CRISIS RESPONSE AND RECOVERY HANDBOOK

Broward County Public Schools
The School Board of Broward County, Florida

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The current Crisis Response and Recovery Handbook is a revision of the Crisis Support Team Procedures Manual that was first issued in 1989 and revised in 1997 and 2002. This revision is not designed to be a stand-alone document. Rather, it should be viewed as supplemental information for use in the development of SAFE Team plans.

Historically, area-based teams made up of psychologists, social workers, and guidance counselors, who respond to requests for assistance from individual schools, have provided crisis support services for Broward.

The current revision retains much of the existing model, but focuses more on the issues surrounding response and recovery for the school-based team. The intended reader for the handbook is the mental health practitioner. External support continues to be available from the area student services staff, but the belief is that school staff who have clearly assigned roles and a response plan, will provide the fastest and most effective reactions to a traumatic event. Should the school require the additional support of an area team, the school’s plan and activated crisis team staff will help the school to use external resources in the most effective way.

The intent of the handbook is to provide best practices guidance in the areas of crisis prevention, preparedness, response, and recovery. It focuses on addressing the emotional (mental health) effects that may accompany a traumatic event.

The handbook is divided into several sections. The first section focuses on prevention, preparedness, response, and recovery. The second section contains supplementary materials for the classroom teacher and parents/caregivers. Section two also has information on specific crises (e.g., natural disasters, suicide, school violence, and terrorism/war), as well as post-crisis considerations.

Crisis management is a continuous process. The information provided in the handbook should be viewed as a working document that should be reviewed and updated on a yearly basis, also as best practices in crisis intervention change and as new situations arise. The handbook provides general guidelines for crisis response and recovery and may be used in conjunction with individual school safety and security plans. The information in the handbook is not all-inclusive. Each crisis is different and should be treated with care and consideration with regard to its unique circumstances.
SERVICES OF THE AREA SUPPORT TEAM

The primary purpose of the Area Crisis Support Team is to offer assistance to schools and students when a crisis occurs, such as the death of a student or a staff member. Team members may offer factual information, explain normal reactions, enhance students’ mental health, and offer advice that is not value laden.

The Area Crisis Support Team provides both direct and indirect intervention services.

*Examples of direct services include:*

Individual or group consultation with:

- students
- parents
- staff members

*Examples of indirect or third party consultation include:*

- conferring with counselors regarding continued counseling needs and individual cases.
- consulting with administrators regarding students being excused from school.
- crisis management.
- conflict resolution.
- media interaction.
- conferring with teachers regarding crisis follow-up activities.

The assumptions that underlie all Area Crisis Support Team work at the school level, are that the team’s function is to supplement and not supplant the work of regularly assigned personnel, and that area team services are linked to the school-based crisis response plan.
PREVENTION AND PREPAREDNESS

Although this handbook primarily deals with crisis response and recovery, the school district also focuses on prevention and preparedness. It is important that students feel safe in their learning environment. The district addresses this issue in a variety of ways. There is a character education program for students in grades K-12 that has nine tenets; cooperation, responsibility, citizenship, kindness, respect, honesty, self-control, and tolerance. In order to provide students with a quality education in a safe and secure learning environment, the district enforces a Code of Student Conduct. Parents/caregivers and their children are asked to read the code and return the acknowledgement form at the beginning of the school year.

School counselors help our students build life skills. Skill-building groups are available in many areas: making friends, coping, social skills, conflict management, career decision-making, goal setting, and college assistance. The Family Counseling Program offers free short-term counseling services, crisis intervention, and consultation. Individual, family, and group counseling are available for Broward County residents who have children enrolled in school. For further information about this program, please go to www.broward.k12.fl.us/studentsupport/psychologicalservices/html/fcp.htm or call 754-322-3153. There is a behavioral health partnership between the School Board of Broward County, the Department of Children and Families, parents/caregivers, community mental health centers, and other children’s agencies. This multi-agency service network, called the Severely Emotionally Disturbed Children and Youth (SEDNET), is a support for children with severe emotional disturbances. For further information on SEDNET, please refer to www.broward.k12.fl.us/studentsupport/sednet/html/mhdatabase.htm

Staff training in violence prevention that is available through Psychological Services includes threat assessment, warning signs, and safe zone listener procedures. A warning signs presentation is also available for parents/caregivers and students. For further information on training opportunities available through Psychological Services, please call 754-321-2460. Practical strategies (e.g., managing test anxiety, handling storm related stress, supporting students with ADHD strategies, etc.) for parents/caregivers and teachers are available from Psychological Services on the website www.broward.k12.fl.us/studentsupport/psychologicalservices/html/parentsupport.htm

Through the Department of School Social Work and Attendance, all school personnel are trained in policies and procedures with regard to suspected child abuse. Each spring child abuse prevention activities, including a curriculum packet for the Child Abuse Designee in each school, are completed. There is a teen parent program that offers counseling, case management, and family support services. Schools have access to truancy intervention services through School Social Work and Attendance. The following services are available through the Homeless Education Program: school-based tutorial instruction, homework assistance, shelter-based supplemental academic instruction, assistance with school registration and transportation, school supplies, resource information, case management, crisis intervention, assistance with boundary exceptions, referrals to support services, and career awareness information. Staff development and presentations are available to community agencies and civic groups. For further information on resources available through School Social Work and Attendance, please call 754-321-2490 or go to www.broward.k12.fl.us/studentsupport/school_social_work_services/indexes_a.htm
Broward County Schools and the Special Investigative Unit (SIU) offer various prevention programs for our school community that may be used by parent, teacher, and community groups. SIU offers prevention programs, such as crime prevention through environmental design, non-violent crisis intervention training, project C.A.R.G.O., on-line cyberspace prevention, etc. SIU also offers youth education programs, such as gang awareness and education (including resistance skills training) and the youth crime watch (YCW). School staff in-service training and parent training in gang prevention education is also available. The Silence Hurts/Safe Zone Listener Campaign has been implemented in the Broward County Schools as a way for students to have trusted adults in each school available to talk to about any dangerous situations (i.e., threats, suicide ideation, etc.). The Anonymous Tips Hotline is another resource for students and staff to give information about potentially dangerous situations, 754-321-0911. For further information on SIU services/resources, please go to www.broward.k12.fl.us/siu/

Peer counseling programs are also provided through the Office of Prevention Programs. Every middle and high school has the program, which promotes the health, safety, and well being of our students through peer education and referral. At the elementary school level, there is a Peer Helper Program. For further information on Peer Counseling, please call 754-321-2566. The school district has a suicide prevention designee in every school. The designee educates school staff in warning signs and is a part of his or her school’s crisis team. Students against destructive decisions (SADD) is a peer-led group at the middle and high school level that focuses on preventing underage drug use and drinking. For further information on any of these topics, please refer to their website at www.broward.k12.fl.us/studentsupport/preventionprograms/html/programs.html

The Project BLAST Family Counseling Program is sponsored by the district, Florida Department of Children and Families, and the Florida Department of Education. BLAST provides free short-term counseling to students and their families, with an emphasis on violence and substance abuse prevention. BLAST uses two research-based programs, “Too Good for Drugs” for students in grades K-12 and “Skills for Managing Anger” for children in grades 6-8. The Office of Prevention Programs has many prevention programs in place to support students and staff in the district. For school staff, various training opportunities on drug and violence related topics, conflict resolution, and classroom management workshops, are available. The Safe and Drug Free Schools’ Program is a federal program designed to prevent violence in the school community through education and prevention activities in the schools. Two additional programs are available for implementation through this department. The “Too Good for Drugs” program is for students in grades K-12. This substance abuse prevention program has five components: goal setting, decision-making, bonding with others, identification and management of emotions, and effective communication. The second program is “Get Real About Violence” and is for students in grades K-12. For further information, please call 754 321-2568.
GENERAL OPERATIONAL PROCEDURES

What follows is a summary of post-crisis considerations for school-based teams. All members of the school community should be kept informed with current accurate information. Included are: (1) general operating procedures, with recommendations for actions that need to be planned/implemented in the aftermath of serious crises, (2) rationales from the crisis literature that support why these actions represent best practices, (3) lists of questions that will help crisis support teams systematically implement each action, (4) the crisis fact sheet, (5) media guidelines, (6) communication with the parent/caregiver, (7) staff support, (8) considerations for the classroom teacher, and (10) considerations for the parent/caregiver. Recognizing that each crisis may require different procedures, the following general operational procedures could apply to many cases.

1. RE-OPEN SCHOOL AS SOON AS POSSIBLE

All available evidence points to the fact that school should be re-opened as soon as possible following a crisis, ideally the next day. The crisis literature clearly shows that the sooner a crisis intervention is provided for survivors, and the more survivors have the opportunity to talk about their reactions to the incident, the better the chances for a full and expedient recovery. Additionally, while parents are a source of emotional support for their children during a crisis, trained school personnel are more knowledgeable than most parents about typical childhood reactions to crisis and how to resolve them. Hence, a speedy return to school is desirable.

- Are we prepared to re-open school tomorrow?
- If not, what obstacles are preventing re-opening?
- How will we deal with these obstacles, and when can we be ready for a safe return to school?

2. DO NOT SIGNIFICANTLY ALTER THE SCHOOL ENVIRONMENT BEFORE STUDENTS ARRIVE BACK TO SCHOOL

Although it is certainly appropriate to remove sordid reminders of an incident or make repairs needed for safety (e.g., clean up blood, remove broken glass, repair damaged furniture, etc.), do not delay the reopening of school for major repairs (e.g., filling in bullet holes, making major repairs to the building that do not affect safety). Additionally, do not remove spontaneous memorials to students or staff (e.g., flowers, cards, other items left in remembrance), but rather allow students and staff to view such expressions of grief. Similarly, do not attempt to erase all presence of victims of a crisis at school (e.g., removing personal effects from lockers, or samples of work on the bulletin board, etc.) before the students return.

- Have we made sensible repairs/clean-up to the building to ensure student and staff safety?
- Have we left memorials and other expressions of grief for the victims in place for students and staff to view?
- Do we have a plan for when to remove these objects, as well as the victim(s)’ personal belongings?
3. IDENTIFY POTENTIALLY AT-RISK STUDENTS AND STAFF

Members of the school’s crisis team should apply the “Circles of Vulnerability” screening approach to identify, in advance, those persons that seem most likely to be affected by the traumatic event. The dimensions (circles) are: physical proximity, psychosocial proximity and population at-risk.

- Physical Proximity = the extent of direct exposure (or closeness to) the traumatic event
- Psychosocial Proximity = closeness in terms of relationship to a victim
- Population At-Risk = other exposures to trauma or current involvement with stressful circumstances

While each dimension is important to consider, those individuals with “overlaps”, i.e., involvement of more than one dimension should receive close monitoring.

4. PREPARE THE FACULTY FOR STUDENTS’ RETURN TO SCHOOL

A mandatory meeting of faculty should be held before students return to school after a crisis. Be sure to allow faculty to express grief, and any fears or concerns they have about the first day back, to review plans for assisting students, and to give permission for temporary modifications to the general curriculum to address emotions in a time of loss.

- Have we held a general faculty meeting after the initial crisis?
- Are all faculty members reasonably informed about procedures and plans for assisting students on the first day back?
- Does everyone seem to understand how the activities on the first day back might be altered?
- Do all faculty members have a reasonably good understanding of how to access special services for students (e.g., counseling, other mental health services) on the first day back?

5. CAREFULLY PLAN THE STUDENTS’ RETURN TO SCHOOL

A number of issues need to be addressed before the students return to school. These include: working out a schedule for the first day, whether or not to conduct a school-wide assembly to start the day, how to handle the variety of emotional reactions students may have, how to handle parents who drop by school on the first day, how best to deploy student support services (particularly, whether outside assistance is needed to handle the needs of students), and having greeters present when children return to school.

- Do we have a good plan for the first day, in terms of how the schedule might be altered?
- Do we have a good plan for the first day, in terms of how to deploy student support services?
- Who will, and how will we handle parents who drop by needing to talk on the first day?
- Do we have greeters for the front door?
- Will we have an assembly to start the school day? Who will speak and what will be said?
☐ Considering the scope of the crisis, do we need to assign mental health professionals to ride each school bus on the first day? Do we have the personnel to accomplish this?

Any student who was significantly affected by the crisis should be provided with individual counseling services at the school at any time during the day, either at his/her request or from a teacher’s recommendation. Some students may require ongoing counseling services and support.

6. PROVIDE STRUCTURE AT SCHOOL IN THE DAYS FOLLOWING THE CRISIS

Both the crisis and stress literature clearly show that a return to familiar routines is healing and restorative in the wake of a crisis. For young children in particular, this will provide a sense of comfort and security. Although the schedule will likely need to be altered on the first day back to school, it is important to return to typical routines in the days that follow.

☐ Are we prepared to resume “normal” operations on the second day back to school?
☐ Do we have a plan for monitoring and “catching” students who still seem to be in distress (e.g., touching base with teachers for students’ reactions, reviewing student products, such as cards, drawings, etc.), and connecting them with student support services (e.g., counseling, family counseling, etc.)?

7. MEET WITH YOUR CRISIS TEAM MEMBERS

A large part of successful recovery efforts is related to how the initial crisis was handled. The immediate aftermath of a crisis is the best time to meet with your crisis team to evaluate how everything was handled, to modify on-going efforts if necessary, and to gather information on how to proceed with future crisis situations.

☐ Has the crisis team met to discuss how the incident and its aftermath was/is being handled?
☐ What worked well? What did not work well?
☐ What are some of the root causes of the incident; and what could we do to prevent such incidents in the future?
☐ How are students, parents, staff and the crisis team members recovering from the effects of the crisis?

8. CONSIDER UTILIZING PEER COUNSELORS AT SECONDARY LEVEL SCHOOLS (HELP PREPARE THEM) TO MEET WITH PEERS WHO ARE IN DISTRESS

9. REEVALUATE YOUR SCHOOL’S NEED FOR OUTSIDE ASSISTANCE

As things become more settled following a crisis, you may think of additional needs your school has, that were missed in the initial upheaval of the crisis situation. Now is the time to reassess whether you have additional needs related to recovery that cannot be met with internal resources.

☐ Do we need additional, outside assistance in dealing with recovery?
☐ What specific needs do we have?
☐ Where can we access the resources to meet these needs?
10. ADDRESS THE PHYSICAL EFFECTS OF THE CRISIS

It is not recommended that all physical reminders of an incident be removed before students return to school (e.g., patching bullet holes, removing spontaneous memorials and objects left in remembrance, etc.). At some point, however, returning the physical facility to its original condition will be required. In most instances, it is recommended that you delay this activity for at least 3-7 days to allow sufficient time for students and families to view memorials and express grief. Depending on the nature of the crisis, it may be appropriate to delay some of these activities for several weeks.

- Do we have a carefully thought-out plan for removing the physical effects of the incident?
- Who will be responsible and how will we remove such physical effects?

11. RESPOND WITH SENSITIVITY TO FUNERAL ARRANGEMENTS

Families have a variety of preferences regarding funeral plans for the untimely death of a student. It is important for school personnel to be sensitive to the family’s needs and wishes in this circumstance. Someone from the school-based team should check with the family about their wishes concerning the funeral, particularly about attendance of large numbers of students from school. This is likely to be more of an issue with secondary students than elementary; nevertheless, being sensitive to the family’s wishes is imperative in all cases. In those cases where families welcome attendance of students at the funeral, the school will need to have a plan for orderly release of students for funeral services.

