parent Following a Trauma?

■ Establish a sense of safety and security.

It is essential that children feel protected, safe and secure in the aftermath of a trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them. Children will need a lot of comforting and reassurance.

■ Listen actively to your children.

Seek first to understand before trying to be understood. Parents may underestimate the extent of the trauma experienced by their children. It is often not as important what you say, but that you listen with empathy and patience. In some instances your children may be reluctant to initiate conversations about trauma. If so, it may be helpful to ask them what they think other children felt or thought about the event. Also, it may be easier for children to tell what happened (e.g., what they saw, heard, smelled, physically felt)

before they can discuss their feelings about the trauma. In other instances, children will want to tell their parents the story of the trauma over and over. Retelling is part of the healing process. Children need to tell their stories and have their parents listen, again and again to each and every agonizing detail.

■ **Help your children express all their emotions.**

It is important to talk to your children about the tragedy—to address the suddenness and irrationality of the disaster. Reenactment and play about the trauma should be encouraged. It is helpful to ensure that children have time to paint, draw or write about the event. Provide toys that may enable children to work through the trauma. Examples may include such items as a toy fire engine, ambulances, fire extinguisher, doctor kit, etc. for a girl injured in a fire. Imagining alternate endings to the disaster may help empower your children and allow them to feel less helpless in the aftermath of a tragedy.

■ **Validate your children’s feelings.**

Help children understand that following a trauma all feelings are acceptable. Children will probably experience a myriad of feelings, which could include shame, rage, anger, sadness, guilt, pain, isolation, loneliness and fear. Help your children understand that what they are experiencing is normal and to be expected.

■ **Allow your children the opportunity to regress as necessary.**

This is important so that they may “emotionally regroup”. For example, your children may request to sleep in your bed with the lights on or you may need to drive your children to school. Previously developed skills may seem to disappear or deteriorate. Bed-wetting or thumb sucking may occur. Aggression and anger may emerge in a previously non-aggressive child. Be patient and tolerant and never ridicule. Remember that most regression following a trauma is temporary.

■ **Help children clear up misconceptions.**

Help correct misunderstandings regarding the cause or nature of the trauma, especially those that relate to inappropriate guilt, shame, embarrassment or fear. (Examples may be “I should have been able to save my brother from the car wreck.” “God struck my sister dead because God was angry at her.” “My father died of cancer and I will catch it from him.”)

■ **Educate yourself about trauma and crisis.**

The more you know about trauma, the more empowered you may feel. To help educate yourself, consider setting up a conference with the school psychologist or mental health professional in your school. A good place to start is by reading the text listed below under “Resource for Parents.”

■ **Help predict and prepare.**

If your children need to go to a funeral or deal with surgery, carefully explain what will happen each step of the way. Allow

your children to ask all kinds of questions. If they need to appear in court, explain what they will see, hear, do, etc.

- **Arrange support for yourself and your family as necessary.**
Consult with your clergy, rabbi, physician and friends as necessary. You may need extra emotional, religious, medical and/or psychological support. If possible take appropriate time for recreational or pleasurable experiences with your children to establish a sense of normalcy and continuity.
- **Communicate with the school and staff about what occurred.**
Most teachers will be understanding and helpful if they know that children had a traumatic experience. Teachers may be able to provide additional support both educationally and emotionally. They can also provide information to doctors or therapists or alert you to troublesome behaviors they observe.
- **Affirm that your children are capable of coping and healing in the aftermath of a trauma.**
Plant “emotional seeds” that express confidence in your children’s ability to heal. Remember the messages that you give your children have incredible power.
- **Seek professional assistance for your children and family as necessary.**
When seeking help, make sure the professional has experience with children and has treated crisis and trauma. Feel free to discuss with the therapist all your concerns and all aspects of treatment. If your children are experiencing the symptoms of PTSD, then therapy may be warranted.

What Can I Say as a Parent Following a Trauma?

- **Sometimes knowing exactly what to say is difficult.**
However, your emotional expression of love and concern is more important than words. Just saying, “This is very hard for us” can lead to emotional relief and understanding.
- **Always be honest with your children about what has happened and what may occur.**
Remember that following a trauma, children may lose a sense of trust about the safety and security of the world. Therefore, honesty is essential so your children can maintain a sense of trust.
- **Respect your children’s fears.**
Children can not be helped by trying to argue them out of their fears by appeals to bravery or reason. What is most helpful is an approach that says “I know you are feeling frightened of _____ now.” This can be followed by an offer of assistance and support by saying, “Let’s see what we can do to make this less scary for you.”

- **Make sure that your children know that you are aware of the seriousness of the situation.**

Allow your children to cry. Saying to your children “Don’t cry, everything will be fine” denies the seriousness of the situation.

- **Try to recognize your children’s feelings and put them into words.**

For example, if a child’s close friend died in an automobile accident, you might say to your child “You are sad and angry that your friend was killed. I know that you must miss him very much.” Or if a child feels overwhelmed by fears in the aftermath of a hurricane, you may say, “I know that you are frightened, but we have a plan to protect us if another hurricane occurs.”

What Should I Do if I Believe My Child May be Suffering from PTSD?

Consult with your local school psychologist or contact a mental health professional who has experience in this area such as a psychiatrist, psychologist or mental health counselor. Your school psychologist or pediatrician may direct you to the appropriate resources.

What Type of Therapy is recommended for Traumatized Children?

A variety of methods may be used depending on the orientation of a particular therapist. Very different approaches to the same problem can be equally effective when undertaken by an insightful and skilled professional. Approaches may include individual, group or family therapy. Therapists often use play, art and drama methods in their treatment as well as “cognitive-behavioral” approaches, which help children reinterpret events and feelings in a more positive way, or in some cases they might use clinical hypnosis. As part of the therapy experience, children will be guided to reprocess the trauma in a safe and supportive environment. In some instances medication may be used to control severe anxiety, depression or sleeplessness. However, medication should not be used as a substitute for psychotherapy for traumatized children.

If I Seek Therapeutic Services for My Children, What Will be the Goals of Therapy?

The goals of therapy with traumatized children should include:

- Gaining a sense of mastery and control over one’s life
- The safe expression and release of feelings
- Relief of painful symptoms and post traumatic behaviors
- Minimizing the scars of trauma

- Corrections of any misunderstandings and self-blame
- Restoration of hope regarding the future
- Establishing a renewed sense of trust in oneself and the world
- Developing perspective and distance regarding the trauma

Summary

Helping children recover from trauma is a family matter. It is important to maintain an open discussion of the trauma and recognize the feelings of all family members. Focus on the immediate needs of the children, and take a one-day-at-a-time approach. Find and use support systems outside of the family. Always maintain a positive image of your children as healers and survivors.

Resource for Parents

Monahan, C. (1993). *Children and Trauma: A parent's guide to helping children heal*. New York: Lexington Books.

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Trauma & Loss School Specialist

(Six presentations total)

Specifically designed for social workers, psychologists, counselors, teachers and other school crisis team members. This certification is a comprehensive training covering organized and individual responses for potential or actual violent or non-violent, yet traumatic incidents involving staff or student. This certification focuses on both individual and group interventions.

Required Presentations

- Children of Trauma I (book provided)
- Children of Trauma II (video provided)
- Trauma Response Teams in Schools (book provided)
- Trauma Debriefing
- Individual/Group/Parent Interventions
(Prerequisite: *Children of Trauma I and II*)
- Any one elective

Levels of trauma & loss certification

Trauma & Loss Consultant

(Eight presentations total)

This certification program is for child and family counselors, clinicians, nurses, pastoral counselors and others working in community agencies; mental health settings or residential and other children and youth related programs. This program provides comprehensive training in trauma specific assessment, intervention and treatment of traumatized children.