- Have we checked with the family about their preferences for funeral attendance?
- Have we communicated their wishes to faculty, staff, and students?
- Do we have a plan for the release of students for funeral services?

12. TAKE APPROPRIATE STEPS TO DEAL WITH INFORMAL MEMORIALS TO THE CRISIS VICTIMS

Informal memorials are common in many types of crises. A memorial to victims is usually spontaneously created by members of the school or surrounding community following a severe crisis. People may be holding candlelight vigils, sending flowers, or placing symbolic items outside the school. These memorial activities help to express sorrow after a tragedy and should not be discouraged. The administrator can assist by establishing a certain area at the school for such “offerings.” Additionally, the administrator needs to be cognizant of possible safety issues when memorials develop off-site. Thus, the administrator may need to contact local law enforcement should safety issues arise (e.g., roadside memorial).

Deciding when to remove the offerings should be made with sensitivity to the emotional needs of survivors. Thus, it is a good idea to involve a few students and staff in this decision. When removing items from memorials, place savable items in storage boxes at the school and offer family members the opportunity to look through them and determine whether they wish to keep anything. It may be some time before the family is able to do so. A mental health professional from the crisis team should review the items carefully before the family reviews them and discuss with the administrator any contents that may be emotionally hurtful.
- Are memorial activities being allowed?
- Does a certain area need to be designated for these memorial activities?
- Are savable memorial items being stored until they can be reviewed by family members of the victim(s)?
- Has a mental health professional examined the memorial items prior to them being reviewed by the family members of the victim(s)?

13. ANTICIPATE DELAYED EFFECTS OF THE CRISIS

Although it may appear that things have returned to normal at your school, be alert for subsequent events that may trigger additional trauma. Similar occurrences in other schools, later trauma to someone a student knows well, or anniversaries of the original incident may all create a degree of re-traumatization in some students.

- Have we marked the anniversary of the incident on our calendars?
- Do we plan to do anything “special” on the anniversary?
- Have we communicated with staff and parents about the “anniversary effect?”
- Are we prepared to handle individual students who experience additional trauma after the initial incident has passed?

14. BE AWARE OF POSSIBLE “COPYCAT” INCIDENTS

When an incident is particularly severe (e.g., school shootings), you need to be alert for the possibility of potential “copycat” effects. This is especially true for incidents that garner a large amount of media attention. Unfortunately, media coverage can sometimes glamorize a crisis event and may give troubled students very specific ideas about how they might perpetrate similar incidents.

- Do we have a good plan for monitoring student reactions to the crisis?
- Do we have systematic means in place for gathering and communicating information about students who might pose a threat in our school (e.g., Silence Hurts/Safe Zone Listeners Program)?

15. BE AWARE OF POSSIBLE SCHOOL AVOIDANCE PROBLEMS

School avoidance may occur, depending upon the nature of the crisis. The way to escape school avoidance is by having students return to school as quickly as possible. If there is a consistent pattern of absenteeism following a crisis, a crisis team member should contact the family. Usually students stay home (or their parents keep them home) due to a lack of information about what to expect at school after a crisis. A crisis team member should talk to the student about his/her fears and inform the student that other students are at school who may have similar feelings, but that they are receiving assistance together. Thus, the team member acknowledges the student’s feelings (usually fears) and provides reassurance by informing him/her of the safety measures and counseling services available at the school. This should alleviate school avoidance. Additionally, inform the family that going back to school can be therapeutic.

- Is the school being reopened as soon as possible?
- For students who are absent the first day back following a crisis, has a crisis team member contacted the family?

Please refer to Warning Signs Checklist (Appendix E) for further information.
16. BE AWARE THAT THE RECOVERY PROCESS TAKES TIME AND MAY IMPACT THE NEXT SCHOOL YEAR.

While you want to be positive about the start of a new year, some acknowledgement of the previous year’s incident may be warranted. You should not downplay the effects of a severe crisis by “going on” as if nothing ever happened.

- Do we need to do something “special” at the beginning of the school year to assure that things get off to a positive start?
- What will this involve (e.g., an activity, a memorial, a ceremony, etc.)?
- Who will be responsible and what will need to be done?
Please see Appendix A (SAFE Team Planning Document Instructions) and Appendix B (SAFE Team Planning Document).

The Crisis Fact Sheet is a brief description of the crisis situation based upon information obtained from reliable sources. The Crisis Fact Sheet identifies any persons or groups at the school who are especially likely to be affected by the crisis or any unique circumstances with which external support staff would not be familiar.

School ___________________________ Date ___________________________

Description of the Crisis (i.e., who, what, where, when): __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Persons or Groups Likely to be Affected: __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Unique Circumstances: __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Prepared by: ___________________________ Phone: ___________________________
After an incident of targeted school violence, media coverage is highly likely. Even if a crisis has occurred previously at school involving the death of a student or staff member, the media coverage will significantly differ in response to targeted school violence. A two-pronged approach is recommended to handle the media following targeted school violence. The school district must focus on media containment and media cooperation. Containment means setting appropriate limits for media access to staff members and to information about the crisis or the school/district response.

The staff of the Communications & Media Relations Department should be consulted as part of planning the school’s response to a crisis event. Pages 16-17 are directly from the Communications and Media Relations Department of the Broward County Schools’ website. Further information is available by calling 754-321-2300.
QUICK TIPS FOR MEDIA INTERACTIONS

When reporters call or show up at your school, here are some pointers:

• Don’t panic! There’s no reason to panic because a reporter has shown up at your school or is on the phone.

• Take reporters’ call if you can - if not, ask your secretary to find out what the call is regarding and tell them you will return the call. If it’s going to be a while before you call back, make sure the reporter knows that.

• Be nice. Remember, you catch more flies with honey than you do with vinegar.

• Their deadlines are not your deadlines. However, be sure to RETURN THE CALL - even if it’s your secretary telling them you are unable to call them back due to your schedule. Ignoring reporters won’t make them go away - it will only make them angry.

• Think before you speak. Remember, you can’t un-say something.

• If the subject requires some research, tell them so - they will understand. Again, be sure to return their call - either with the proper information or the name and/or department they should call to get the information.

• You have the final say-so when it comes to your school - what YOU say, goes. If you do not want a reporter on campus, then that’s that. However, don’t use this as a standard response – there must be a reason behind your “no.”

• Reporters, like all other visitors, MUST follow established rules at your school. They MUST check-in at the front office and should not be allowed to roam around without an escort.

• When it comes to students, remember one thing: NO students can be interviewed and/or photographed unless they have a current media release on file that is signed by their parent(s) or guardian giving permission.

• Never, ever say “no comment.” There are other ways to say “no comment” without saying “no comment.” Some examples are:

  That isn’t something I can discuss now because I don’t have all the facts.
  I’m really not the best person to talk with about that. You should call 754-321-2300.

• DO NOT SPECULATE. If you do not have the facts about something, don’t try to guess. Either take a few minutes to gather the facts, or refer the reporter to the right person.

• DO NOT ELABORATE. If you are asked a Yes or No question, give a Yes or No answer.

• There is NO SUCH THING as “off the record.” This just means you won’t be quoted directly, but what you say may still be used in the story. Assume when you are talking with a reporter, you are always on the record.

When in doubt, individuals can always call the Communications & Media Relations Department - that’s what we’re here for. The number is 754-321-2300.
CRISIS RESPONSE: COMMUNICATION
SCHOOL COMMUNICATION WITH THE PARENT/CAREGIVER

Communication is key. Providing full authoritative information regarding the crisis/incident will help prevent escalation and dissemination of any unfounded rumors. Parents need to know that there will be no delay in follow-up activities to support the school community as well as their individual child.

1. CONSIDER IMMEDIATE AND ONGOING OPPORTUNITIES FOR FAMILY AND/OR COMMUNITY MEETINGS
   - Has an off-campus meeting been scheduled with parents/caregivers, students, and authorized community support groups/individuals for either the night of the crisis, or as soon thereafter as is possible, in order to provide up-to-date and accurate information?
   - Have all current safety measures been presented and explained?
   - Are discussions occurring regarding ongoing pro-active steps that are being implemented to prevent repetition of the crisis?
   - Are we discouraging parents from letting their children stay home after a school crisis?
   - Are we providing individual support where initial signs of “school phobia” appear?

Distribute the “Tips for Parents” documents. Answer any questions parents may have about the tips, but avoid prolonged discussions of specific students.

2. STAY IN CONTACT WITH PARENTS/CAREGIVERS (BE SURE COMMUNICATION IS IN THE NATIVE LANGUAGE OF THE PARENTS/CAREGIVERS, AND TAKES INTO ACCOUNT CULTURAL DIFFERENCES.)
   - Are we planning to send a general note to all parents on the first day back to school regarding: ongoing crisis response activities, school/system resources being used, community resources available, and appropriate steps to be taken at home?
   - Are we providing weekly updates?
   - Are we inviting frequent personal contact from parents with special concerns?
   - Are we initiating frequent personal contact with parents when we have special concerns?

If a student needs services beyond those offered through on school-site interventions and programs, a mental health professional should be contacted for a referral to off-site resources. School district mental health professionals include guidance counselors, school psychologists, school social workers, and family counselors. This professional will make a referral to mental health partners of the school district based on the needs of the student/family.
CRISIS RESPONSE AND RECOVERY
STAFF SUPPORT

1. MEET WITH STAFF TO COMMUNICATE ABOUT CONCERNS THEY HAVE AND TO IDENTIFY POTENTIAL POST-CRISIS PROBLEMS AND RESPONSE PROCEDURES

Although schools are likely to recognize the need to schedule a faculty/staff meeting as one of the first responses to a traumatic event, it is also important to provide communication opportunities after the initial crisis response period. In a post-crisis meeting, staff members are afforded an opportunity to share residual concerns that they have about the effects of the traumatic event or the crisis support activities provided thus far. Members of the school’s crisis support team familiarize staff with potential problems that may appear in the recovery phase, available supports, and how to access them. This information includes: warning signs for children and adults, characteristics of students who may require close monitoring, parameters of the teacher’s role in providing support to students, and identification of staff members who will provide further support and the procedures for referring students to them. Staff members need to be prepared for unexpected reactions from students, from belligerent or blaming behavior to insistence on a school-wide prayer. Staff members need to recognize that acting-out behaviors may be indicators that the student needs help. Additionally, when meeting with students, staff members should not initiate discussion of religious beliefs, but should be tolerant of the various beliefs of group members. Specifically, care should be taken to avoid alienating students whose perspectives are different from the majority of students.

The Employee Assistance Program:
If a staff member needs follow-up services beyond those offered through on school-site interventions, consider the Employee Assistance Program. The Employee Assistance Program is a confidential service that can be accessed by calling 754-322-9900. It is important to provide information to the faculty/staff about how the crisis experience may have ongoing effects on them, how they can obtain respite or “breaks” if necessary. For example, the administrator may want to consider hiring substitute teachers or acquiring zone substitute teachers to provide respite and to cover those classes whose students are not significantly affected by the crisis. However, a crisis team member (or mental health professional) may need to cover classes that have students more directly affected by the crisis.

- Have teachers/staff been provided with a post-crisis meeting to address their concerns?
- Have teachers/staff been alerted to warning signs for post-crisis reactions by children and adults?
- Do teachers/staff members know how to refer students or how to self-refer for support services?
2. HAVE THE CRISIS SUPPORT TEAM IDENTIFY THOSE STAFF MEMBERS MOST LIKELY TO HAVE ONGOING EFFECTS FROM THE TRAUMATIC EVENT

Just as there are students who are more at risk for post-trauma adjustment problems, there are adults in the school who might be more affected by exposure to a crisis. These individuals would include those who have recently, or are currently, experiencing other stressors or those who have had a close connection to the others associated with the traumatic event (e.g., a teacher is strongly impacted by the death of a colleague who had been a mentor and friend). It is important that the crisis team give thoughtful consideration to how to “check-in” on these co-workers without being intrusive. It is also important to discuss how individuals that may need short periods of respite can be relieved of some responsibilities when necessary.

- Has the school-based crisis team discussed which staff members might be particularly vulnerable to emotional difficulties as a result of the traumatic event?
- Did the team identify faculty/staff members who can be called upon to help in monitoring those who may be vulnerable (i.e. informal peer support)?
- Did the team discuss how to provide coverage for a staff member’s duties should that person need respite?

Possible long-term reactions that staff may experience may include the following:
- Detachment and/or withdrawal
- Denial
- Depression
- Difficulty concentrating
- Anxiety and/or hypervigilance
- Marital/partner difficulties
- Eating and/or sleeping difficulties
- Fatigue (e.g., physical, mental)
- Irritability and/or low frustration tolerance
- Loss of interest in enjoyable activities

3. TAKE TIME FOR SELF-CARE. TAKING CARE OF YOURSELF ALLOWS YOU TO BE THERE FOR OTHERS.

It is important that all school staff take care of their emotional and physical needs. Through the nature of their role, members of the school crisis team may be especially susceptible to burnout.

Members of the team should take care to do the following:
- Nurture the crisis team
- Take care to ensure that crisis team members have restroom breaks, food/drinks (in a private area is preferred), and time to consume them, as well as breaks for respite from the tension of counseling
- Train new team members through mentoring
- Pair up individuals just learning crisis intervention with experienced team members
Signs of Burnout (See Appendices H & I):
It is important for members of the crisis team to be aware of the possibility of burnout. Psychological or physical burnout is a gradual process. Signs to watch for include, but are not limited to the following:

- **Cognitive** (e.g., identifying with the victims, inability to stop thinking about the event, inability to make decisions, etc.).
- **Affective** (e.g., depression and/or suicide ideation, irritability or rage, excessive pessimism, excessive worry about the victims, becoming jealous or upset if other individuals are doing crisis interventions, etc.).
- **Behavioral** (e.g., abuse of drugs/alcohol, social withdrawal, behaving impulsively, inability to return to one’s normal job responsibilities, etc.).
- **Physical** (e.g., chronic fatigue, sleeping difficulties, eating difficulties, headaches, etc.).

Strategies for Self-Care (See Appendix J):
- Understand that your reactions to the event are normal and common among crisis team individuals. You are experiencing normal reactions to an abnormal event.
- In order to help alleviate some of the physical symptoms you may experience during the first 1-3 days, try to alternate periods of strenuous physical exercise with relaxation.
- Know what your personal limitations are and do not do anything that makes you feel uncomfortable.
- Try to continue with your daily routine (e.g., meals, exercise, etc.).
- Structure your time and try to stay busy.
- Engage in activities that you enjoy.
- Stay in touch with others, such as family and friends, who can offer support and encouragement. It is important not to isolate yourself.
- Do not use drugs/alcohol to help cope with your role as a caregiver.
- Ask your family and friends to support you by reducing their demands/pressures on you.
- Eat healthy foods and drink plenty of water.
- Avoid caffeine.
- Take rests every couple of hours and try to get enough sleep each night. If you have difficulty sleeping, try writing in a journal, which may be helpful.
- At the end of each day, take time to process the events with your peers.
- Be kind to yourself and others
- Allow yourself to feel sad, angry, etc. Find ways to express your grief (e.g., write in a journal, donate to a cause/philanthropy, etc.)

Two non-profit organizations that can support staff members after a critical incident are the following:
- **The National Organization for Victim Assistance (NOVA):** 800-879-6682.
- **The International Critical Incident Stress Foundation (CISM):** 410-313-2473.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
RESPONDING TO STUDENTS IN CRISIS

1. Tell the truth. Allow students to talk about the death and to express their feelings. Do not hide death from students. Do not avoid the subject in the classroom or be afraid to mention the dead person.

2. Be sensitive. Allow tears or other expressions of grief. Teachers should handle children’s expressions of grief or loss to the degree that the teachers feel comfortable. If a student seems distraught or needs to talk further, the teacher should refer the student to someone else (counselor, other teacher, crisis team).

3. Be human. It’s all right for adults to express their emotions or grief in front of children.

4. Listen responsively. Be attuned to nonverbal communication. Let students know that people show grief in different ways.

5. Accept feelings. Reassure students that all their feelings are acceptable (e.g., angry, sad, scared, confused)

6. Allow grief. Respect the legitimate sadness of the griever. Avoid well-meaning reassurances (e.g., that they have other loved ones still living).

7. Be factual. Refrain from over-dramatizing or over-emotionalizing the fact that someone has died.

8. Respond to feelings. Do not expect students to share your emotions.

9. Be supportive. Reassure younger students that it is not their fault that a person died. It is also all right if they did not like the person or had not always treated the person in the best manner. Emphasize that their behavior had nothing to do with the person’s death.

10. Maintain classroom routine. This structure will help students focus. Avoid introducing new concepts or materials until the immediate crisis has passed. Keep it simple.

11. Allow sharing of memories. Remember students may have a need to review the relationship to, and memories of, the deceased. It has been estimated that the grieving process may take up to two years.

12. Respect beliefs. Keep in mind that religious perspectives are personal and individual. Varying beliefs should be respected when students discuss religious, cultural, or philosophical aspects of death.

13. Be watchful. Pay special attention to students who have experienced multiple losses. Students who have previously experienced death, divorce, illness, separation or geographic relocation are very vulnerable during any crisis.

14. Encourage parent/child communication. Advise parents to explain what will be happening at a funeral if students will be attending.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
COMMON QUESTIONS

Do we need supplies for crisis support activities?
Kleenex, paper and markers (for making cards) are useful.

Do we need to review the cards students make?
When students make cards, go through them before sending them to the family. Sometimes students put in concrete images that might disturb rather than comfort the family.

Some students or staff seem particularly upset, even though they were not close to the crisis situation.
The crisis may trigger upset among individuals who, though not necessarily close to the current tragedy, have suffered other losses or trauma.

Why do some people appear sad, some angry, some giddy, etc.?
Be aware of the wide variety of grief reactions, and assist students, staff, and parents to recognize them in themselves and others. (please see “Student Reactions to Traumatic Experiences” handout)

We're noticing that some students are antagonistic towards others.
In some cases, factions may arise among students with different perceptions of the tragedy (e.g., assignment of blame, perception that someone does not appear to be sufficiently upset, etc.) Make sure that factual information is available and updated.

I was surprised by some of the questions students asked!
Be prepared for very concrete questions (e.g., about the body, medical procedures, etc.), particularly from young children.

What do we tell parents who ask whether to allow their child to attend the funeral?
Generally, for individuals close to the deceased, the funeral ceremony helps to provide closure and facilitate the grieving process. If the parent is concerned that the child tends to be anxious and may become more upset, discussion with an experienced counselor on the team can help them evaluate the pros and cons for this child. Parents can also consider having the child attend part of the ceremonies (e.g., attend the funeral service, but not a wake or burial).

Is it necessary to explain what a funeral is like?
Remember that some students have never attended a funeral. It is helpful to let them know, in general terms, what to expect.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
COMMON QUESTIONS

How do we handle spiritual/religious questions, such as questions about heaven?
With a general comment, such as, "people have different beliefs," encourage children to discuss this with their families. Counselors should avoid advocating their personal beliefs.

What should we say to students who are expressing feelings of vulnerability and fear?
Some crises, such as those involving accidents, violence, or health issues, require efforts to reassure students of their safety (e.g., precautions taken to provide a safe environment, reassurance that risks of an accident or particular health problem are minimal, etc.)

Should we say anything to a class when a student's materials (e.g., desk, photograph, bulletin board display) are removed?
A general statement to the effect that materials were given to the family, or the desk moved to another room where it was needed, is helpful so that students do not feel that their classmate was simply "erased." This particularly applies to young children.

A student asked for a memento of his /her classmate. What should I do?
You can tell the student you are giving all personal items to the family, and that he/she may contact the family about this wish.

Are students using counseling sessions to avoid class?
The major counseling efforts occur for one or two days, and often many students attend counseling sessions. Although some may not appear so upset as to "need" them, they may indeed be having reactions that are not so evident. They may also be supporting friends who are more obviously grieving. Although there is a chance a few students may be coming for counseling out of curiosity or class avoidance, it seems better to err on the side of providing services than withholding them, particularly as this phase of counseling is usually brief.

Are we providing more extensive services and referrals for individuals who need them?
Yes; therefore team members leading counseling sessions should seek to identify such individuals. Also it is prudent to brief faculty and staff on recognition of signs and indicators that a student may need extra attention. Similar information is also available in flyers for parents. In addition, it is prudent to review the Student Suicide Prevention Handbook, in order to refresh one’s awareness of these particular signs.

Are we paying enough attention to our faculty and staff?
In addition to meetings regarding the facts of the crisis and crisis procedures, staff should consider the need to provide debriefing or counseling services to staff, as well as allowing for respite breaks if needed.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
GENERAL GUIDELINES

1. After the announcement
   - The classroom teacher needs to evaluate his or her response to the incident and determine whether he or she will inform the class or whether the Crisis Response Team member should facilitate the classroom discussion.
   - If the classroom teacher decides to inform the class, go to Step 3.
   - If the classroom teacher decides not to inform the class, coordinate with the Crisis Response Team member or the guidance counselor to inform the class.

2. As students come into the classroom...
   - Greet each student as he or she comes into the classroom
   - Try to spend time with each student every day (i.e., 1-2 minutes)
   - Show each student that he or she is valued

3. How to inform the class

   For helpful ways to deliver the news, see sample announcements. For specific crises (e.g., suicide, natural disasters, targeted school violence, etc), refer to specific section in handbook.

   - It is important to be honest about what occurred. After receiving the facts from the principal, the classroom teacher may share the facts (in age-appropriate language) about what occurred (The 4 w’s: who, what, where, and when).

   - If the classroom teacher plans to discuss the incident with students, the following questions may be considered for discussion:
     - Where were you when you first found out this happened?
     - What was your first thought? What was your worst thought?
     - What did you “lose” (misplace, have destroyed, etc.)
     - What are you worried about at this moment?
     - What can we do to make you feel safer now?
     - When bad things have happened to you in the past, what has helped you?

   - The classroom teacher may ask the students what they could do to feel safer immediately and may talk about the safety measures that are in place in their school.
4. General signs to look for in students:

- Shock/disbelief
- Fear
- Guilt
- Grief
- Confusion
- Shame/loss
- Anger

5. Four factors associated with the degree of trauma a child experiences are:

- the degree and length of time the child is exposed to the traumatic event (i.e., the closer the child is to the traumatic event and the longer he or she was exposed, the greater the risk).
- the type of relationship the child had with individuals involved in the traumatic event (i.e., the closer the child is to a victim of the traumatic event, the greater the risk).
- the initial response of the child to the traumatic event (i.e., the stronger the response, the greater the risk).
- the child’s interpretation of the event (i.e., if the child perceives the traumatic event as very frightening or threatening, the risk is greater).

  o Additional considerations related to emotional trauma include:
    - Was the individual a popular student/staff member?
    - Did the incident occur on school grounds?
    - Have other traumatic events occurred at the school recently?
    - Who was the perpetrator?

6. When to refer students if you have concerns

- Students who continue to demonstrate an elevated emotional response (e.g., crying, worrying, anxious) after their peers no longer show these signs.
- Students who are withdrawn or appear depressed.
- Students who display the symptoms described above or other possible symptoms of post-traumatic stress disorder (general numbness, startle response, avoidance of reminders of the trauma, re-experiencing the trauma, etc.).
- Students who express suicide ideation, homicide ideation, or engage in self-harm behaviors (e.g., cutting, scratching). If a child displays intense emotions, such as suicidal thoughts or actions or is not coping well, immediately contact a Crisis Response Team member or the guidance counselor. If applicable, refer the student to the Child Study Team/Intervention Assistance Team for an in depth follow-up.
- Students who appear distracted and are unable to engage in classroom assignments and activities after an ample amount of time has passed.
- Students who exhibit significant behavioral change from their normal behavior (i.e., poor academic performance, weight loss, poor hygiene, distrust of others, and in older children, suspected drug/alcohol use, etc.). If a child displays intense emotions, such as suicidal thoughts or actions or is not coping well, immediately contact a Crisis Team Member for follow-up services.
7. In the weeks to come...long-term and ongoing intervention

- Provide ongoing opportunities to deal with the crisis (see “Classroom Activities” and “Memorials”)
- Provide facts to allay fears
- Think ahead to effects which might be delayed
- Find ways to emphasize a return to stability

Source: National Association of School Psychologists

The intensity and ways individuals express reactions will vary depending on personal experience, general mental health, other stress factors in their lives, coping style, the ability to self-monitor and emotional state, and presence of a support network. Please feel free to see an administrator, guidance counselor or other SAFE team member at any time if you have a concern for yourself or for your students.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
CLASSROOM ACTIVITIES

Pre-school and elementary school teachers (grades K-2) should continue with the class routine, provide students with a feeling of security, and model calmness. Possible classroom activities for preschool students include:

- having toys available for the students.
- using physical contact to help restore a sense of security (e.g., games such as ring around the rosy, duck, duck, goose).
- giving students the opportunity to draw, work on group art projects.
- having food and beverages available.
- reading a book with the class (see selected resources for caregivers/teachers).

Elementary school teachers (grades 3-6/7) may wish to consider relaxing student performance standards on a temporary basis and when possible, increasing individual attention. It is important to resume routines and provide structure. Potential classroom activities for elementary students include:

- having students draw, write, or dictate stories that they can share in small or large groups.
- encouraging the students to discuss their feelings in the safe environment of the classroom.
- creating cards/artwork to be shared with family.
- considering sending get-well cards, thank you cards, etc.
- creating a class banner in memoriam.
- practicing and creating a song in memory of the deceased.
- writing poems.
- reading a book with the class (see selected resources for caregivers/teachers).
High school teachers may wish to consider providing guidance for students and reducing their classroom expectations. Be aware of students who may act out or self-medicate.

Potential classroom activities for high school students:

- Involve students in a group discussion (both large and small group) that allows them to discuss their feelings and experiences.
- Discuss ways to cope with traumatic situations.
- Teach students relaxation techniques.
- Discuss the stages of grief.
- Direct energy to creative pursuits, physical exercise, or verbal expression when anger arises.
- Discuss alternatives for coping with depression, if suicide is involved.
- Start a new school activity such as a Students Against Destructive Decisions (SADD) unit if a child was killed by a drunk driver.
- Place a collection box in the class for notes to the family.
- Design a yearbook page that commemorates the deceased.
- Honor the deceased by collecting memorabilia for the trophy cabinet.
- Write stories about the victim or the incident.
- Build a bulletin board in memory of the victim or event.
- Write a reaction paper.
- Involvement in a community project.
- Write a “Where I was when it happened” report.
- Write a eulogy.
- Create a class story relevant to the issue.
- Consider sending get well cards, thank you cards, or letters to survivors (if appropriate).
CONSIDERATIONS FOR THE CLASSROOM TEACHER
STUDENT GRIEF REACTIONS

<table>
<thead>
<tr>
<th>STUDENT’S UNDERSTANDING OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Pre-school child</strong> – The pre-school child has difficulty in distinguishing between what is alive and what is not. Life and death are incomprehensible abstractions. The child may not relate to the loss unless that person was a major caretaker.</td>
</tr>
<tr>
<td>2. <strong>Primary child</strong> - The primary child usually understands the word “dead” and is curious about the cause of death. Primary children realize they may die, and they begin to accept this. They personify death and are afraid of the personifications (ghosts, skeletons, etc.). They may show little interest or concern in death and accept the idea without much show of emotion (this sometimes causes adults to become angry with the child).</td>
</tr>
<tr>
<td>3. <strong>Intermediate child</strong> - The intermediate child can understand and accept a mature, realistic explanation of death as final and inevitable. Some children of this age want a full medical explanation about the cause of death. They are interested in the dramatic and religious points of view also. They seek reassurance that death is far in the future.</td>
</tr>
<tr>
<td>4. <strong>The late middle school and high school child</strong> - By the mid- and upper-teens, children are better able to understand the issues of death and they are more aware of death.</td>
</tr>
</tbody>
</table>

Grief reactions will vary with the individual. Reactions may be delayed and/or prolonged. The following phases of grief generally occur; however, they may not necessarily be exhibited in this order and may occur more than once:

<table>
<thead>
<tr>
<th>PHASES OF GRIEF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protest</strong> - The child cannot believe the death has occurred and may attempt to &quot;regain&quot; the dead person.</td>
</tr>
<tr>
<td><strong>Pain, despair, and disorganization</strong> - The child eventually works through these reactions and begins to accept the loss.</td>
</tr>
<tr>
<td><strong>Hope</strong> - The child accepts the death and begins to reorganize his/her life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REACTIONS TO GRIEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grief is a frustrating emotion that hurts. It is closely tied to love, hate, and fear.</td>
</tr>
<tr>
<td>2. Grief is normal, but a grieving person may behave abnormally.</td>
</tr>
<tr>
<td>3. There are often physical reactions to grief (headache, upset stomach, heart palpitations), which may continue for days or weeks.</td>
</tr>
<tr>
<td>4. There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.</td>
</tr>
</tbody>
</table>
CONSIDERATIONS FOR THE CLASSROOM TEACHER
STUDENT REACTIONS TO TRAUMATIC EXPERIENCES

Although there are numerous similarities in how people react to traumatic and loss experiences, there are also individual differences, which can depend on the nature of the crisis, the circumstances under which it occurred, and the backgrounds, characteristics, and current situations of the people experiencing the crisis. Some people may be much more deeply affected than others, therefore others around them need to be aware of signs that such individuals continue to struggle and need additional help to cope with their condition. If symptoms persist for a long time or seem extreme, the parent should seek professional help for the child. Symptoms and understanding the concept of death seem to vary with the age and developmental maturity of the child.

Be aware of the warning signs for children of varying ages. Below is a chart containing students’ reactions and needs to traumatic experiences to assist in the identification of students who may need intervention or follow-up, especially if these behaviors are a significant change from previous behaviors.