Required Presentations

- Children of Trauma I (book provided)
- Children of Trauma II (video provided)
- PTSD Intervention with Children
- PTSD Diagnostic
- Art Intervention
- Trauma Debriefing
- Individual/Group/Parent Interventions
(Prerequisite: *Children of Trauma I and II*)
- Any one elective

Trauma & Loss Consultant Supervisor

(Nine presentations in addition to Consultant Certification)

This advanced level of certification requires additional exposure to 9 full days of trauma specific strategies and supervision. It signifies advanced training and experience and is the highest level of certification. Consultant Supervisors may be asked to provide consultation for TLC in a variety of areas.

Required Presentations

Certified Consultant plus the following:

- PTSD Interventions (2 presentations)
- Play Therapy (1 presentation)
- Advanced Art Intervention Supervision (2 presentations)
- Any four electives (4 presentations)

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book list

- Carrick, Carol, *The Accident*, New York: Seabury Press, 1976. K–6
Christopher witnesses the accidental death of his dog. He goes through the grief process rehearsing trying to find ways to undo the accident until he reaches acceptance of the death. \$6.95 Little Professor Bookshop.
- Westberg, Granger E.: *Good Grief*, Augsburg Fortress Pub., 1986. 64 pgs. 6–12
Describes what happens to us whenever we lose someone or something important. \$4.99 Little Professor Bookshop.
- Gootman, Marilyn E. Ed.D., *When a Friend Dies*, Free Spirit Pub., 1994. 6–12
If you are grieving because your friend has died you will find comfort here and ideas for helping yourself. If you're a parent or teacher of a teen who has experienced a painful loss, this book is for you too. \$9.95 Little Professor Bookshop.
- Grollman, Earl A, and Malikow, *Max: Living when a Young Friend Commits Suicide or Even Starts Talking about it*, Beacon Press Books, 1999. 6–12
Earl Grollman is an internationally recognized grief counselor who works often with children and teens. This book is straightforward and compassionate. It gives comfort and expert ideas for helping yourself. \$12.00 Little Professor Bookshop.
- Fitzgerald, Helen, *The Grieving Teen. A Guide for Teenagers and Their Friends*, Simon and Schuster 206pgs. 8–12.
Helen Fitzgerald turns her attention to the special needs of adolescents struggling with loss and gives them tools they need to work through their pain and grief. \$12.00 Little Professor Bookshop.
- Buscaglia, Leo Ph.D., *The Fall of Freddie The Leaf*. 1982. K–8.
A story of a leaf and his friends change through seasons, finally falling to the ground. It's an allegory illustrating the delicate balance between life and death. \$11.95 Little Professor Bookshop.
- Wunsch, Jane Loretta, *After The Funeral*, Paulist Press, 1995. K–6
This books offers some very real help to parents, teachers and other caring adults in dealing with the complex reactions that children have to a loss. \$5.95 Little Professor Bookshop.
- Greenlee, Sharon, *When Someone Dies*. 6th printing, 1935 updated in 2000. K–12
Written by a former elementary school teacher. This book offers help in dealing with the confusion and hurt felt by children and adults alike. \$14.95 Little Professor Bookshop.
- Hipp, Earl, *Help For The Hard Times—Getting through loss*. Haze Publishing, 1995
Grade 6–12.
This book will provide students with tools to grieve and ways to keep their losses from becoming overwhelming. \$13.00 Little Professor Bookshop.
- Madler, Trudy, *Why Did Grandma Die?* Milwaukee Raintree Publishers 1980
Grade K–5.
This book encourages very young people to talk about their normal fears and anxieties about dying with their parents, teachers, and other professionals.
- Dragonwagon, Crescent, *Winter Holding Spring*. New York Macmillan Publishing Co. 1990 Grade 6–8
Ronald Himlers' soft, gentle pencil drawings are radiant with feeling, perfectly matching a text that considers the most difficult questions that a child may have to face about the death of a loved one.

Varley, Susan, *Badger's Parting Gifts*. New York Lothrop, Lee & Shepard 1984
Grade K–6
This book is about death and life of someone very special.

Anders, Rebecca, *Look At Death*. Minneapolis Lerner Publications 1978
Grade K–6
This book is written for children, and will help the loving adult share with a child an understanding of death, one of life's great moments.

Books from T.L.C.

To order call toll free 877/306-5256

OR

Also available at The Self Esteem Shop 1-800/251-8336

The following books help to explain to children, teens and parents what trauma is, what to expect and ways to heal the hurt.

You Are Not Alone K–6

A Trauma Is Like No Other Experience 7–12

What Parents Need to Know for Parents and Caregivers.

Brave Bart K–6

The following books are available at the Self Esteem Shop 1-800/251-8336

www.selfesteemshop.com

info@selfesteemshop.com

Marge Heegaard has a series of books with a facilitator guide to help families communicate and evaluate a child's understanding and feelings about Family Change: Illness, Divorce, Death, Trauma.

The books are titled:

When Someone Has a Very Serious Illness, *When Something Terrible Happens*,

When a Parent Marries Again, *When a Family is in Trouble-Alcohol Abuse*,

When Mom and Dad Separate.

Books are \$6.95, Facilitator Guide is \$20.00 K–6

Holmes, Margaret M. *A Terrible Thing Happened*. Magination Press. K–6

This is a gently told story for children who have witnessed any kind of violent or traumatic episode. \$8.95

Krementz, Jill *How it Feels When a Parent Dies*, Alfred A. Knopf Publishing.

Grade 3–12

A book about what it means to children when a parent dies. Eighteen children ages 7 to 16 tell their story.

Boulden, Jim and Joan, *Saying Goodbye*, Boulden Publishing 1992. K–6

A workbook about coping with death.

Brown Krasny, Laurie and Brown, Marc, *When Dinosaurs Die. A Guide to Understanding Death*. K–6

“Unlike many books on death for little ones, this one doesn't tell a story.

Instead, it addresses children's fear and curiosity head-on.” Booklist quote.

Loftis, Chris, *The Boy Who Sat By the Window—helping children cope with violence*. Small Horizons 6th–12.

In this touching story, the author explores Joshua's one of the boy's classmates, reaction to the death of his friend by a random drive-by shooting. \$12.95.

references

Centerline Public Schools

The National Institute for Trauma and Loss in Children

William Steele MA, MSW 900 Cook Rd. Grosse Pointe Woods, MI 48236
313/885-0390 www.tlcinst.org

Crisis Management Institute

Cheri Lovre MS PO Box 331 Salem 97308 OR 503/585-3484
www.cmionline.com

National Association of School Psychologists

4340 East West Highway, Suite 402 Bethesda, MD 20814 301/657-0270
www.naspweb.org

The American Academy of Experts in Traumatic Stress

368 Veterans Memorials Highway, Commack, NY 11725 516/543-2217
www.aaets.org

Macomb County Crisis Center 810/307-9100

Aronis and Randell (1994) in Brock

Sandoval and Lewis (1996)

Community Assessment Referral Education 810/412-0033

www.careofmacomb.com

Macomb County Crisis Center 810/307-9100

Sandcastles Grief Support Program 313/874-6881

Macomb County Community Mental Health Access Center 810/948-0222

Macomb Child Guidance Clinic

40600 VanDyke Suite 9, Sterling Heights, MI 48313 810/978-2476

Havenwyck Hospital

1525 University Drive Auburn Hills, MI 48236 800/401-2727

Harbor Oaks Hospital

35031 23 Mile Road New Baltimore, MI 48047 800/821-4357

Henry Ford Kingswood Hospital

10300 West 8 Mile Road, Ferndale, MI 48220 248/398-3200 www.hfh.com

Macomb Family Independence Agency (FIA) www.mfia.state.mi.us

Sterling Heights Office: 44600 Delco Blvd. Sterling Heights, MI 48313
810/254-1500

Warren Office: 29600 Civic Center, Warren, MI
810/573-2300

Clinton Township Office: 21885 Dunham Road Clinton Township, MI 48036
810/469-7700

resources

Safe at School

The Macomb County School
Crisis Response Manual

Master Copies and Checklists



Crisis Response Team Checklist

Springfield (OR) Public Schools

Activity	Person Responsible (identify before a crisis)
<input type="checkbox"/> Verify Facts	_____
<input type="checkbox"/> Contact Staff (phone tree)	_____
<input type="checkbox"/> Convene Crisis Team	_____
<input type="checkbox"/> Identify Family Contact Person	_____
<input type="checkbox"/> Arrange for Substitute Teachers	_____
<input type="checkbox"/> Write Announcement to Students	_____
<input type="checkbox"/> Morning Staff Meeting	_____
<input type="checkbox"/> Set up Saferooms	_____
<input type="checkbox"/> Distribute Suggestions for Classroom Discussion	_____
<input type="checkbox"/> Notify Students	_____
<input type="checkbox"/> Provide List of Readings and Materials to Teachers	_____
<input type="checkbox"/> Write and Send Letter to Parents	_____
<input type="checkbox"/> After-School Staff Meeting	_____
<input type="checkbox"/> Parent/Community Meeting	_____
<input type="checkbox"/> Plan Memorial/Remembrance	_____
<input type="checkbox"/> Post Intervention Debriefing	_____
<input type="checkbox"/> Follow-up with Students	_____

Saferoom Checklist

These items are helpful to have on hand.