<table>
<thead>
<tr>
<th>AGE</th>
<th>REACTIONS</th>
<th>NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESCHOOL AGE CHILDREN</td>
<td>• regression (thumb sucking, bed wetting)</td>
<td>• cuddling, hugging, touching</td>
</tr>
<tr>
<td></td>
<td>• crying</td>
<td>• reassurance that someone will take care of them</td>
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<tr>
<td></td>
<td>• clinging to parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• anger</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• loss of appetite</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• acting out of traumatic events in play</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• fear of the dark/sleep disturbances/resisting naps</td>
<td></td>
</tr>
<tr>
<td>4 TO 6 YEAR OLDS</td>
<td>• confusion</td>
<td>• reassurance that they are not to blame</td>
</tr>
<tr>
<td></td>
<td>• fear of abandonment</td>
<td>• explanation of death in physical terms, using body-oriented words</td>
</tr>
<tr>
<td></td>
<td>• guilt</td>
<td>• reassurance that someone will take care of them/hugging</td>
</tr>
<tr>
<td></td>
<td>• regression</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• changes in eating and sleeping patterns/nightmares</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• crying</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• anger</td>
<td></td>
</tr>
<tr>
<td>6 TO 9 YEAR OLDS</td>
<td>• withdrawal, isolation, regression</td>
<td>• to be held</td>
</tr>
<tr>
<td></td>
<td>• irritability / aggressiveness</td>
<td>• to feel that someone will take care of them</td>
</tr>
<tr>
<td></td>
<td>• denial</td>
<td>• reassurance that they are not to blame</td>
</tr>
<tr>
<td></td>
<td>• panic, separation anxiety, fear of death</td>
<td>• explanation of death and answering their questions</td>
</tr>
<tr>
<td></td>
<td>• changes in eating and sleeping patterns/nightmares</td>
<td>• listen to them</td>
</tr>
<tr>
<td></td>
<td>• decrease in school performance</td>
<td>• allow them to participate in the family’s grief</td>
</tr>
<tr>
<td></td>
<td>• anger</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• anger at the deceased or other who “caused” the death</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• glorify and idealize the deceased</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• may assume the characteristics, role, or responsibilities of the deceased</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• magical thinking about death</td>
<td></td>
</tr>
<tr>
<td>REACTIONS</td>
<td>NEEDS</td>
<td></td>
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<td>-----------</td>
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</tr>
</tbody>
</table>
| **9 TO 11 YEAR OLDS** | • shock  
• crying, sadness, anxiety  
• anger, disobedience, aggressive behavior  
• changes in eating and sleeping patterns  
• regression/clinginess  
• decline in school performance and concentration  
• school avoidance, withdrawal from activities and friends  
• glorify and idealize the deceased  
• fear of own death and death of others |
| • provide comfort and support  
• explain unanswered questions about death  
• listen to them  
• including them in discussion about the death and the aftermath  
• may need to comfort others |
| **ADOLESCENTS** | • crying/sadness/depression  
• isolation  
• decreased interest in peers or preferred activities  
• shock/fear/anxiety  
• reckless behavior-drawing, playing “chicken” and Russian Roulette, hitchhiking  
• physical complaints (headaches, stomachaches)  
• use of drugs/sexual acting out  
• changes in eating and sleeping patterns  
• agitation/anger/aggression  
• decreased school performance  
• absenteeism, poor grades, behavior problems  
• survivor’s guilt  
• use of denial or intellectualization to deal with anxiety/fear  
• suicidal behavior/ideation  
• prolonged grief may lead to suicide, delinquency, and acting-out behavior |
| • include adolescent in the planning and decision-making process surrounding the death, funeral, etc.  
• peer support is extremely important  
• encourage interaction with friends throughout the grief process  
• be open to talk with adolescents about death and their grief but do not force the issue  
• encourage participation in a grief support group in the community or school |

Refer a student for further assistance if he or she:
-Continues to demonstrate an elevated emotional response (crying, worrying, anxiousness) after peers have discontinued to show these signs. Contact a Crisis Team Member if the student displays intense emotions, such as suicidal thoughts or actions (i.e., threatens to hurt self or others). If applicable, refer to School Based Team for comprehensive follow-up if he/she is withdrawn or appears depressed, distracted and is unable to engage in classroom assignments and activities after an ample amount of time has passed.
-Exhibits significant changes from his/her normal behavior, i.e., poor academic performance, weight loss, poor hygiene, distrust of others and in older children, suspected drug/alcohol use, etc.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
CULTURAL CONSIDERATIONS

The increasing number of crises in our schools coupled with the growth in our diverse student population makes it incumbent upon school psychologists, social workers, counselors, administrators and others involved in crisis intervention, to be aware of cultural and linguistic considerations that may impact these situations. Issues to consider in doing crisis intervention with diverse populations follow.

Various cultural and ethnic groups respond to grief differently and within the context of each group, there are a variety of individual reactions. Knowledge of reactions and rituals common to particular ethnic and cultural groups being served provides a useful framework in planning interventions. For example, in some cultures wailing and other open displays of grief in response to death are appropriate and expected whereas in others, the grief process may be more private. The personnel involved should be flexible, supportive, and accepting of the expression of a range of emotions during a crisis situation. Those assigned to a crisis intervention team serving diverse students should obtain as much information as possible about the cultural and ethnic groups served prior to a crisis so that they are better prepared to deal with students and families when a crisis situation arises. Ryan (1986) provides a summary of ethnic, cultural and religious observances for a variety of groups including Hispanic, Haitian, Portuguese, and Italian populations. Information can also be obtained from members of specific cultural and ethnic groups in the school and in the community.

Some culturally and linguistically diverse students may have experienced considerable hardships or trauma such as war, death of family members, separation from family, general uprooting, violent attacks on self or others, and perilous exoduses from their countries. Crisis situations in the school setting might trigger memories of prior trauma or loss, thereby compounding the situation.

In crisis situations, communication with culturally and linguistically diverse students and their families should be available in the dominant language of the student and family whenever possible. This includes written notices sent home as well as oral communication during crisis intervention. This can be accomplished through the inclusion of bilingual psychologists and social workers on the crisis intervention team in applicable situations. During the days following a crisis, bilingual professionals should be available to respond to parents’ questions regarding written communications and other issues.

Referral for bilingual counseling or other services in the aftermath of a crisis may be necessary. Knowledge of the availability of bilingual counseling and community resources should be obtained by members of the crisis team prior to crisis situations if possible.
CONSIDERATIONS FOR THE CLASSROOM TEACHER
STUDENTS WITH SPECIAL NEEDS

School staff and parents should consider how students with special needs will react to the stressors they may be exposed to during a crisis. One especially important factor to consider is if the student has a particular trigger.

- **Triggers/Cues**: Some students with special needs have personal triggers (e.g., words, sounds, etc.) that may be an indication they are in danger. When a trigger occurs, students may exhibit their own cues. It is important that teachers and parents communicate with each other and share information regarding children’s cues (e.g., speech changes, nervous tics, sweating, feeling sick, etc.), which signals that they are experiencing difficulty.

### Special Populations

**Autism**: Students with autism can present unique challenges to school staff. One challenge is that adults do not know the student’s understanding of the crisis. Therefore it is very important to observe students for any cues that indicate that they are upset. Two possible interventions that may help autistic students get through the crisis are to 1) try to make their daily routine consistent and to 2) use social stories to help students understand.

**Cognitive Limitations**: Students with cognitive limitations may not understand the crisis or their own reactions to what has happened. School staff should find out the students’ understanding of the event, as well as their level of stress. Students with cognitive limitations may react to events based more on their interpretation of the emotions of their teachers, parents and their peers. It may be helpful to give explanations to students using very concrete language. The use of pictures may be helpful as well.

**Learning Disabilities**: Students with learning disabilities may or may not need more support than their non-disabled peers. The level of support should correspond with their level of understanding and emotional maturity. For students who interpret language literally, it will be important for adults to use very simple and concrete language that is easy to understand.

**Severe Emotional Disturbance/Behavior Disorder**: Students with severe emotional/behavior problems are at high-risk for stress-related problems and may be overwhelmed by the stressors brought on by the event. Students who have depression or anxiety disorders may exhibit exaggerated symptoms (e.g., social withdrawal, irritation, despair, nail biting, etc.) after the crisis. Additionally, students who have had suicide ideation or past suicide attempts may have increased feelings of hopelessness after the crisis. School staff should refer students who express suicide ideation to the appropriate mental health professional immediately. All suicide threats should be taken seriously.
Vision-Impaired: Students with visual impairments may have concerns about their ability to move to a safe place during a traumatic event. When adults speak to children with visual impairments, it is important for them to use a verbal cue to reinforce what they are seeing/feeling because students will not pick up on the visual cues. It is important to give them an accurate verbal description of the event that occurred.

Hearing Impaired: Students with hearing impairments may not be able to understand some of the words being used to describe the event or they may not be able to keep up with the individuals talking in the room, which may make them more fearful. It is important to use simple and concrete language, as well as use visual materials. Students who cannot lip read may need a sign language interpreter.

Total Communication Students: The student needs to know that there is an adult that is there to help keep him or her safe, so it is pivotal to have a signer for the student. Loss of light during a blackout can be frightening for the student. It is important to have a safety plan of the student and talk with him or her about the plan. A part of the plan should be the use of a flashlight during blackouts. Discuss with the student where the flashlight will be kept.

Source: National Association of School Psychologists
CONSIDERATIONS FOR THE PARENT/CAREGIVER
TIPS ON HOW TO HELP YOUR CHILD AFTER A TRAUMATIC EVENT

If your child has a history of traumatic experiences, loss(es), or mental health issues (e.g., depression, post-traumatic stress disorder, anxiety, etc.), he or she may need further support from a mental health professional. Be aware of warning signs (e.g., substance abuse, dramatic sleeping or eating change, anger, overt and covert signs of a suicide attempt, etc.) and contact your school if you see any of these behaviors.

WHAT TO KNOW
- Keep a normal routine (e.g. school, extra-curricular activities, church)
- Spend quality time with your child(ren) by engaging in activities he/she enjoys
- Monitor your child’s exposure to television and radio coverage
- It is especially important to be aware of your own reactions to the traumatic event. Younger children tend to look at how adults react to the event with regard to their own response. Try to model calm behavior. However, it is also important to allow your child to respond in his or her own manner and not be critical of their behavior. It is normal for children to have regressive responses (e.g., bed-wetting, somatic complaints, clingy behavior, etc.)
- Reassure your child that a grief reaction is normal, and that they will feel better eventually
- Discuss with your child(ren) their strengths and talk with them about what they learned about handling their emotions the prior year. This may be a good time to talk with child(ren) about things they can do to feel more in control of their life (e.g., go over safety skills, spending time volunteering, spending time with their family or friends, etc.)
- Help your child identify his or her natural support system (e.g., family, friends, classmates, neighbors, etc.)
- Provide extra attention for your child
- Give your child developmentally appropriate information
- Consider allowing your child to attend the funeral if you think it might help with the healing process
- If you or your child will attend a funeral, consider preparing your child for the funeral by discussing it
- Children react differently and many or few symptoms of distress may be apparent
- Symptoms of distress may be in response to the disaster or to previous conditions
- Additional help may be needed if symptoms persist for more than 4 to 6 weeks
- Risk factors include: direct involvement in incident, long-term family strains or changes, and struggling academically or psychologically prior to incident
- Symptoms may reappear at the anniversary of the incident

COMMUNICATION
- Be open to talk about the incident (keeping in mind your child’s developmental level)
  - Graphic details may not be necessary
  - Writing letters or drawing pictures may be helpful
- Children are not always able to verbally express their fears. If this occurs, you may need to be your child’s “voice” (i.e., “You might feel afraid that…”)

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Ask questions, such as “How do you feel?” or “What was your reaction?”
Be understanding (i.e., try to look at the event from your child’s perspective)
Be honest
Do not deny the gravity of the event or child’s reaction/feelings
Try not to speculate
Provide reassurance and acknowledge/recognize your child’s feelings and fears.
Encourage your child to talk with you and other trusted adults about his/her fears and anxieties
Provide your child with realistic assurance about his or her personal safety
Discuss safety plans and involve your child whenever possible in the preparations
Children may not know what to say when talking to peers (e.g., at the memorial) so give them some simple developmentally appropriate words to use

SIGN OF DISTRESS

Internalizing:
- Physical symptoms (e.g. stomachaches, headaches, fatigue)
- Sleep difficulties
- Losing interest in activities once enjoyed
- Withdrawn and sad
- Feelings of guilt

Externalizing:
- Mood swings (e.g., aggression, anger, acting out, disobedience, giggling, silliness)
- Increased absences or tardies
- Declining school performance
- Sudden change in relationships with peers—spending more or less time
- Changes in eating habits
- Crying

Long-term reactions (pathological)
- The child may continue to re-experience the traumatic event (e.g., dreams, hallucinations, flashbacks)
- The child may continue to avoid stimuli that he or she associates with the traumatic event (e.g., lack of interest in his or her usual activities, restricted affect)
- The child may demonstrate increased arousal (e.g., difficulty sleeping, difficulty concentrating, startle response, irritability)

Source: National Association of School Psychologists

RESOURCES

It is important to communicate with your child’s teacher about how he or she is reacting at home and to ask your child’s teacher what activities are being done in the classroom to support students
If symptoms persist three weeks or more, contact the following support staff at your child’s school:
- Guidance Counselor
- School Psychologist
- School Social Worker
- Family Counselor
CONSIDERATIONS FOR THE PARENT/CAREGIVER SUPPORT INFORMATION

1. **Reaffirm and Reassure** - Your children will need the assurance and ongoing family love and care. Spend extra time with them. They will need demonstrations of your love, and assurance that you are going to be there. Touching and holding is important.

   Returning to the rules and discipline that are normal for the family is reassuring, conveying security, control, and love.

2. **Talking, Sharing, Playing** - As with adults, it is essential that children have opportunities to talk and share about their perceptions and feelings. They need to know their feelings are okay. Listen -- even if it is often repeated -- listen to your children.

   Some may experience psychological distancing or disaster trauma, and be reluctant to talk. Sharing may be induced by asking the child what other children are thinking.

   Younger children may best share by re-enactment through drawing pictures of what they remember or in play, or games that relive the event. Try and help them find solutions or good endings to draw, or to play-out.

3. **Regression** - Parents must understand that regression is a normal childhood response to traumatic stress. Thumb sucking, soiling themselves, crawling, baby talk, etc., are evidence of a “return” to a safer, former time. Parents should be patient. This behavior will change as the child finds assurance and works through the trauma.

4. **Nighttime** - Night is difficult; your child may need to sleep with you for a few days. Let them know this is okay for now. Make the transition back to their own room easy -- perhaps with a night-light for a time. Nightmares and even daytime screaming are not uncommon. Be patient and understanding. Don't scold them, hold them.

5. **Reaffirm the Future** - In discussing the past event, focus on things the child did or said that indicated mastery of the situation. Emphasize such actions, no matter how trivial. Even as feelings of fear and helplessness are discussed, you can find and focus on areas of competence, mastery, and control. Loving praise will help your children start feeling good about themselves again.

   Your child needs to hear (and believe) hopeful and trusting things about the future. The more hope you can demonstrate and share, the sooner they will rebuild their broken sense of faith and trust in their world and in their future.

Source: Crisis Management International, Inc.
CONSIDERATIONS FOR THE PARENT/CAREGIVER
IDENTIFYING POTENTIAL WARNING SIGNS IN YOUTHS

TIPS FOR PARENTS/CAREGIVERS
- Be aware of suicidal warning signs (listed below).
- Act immediately if your child expresses suicidal thoughts. Do not leave your child alone. Take them to a mental health professional or your local emergency room for a psychiatric evaluation.
- Do not be afraid to talk to your child about suicide. Talking about suicide does not “put thoughts of suicide in their head.”
- Remove (or make inaccessible) objects from your home that could be used as lethal weapons (e.g., guns, knives, medication, etc.)
- Use resources in your school (e.g., guidance counselor, school social worker, school psychologist), and community (e.g., mental health professionals in private practice, suicide prevention groups, hotlines, etc.)
- Listen to your child’s peers. They may give you indirect information (e.g., “I’m worried about Sam....”)

POTENTIAL SUICIDE WARNING SIGNS:
Suicide warning signs may be verbal (e.g., “I am thinking about killing myself”) or nonverbal (e.g., a message written on the computer). Potential warning signs include, but are not limited to the following:
- A suicide plan. The more specific the plan, the greater the risk.
- A previous suicide attempt
- Suicide notes
- Access to a weapon (e.g., guns, knives, pills)
- An increased interest/focus on weapons
- Verbal threats
  - Direct threats (e.g., “I am going to kill myself.”)
  - Indirect threats (e.g., “The world would be better off without me.”)
- A sudden change in mood (e.g., cheerfulness after a depression)
- Severe depression
  - Feelings of helplessness about his or her situation
  - Feelings of hopelessness about his or her future
- Participation in risk-taking behaviors (e.g., aggression/anger, alcohol/substance abuse, playing with guns/other weapons)
- Making final arrangements (e.g., making a will, giving cherished possessions away)
- Self-destructive behaviors (e.g., self-mutilation [scratching, cutting], running out into traffic, speeding or driving recklessly, jumping from playground equipment [with very young children] or jumping from a roof, etc.).
- Cognitive difficulties (e.g., unable to think rationally or unable to concentrate)
- School difficulties (e.g., frequent absenteeism, changes in academic performance, homework, etc.)
- Suicide/death themes in student products (e.g., journals, work samples, drawings)
- Changes in appearance (e.g., hygiene, neglecting to take care of oneself, etc.)
- Changes in sleeping (e.g., sleeping all the time, not sleeping)
- Changes in eating (e.g., eating all the time, not eating)
- Changes in friendships (e.g., social withdrawal/isolation)
- Loss of interest in activities
SUPPLEMENTARY MATERIALS

The following are supplementary materials for school support staff. The first section provides materials regarding response to specific types of crises, such as the death of a student or staff member, natural disasters, suicide, violence, and terrorism/war. The second section provides guidelines for memorials and addresses the anniversary effect

SPECIFIC CRISIS CONSIDERATIONS
DEATH OF A STUDENT/STAFF MEMBER

In addition to following the general crisis recovery guidelines, the following considerations are offered when dealing with the death of a student or staff member:

- It is important to remember that the student population may not be able to rely on the usual school-based personnel to assist in the recovery phase. The identified school-based support group may also be emotionally affected. School personnel may need to rely on area-based personnel for most of the recovery activities.

- Be aware that in a death of a child or staff member, the grief may be more widespread than initially suspected because of the person’s extensive relationships in the community (e.g., more than one school may be affected by the loss of a popular student from a large, well-known family in the community).

- Be aware that there may be students affected by the incident who did not know the person. These students may be dealing with unresolved grief issues related to another incident.
SPECIFIC CRISIS CONSIDERATIONS
GENERAL INFORMATION ON NATURAL DISASTERS

It is very important to remember that with a natural disaster situation more students are physically and emotionally impacted. Unlike other crises, you cannot do anything to avoid a natural disaster. You can increase security to help avoid terrorism, you can provide safe zone listeners to reduce the likelihood of a Columbine-type of event, but you cannot keep a tornado or a hurricane from hitting. This makes the recovery activities somewhat different from other types of crisis events. Having a natural disaster crisis recovery plan in effect before any disaster strikes is very important. Talking about the types of resources that will be available and how to access them BEFORE the event, may go a long way toward recovery once the event occurs. Develop feedback groups, elicit assistance, and make the community aware of the resources. Encourage volunteerism to give people a sense that there is something important that they can do.

In general, children’s responses to a natural disaster will vary, depending on their specific risk factors. Risk factors include but are not limited to the following:

- The amount of exposure the child had to the disaster
- If the child was injured
- If the child lost someone he or she loved
- If the child was displaced from his or her home or community
- The amount of support the child has from his or her parent/caregiver
- The amount of physical destruction in the area
- A preexisting mental health issue
- If the child had prior exposure to a traumatic event

It is imperative to identify a wide range of community resources that will be able to assist the students and their families. You may need to identify resources outside of the local area. The following are a list of general concerns in dealing with natural disasters:

- Schools may not be open for a long period of time
  - Plan ahead – before a natural disaster strikes, provide students with a list of available resources within the community and outside of the school district or the disaster zone.
  - Delayed reactions
  - Depression in adult, children, and staff
  - Increased illness
  - Generalized anxiety
  - Increase in truancy and delinquency rates
- Homelessness and stressful living conditions making recovery more difficult
- Disruption of normal daily routines and peer support for an extended period of time
- Economic effects, loss of jobs, income
- Increase in alcohol and drug usage

Source: National Association of School Psychologists
HURRICANES:
From June through November each year South Floridians experience hurricane season. Since hurricanes can be predicted in advance, families are able to prepare. Although families may have prepared to the best of their ability, they do not know where the hurricane will come inland, which may cause anxiety and fear.

Children who have more frightening experiences and more damage to their homes may exhibit more symptoms than their peers. Some common responses include but are not limited to the following:

**Possible immediate responses include:**

- **Fear**
  - Of being alone/left alone
  - Of family members getting hurt
  - Of the dark
  - That they may be partly to blame for the hurricane

- **Feelings of guilt**
  - The child may feel guilty that he or she survived and others did not

- **Exhaustion**
  - Physical
  - Emotional

- **Regressive behaviors**
  - Clingy or whiny behavior
  - Acting younger
  - Being irritable

- **Behavioral difficulties**
  - Aggressive and/or angry behaviors
  - Acting silly
  - Risk-taking behaviors

- **School difficulties**
  - School refusal
  - Inability to concentrate in class
  - Change in grades

- **Symptoms of depression**
  - Sadness
  - Crying
  - Nightmares, not being able to sleep, or not being able to sleep alone
  - Changes in eating
Possible long-term responses include:
- Panic attacks (during subsequent storms)
- Post-traumatic stress disorder
  - The student may re-experience the traumatic event (e.g., dreams, flashbacks, play)
  - The student may try to avoid any reminders of the event (e.g., avoid talking about it or participating in any follow-up class activities)
  - The student may exhibit an increase in arousal symptoms (e.g., startle responses, irritability, sleep problems, difficulties with concentrating)

The following are three major types of classroom activities to support children after a hurricane. Note that these activities represent general themes cited in the research on assisting students after a disaster.

- Give students multiple opportunities to discuss their experiences through various activities (e.g., discussion, stories, art, etc.) in the safe environment of the classroom.
- Teach students positive coping strategies to decrease their anxiety about the disaster and increase their feelings of control. Additionally, it is important to teach students skills to help them problem solve.
- Give students opportunities to strengthen their peer relationships and support. Students may feel less isolated and increase their coping strategies (through the emotional support of their peers). Peers may suggest different strategies by sharing how they were able to cope with the storm experience.

Source: National Association of School Psychologists

For more information on hurricanes, the reader is referred to three websites that have downloadable handouts for teachers, administrators, and parents/caregivers.

http://www.nasponline.org
http://www.psy.miami.edu/child/childclinical/HelpingChildrenCope.pdf
http://www.fasp.org
SPECIFIC CRISIS CONSIDERATIONS
SUICIDE ATTEMPT

- Follow district procedures on suicide attempts. Please refer to the Student Suicide Prevention Handbook (available through Student Support Services) for suggested guidelines.

- If a student attempts suicide at school, notify an Administrator and the School Resource Officer.

- Keep the student under continuous adult supervision to ensure short-term safety. Never leave the student alone (even to use the restroom).

- If the situation is life-threatening (i.e., the student needs to go to the emergency room) - call 911 and contact the student’s parents. If the parents are unavailable, the school administrator (or designee) must accompany the paramedics and/or police to the emergency room. School personnel need to continue their attempts to contact the student’s parents/caregivers.

- If the situation is not life-threatening, contact the student’s parent/caregiver. If the parent/caregiver cannot be reached, the administrator or his/her designee will call the Area Student Services Office and proceed with Baker Act procedures.

- The school nurse or other available adult administer first aid until the emergency responders arrive.

- The school principal will communicate with the parents/caregivers, school personnel (e.g., guidance counselors, school psychologist, social worker), the student’s teacher, to establish the immediate plan of action.

- Follow-up (within 24 hours)
  - Parent/caregiver and/or admitting physician informs school of action taken
  - Case manager is assigned to student to facilitate transition back to school when appropriate
  - Administrator completes special investigative unit report

- The guidance counselor, school psychologist, or social worker will refer the student’s parents/caregivers to a mental health professional for the implementation of a long-term plan of action for the student.

- The guidance counselor, school psychologist, or social worker will follow-up with the parent/caregiver to determine if treatment services were obtained, the current status of the student, and if additional services are needed.

- All actions to safeguard the student should be documented (e.g., phone calls, interventions, etc.).

- The school principal should be informed of actions that have been taken and the plans for future follow-up.
SPECIFIC CRISIS CONSIDERATIONS FOLLOWING A SUICIDE

After the suicide of a student or staff member, you may focus on two primary tasks:
   1) assisting students and staff in processing their reactions to the crisis and
   2) working to prevent additional suicides by attending to at-risk students.

STEPS:
1. **Verify the suicide.**
   Contact the family of the deceased to verify the suicide.

2. **Tell students and staff about the suicide when the news is confirmed.**
   - The forum in which this information is shared is important. (Please see the “Suggestions on what to Say…and Not Say” handout that follows).
   - School staff members can be notified as a group (but preferably will be notified individually before they arrive at school using a pre-established calling tree).
   - Inform your entire staff (including support staff, bus drivers, etc.).
   - Allow staff to ask questions and express their feelings. Some staff may be very upset and may need/require support.
   - Outline the procedures for the school day.
   - Distribute a written statement announcing the information to be released to students and determine the method of making the statement.
   - Provide support meetings for school staff if needed.
   - Identify any family members that are in school and determine their needs.
   - Students should **not** be given news of any crisis, and particularly of a suicide, in an assembly format.
   - Compile a list of at-risk students (e.g., close friends of the suicide victim, students who appear especially distraught) and provide counseling and mental health screening.

3. **Utilize the area crisis team and school-based support staff, to provide opportunities for students and staff to process their reactions to the tragedy. In addition, provide counseling and referral services for those most in need.**

4. **Maintain the normal school schedule.**
   - Some very upset students may wish to go home. These students should not be allowed to leave school without parent/caretaker escort. Encourage parents/caregivers to be with the student at home.
5. Consider a staff meeting at the end of the school day. The meeting may cover the following:

- Debrief the day’s events
- Provide emotional support for the staff
- Remind staff of EAP services that are available
- Review the warning signs of high-risk students
- Review the list of students deemed high-risk and add students that staff may have worked with or observed during the day to be high risk
- Discuss the family’s plans for the funeral

6. Evaluate the need to send a letter home to parents.

7. Evaluate the need to plan and host a community meeting regarding the crisis.

8. **DO NOT MEMORIALIZE THE SUICIDE VICTIM AT SCHOOL**
   Because of the danger of copycat suicides, schools must be careful not to glorify or sensationalize a death in any way. To prevent copycat suicides from occurring at schools, focus on taking prevention steps with those known to be suicidal and identify those at risk for suicide.

9. A school-based mental health professional keeps open the lines of communication with the family of the deceased to assess the family’s future needs.
SPECIFIC CRISIS CONSIDERATIONS
SUICIDE

SUGGESTIONS ON WHAT TO SAY...AND NOT SAY

• Tell the truth about the suicide, but provide few or no details about the method. A specific statement such as, “He shot himself” or “She died of strangulation” is enough. This clarifies the method but allows the focus of the discussion to remain on how the school staff can help survivors with their thoughts and feelings about the death. Do not provide unnecessary details about the cause of death (e.g., that it was painful, how the body looked, etc.).

• Please note: If the family does not want anyone to know about the suicide, the school may need to refer to the death as an “unfortunate event.”

• Stick to the facts.

• Do not attempt to figure out (or spend time discussing with the students) why the person committed suicide. Students will invariably ask “Why?” and a helpful response is to say, “we’re never going to know why (name) killed himself/herself. Let’s talk about you and your thoughts, feelings, and emotions. You lost a classmate, and let’s focus on you because you’re here.”

• If the students ask, “Why didn’t God stop (name) from killing himself/herself?” explain that there are many different beliefs about this question and encourage the students to speak with their own clergy members and/or parents.

• Do not glorify the student in any way or communicate any approval of his or her actions (e.g., by romanticizing the action).

• Do not portray the suicide victim as deviant or mentally ill. Instead, make clear that the student has problems that were unique to him or her, and emphasize again that the student “made a bad choice.”

• Do not try to make students feel better by saying that no one could have done anything about preventing the suicide because students need to know that suicide prevention is possible. School staff and students need to know that they could make a difference and help prevent a suicide.

• However, be sure to also emphasize that no one except the suicide victim is to blame for his or her actions. School staff must emphasize that everyone (i.e., staff and students) are upset and hurt by the suicide. The students and staff are all survivors. As survivors, they must stop looking for individuals to blame, as well as stop blaming themselves.

• Focus on prevention – including recognizing warning signs and explain that suicide is a major problem in our society. Emphasize the need to get immediate help for a suicidal person. Also explain to students the difference between “telling on” a peer (which is designed to get him or her into trouble) and telling an adult when a peer is talking about suicide (which is for the person’s own protection and may save his or her life).

• Emphasize to students the help that is available to them both at school and in the community. Discuss what they could do and where they could turn if they felt they needed assistance with life problems or suicidal thoughts. Post a local crisis hotline number in each classroom.

• Provide students with a card or handout listing the local crisis hotline number, the warning signs of suicide, and the message that they must not keep suicidal behavior or threats a secret from adults.
SPECIFIC CRISIS CONSIDERATIONS
TARGETED SCHOOL VIOLENCE

The effects of targeted school violence are felt by a large number of students and may require a longer recovery period. Targeted school violence affects a larger number of students, as compared to the death of a student or staff member who died from natural causes or an automobile accident. Therefore, the school must be prepared to provide services to many students. The school may need to have many additional crisis responders on their campus. Normal reactions to this crisis may require a long recovery, meaning that the recovery period could take months or even years. Thus, crisis responders may be on campus longer than is needed for other types of crises and may be visiting regularly for months.