- Name tags for staff
- Chair, tables, big pillows
- Food, drink; avoid cookies, high sugar content. Try fruit and cheese.
 - A great idea is to have toasters and let students make cinnamon toast.
- Sign-in and sign-out sheet
- Fact sheet with information about the tragedy
- Kleenex
- Materials for writing, drawing; paper, pens, crayons, etc.
- Stuffed animals, big pillow, blankets, “comfy” things, cots
- Age-appropriate books
- CD player and CD’s of relaxing music
- List of community resources
- List of students who might need follow-up
- Handouts on self-care for students, staff and saferoom staff

Activities: talking, sitting, writing, coloring, walking, listening to music, quiet time, working on assignments, drinking hot chocolate... just a time to feel “safe enough” to feel. Highly emotional students will be referred to the counselor for one-to-one time.

Checklist for Symptoms of Posttraumatic Stress

Answering yes to **two or more** of the following may indicate posttraumatic stress
and need for further assessment.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The person has experienced, witnessed, or confronted an event that threatened serious injury, physical harm, or death. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The person responds with intense fear, helplessness, or horror. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The person experiences recurring and intrusive distressing recollections of the event, including images, thoughts, or perceptions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The person experiences distressing dreams of the event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The person may act or feel as if the traumatic event is reoccurring (a sense of reliving the experience, illusions, hallucinations, and flashbacks). |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The person experiences intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The person experiences efforts to avoid thoughts, feelings, or conversations associated with the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The person experiences efforts to avoid activities, places, or people that arouse recollections of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. The person experiences an inability to recall an important aspect of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The person experiences a markedly diminished interest or participation in significant activities |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The person experiences a feeling of detachment or estrangement from others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The person feels unable to have loving feelings, or other strong feelings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. The person feels a sense of a foreshortened future. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The person has difficulty falling or staying asleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. The person feels unusually irritable or has outbursts of anger. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. The person has difficulty concentrating. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. The person feels on guard, distrustful of others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. The person avoids being touched, and if touched unexpectedly, has strong startle response. |

Debriefing Checklist

Inform the contact that you and your colleague will arrive 30 minutes early to be taken to the debriefing room to arrange the room. (Always work in teams.)

8–10 in the group with 2 debriefers are comfortable. A larger group takes too long to debrief. The way that can be done with larger groups is to:

- Educated as to the possible reactions they may experience.
- Ask the following questions:
 - What scared you most?
 - What surprised you the most?
 - What concerns do you have now?
- Prepare them on ways to help themselves over the next several weeks.
- Tell them the signs that indicate the need to call you for assistance.

1. During the debriefing **NO ONE** is to have access to the office or participants.
If there is a phone in the office turn it **OFF**. (The exception – life and death emergencies).
2. Be certain to have handouts for all participants. It is helpful to pass them out beforehand so participants have something to read and “hold onto” while they wait to begin.
3. Be certain there are several boxes of kleenex in the room.
4. In this situation, coffee, juice and water may be helpful when meeting with adults. If meeting with children, **DO NOT** have refreshments available during the session. **DO** have colored pencils, felt markers and paper available.
5. Plan twice as much time as is allowed to you. 2 hours is a minimum with adult. 30–60 minutes minimum with children and adolescents. Experience teaches that some groups will need and want more time.
6. Be prepared to provide recommendations to the director, following your session. Have the director meet with the debriefing participants at the end of the session to hear her immediate needs.
7. Insist that a staff person be available should a participant need to leave during the session. Your colleague should accompany the participant to the staff person, who can then stay with the participant or assist the colleague in stabilizing the individual. Handle as an at-risk client; do not leave unguarded. Call for a pickup; offer coffee or water; encourage him/her to sit. Do crisis intervention if necessary.
8. Be ready to deal with dominant responders who keep others in the meeting silent. Each person should respond in turn.
9. Spend 15 minutes after the debriefing talking with your colleagues. Walk; take deep breaths; relax. Allow time before you drive. Do not underestimate your own trauma reactions, which are induced by listening.

Identifying Students "At-Risk" for Violent Behavior

A Checklist of "Early Warning Signs"

Reprinted from *A Practical Guide for Crisis Response in Our Schools*
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368 Veterans Memorial Highway, Commack New York 11725
Tel. (516)543-2217 – Fax (516)543-6977 – <http://www.aacts.org>

There has been a dramatic increase in the frequency of violence in our schools and, in a sense, we should consider all of our students "at risk." The purpose of this Infosheet is to assist school personnel in identifying children and adolescents who are at greater risk for engaging in violent behavior.

The following checklist of "early warning signs" will facilitate identification of students who may be in need of intervention. The greater the number of items that are checked, the greater the potential for violent acting-out behavior. For help, turn to individuals who regularly work with at-risk children and adolescents – professionals in the fields of education, law enforcement, social services, medicine, mental health, etc.

Children and adolescents at-risk may

- Express self-destructive or homicidal ideation
- Have a history of self-destructive behavior
- Articulate specific plans to harm self and/or others
- Engage in "bullying" other children
- Have difficulty with impulse control
- Evidence significant changes in behavior
- Engage in substance abuse
- Become involved with gangs
- Evidence a preoccupation with fighting
- Have a history of antisocial behavior
- Evidence a low tolerance for frustration
- Externalize blame for their difficulties
- Have harmed small animals
- Have engaged in fire setting
- Evidence persistent bed wetting
- Appear/acknowledge feeling depressed
- Talk about not being around
- Express feelings of hopelessness
- Give away possessions
- Appear withdrawn
- Evidence significant changes in mood
- Experience sleep and eating disturbances
- Have experienced prior trauma/tragedy
- Have been/are victims of child abuse
- Have experienced a significant loss
- Evidence a preoccupation with television programs/movies with violent themes
- Evidence a preoccupation with games with violent themes
- Evidence a preoccupation with guns and other weapons
- Have access to a firearm
- Have brought a weapon to school
- Evidence frequent disciplinary problems
- Exhibit poor academic performance
- Have been frequently truant from school

Routing Matrix

Ask for the caller's name, purpose of calling and phone number. Write this information in the log.

Category of Callers	Refer to	Phone Number
<input type="checkbox"/> Press, TV, Radio		
<input type="checkbox"/> Family, Close Friend		
<input type="checkbox"/> Emergency		
<input type="checkbox"/> General Information		
<input type="checkbox"/> Normal Business		

Call Log

Date ____/____/____

From ____:____AM/PM

To ____:____AM/PM

Caller Name	Caller's Phone Number	Purpose of Call	Referred To

Saferoom Sign-In

Students need to sign in and out each time they are here.

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Saferoom Introductory Questions/Statements

I'm glad you came in. I'm sorry this has happened to you(r school).

How did you know _____? How did you learn of _____'s death?

Yes, what happened is horrible. Things may never seem the same, but can be OK again.

Did you know _____ or are you feeling sad about another death?

I didn't know _____. Can you tell me what s/he was like?

It isn't your fault. (If the student was directly involved in a way that makes this uncertain, get a trained counselor for this student.)

What are some of your favorite memories of _____? What will you miss most?

What is the most painful part about this right now?

Phrases to avoid:

- I know how you feel.
- He/She led a good, long life... It was God's will... (any other platitudes).
- At least s/he didn't suffer.

Saferoom Wrap-Up Questions

What's the hardest part about this right now? What are your greatest fears/concerns?

What's going to happen when you get home tonight?

Will your family support be different than the saferoom support today?

Who is your support system? Are there people you can call?

If you wake up in the night and feel scared, could you wake your parents?

(Encourage them to check this out with parents.)

Who will be here for you at school tomorrow – who can you talk to?

Is there anything we could do that we haven't thought of?

- Distribute handouts on self-care.
- May be helpful to suggest kids exchange phone numbers so they can touch base in evenings.

Saferoom Evaluation

School _____ Date _____

What worked well? _____

What could be improved? _____

What about the room arrangement or environment was particularly helpful or could have been better structured another time? _____

Any other suggestions for future saferooms? Other comments? _____

Your name (Optional) _____

Debriefing Most Exposed Elementary Students

This is an outline for a 1–2 hour session with a small group (8 students) of children, 6–12 years old.
It is recommended to seek parents' permission prior to the session.

Example

Our names are _____ . We are here because of _____ .

EVENT

When these kinds of things happen to us and to people we know all kinds of new feelings and thoughts can also happen to us.

We have met with other children who have experienced similar kinds of situations. They talked with us about what happened, drew pictures to help us understand how they were feeling. And they felt much better afterwards.

We are interested to know what this has been like for you. By telling us, you will help us to help other children who may have to go through the same experience as you.

We will talk about _____ in a minute; but, first, can you tell us what
EVENT
other kinds of accidents have happened to you or your friends?

Notes: Whatever the specific incident, generalize it. For example, if it was a fatal car accident, begin by asking about accidents in general.

Now let's talk about _____ . Who can tell me where you were and
EVENT
what you were doing when it happened or when you first heard about it?

Notes: Ask specific questions: Where were you? Who were you with? What do you know about what happened? Did you know any of the people involved? Do you have any questions?

(During discussion):

It's OK to be sad (afraid, etc.)

It's OK to talk about (NAME). It's OK to miss them, too. Isn't it?

We can still love them and miss the way they used to be, can't we?

I want you each to draw me a picture of what happened that you could tell us a story about. You can draw whatever you like.

Notes: Allow 10–15 minutes to draw. Let each child tell a story about his or her drawing.
Ask questions: Describe what's happening; how do you think they felt, etc. Normalize any reactions: It's OK to be sad, afraid, etc.

Well, you have all done very well. A number of you have different feelings. Let's make a list of them on the board.

Worry Boxes

This is How Big My Worry Box Is Today.

(Color the box that best shows how little or big your worry is today).



Debriefing Most Exposed

Secondary – Adult

This is an outline for a 1–2 hour session with a group of adults or adolescents.

During the de-briefing, **NO ONE** should have access to the participants.

Pass out handouts at the start of the session.

Have coffee, juice, cookies and kleenex available. **NO** refreshments for children's sessions.

2 hours is a minimum for adults and adolescents: 30–60 minutes for children.

Have a crisis team member present to assist with any problems. Some people may need 1-on-1 attention.

Don't let one person dominate the meeting. All need to participate.

Remember to debrief yourself after the session. It is a trying experience.

Our names are _____ .

We are here because of _____ .

EVENT

When these kinds of things happen to us and to people we know all kinds of new feelings and thoughts can also happen to us.

We have met with others who have experienced similar kinds of situations. They talked with us about what happened, and helped us understand how they were feeling. And they felt much better afterwards.

We are interested to know what this has been like for you. By telling us, you will help us to help others who may have to go through the same experience as you.

Now lets talk about _____ . Who can tell me where you were and

EVENT

what you were doing when it happened or when you first heard about it?

Do you have any feelings now that you didn't have before? What do you need right now to help you?

What have you learned?

Notes: Whatever the specific incident, generalize it. For example, if it was a fatal car accident, begin by asking about accidents in general. Ask specific questions: Where were you? Who were you with? What do you know about what happened? Did you know any of the people involved? Do you have any questions?

Referring Potential At-Risk Students for Counseling Assessment

Referred by: (Name/Initials) _____ Student Name _____

_____ / _____ Referral Date _____ / _____ / _____

NOTE: Early action to identify and treat at-risk students will assist them to return to normal and will minimize severe problems later. Teachers, counselors and others who interview and refer potential at-risk students should use this form.

NOTE TO TEACHERS AND STAFF: Answering the questions in this form is helpful, but not required. Teachers and staff may submit form with student's name only.

	High-Risk Behavior (if applicable)	Give a Brief, Specific Description of Behavior(s)
	In close proximity to crisis: e.g.: Family or close friend of victim(s)	
	Prior or related trauma experience	
	History of emotional disturbance	
	Prolonged and/or persistent reaction	
	Disruptive behavior	
	Excessive withdrawal or depression	
	Lack of self-care	
	Confusion or disorientation	
	Ritualistic behavior	
	Excessive agitation, restlessness or pacing	
	Substance abuse	
	Hallucinations	
	Expresses fears of "going crazy"	
	Obsessed with one thought or idea	
	Paranoia or delusions	
	Expresses fear of killing or being killed	
	Other	

At Risk Assessment Guide

Self Destructive Behaviors – Threats of Suicide

Counselors and CRT members should review this guide prior to conducting the interview.
Use the guide to assist you in preparing questions so that you can make a complete and accurate assessment.
When conducting the interview, use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists.

Student Name _____ Date _____ / _____ / _____

NOTE: Do not be afraid to ask, “Are you thinking of suicide?” This shows that you have been paying attention to him, so much so that you recognize that something is seriously wrong and that something may be suicide.

If a youngster responds with a “no,” pursue it with words of understanding. This shows that you are serious, care and are free to talk about it. If they have been thinking about it, they are likely to tell after this. If they are not suicidal, they will still respect the caring and concern and be more liable to come for help when in trouble.

If a youngster answers “yes,” the immediate task is to assess the possible risk involved. Inquiring about their thoughts of suicide involves exploring if they have a plan. The more specific the plan, the higher the risk. If they have a when, where and how, it is serious.

It is also necessary to determine if they have the means to commit suicide, i.e., access to a gun or other lethal means, such as potentially lethal prescription drugs. These means need to be discussed with the parent and removed from the youngster’s access.

Use of alcohol or drugs, a history of suicide in the family, chronic depression in the parents, and friendship with another person who has recently completed suicide are also factors placing a student at high risk. When dying is seen as the only solution and the individual is not attached to any future possibility, the risk may also be high.

Use of words like “always,” “never,” and either/or statements (i.e. “Either I make this relationship work, or I’ll kill myself”) are also indications of cognitive distortion and affective disturbance.

High Risk Assessment Categories

Crisis Event Exposure and Recollections

- Aspects student cannot remember
- Proximity to crisis event
- Death fears or threats
- Familiarity with victim(s)

Event Re-experience

- Recurrent, intrusive recollections which distress the student
- Dreams about event
- Flashbacks, hallucinations, etc.
- Signs of physical and/or emotional distress

Avoidance

- Numbing of responsiveness
- Feelings of detachment
- Feelings of fore-shortened future
- Difficulties falling or staying asleep
- Irritability or angry outbursts

Guilt

- Feelings of survivor guilt

Somatic Complaints

- Headache, stomach, bowel problems

Available Resources

- Student’s knowledge of support resources

Interviewer's Notes

During At-Risk Screening

Student Name _____ Date _____ / _____ / _____

Counselors and CRT members should use this guide when conducting the interview. Use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists. Use forms and instructions in the Dealing with Potentially Suicidal Students Appendix.