SAFETY/SECURITY ISSUES

Following targeted school violence, students, staff members, and families may no longer feel a sense of safety on the school campus. Therefore, the school needs to provide reassurance to all its members that they are safe. Having an increased presence of security personnel may be needed. Contact the Special Investigative Unit (SIU) on how to proceed in accomplishing this task. Security procedures may need to be instituted if only for peace of mind. Also, you may need to hold safety discussions. Adults, especially administrators, need to be very visible to restore students’ trust in the adults’ ability to provide safety/security. Therefore, the school may want to consider ways to increase the number of adults present on campus, such as enlisting area-based or district support.
SPECIFIC CRISIS CONSIDERATIONS  
TERRORISM AND WAR: GENERAL REACTIONS

POTENTIAL EMOTIONAL REACTIONS OF CHILDREN

- Each student may respond to the terrorist act differently, depending on his or her age, temperament, personality, prior experiences, and the immediacy of the crisis in his or her life.
- The most common reaction of students will be **fear** (of both their personal safety and the safety of people they know in the city where the incident occurred)
- Students may feel a **loss of personal control** over their lives
- Students may express **anger** in the classroom or at home (i.e., “How could the adults in their lives allow something like this to happen?”)
- Students may feel a **loss of stability** in their lives (i.e., if one terrorist incident could not be prevented, could another incident occur?)
- Students whose families have been directly affected by the incident (e.g., either killed or injured or police, firefighters, mental health professionals, etc.) may feel **isolated** from their peers. Further, they may feel jealous of students whose families were not directly affected and may act out in school.
- Students who have been directly affected by the terrorist incident may feel **grief**.
- Students may feel **confused**. Students may feel confused about the terrorist act or war and have many questions about it. Students, especially younger students, may also be confused about the differences between fantasy and reality [what they may have seen on television (e.g., a violent movie) and what they have seen on the news].

Source: National Association of School Psychologists
SPECIFIC CRISIS CONSIDERATIONS
TERRORISM AND WAR:
TIPS FOR THE PARENT/CAREGIVER AND TEACHERS

Teachers should model being calm and in control because children will take their emotional cues from them. Keep in mind that children will look to adults as models on how to react to the incident.

- It is also important for adults to try and reassure children that they are safe and that there are adults who are in charge (e.g., school personnel, police officers, etc.) of keeping students are safe.

- If children are extremely fearful, anxious, or angry, let their parents or caregivers know and refer the student to a mental health professional.

Parents/caregivers should also model being calm and in control for their children.

- Additionally, parents/caregivers should try to continue with their usual routine at home.

- Limit and monitor children’s television viewing (as well as the internet and radio) of the news.

- It is important that children get enough sleep, exercise and continues to eat nutritiously.

- Parents and caregivers should allow themselves to spend more time with their child when he or she goes to sleep. He or she may need more time with his or her parent/caregiver, and more reassurance. Children may wish to turn on the light in their room for a short time.

Parents/caregivers should acknowledge children’s feelings.

- Be honest. Discuss the facts at the child’s developmental level.

- Let the child know that he or she may have many different types of feelings and that it is okay.

- If you do not know what to say to the child, you could say, “This is really difficult for you (us).”

- Try to understand what the child is feeling and put it into words. For example, you could say, “I can see that you are feeling very sad about what happened.”

- If the child is concerned that his or her parent may not return, reassure him or her that he or she will be taken care of and will not be left alone. Discuss the plan if appropriate.
If the child expresses a fear that the U.S. will be attacked, be honest that this is a valid concern. However, let the child know that the government has many safeguards in place to keep us safe.

If the child is extremely upset, do not negate his or her feelings or the gravity of the situation. However, it is also important to express that you have the hope and faith that things will get better.

**Teachers and parents/caregivers should try to make children feel safe.**

- Help the child understand the difference between terrorism and war.
- Help the child understand that our government is taking precautions to keep them safe (e.g., passport checks, etc.)
- Children may express fears about the end of the world. Help them understand the difference war and what they may have seen in the movies.
- Children may express fear that a family member may not return from the war. Discuss with them that with the improvement of the U.S.’s technology and medicine, the military losses have been reduced. Discuss that while the losses of lives are very sad, the chances are good that their family member will return.
- If the student’s family participates in a faith community, talk with the leader about how to discuss the concepts of death/killing in developmentally appropriate ways.
- Try to continue routines at home and school.
- Do not tolerate negative statements of different cultures or countries. If your school does not have a tolerance curriculum, this may be a good time to add one. A good resource for these materials is [www.tolerance.org](http://www.tolerance.org). There are free materials on the website for parents, teachers, and students.

**Parents/caregivers should be aware of changes in children’s behavior.**

- Students will all react with some signs of stress but with varying degrees and responses. It is important to be consistent with your expectations for behavior.
- Bedtime may be a difficult time for children. It is important to keep a consistent routine. However, parents may consider the use of a nightlight, keeping the light on, allowing the child to sleep with a special toy, etc. to help.
- Some children may have violent scenes in their schoolwork that reflect the war. This is a normal expression of what they interpret is going on around them. It may be helpful to discuss with children their artwork and how they feel. Try not to be overly disapproving. Discuss with children how you feel and help them understand what the consequences of war/terrorist acts are. However, if the child continues with violent play for more than a few days, talk with the guidance counselor, school social worker, or school psychologist.
Some children may be at an increased risk of suicide because of the mental health difficulties that they had before the event and/or because of their reaction to the stress of the event. Take all threats seriously. Contact a mental health professional immediately if the child exhibits any of the warning signs (see section on suicide). Do not leave your child alone.

Parents/caregivers should try not to overwhelm children with adult issues.
- Limit the time your child watches television, (radio, internet). Find alternative activities for them (e.g., playing a game, reading, etc).
- Know the facts about the war and share them with your child in a developmentally appropriate manner if asked. Do not make speculations.
- Try not to stress your child about financial difficulties the family may be having.
  - Be sure to take some time for yourself.

It is important to continue parent/caregiver-teacher communication.
- Parents/caregivers should let their children’s teacher know if a member of the family is being called up to active duty.
- The schools’ crisis team should provide teachers and the parents/caregivers with information on what they should say and what they can do in the classroom and at home for the students.
- Teachers should communicate with the child’s parents/caregivers about any difficulties the child is having in school.
- Teachers should also communicate with parents/caregivers if they are giving any history or social studies lessons that are relevant so that parents may discuss them further with their children at home.
- Teachers may consider inviting parents/caregivers to come into their classroom to talk about their jobs and how they relate to safety here in the U.S.

Teachers should be aware of children who may feel isolated.
- Students who have family in active duty may need extra attention/time to talk with a trusted adult in school.
- New students may need a “circle of friends” to help them adjust to the school.

Parents/caregivers and teachers should try to give children a sense of control.
- If the child has a family member that is gone, help them make plans:
  - The family may wish to meet with other families who also have loved ones that are away.
  - Parents/caregivers may consider setting aside special daily one-on-one time for their child. This will help the child feel more secure.

Source: National Association of School Psychologists
POST-CRISIS CONSIDERATIONS
MEMORIALS

- Prepare for the needs of the students (both before and after) the memorial. Encourage involvement in the planning of the memorial. Let students know what to expect during the memorial.
- Be sensitive to developmental and cultural differences when developing memorials.
- Invite family members.
- Provide a quiet activity for students who do not attend the memorial.
- After the memorial, encourage a short discussion in the classroom to allow the students to talk with their peers and/or a guidance counselor, school social worker, or school psychologist, about their memorial experiences.
- Provide parents or caregivers with information regarding possible related behaviors and emotions that their child might display.
- Keep the ceremony short (e.g., 15-20 minutes for elementary students, 30-40 minutes for secondary students).
- Focus on the needs and goals related to the students, and include parents in activities as appropriate.
- Emphasize signs of recovery and hope in any memorial activity (e.g., use of balloons, candles, etc.).
- Be honest with the students if asked whether there will be a funeral. However, do not discuss the funeral further; rather, refer the student to his/her parents for additional discussions.
- Have the guidance department and support staff to include a representative student group in memorial planning.

- Never make the assumption that “one size fits all” when it comes to developing a memorial.
- Do not let the focus of the memorial be on uncontrollable aspects of the critical incident. Similarly, try not to allow the memorial to simply describe a narrative of the critical incident.
- If the student committed suicide, a public memorial is not recommended.
- Attempt to have the memorial promptly [within a week of the death(s)].

Source: National Association of School Psychologists
POST-CRISIS CONSIDERATIONS
THE ANNIVERSARY EFFECT: TIPS FOR TEACHERS

The one-year anniversary of a traumatic event, such as 9-11, can be a very difficult period for everyone affected. During this time, many individuals may experience particularly strong feelings and reactions.

- Be mindful that on the anniversary of the event, students, as well as staff, may experience a variety of emotions and reactions. Individual responses may range from no response to intense feelings of grief, anxiety, fear, or anger.
- Be cognizant of your own reactions to the anniversary. If you are not comfortable having discussions/leading activities in your classroom, consider asking for help from a colleague.
- Be there for staff. It may be helpful for you to discuss the anniversary with your peers.
- Understand the referral process for students who demonstrate a more persistent or severe reaction. Examples include, but are not limited to the following: school refusal, exaggerated startle responses, psychosomatic complaints, behavior problems, social withdrawal/isolations, continuing fears, sadness, etc.
- School staff should consider meeting before the anniversary to determine how they will address the issues related to the event (e.g., parent and staff communication, school safety plan, coordination with SIU, memorial activities, referrals for student at high-risk, etc.).
- The school’s response to the one year anniversary should be guided by the needs of the students.
- The school community (e.g., school staff, parents, students, mental health professionals, etc) should be encouraged to participate in planning how the anniversary will be addressed. Everyone should have information on:
  - School plans (including memorials if appropriate)
  - Common reactions that students may display
  - Tips on how to assist students cope with the event
  - Resources available for students who are having more intense reactions
- Be there for your students if they want to talk. Reassure them that their feelings are normal and will lessen. Keep in mind that some children may not want to talk about their feelings or participate in activities. They should not be forced to do either.
- Reassure your students that they are safe and that the adults in their lives are doing everything they can to keep them safe.
- Discuss your student’s competencies and talk with them about what they learned about handling their emotions the prior year. This may be a good time to talk with students about things they can do to feel more in control of their life (e.g., go over safety skills, spending time volunteering, spending time with their family or friends, etc.).
- Consider the curriculum demands at that time. It may not be the best time to focus on learning a new concept or having a test.
- Consider talking with your students about limiting their television viewing.
- Continue to communicate with parents, both about how their child is doing and what you are doing in the classroom.
Be aware that some students may act out at this time with anger and aggressive behavior toward their peers. Stop any harassment or bullying behaviors that you see. It is important to have adults in common areas (e.g., hallways, lunchroom, playground, locker rooms, etc.) to monitor students.

Source: National Association of School Psychologists
POST-CRISIS CONSIDERATIONS
THE ANNIVERSARY EFFECT: TIPS FOR THE PARENT/CAREGIVER

The one-year anniversary of a traumatic event, such as 9-11, can be a very difficult period for everyone affected. During this time, many individuals may experience particularly strong feelings and reactions.

- Be mindful that on the anniversary of the event you and/or your child(ren) may experience a variety of emotions and reactions. Individual responses may range from no change to intense feelings of grief, anxiety, fear, or anger.
- Be aware that your child(ren) may have more severe reactions to the anniversary (e.g., extreme fears, extreme clingy behavior, problems sleeping (bedwetting, nightmares, screaming, etc.), exaggerated startle response, anger and/or irritability, inability to concentrate, somatic complaints, behavior problems, excessive worry and/or preoccupation with the event, etc.).
- Try to have a normal routine at home.
- Identify another adult that your child could trust to look for support if needed.
- Try to spend time together as a family, participating in activities you enjoy.
- Be there for your children if they want to talk. Reassure them that their feelings are normal and will lessen. Keep in mind that some children may not want to talk about their feelings or participate in activities. They should not be forced to do so either.
- Reassure your children that they are safe and that the adults in their lives are doing everything they can to keep them safe.
- Communicate with your child’s classroom teacher any concerns that you may have and be aware of how the school will address the anniversary.
- Discuss with your children their strengths and talk with them about what they learned about handling their emotions the prior year. This may be a good time to talk with children about things they can do to feel more in control of their life (e.g., go over safety skills, spending time volunteering, spending time with their family or friends, etc.).
- If your children’s school plans to have memorial activities, talk with them about the activities and help them decide if they would like to participate. Reassure your children that it is okay if they do not wish to participate.
- Limit television/radio/internet news exposure about the event.
- At times, children are unsure about how to respond appropriately to their peers who may demonstrate sadness, fear, etc. Give your children simple and developmentally appropriate verbal ways to respond, such as “I am sorry that you feel sad,” or behavioral ways to respond, such as asking their peer to eat lunch together. It is important to emphasize with your children that they should tell an adult if their peer appears overly upset, or expresses thoughts of harming him/herself or others.

Source: National Association of School Psychologists
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Uncle Jerry Has AIDS, Boulden Publishing, 1995, P.O. Box 1186, Weaverville, CA 96093, Phone: 800-238-8433 (Grades 3-5)

When Someone Is Very Sick, Boulden Publishing, 1995, P.O. Box 1186, Weaverville, CA 96093, Phone: 800-238-8433 (Grades 3-5)
APPENDIX A
SAFE TEAM PLANNING DOCUMENT INSTRUCTIONS

INSTRUCTIONS

Section 1: List team members and denote specific roles. The following assigned roles are recommended:

Principal or Designee – facilitates decision making during plan development, assigns tasks and allocates resources during a crisis response.

Coordinator – coordinates the efforts of the crisis team during a crisis situation including managing facilities for crisis support services and orienting external support staff to the facts of the crisis situation.

Counselor – coordinates counseling efforts and debriefing activities, works with area crisis support staff to deliver counseling services to students and staff as needed.

Communications Point Person – coordinates communication of information to staff, students, parents, community, and the media.

Security Point Person – coordinates crowd control and other security responses and is a liaison to local police.

Medical Point Person - has expertise in CPR and other emergency first-aid procedures and coordinates efforts with community medical personnel.

Section 2: Identify the staff member who will prepare/distribute the Crisis Fact Sheet. The Crisis Fact Sheet is a brief description of the crisis situation based upon information obtained from reliable sources. Also, the Crisis Fact Sheet identifies any persons or groups at the school who are especially likely to be affected by the crisis or any unique circumstances with which external support staff would not be familiar.

Indicate the staff members who will make necessary contacts with those involved in crisis support. Identify alternates who will make contacts if the primary assigned staff are unable to do so.

Section 3: Note specific rooms/areas designated for crisis team activities. Highlight these areas on your school map.
Section 4: Identify anticipated security concerns, i.e.,:

Internal – refers to concerns within school buildings including out-of-control behavior, intruders, and crowd control where student groups gather;

External – refers to potential problems on school grounds including unauthorized persons approaching students or staff (may include coordinated effort with police regarding activities in surrounding off-campus areas);

Special Considerations – refers to circumstances unique to the particular school, i.e., construction, multi-level building, or an annex location;

Faculty/Staff Participation – refers to specific assignment of security-related functions such as monitoring and tracking of students and relaying information to the office;

Trained Volunteers’ Participation – refers to assistance provided by volunteers including crowd control, communications, and escorting students where appropriate.