High Risk Assessment Category

Meeting Notes

Other Factors

- Perceived lack of support from caring other
- History of depression in one of the parents
- Current substance abuse problem; other risk taking behaviors
- History of academic difficulties
- Inability to communicate or express feelings; feeling overwhelmed or in a panic
- Inability to entertain alternative solutions, a “yes...but” mentality
- Inability to perceive others as helpful
- Inability to engage in problem-solving process
- Deterioration in daily habits, including eating, sleeping and work habits
- Severe, overwhelming feelings of sadness and hopelessness
- Unstable personality
- Sexual minority (gay and lesbian youth)

At-Risk Screening Interview

Student Name _____ Date ____ / ____ / ____

Summary Findings

As an outcome of the At-Risk Screening Interview, this student is at:

___ High ___ Medium ___ Low Risk

High Risk Assessment Categories _____

Checkmark = "Yes". One or more checkmarks in this category identify the student as HIGH RISK. Potential Suicide Prevention procedures should begin immediately. Fill out Suicide Lethality Checklist for Youth. Initiate Potential Suicide Disposition Form.

- ___ Is the student giving any evidence or impression of lethality(i.e., suicidal thoughts or threats)...
- ___ Is the student involved in a crisis event?
- ___ Did the student have direct exposure?
- ___ Was student at the site of the trauma?
- ___ Did the traumatic event occur in the student's neighborhood or home?

Other Factors _____

Checkmark = "Yes". One or more checkmarks in this category may indicate that student should be classified "high risk."

- ___ Was the student acquainted with victim?
- ___ Has the student suffered previous trauma or loss (Attach Notes with details.)
- ___ Is the student currently concerned about the safety of a family member or significant other?
- ___ Does the student have access to support resources (friends and family, etc.)?

Referrals (Check if Notified) _____

- ___ Police ___ Community Agency ___ Special Services – Group Counseling
- ___ Agency ___ Private Practitioner ___ School Counselor

Interviewed by (initials): _____ Date ____ / ____ / ____

List of Community Resources

Category	Agency Name	Contact Phone	Street Address-City,ST,Zip
Police			
Community Agency			
Psychiatric Hospital(s)			
Outpatient Clinics			
Medical Clinic			
Crisis Lines			

Suicide Lethality Checklist for Youth

Be aware that when assessing risk, the higher the number of risk factors present, the higher the risk. This does not mean, however, that if only a few of the risk factors are present there is little likelihood for an attempt. Someone who has no plan, only ideation, but has history of poor impulse control could be considered high risk.

Part I	Low	Moderate	High
Plan	___ none	___ vague	___ specific*
	*What is plan? _____		
Method	What is method? _____		
Method available	___ no		___ yes
When	___ unplanned	___ vague	___ specific
Where	___ unplanned	___ vague	___ specific
Previous attempt	___ no		___ yes
Alcohol/drug use	___ none	___ sporadic	___ chronic
Recent loss	___ none		___ yes
Part II	Low	Moderate	High
* Physical/sexual assault	___ no	___ recent	___ ongoing
Gender identity conflict	___ no	___ recent	___ ongoing
* Witness to violent behavior/trauma	___ no	___ recent	___ ongoing
Hyposomnia/Disturbed sleep	___ no	___ recent	___ ongoing
Weight loss	___ no	___ recent	___ ongoing
* Poor impulse control	___ no	___ recent	___ ongoing
* Fear of losing control	___ no	___ recent	___ ongoing
Loss of concentration	___ no	___ recent	___ ongoing
Psychomotor retardation/agitation	___ no	___ recent	___ ongoing
* Constricted thinking (either, or; always, never)	___ no	___ recent	___ ongoing
Somatic complaints	___ no	___ recent	___ ongoing
* Expression of guilt/shame	___ no	___ recent	___ ongoing
* Expression of hopelessness	___ no	___ recent	___ ongoing
* Chronically depressed parent	___ no		___ yes
* Turning against self (verbally)	___ no		___ yes
Perceived support of others	___ several supports	___ one/two	___ none
* Refuses to contract	___ no		___ yes
Total	___	___	___
* represents high risk			

Potential Suicide Tasks and Disposition Report

Student Name _____ Date ___ / ___ / ___ Time _____

School _____ Referred by _____

Parents _____ Ph _____ Wk _____

Trauma Response Members _____

State the Nature of Crisis _____

Initial Those Procedures Appropriate to This Crisis :

- ___ A member of the team was with the student at all times.
- ___ Student was under direct supervision at all times.
- ___ Assessment of risk completed. Checklist attached.
- ___ Principal, team members, and other appropriate school personnel were contacted and consulted prior to final disposition.
- ___ Attempt to contact parents/guardian by telephone were: (circle one)
successful or unsuccessful
- ___ Protective Services contacted for direction
- ___ Police contacted for support
- ___ Parents/guardian advised of the crisis response team's concern that student is: (circle one)
1) actively suicidal 2) high suicide risk 3) low suicide risk
- ___ Request was made for parents/guardian to come to school.
- ___ Student transported for evaluation. (Parents directed to outside agency.)
Parents/guardian were able to come to school to discuss concerns regarding student.
Student released to parent.
- ___ Parents/guardian told to remove gun or method of choice from home.
- ___ Parents refused referral. Parent ___ signed ___ did not sign release form.
Professional therapy for student recommended and parents/guardian assisted in making
arrangements for prompt assessment of student, prior to releasing the student to parent/guardian.
- ___ Referral made to outside agency. Agency contact _____
- ___ Follow-up call about evaluation made. Date of call: _____
- ___ Appointment made _____ Appointment not kept _____

Additional Comments _____

Post-Referral Follow-Up Letter — Guide

(Send via Certified Mail and request receipt.)

Student Name _____ Date sent _____ / _____ / _____

This is to summarize the meeting that we had on _____ regarding your

DATE

son/daughter, _____ .

NAME

Note: Explain what happened and why parent was called.

Our meeting focused on _____ .

The primary outcome of our conversation was that you agreed to seek a professional assessment to further explore your student's feelings and strategies for dealing with them more appropriately.

You were provided with referrals and a number to call in case of emergency.

Note: Describe the follow-up actions parents were expected to take.

Those numbers included the following: (List referrals)

_____	_____
_____	_____
_____	_____

You promised to follow-up with a return call to me within _____ . If I do not

TIME FRAME

hear from you by _____ , I will call you to see if I can be of further assistance.

DATE

I appreciate your prompt attention and cooperation in this matter and know that you will take the

necessary steps to insure _____ well being.

NAME

Violent Death of a Classmate or Teacher

On _____ we were given some very tragic news.

_____ died on _____, _____ was (murdered, killed in a car accident, committed suicide, died suddenly, etc). We do not have all the information at this time but will inform you as we learn more. _____'s (death, accident, injury, etc.) will upset some of you more than others and it will upset you in different ways just as it has the staff when we were informed. In the next few days, we will be visiting each class to answer any questions you may have and to talk about the kinds of reactions you may experience.

Should you want to talk with someone about _____ and your reactions to his/her death, please (tell you teacher) (let me know) and arrangements will be made.

Individual Child's Loss (elementary)

_____ will not be in school today. His mother was killed in an automobile crash last night. A truck struck her car on highway 10. _____ will be very sad for a long time. Perhaps we can discuss ways _____ might be feeling and how we can help him.

Classroom Announcement (Secondary) School-Wide Loss

I/we have had a difficult time deciding what to say to you today about the recent incidents(s) / tragedy. As adults, we are suppose to have all the answers and control our feelings. Let me tell you, however, that I/we have no real understanding of the reasons for this tragedy/incident and that we are deeply affected by it, just as many of you are. You will hear lots of reasons for and discussions about it from your friends, teachers, families, and the media, but no one will have all the right answers.

Even though I/we do not know why it happened, we do know many of the details of the incident and how our staff and students have acted.

To help us with this let me make some suggestions:

We need to respect each other's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting to, and coping with problems. It's OK to cry, laugh, or even do nothing.

If your are having problems, you may be comforted to know that the intensity of your feelings will gradually fade. You will always remember what has happened, but it will not always be as painful as it is today.

Again, for those who need help with this, it is available. If you wish help (list specific counseling services). We also plan to notify your parents and others in the community.

Although things are difficult now, they will return to normal eventually. We have set aside time for discussion now, and will resume classes when we finish.

Media Announcement

The coroner's office reported that _____ , a freshman, died from (EVENT).

This certainly is a shock and tragedy for all of us. Our Crisis Response Team is well trained in helping both students and staff with their reactions. We are meeting with students as needed and as often as necessary.

On (DATE), we will hold a meeting for parents and the community where we will address their questions and concerns and provide information about the reactions, which can be expected following such a tragedy.

If parents or others wish to contact us, they can call (PHONE). We will respond as soon as possible.

Parent Letter

Dear Parents,

Our school has experienced a tragedy that has affected us deeply. Let me share the facts with you. (Give known facts). The school has implemented a response plan that was developed some time ago to deal with situations of tragedy or trauma, such as that which we now face. We have staff trained in handling the effects of trauma who are reaching out to all our students and also identifying students who are in need of special assistance and support during this time.

Each student and staff member will react differently to this event. We – all of us, staff, parents and children – should expect to deal with a spectrum of emotions, in ourselves and in other members of our community. A document package has been prepared to assist you in identifying and addressing your children's needs. You will find this material helpful after reviewing it.

You may have questions, comments or concerns. If so, do not hesitate to bring them to my attention.

We know you will join us in our concern, support and sympathy for those involved in and affected by this incident. We also greatly appreciate your cooperation and assistance.

Sincerely,

Principal (Building Team Leader)

Permission Slip for Educational Support Group

Dear Parents/Guardians,

As you know, our school recently experienced a very traumatic incident. (Give a brief description of trauma.)

When children are exposed to trauma, then they can react in a number of ways. To assist them in dealing with these reactions, I will meet with students affected by the trauma in an educational support group. This is not therapy group. It is an opportunity for children to ask questions, talk about what is on their minds, and get the facts clear. Most importantly, it should help them work through the tremendous emotional effects of this trauma. This will hopefully also prevent further trauma reactions.

Children look to adults to assist them in dealing with their fears, sadness and grief. If you wish your child to participate, please fill out and sign this Consent Form. If you wish to speak with me first, please contact me through the school.

Sincerely,

_____ has my permission to participate in the group for children who have been affected by the recent trauma experienced at school.

Parent/Guardian Signature _____ Date ____ / ____ / ____

Daytime Phone _____

Teacher/Grade _____

What Students Need in Times of Tragedy

Handout for Saferoom staff, teachers and parents and mental health staff

- ***Honest answers***

There is no way to begin to grieve without understanding how someone died or what the reality of the situation is...consider how differently you feel if a loved one is killed in an unavoidable accident or a reckless incident or an intentionally perpetrated act or a suicide. Our grief is dependent upon the circumstances of the loss, and the only information to ever give children is the truth. The only variable in that element is the amount of detail. It is not necessary to give gory or frightening details. But if there is information you are choosing to withhold, be honest about that. This is respectful of their integrity and the only way to maintain trust.

- ***Reality checks***

The reality will sink in at different rates for different children. Because of denial, a common initial response to tragedy, it will be necessary for adults to repeat details of the event until the children really grasp it.

- ***A variety of ways to do memory work***

Some students will want to talk about their favorite memories of the person who has died. Some will do better drawing pictures, doing collages or writing a letter to the family. One suggestion in either leading classroom discussion on this or encouraging writing/art is to suggest that they focus on their regret and appreciation about this person. With younger children choose simpler words or define the meaning of regret and appreciation. This is an essential part of grief work.

- ***A means to say good-bye***

We grieve in the environment of the loss...that means that the children may not be able to go home and process the loss with parents, who didn't know the deceased in the context of the school in the way the student did. For youth to really mend from the loss, the school needs to facilitate a means for youth to have a period of grieving as well as a time when that formal grieving is over. Reminisce, say good-bye, and get on with life. This may be as simple as tree planting or as organized as a memory activity for the school. Remember that doing this is the statement that the community of the school as a whole is done with the formal period of grieving, but that this in no way suggests that individuals are over their grief.

- ***Reassurance***

The younger the student, the more there may be need for reassurance. When one person dies, it is not uncommon for children to generalize and fear that other special people will die in the same way. We cannot promise children that another person won't die, but it is reassuring to point out that it makes sense to us that they might have that fear, but that we do not expect this kind of death to happen again soon to anyone we know. Of course, if the death were one in which you anticipate other deaths to follow, you would be honest about that. All reassurances must be honest and without promises of things over which we have no control.

point out that it makes sense to us that they might have that fear, but that we do not expect this kind of death to happen again soon to anyone we know. Of course, if the death were one in which you anticipate other deaths to follow, you would be honest about that. All reassurances must be honest and without promises of things over which we have no control.

■ ***No comparisons***

It is not helpful to idealize the person who has died. If students (or staff) are painting the deceased as a superhuman angel of some sort, it is helpful to point out that he/she was just human like the rest of us, with strengths and weaknesses. Help them realize that making someone else sound perfect is not what makes us miss them...it is the love and caring that was shared that brings about the pain of grief when we lose someone special.

■ ***To continue to be...just who they were before!***

Often a family will redefine a child's role when someone dies. If a father dies it is important not to expect the oldest son to be the man of the house. He is still just the oldest son. The child may have more work to do at home, but he is still just a child, and needs the support and room to be so. Watch that this general caution is also respected at school, and that we do not lay additional expectations on grieving students, but instead that we support them in their grief.

■ ***Opportunities to move in and out of the grief process***

Children move in and out of grieving, sometimes rather quickly with many transitions in a single day. When they are playing and laughing, it is not disrespectful – it is a healthy reprieve, though temporary, from the pain of the loss. Encourage them to go outside for recess and enjoy the parts of life they can... and be there to support them when they move back into the tears and sadness.

■ ***To know that they do not have to protect you***

Children often choose their words carefully if they think that what they are saying might make you cry – they think that their words are adding to your grief. They do not understand that they are just providing you an opportunity to let out a few of the tears you already had inside you. Model for them that sadness and tears are a part of grief and that there is nothing they might say or ask that you would want them to withhold.

■ ***To be included***

Any memorial activity you plan will be more effective for students if they feel some sense of ownership. Ask them for their ideas of what a most fitting tribute might be. If you are aware that a student who has experienced a family death is not being included in the planning of the family memorial service or funeral, and if you know the parents well enough to do so, consider suggesting to them that they include the children in the planning.

■ ***For you to do your own grief work***

If you are stuffing down your unresolved grief, it is awfully difficult not be giving children nonverbal messages that we would rather they did not talk about the tough stuff. Realize that the more of your own grief work you have done, the better you will be at supporting them in theirs.

For you to have faith in their ability to cope and to be patient with them! Remember that they may have trouble concentrating on schoolwork for awhile.

After Reading Announcement

(Staff Handout)

1. **Ask students what they have heard as to what happened.** (Restate factual information provided by principal. Report rumors immediately to administrator or designee.)
2. **Ask students if they have questions they want to ask.** Answer honestly. If you cannot answer honestly, admit that you do not have the answer but you will get an answer for them. Write the question down and before the day is completed ask for assistance from the CRT. Let students know that you will get the answer for them by that day or the next.
3. **Express your own grief,** shock, difficulty with knowing what to say or what you feel right now. It's okay to show tears and emotions. This is a difficult time.
4. **Ask students if they would like you to have someone come into class to talk with them** or make that decision based on your observations of the need. (You know your students fairly well. Err on the side of this being a need of theirs, if you have a doubt.)
5. **Let them know that counselors have been trained for this situation and can help** if they would like to talk with someone. (Direct them to inform you and you will arrange it as quickly as possible.)
6. **Know that students may have difficulty focusing and attending.** Homework is probably not a good idea for a day or two. If there are any scheduled tests, check with administration about delaying these tests.
7. **Finally, there is no way to predict how your students will respond.** They may present some difficult situations for you simply because it is something new you have not experienced before. Consider sending severely affected students to the saferoom.