Specify the roles of staff and trained volunteers. Do not assume that security can be fully covered by the School Resource Officer. Address how those with security functions will be mobilized.

Section 5: Identify outside persons who have been approved, consistent with School Board Policies, to participate in crisis support. A trained volunteer would be a person who already serves as a volunteer and has been given specific directions regarding a function to perform during a crisis situation, e.g., to monitor a particular entrance and direct persons to specified locations. To whom are these volunteers to report for orientation/assignment?

Section 6: Include a copy of your school telephone directory, a map of your school denoting areas for crisis team activities, a list of your most frequently used community resources denoting contact persons, and class schedules as appropriate.

Section 7: Identify a staff member responsible for maintaining a file of available printed resources (e.g., books on grief, brochures for counseling services) and indicate where the file is maintained.
APPENDIX B
SAFE TEAM PLANNING DOCUMENT

SCHOOL____________________ ZONE__ DATE______________
PHONE:_____________________ FAX:______________________

SECTION 1 – TEAM MEMBERS: (Include the names of itinerant staff such as the psychologist, social worker, or multi-cultural social worker, and parents or community members who are assigned roles in your school’s plan.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ASSIGNED CRISIS ROLES:

<table>
<thead>
<tr>
<th>Roles</th>
<th>Primary</th>
<th>Alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal or Designee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td></td>
<td></td>
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<tr>
<td>Communications Point Person</td>
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<tr>
<td>Security Point Person</td>
<td></td>
<td></td>
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<tr>
<td>Medical Point Person</td>
<td></td>
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</tbody>
</table>
SECTION 2 – COMMUNICATION:
PREPARATION OF CRISIS FACT-SHEET: (for communications with those involved in crisis support) BY ________________________________

NOTIFICATIONS/COMMUNICATIONS: (Includes phone and written communications. Note phone numbers for contacts. Identify the staff members with primary responsibility to make contacts and alternates.)

<table>
<thead>
<tr>
<th>To</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area Office</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
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<tr>
<td><strong>SAFE Team</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Primary:</td>
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<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Faculty/Staff</strong></td>
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<tr>
<td>Phone:</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Area Crisis Support Team</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Special Investigative Unit (SIU)</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: 754-321-0725</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Community Relations</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: 754-321-2300</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>School Resource Officer/Police</strong></td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Primary:</td>
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<td>Alternate:</td>
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<tr>
<td><strong>Medical Support</strong></td>
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<td>Phone:</td>
<td>Primary:</td>
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<td>Alternate:</td>
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<tr>
<td><strong>Trained Volunteers</strong></td>
<td></td>
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<td>Phone:</td>
<td>Primary:</td>
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<tr>
<td>Phone:</td>
<td>Alternate:</td>
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<td>Phone:</td>
<td></td>
</tr>
<tr>
<td><strong>Employee Assistance Program</strong></td>
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</tr>
<tr>
<td>Phone: 754-322-9900</td>
<td>Primary:</td>
</tr>
<tr>
<td>Alternate:</td>
<td></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Alternate:</td>
</tr>
</tbody>
</table>

*If Necessary
SECTION 2 – COMMUNICATION (CONTINUED):

PREPARATION OF COMMUNICATION PROCEDURES PLAN: (prepare a description of how the logistics of communication within the school will be handled during a crisis. Include such things as codes for use in intercom announcements, use of electronic equipment (two-way radios), signs for designated crisis support rooms, and identification badges for persons providing services).

BY __________________________________________

_____________________________________________

SECTION 3 – FACILITIES:

<table>
<thead>
<tr>
<th>Room</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFE Team Base</td>
<td></td>
</tr>
<tr>
<td>Group Counseling</td>
<td></td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>(Students)</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>(Adults)</td>
</tr>
</tbody>
</table>
SECTION 4 – SECURITY:

Interior: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________

Exterior: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________

Special Considerations: _______________________________________________
____________________________________________________________________
____________________________________________________________________

Faculty/Staff Participation: _____________________________________________
____________________________________________________________________
____________________________________________________________________

Trained Volunteers’ Participation: _______________________________________
____________________________________________________________________
____________________________________________________________________

SECTION 5 – INTERFACE WITH EXTERNAL RESOURCES: (Describe any arrangements that have been made for outside persons to participate in crisis support, e.g., local police, fire-rescue, clergy, and counseling services).

Arrangements:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Outsiders will receive orientation to the crisis and the types of assistance needed from:
(name of team coordinator) _____________________________________________
____________________________________________________________________

Provide members of an area support team with copies of this plan along with the crisis fact-sheet.

SECTION 6 – ATTACHMENTS: (Attach staff phone directory, school map, class schedules, etc.)
SECTION 7 – RESOURCES COLLECTION: (Review existing printed resource materials available at school, e.g., books and videos on grief, crisis hand-outs for teachers and parents, and brochures on counseling services. Maintain a resources file.)

BY __________________ LOCATED IN _____________________________
APPENDIX C
SAMPLE SCHOOL ANNOUNCEMENTS

Boys and Girls, I have some very sad news to tell you. _____ (name) ______________ died _____ (date). We at _____ (school) _____ will greatly miss ____ (name) ___________. (name of teacher) will be teaching ____ (deceased’s name) class for today. You may feel like taking some time now to talk with your teacher and classmates about this sad news.

In classroom: (Individual loss)
John will not be in school today. His mother was killed in an automobile crash last night. Her car was struck on I-95. John will be very sad for a long time. Let us discuss some ways John might be feeling and how we can all help him.

In classroom: (School-wide loss)
We have something very sad to tell you today. John was driving home in the rain last night. His car swerved into an oncoming lane, he was struck by a car and went off the road. John died in a crash. It was sudden - he did not suffer. (Remain silent a moment or two to allow information to be realized)
Direct students to planned activities.

Over P.A.: (School-wide loss)
Our school has suffered a great, great loss. M________________________, the science teacher, has been ill with cancer for many months now. We just received word that his/her suffering has come to an end and M________________________ has died. We will be commemorating (remembering) M________________________’s contribution to our school community. Some time today, I’d like each class to discuss the ways they would like to commemorate (remember) the life of M________________________.

Dade County Public Schools
APPENDIX D
SAMPLE LETTER TO PARENT/CAREGIVER (ADULT'S DEATH)

(school letterhead)

Date:

Dear Parent/Caregiver:

This has been a difficult day for all of us at (school), (name), (grade), died this morning. She will be missed by the children, parents, and staff at (school) as she has touched many lives in a special way. Your child may want to share memories of Mr./Ms. ______ or ask questions regarding this matter. It is natural and healthy for him/her to want to discuss this. A team of professionals is available at school to assist students and staff in coping with this difficult situation.

Arrangements have not been completed at this time. Thank you for your support and kindness.

Sincerely,

Principal
Date:

Dear Parent/Caregiver:

This has been a difficult day for all of us at [school]. [student’s name], [grade], died this morning. He/She will be missed by the children, parents, and staff at [school] as he/she has touched many of our lives in a special way. Your child may want to share memories of [student’s name] or ask questions regarding this matter. It is natural and healthy for him/her to want to discuss this. A team of professionals is available at school to assist students and staff in coping with this difficult situation.

Arrangements have not been completed at this time. Thank you for your support and kindness.

Sincerely,

Principal
(school letterhead)

Date:

Dear Parent/Caregiver:

This has been a difficult day for all of us at (school)__. (name)__, was killed in an accident this morning. She will be missed by the children, parents, and staff at (school)__ as she has touched all our lives in a special way. Your children may want to share memories of (name) or ask questions regarding this matter. It is natural and healthy for them to want to discuss this. A team of professionals is available at school to assist students and staff in coping with this difficult situation.

Arrangements have not been completed at this time. Thank you for your support and kindness.

Sincerely,

Principal
### APPENDIX E: WARNING SIGNS CHECKLIST FOR CHILDREN EXPOSED TO TRAUMATIC EVENTS

<table>
<thead>
<tr>
<th>Preschool</th>
<th>Elementary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Loss of appetite</td>
<td>• Sadness/crying/grief</td>
<td>• Sadness/depression</td>
</tr>
<tr>
<td>• Thumbsucking</td>
<td>• Irritability</td>
<td>• Fatigue</td>
</tr>
<tr>
<td>• Crying</td>
<td>• Anger (at the deceased or other who “caused” death)</td>
<td>• Lack of concentration</td>
</tr>
<tr>
<td>• Irritability</td>
<td>• Poor school performance/grades</td>
<td>• Poor school performance/grades</td>
</tr>
<tr>
<td>• Clinging to parents/separation anxiety</td>
<td>• Increased aggressiveness</td>
<td>• Irresponsible or delinquent behavior</td>
</tr>
<tr>
<td>• Changes in eating patterns</td>
<td>• Clinginess</td>
<td>• Lack of energy</td>
</tr>
<tr>
<td>• Fear of abandonment</td>
<td>• Isolation</td>
<td>• Withdrawal from friends</td>
</tr>
<tr>
<td>• Guilt</td>
<td>• Regression (immature behaviors, toileting accidents)</td>
<td>• Antisocial behavior</td>
</tr>
<tr>
<td>• Confusion</td>
<td>• Anxious behaviors (e.g., fidgetiness, “nervous” mannerism, poor concentration)</td>
<td>• Shock/disbelief</td>
</tr>
<tr>
<td>• Regression (immature behaviors, toileting accidents)</td>
<td>• School avoidance or separation anxiety</td>
<td>• Confusion</td>
</tr>
<tr>
<td></td>
<td>• Withdrawal from activities/friends</td>
<td>• Shame/loss</td>
</tr>
<tr>
<td></td>
<td>• Disobedience</td>
<td>• Grief</td>
</tr>
<tr>
<td></td>
<td>• Concern about safety of self and others</td>
<td>• Excessive risk-taking behaviors (sexual acting out, reckless driving, drug usage, playing Russian Roulette, playing chicken, etc.).</td>
</tr>
<tr>
<td></td>
<td>• Unusual fears</td>
<td>• Increased absenteeism</td>
</tr>
<tr>
<td></td>
<td>• Feeling guilty (may feel responsible for event)</td>
<td>• Increased aggressiveness</td>
</tr>
<tr>
<td></td>
<td>• Magical thinking (death is a punishment for improper behavior)</td>
<td>• Expressions of anger</td>
</tr>
<tr>
<td></td>
<td>• Writings/drawings that reflect suicidal ideas</td>
<td>• Change in eating habits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Survivor’s guilt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Suicidal behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Writings/drawings that reflect suicidal ideas</td>
</tr>
</tbody>
</table>

The behaviors on the checklist may be caused by factors unrelated to the traumatic event. It is important to always examine the context in which the behaviors occur. Communication with the student’s parent/caregiver should be ongoing.
APPENDIX E (CONT.): WARNING SIGNS CHECKLIST FOR CHILDREN EXPOSED TO TRAUMATIC EVENTS

The degree of trauma the child experiences is associated with four factors:

- The **extent of involvement** of the child in the traumatic event (i.e., the closer the child is to the traumatic event and the longer he or she was exposed, the greater the risk).
- The **type of relationship** the child had with individuals involved in the traumatic event (i.e., the closer the child is to a victim of the traumatic event, the greater the risk).
- The **initial response** of the child to the traumatic event (i.e., the stronger the response the greater the risk).
- The child’s **interpretation of the event** (i.e., if the child perceives the traumatic event as very frightening or threatening, the risk is greater).

When to refer students if you have concerns...

- The **severity**, **pervasiveness**, and **chronicity** of the child’s stress-related behaviors are significantly more than his or her peers.
- Students who continue to demonstrate an elevated emotional response (e.g., crying, worrying, anxious) **after** their peers have discontinued to show these signs.
- Students who are withdrawn or appear depressed.
- Students who exhibit suicide ideation, homicide ideation, or engage in self-injurious behaviors (e.g., cutting, scratching). If a child displays intense emotions such as suicidal thoughts or actions or is not coping well, immediately contact a Crisis Response Team member or the guidance counselor. If applicable, refer the student to the school’s support team for a comprehensive follow-up.
- Students who appear distracted and are unable to engage in classroom assignments and activities after a reasonable amount of time has passed.
- Students who exhibit significant behavioral change from their normal behavior.

Sources: [www.nasponline.org](http://www.nasponline.org); Crisis Intervention Manual from Polk County Schools
### APPENDIX F

**SAFE TEAM RECOVERY CHECKLIST**

<table>
<thead>
<tr>
<th>Pre-Plan Action</th>
<th>Immediate Action</th>
<th>Short-Term Follow-up Action</th>
<th>Long-Term Follow-Up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Complete the SAFE Team Planning Document at the beginning of the school year, with current names and phone numbers.</td>
<td>• Convene SAFE Team who will review the emergency plan, verify facts, clarify tasks, and prepare information to be shared with staff, students, parents/caregivers, and the community.</td>
<td>• Schedule meeting of staff with SAFE Team members to discuss how the incident and its aftermath are being handled. Address staff concerns.</td>
<td>• Determine which mental health staff will monitor students who are potentially at-risk for long-term difficulties and how they will monitor the students.</td>
</tr>
<tr>
<td>• Review the school emergency intervention plan and revise as needed.</td>
<td>• Prepare the faculty for the students’ return to school via a mandatory meeting.</td>
<td>• Continue to monitor students for post-crisis reactions and refer students for support services when needed.</td>
<td>• Give classroom teachers information on recognizing signs of post-traumatic stress disorder.</td>
</tr>
<tr>
<td>• Update the names and numbers of mental health professionals from the district’s Family Counseling Program and approved agencies working in the schools and keep the list with the SAFE Team checklist.</td>
<td>• Give staff information about the incident, including a fact sheet, and allow opportunity to discuss feelings and reactions in a safe setting.</td>
<td>• Give classroom teachers information on signs they should look for in students who may continue to experience difficulties in the classroom (e.g., elevated emotional response, depressive symptoms, anxiety, etc.) long after their peers have adjusted.</td>
<td>• Determine how the school will handle individual students who experience additional trauma after the initial incident has passed.</td>
</tr>
<tr>
<td>• Identify the location(s) for delivery of emergency counseling along with the procedures for student and staff to access to these services. Determine who will distribute supplies to this location(s).</td>
<td>• Prepare immediate information to be shared with students and determine method for communication.</td>
<td>• Survey teachers about students who show signs of adjustment problems.</td>
<td>• Continue to monitor the reaction and recovery of staff from the effects of the crisis.</td>
</tr>
<tr>
<td></td>
<td>• Prepare information to be sent home to parents.</td>
<td></td>
<td>• Determine whether something needs to be done at the beginning of the school year to assure that the year begins with a positive start. If the staff feels this is warranted, determine what this will look like (e.g., an activity, etc.).</td>
</tr>
<tr>
<td></td>
<td>• Designate staff to take calls from parents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX F (CONT.)