Call for help from your CRT if you are worried about what to do or say. They are available to help you.

Signs That a Child Needs Professional Help

Handout

Any of these signs may be present initially in grief...pay attention if these persist over time. If you are concerned about a child, talk with the school counselor and parents to see if they are seeing the same signs. Try not to overstate your case. Most parents will welcome the honest observations and concern. It is helpful to have a list of resources for them, should they concur and wish to seek professional help.

Physical Signs:

- Changes in eating (less or more)
- Changes in sleep (less or more)
- Significant loss of energy
- Nausea
- Headaches
- Stomach aches

Emotional Signs:

- Persistent anxiety
- Hopes of reunion with deceased
- Desire to die
- Clinging to others
- Absence of all grief
- Strong resistance to forming new attachments
- Expression of only negative or only positive about the deceased

Behavioral Signs:

- Aggression, displays of power
- Withdrawal; regression
- Overachieving syndrome
- Inability to focus, concentrate
- Self destructive behaviors
- Excessive daydreaming
- Compulsive care-giving
- Accident-prone
- Stealing, other illegal activities
- Use/abuse of drugs/alcohol
- Unable to speak of the deceased

Cognitive Signs:

- Inability to concentrate
- Confused or distorted thinking

Any signs of long-term or clinical depression are red flags, as are your own “gut feelings” about whether a child is really struggling with more than just the profound sadness which typifies “normal” grief.

First Aid for Staff After A Crisis

Handout

Crisis team members are subject to stresses and can become incapacitated as a result of unmanaged stress. A person in crisis cannot assist another person who is in crisis. In the aftermath of a crisis, keep the following in mind:

1. It is very important to get enough rest, especially the first four to six weeks following the crisis. If you cannot sleep at night, take short naps during the day. If traumatic dreams wake you up during the night know that they will pass in time. Involve yourself in a comforting activity, such as reading, snacking, watching television, etc.
2. Exercise can be useful in relieving stress (even a short walk can help).
3. Avoid too much caffeine, alcohol, or other stimulants.
4. Be protective and nurturing of yourself. You may want to be alone, or just to stay at home with family members.
5. Do not commit to additional responsibilities for the first four to six weeks following a crisis. Put what you can on hold. During recovery from a crisis, everything is a bit distorted. It may be helpful to postpone major decisions.
6. Traumatic dreams, intrusive thoughts, images and other crisis specific reactions may affect your capacity to concentrate. In most cases, they will diminish over time and become less upsetting.
7. Expect during the four to six weeks following the event that new memories of and reactions to your experience are likely to emerge. Generally, these newer memories and reactions may mean you are feeling safer and rested enough to deal with the crisis.
8. Understand that your crisis reactions need to be expressed and experienced by you in order for healing to occur. Support can come from talking with others who also experienced the crisis.
9. People react to crisis in different ways. What affects you may not affect someone else. Reactions that continue for four to six weeks following the crisis may not indicate that something is wrong. Your reactions may suggest that you need more time to feel secure.
10. Do not hesitate to consult with a mental health professional should you feel that your reactions are interfering significantly with normal functioning.

Student Handout

Sometimes we think we may have caused it or that we could have stopped it from happening.

Sometimes we are afraid to let anyone know we are still thinking about the person who died, or afraid to let anyone know what we are thinking.

We may just be very mad that this happened and at the same time feel bad that we are mad.

These are all common reactions, which may happen right away or not for weeks or months. We all experience some of these reactions when someone we know dies.

It is best to have someone you can talk to if you have any of these reactions or ones we have not mentioned that worry you. It is important that you not keep your reactions, questions or worries inside yourself. If you cannot talk to your parent or friend, see your teacher or counselor at school.

Ways to Take Care of Yourself at Times of Loss

Handout

Talk to family or friends about how you are feeling/doing.

Write your thoughts and feelings in a journal.

Write poetry.

Write letters of regret and appreciation about anything in life.

Draw pictures. Get into art.

Play a game or sport. Get lots of exercise.

Listen to soothing music.

Listen to raucous music and dance!

Snack on healthy foods. Take vitamins.

Enjoy a bubble bath.

Care for your pets and houseplants.

Take a favorite stuffed animal to bed with you.

Read a favorite story.

Ask someone who loves you to read you a story.

Let yourself cry.

Ask for a hug. Ask for another hug.

Get lots of sleep.

Spend time in prayer or meditation.

Collect a favor from someone who owes you one!

Treat yourself to a massage.

Light a candle.

Sing loud.

Laugh. Rent a great, hilarious video. See a fun flick.

Ask for a hug. Ask for another hug!

Especially for Teens

Handout for Saferoom

(This list developed by teens in Bereavement Support Program, Caledonia Health Care)

Things that helped me with my grief

- Being acknowledged (Knowing people were thinking of me)
- Working (It was often a relief to stay busy)
- Helping (Helping others made me feel better)
- Sharing (When friends told me of similar losses, I felt less alone)
- Talking (I was grateful for friends who were willing to listen)
- Crying (It helped loosen up the knots inside me and brought relief)
- Laughing (I learned it was OK to laugh and have a good time, too)
- Hugging (It often meant more than words could say)
- Being with my friends (I like sometimes doing the old, “normal” stuff and getting away from home)
- Being alone (Sometimes that’s what I wanted most – there aren’t any rules for grief)

Things that hurt

- Being avoided (People didn’t know what to say or do)
- Being pushed to talk (Sometimes I didn’t feel like talking or didn’t like people being nosy)
- Feeling different (People whispered about me, looked at me. Sometimes I just wanted to forget what had happened and feel normal again)
- Being offered a replacement (Like people saying I should get another dog or that my mother should have another baby)
- Not being asked (It hurt when people asked my friends what happened because they were afraid to ask me)
- Being told how to feel (“You shouldn’t cry”, “don’t be angry”, “you should be over this by now”, “everyone feels that way”)

Ways you can express sympathy

- Say “I’m sorry this happened to you.” (It is direct and simple)
- Give a hug, take some flowers, bake some cookies, lend a teddy bear
- Listen
- Don’t be afraid to mention the dead person’s name
- Remember to keep in touch
- Find out if s/he wants to do “routine” activities or wants a break
- Don’t act embarrassed if a grieving friend cries OR laughs...just BE there!

Things that might be a support to grieving teenagers:

- Joining a support group of peers who are also grieving.
- Writing letters of “regret and appreciation” to the one who has died.

Grief & Trauma

What Parents Need to Know

Children are Exposed to:

- Car fatalities
- Suicide
- Drowning
- Sudden death
- House fires
- Terminal illness
- Murder
- Physical/sexual abuse
- Divorce, separation, adoption
- Critical injuries, difficult surgery ...

... plane crashes, overturned school busses, floods, earthquakes, workplace violence, neighborhood violence, kidnapping, hostage taking and more.

Children are Vulnerable to Grief and Trauma Specific Reactions:

- As surviving victims
- As witnesses
- As loved ones, friends, peers of victim(s)
- Because they go to the same school and live in the same community as the victim,
OR
- Because they have seen on television situations like the Oklahoma bombing, where the victims are like themselves in age, or because the tragedy happened in a school, day care center, or other environment similar to their own.

Any child old enough to laugh is old enough to experience trauma.

What a Parent Needs to Know

- Your child can be traumatized in the same way as an adult.
- Your child experiences reactions similar to traumatized adults.
- Posttraumatic stress creates reactions that are in addition to and different from grief.
- Your child does not need to be a victim or a witness, but only related to a friend or peer to be traumatized themselves.
- Violence is not the only kind of incident that can induce trauma in your child.
- Car accidents, house fires, serious surgical procedures, terminal illness of a loved one, drowning accident, finding a body, divorce, separation from a parent, plane crashes, floods or hurricanes can all induce trauma in a child.
- A family trauma such as a murder of a family member can traumatize the entire family.
- Each member of a family will have his/her own individual reactions.
- Reactions may be more intense for some and less for others. The longer trauma victims go without trauma specific help, the more chronic and severe the reactions can become.
- Trauma reaction cannot be prevented, but their negative impact on your child's learning, behavior, personality and emotional development can be minimized when help is provided as soon as possible.
- Your child, when given an opportunity, will generally be eager and able to face the details of his trauma.
- Trauma specific help can assist your child in finding relief from his terror as well as regaining a sense of control and power over the "monsters" their experience created.
- Your child, when taken for trauma specific help, will be forever grateful to you, for acknowledging his need to talk with someone who understands what his terror is like.
- A traumatized child desperately needs your patience, the feeling of safety, security and basic nurturing.
- As a parent, you too will need information about ways trauma changes your child, and how you can best assist his recovery.

When Should I Be Concerned?

Terror on Top of Grief—Trauma Reactions in Children

Trauma reactions are different from grief reactions. Only recently has it been verified that children are vulnerable to experiencing posttraumatic stress disorder (PTSD), a disorder once attributed to only adult survivors of war. These reactions appear in children following disasters, acts of violence, sudden unanticipated death, critical injuries, car fatalities, house fires, drownings and sudden unexpected incidents involving family or friends.

The one word that best describes grief is sadness; the one word that best describes trauma is terror. Terror induces reactions not often seen in children who are grieving.

You should be concerned when your child:

- Has trouble sleeping, is afraid to sleep alone or be left alone even for short periods of time.
- Is easily startled (terrorized) by sounds, sights, smells similar to those that existed at the time of the event – a car backfiring may sound like the gun shot that killed someone; for one child, his dog pouncing down the stairs brought back the sound of his father falling down the stairs and dying.
- Becomes hypervigilant – forever watching out for and anticipating that they are about to be or are in danger.
- Seeks safety “spots” in his environment, in whatever room he may be in at the time. Children who sleep on the floor instead of in their bed after a trauma do so because they fear the comfort of a bed will let them sleep so hard they won’t hear the danger coming.
- Becomes irritable, aggressive, acting tough, provoking fights.
- Verbalizes a desire for revenge.
- Acts as if he is no longer afraid of anything or anyone (and in the face of danger, responds inappropriately, verbalizing that nothing ever scares him anymore).
- Forgets recently acquired skills.
- Returns to behaviors he had previously stopped, i.e. bed wetting, nail biting, or developing disturbing behaviors such as stuttering.
- Withdraws and wants less to do with his friends.
- Develops headaches, stomach problems, fatigue, and other ailments not previously present.
- Becomes accident-prone, taking risks he had previously avoided, putting himself in life threatening situations, reenacting the event as a victim or a hero.
- Develops school problems including a drop in grades and difficulty concentrating.
- Develops a pessimistic view of the future, losing his resilience to overcome additional difficulties, losing hope, losing his passion to survive, play and enjoy life.

While these changes are not unusual, they often go unnoticed or fail to bring a helping response from adults. These changes can and do become permanent when the child does not receive appropriate help. Often children suffer silently for years with their terror until one or several of these changes become so intense and problematic that someone says something. Unfortunately, years later few people are likely to associate these reactions to the child’s earlier trauma. The help given often misses the mark. This further increases the child’s sense of helplessness and failure.

Ways to Help Your Child and Help Yourself At the Same Time

Understand

1. Trauma is like no other experience. It brings out reactions you may have never seen before, nor your child has ever experienced.
2. Your child may not have control over his behavior because the terror he experienced has left him feeling out of control. It may be that terror which is driving his behaviors.
3. As long as a child's behavior is not hurting others or himself, it is okay.
4. If your child's behavior is upsetting to you, it is best to talk with a trauma specialist before reacting because these behaviors need special intervention.

Be Patient

1. Trauma destroys a child's sense of safety and security. They will need time to feel again and to feel you can protect them.
2. As a parent of a traumatized child, it will be very difficult to see your child return to behaviors he engaged in years earlier, to see them act entirely different than the child you knew them to be before the trauma. They need you to be patient.
3. Whatever behaviors they turn to after their trauma, no matter how strange or frightening they are for you, it is your child's attempt to feel powerful and safe again. be patient. Do not push them to change or to stop until you have consulted a trauma specialist.

Be Nurturing

1. Whatever the age, any trauma needs to be followed by a lot of nurturing.
2. Let your child eat what he/she wants, follow you around or even withdraw for a while. Your child may want to be taken care of, to have fewer demands.
3. Spend more time with your child the first several weeks.

Keep it Simple

1. A terrorized child, adolescent, or adult will find it difficult to concentrate and remember even the simplest of things.
2. A terrorized individual will be forgetful. He can even forget what he was doing or talking about five minutes earlier.
3. You need to simplify everything for several weeks. Do not expect more. Do not introduce new challenges. This is a time to protect your child from stress. It really needs to be an "all the cookies and milk I want" time for traumatized children.

Normalize

1. Reinforce that you understand that his reactions are not unusual following his experience.
2. Learn what trauma reactions can be expected and let your child know what he may yet experience.

Ways to Help Your Child and Help Yourself At the Same Time (continued)

First Aid at Home for Children in Crisis

1. Be more nurturing and comforting. Respond to your child's basic needs. Provide him/her with rest, comfort, food, and opportunities to play.
2. Talk openly with your child about what happened.
3. Reinforce with your child that you will protect him/her.
4. Help your child to share his/her feelings in your supportive presence, and acknowledge his/her feelings. Do not tell your child how he/she should or should not feel. Healing takes time - do not hurry your child's reactions along with comments such as, "It's time to get over it."
5. Understand that physical reactions such as headaches, fatigue, etc. can be normal responses to fear and a child's attempts to avoid thoughts of the crisis.
6. Provide labels, especially for younger children, for the feelings they are experiencing, such as sad, afraid, angry, etc.
7. Encourage your child to let you know when he/she is thinking about the crisis or when new reactions occur.
8. Give your child special supports by keeping things fairly structured. Adjust for your child's fears, especially at bedtime.
9. Help to re-establish a sense of safety for your child. Let your child know where you are going and when you will be back. If you are gone for several hours, call and let him/her know that you are all right.
10. Reassure your child that his/her feelings may not be the same as those of siblings or friends, and that those feelings are normal.
11. Be patient with difficulties in concentration, completing schoolwork, etc. It is not unusual for a child's school performance to decline temporarily.
12. Recognize that regressive behavior such as nail biting and thumb sucking, as well as acting-out behaviors are normal reactions and should be discussed rather than punished.
13. Limit tasks and keep them simple.
14. If the crisis involves a death, help your child to recall positive memories of the victim.
15. Share your own similar experiences, giving the message that you survived and that he/she can too.
16. Help your child to understand that angry, defiant, aggressive behaviors, staying away from home, or taking unnecessary risks are ways to avoid feeling the pain, hurt, and fear that he/she is experiencing.
17. If shame is tied to a physical reaction that your child experienced during the crisis (such as wetting his/her pants, vomiting, crying, etc.) assure your child that unlike television portrayals, many people faced with a crisis will lose control over their bodies.
18. If your child expresses that he/she is not afraid of anything anymore ("Nothing scares me."), be more protective of your youngster, as he/she may not act safely in a potentially dangerous situation.
19. Help your child to understand the relationship between his/her feelings and the crisis and encourage your youngster to find safe ways to express his/her feelings (i.e. drawing pictures, writing, talking, exercise, etc.).
20. If changes in your child's behavior or personality concern you, seek the support of a mental health professional.

Parent Handout

To Accompany Consent for Debriefing

Debriefing – a cognitive process

- A formal, structured, planned process keyed to a group.
- The focus is to identify and ask about issues related to the incident and the participants' unique response to that incident.
- The attempt is to bring closure to the event and its related issues.

A process of:

1. Identifying the facts
2. Identifying thoughts precipitated by the incident
3. Identifying the personal reactions/symptoms
4. Teaching – normalize and repair

Defusing – An Experiential and Cognitive Process (used for children)

- A supportive, personalized safe interactive process between individuals in a group.
- The focus is to clarify and complete expressions of the event.
- The attempt is to provide a variety of communication processes to facilitate ongoing healing.