<table>
<thead>
<tr>
<th>Pre-Plan Action</th>
<th>Immediate Action</th>
<th>Short-Term Follow-up Action</th>
<th>Long-Term Follow-Up Action</th>
</tr>
</thead>
</table>
| • Ensure that all SAFE Team staff has received the district’s mandated presentations on threat assessment and violence and warning signs, and that the school’s designated Safe Zone Listeners have viewed the video training for this role.  
• Familiarize students with the basic steps to follow in a crisis (as developmentally appropriate).  
• Make plans to identify students with special needs and to address their needs.  
• Address the potential concerns of culturally and linguistically diverse students. | • Determine whether any other schools will be affected by the critical event and consult with appropriate personnel.  
• Determine need for in-classroom support and designate personnel previously identified in crisis plan if additional support is needed.  
• Identify students who were directly affected by the crisis and may need individual counseling services.  
• Discuss with staff potential student post-crisis reactions, such as grief and behavioral reactions, to the incident and how to refer students for support services.  
• Distribute handouts (e.g., developmental considerations, suicide warning signs, tips for teachers, etc.) to school staff. | • Identify potential follow-up intervention strategies that may be used in the classroom (e.g., activities that teach students coping strategies, decrease anxiety, etc.).  
• Provide suggested resources (e.g., handouts of tips for teachers, tips for parents) to staff and families.  
• Continue to monitor staff reactions and recovery and give information about self-referral for support services.  
• Determine what worked well, and what did not work well in implementing the crisis intervention plan through informal interviews and focus groups. Make needed changes to prepare for future crises. | • Communicate with staff and parents about the “anniversary effect” and determine whether to commemorate the anniversary at school.  
• Be alert for anniversaries and holidays that may trigger reactions in students and staff in the following months and years. |

APPENDIX F (CONT.)
<table>
<thead>
<tr>
<th>Pre-Plan Action</th>
<th>Immediate Action</th>
<th>Short-Term Follow-up Action</th>
<th>Long-Term Follow-Up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify for staff those activities or procedures that will be altered and</td>
<td>• Determine what were some of the root causes of the incident (e.g., a violent act)</td>
<td>• Determine who will be responsible for the removal of physical effects and how it will be</td>
<td>• Plan for the removal of</td>
</tr>
<tr>
<td>the projected length of time these changes will be in effect.</td>
<td>and what the school could do to try to prevent such incidents in the future.</td>
<td>done.</td>
<td>the physical effects (e.g.,</td>
</tr>
<tr>
<td>• Review how students may access support services (e.g., counseling, other</td>
<td>• If there is a death of a student or staff member:</td>
<td>• Determine who will be responsible for the removal of physical effects and how it will be</td>
<td>spontaneous memorials,</td>
</tr>
<tr>
<td>mental health services) on the first day back.</td>
<td>• Check with family of the deceased about visitation and preferences for funeral</td>
<td>done.</td>
<td>bullet holes) of the</td>
</tr>
<tr>
<td>• Identify staff that were directly affected by the crisis and may need</td>
<td>attendance.</td>
<td>• Determine who will be responsible for the removal of physical effects and how it will be</td>
<td>incident (no earlier than</td>
</tr>
<tr>
<td>individual counseling services.</td>
<td>• Communicate to faculty, staff, and students the deceased family’s wishes.</td>
<td>done.</td>
<td>3-7 days after the</td>
</tr>
<tr>
<td>• Discuss how to provide coverage for staff that need respite.</td>
<td>• Determine who will be responsible for the removal of physical effects and how it</td>
<td>• Plan for the removal of the physical effects (e.g., spontaneous memorials, bullet holes)</td>
<td>incident).</td>
</tr>
<tr>
<td>• Give staff information on post-crisis reactions of adults and how to self-</td>
<td>will be done.</td>
<td>of the incident (no earlier than 3-7 days after the incident).</td>
<td></td>
</tr>
<tr>
<td>refer for support services (e.g., confidential Employee Assistance Program can</td>
<td>• Plan for the removal of the physical effects (e.g., spontaneous memorials, bullet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>be accessed at 754-322-9900).</td>
<td>holes) of the incident (no earlier than 3-7 days after the incident).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX F (CONT.)

<table>
<thead>
<tr>
<th>Pre-Plan Action</th>
<th>Immediate Action</th>
<th>Short-Term Follow-up Action</th>
<th>Long-Term Follow-Up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Activate family counselors and mental health community staff if additional support is needed.</td>
<td>• Determine if memorial activities will be allowed. If activities are allowed, determine if there is a particular area that will be designated for them.</td>
<td>• Determine which member of the SAFE Team will review the items before showing them to family members. This mental health professional should review with the administrator any contents that may be emotionally harmful.</td>
</tr>
<tr>
<td></td>
<td>• Provide parents/caregivers with information on how they can help their children at home. Distribute handouts with support information as appropriate.</td>
<td>• Determine when to remove informal memorial offerings. Involve a few students and staff in this decision.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Give parents/caregivers information on community resources available to students and their families.</td>
<td>• Place savable items removed from memorials in storage boxes at school until the deceased’s family is able to look through them and determine if they would like to keep anything.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Convene team members at the end of each day to assess crisis reaction levels and prepare for following day.</td>
<td>• Determine which member of the SAFE Team will review the items before showing them to family members. This mental health professional should review with the administrator any contents that may be emotionally harmful.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Document all significant actions taken during the emergency response.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## APPENDIX F (CONT.)

<table>
<thead>
<tr>
<th></th>
<th>Short-Term Follow-up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Convene team members at the end of each day to assess crisis reaction levels and prepare for following day.</td>
</tr>
<tr>
<td></td>
<td>• Document all significant actions taken during the emergency response.</td>
</tr>
</tbody>
</table>
## APPENDIX G
### PRINCIPAL CRISIS RESPONSE CHECKLIST

#### Immediate Actions

<table>
<thead>
<tr>
<th>Assigned To</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify the Area Superintendent.</td>
<td></td>
</tr>
<tr>
<td>Notify Community Relations Department.</td>
<td></td>
</tr>
<tr>
<td>Convene the school crisis team.</td>
<td></td>
</tr>
<tr>
<td>Verify and establish the facts of the crisis. Make copies of any newspaper articles for team members.</td>
<td></td>
</tr>
<tr>
<td>Review previously developed crisis plan.</td>
<td></td>
</tr>
<tr>
<td>Implement plan of action for crowd control and/or disruptive behavior if necessary.</td>
<td></td>
</tr>
<tr>
<td>Clarify tasks and assign to crisis team members.</td>
<td></td>
</tr>
<tr>
<td>Notify the Zone Facilitator, if necessary.</td>
<td></td>
</tr>
<tr>
<td>Notify Area Coordinator of Student Services if additional support services are needed.</td>
<td></td>
</tr>
<tr>
<td>Determine whether any other schools will be affected by the crisis and consult with personnel.</td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX G (CONT.)

**Assigned To**

<table>
<thead>
<tr>
<th>Assigned To</th>
<th>Completed</th>
</tr>
</thead>
</table>

**Communication**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Notify staff via communication system previously established.</td>
</tr>
<tr>
<td>______</td>
<td>Prepare immediate information to be shared with students and decide method for communication.</td>
</tr>
<tr>
<td>______</td>
<td>Prepare information to be sent home to parents.</td>
</tr>
<tr>
<td>______</td>
<td>Prepare fact sheet with information to be shared with the general public, media, etc. Clarify procedures for communication with media.</td>
</tr>
<tr>
<td>______</td>
<td>Contact grieving family to express condolences and provide support. Communicate actions taken by school.</td>
</tr>
<tr>
<td>______</td>
<td>Update information (funeral arrangements, food collections, etc.) to staff, students and parents as appropriate. Clarify procedures.</td>
</tr>
<tr>
<td>______</td>
<td>Select and distribute appropriate handouts to staff.</td>
</tr>
<tr>
<td>______</td>
<td>Consult with the Community Relations Department on all information released to parents, the community, and/or the media.</td>
</tr>
</tbody>
</table>

**Counseling Activities**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>Designate personnel providing counseling.</td>
</tr>
<tr>
<td>______</td>
<td>Set aside space for group and individual counseling.</td>
</tr>
<tr>
<td>______</td>
<td>Inform staff of procedure for accessing counseling services.</td>
</tr>
<tr>
<td>______</td>
<td>Determine need for classroom counseling and designate personnel/ schedule.</td>
</tr>
<tr>
<td>Assigned To</td>
<td>Completed</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>Designate person to take incoming calls from parents.</td>
</tr>
<tr>
<td></td>
<td>Coordinate and distribute supplies such as tissues, paper, markers for making cards, etc</td>
</tr>
<tr>
<td></td>
<td>Contact community resources previously identified in crisis plan if additional support is needed.</td>
</tr>
<tr>
<td></td>
<td>Convene a faculty/staff meeting for debriefing.</td>
</tr>
<tr>
<td></td>
<td>Convene crisis team members at the end of each day to assess situation and prepare for following day.</td>
</tr>
<tr>
<td></td>
<td>Consider a home visit to grieving family.</td>
</tr>
<tr>
<td></td>
<td>Refer to procedures listed in the “Student Suicide Prevention Handbook” if necessary.</td>
</tr>
</tbody>
</table>
APPENDIX H
STRESS WARNING SIGNALS

Physical Symptoms
___Headaches      ___Backache          ___Indigestion
___Tight neck, shoulders ___Stomachaches ___Racing heart
___Sweaty palms ___Restlessness      ___Sleep difficulties
___Tiredness       ___Dizziness       ___Ringing in ears

Behavioral Symptoms
___Excess smoking ___Grinding of teeth at night ___Bossiness
___Overuse of alcohol ___Compulsive gum chewing ___Compulsive eating
___Attitude critical of others ___Inability to get things done

Emotional Symptoms
___Crying         ___Anger            ___Loneliness
___Boredom-no meaning to things ___Edginess-ready to explode ___Easily upset
___Unhappiness for no reason ___Feeling powerless to change things

Cognitive Symptoms
___Trouble thinking clearly ___Inability to make decisions ___Forgetfulness
___Constant worry    ___Lack of creativity ___Memory loss
___Loss of sense of humor

Spiritual Symptoms
___Emptiness       ___Loss of meaning ___Doubt
___Unforgiving     ___Martyrdom        ___Looking for magic
___Loss of direction ___Cynicism       ___Apathy
___Needing to “prove” self

Relational Symptoms
___Isolation       ___Intolerance      ___Resentment
___Lashing out     ___Hiding           ___Loss of direction
___Clamming up     ___Lowered sex drive ___Nagging
___Distrust        ___Lack of intimacy ___Using people
___Fewer contacts with friends

From the Mind Body Medical Institute Stress Warning Signals Checklist
http://www.mbmi.org/pages/mbb s3.asp
APPENDIX I
MEASURING LIFE STRESS CHECKLIST

The Social Readjustment Rating Scale (SRRS) was designed to reflect the cumulative stress to which an individual has been exposed over a period of time (Holmes and Holmes, 1970: Holmes and Rahe, 1967: Rahe and Arthur, 1978). “Life Change Units” are used to measure life stress in the areas listed below. The SRRS demonstrated a positive correlation between people who reported stressful events and their increased chances of becoming ill.

Instructions: Circle the number of any event, which has occurred in your life over the past 12 months. Add up the numbers for your total score.

<table>
<thead>
<tr>
<th>Life Event</th>
<th>LCU’s</th>
<th>Life Event</th>
<th>LCU’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
<td>Son or daughter leaving home</td>
<td>29</td>
</tr>
<tr>
<td>Divorce</td>
<td>73</td>
<td>Change in responsibilities at work</td>
<td>29</td>
</tr>
<tr>
<td>Separation</td>
<td>65</td>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>Jail term</td>
<td>63</td>
<td>Spouse begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>Death of close family member</td>
<td>63</td>
<td>Begin or end of school or college</td>
<td>26</td>
</tr>
<tr>
<td>Personal illness or injury</td>
<td>53</td>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>Marriage</td>
<td>50</td>
<td>Change in personal habits</td>
<td>24</td>
</tr>
<tr>
<td>Fired at work</td>
<td>47</td>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>Marital reconciliation</td>
<td>45</td>
<td>Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>Retirement</td>
<td>45</td>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>Change in health of family member</td>
<td>44</td>
<td>Change in school or college</td>
<td>20</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>39</td>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>Sex difficulties</td>
<td>39</td>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>Gain of new family member</td>
<td>39</td>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>Business readjustment</td>
<td>39</td>
<td>A moderate loan or mortgage</td>
<td>17</td>
</tr>
<tr>
<td>Change in financial state</td>
<td>38</td>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Death of close friend</td>
<td>37</td>
<td>Change in number of family get-togethers</td>
<td>15</td>
</tr>
<tr>
<td>Change to a different line of work</td>
<td>36</td>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Change in number of arguments with spouse</td>
<td>35</td>
<td>Holiday/Vacation</td>
<td>13</td>
</tr>
<tr>
<td>A large mortgage or loan</td>
<td>31</td>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>Foreclosure of mortgage or loan</td>
<td>31</td>
<td>Minor violations of law</td>
<td>11</td>
</tr>
<tr>
<td>Trouble with in-laws</td>
<td>29</td>
<td>TOTAL SCORE</td>
<td></td>
</tr>
</tbody>
</table>
Interpretation

Note: The practice of a healthy lifestyle and good stress management may reduce the effects of cumulative stress and thus your immunity to illness.

**Score 150-199:** If your current level of stress continues, you have a 37% chance of a minor illness in the next two years.

**Score 200-299:** If your stress level continues and you do nothing to change your adaptive strategies, you have a 51% chance of developing a major illness in the next two years.

**Score over 300:** You have a 79% chance of a major health breakdown in the next two years. It is recommended that you begin adding effective coping strategies to your lifestyle.

Note: Major life stressors may impact decision making. When an individual is in danger of suffering the ill effects of life crises, it is best to limit as much as possible any additional disruption. As an example, if someone recently lost a loved one or lost a job, it may be best to wait until some time has passed before making a major decision like looking for another job or moving to another town.

**Questions to Consider:**

Does your score seem to accurately reflect the level of stress in your life as you see it? Why or why not?
What does your perception of life events have to do with the effects of stress on you?
## APPENDIX J
### HEALTHY COPING STRATEGIES
Adapted from “The Spigot - Helpful Coping Activities” by Jim Norman and Kent Matthews, Oklahoma City, OK as incorporated into the previous version of Field Traumatology.

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Moderation</td>
<td>○ Moderation</td>
<td>○ Moderation</td>
</tr>
<tr>
<td>○ Write things down</td>
<td>○ Allow yourself to experience what you feel</td>
<td>○ Spend time by yourself</td>
</tr>
<tr>
<td>○ Make small, daily decisions</td>
<td>○ Label what you are experiencing</td>
<td>○ Spend time with others</td>
</tr>
<tr>
<td>○ See the decisions you are already making</td>
<td>○ Give yourself permission to ask for help</td>
<td>○ Limit demands on time and energy</td>
</tr>
<tr>
<td>○ Give yourself permission to ask for help</td>
<td>○ Be assertive when necessary</td>
<td>○ Help others with tasks</td>
</tr>
<tr>
<td>○ Plan for the future</td>
<td>○ Keep communication open with others</td>
<td>○ Give yourself permission to ask for help</td>
</tr>
<tr>
<td>○ Get the most information you can to help make decisions</td>
<td>○ Remember you have options</td>
<td>○ Do activities that you previously enjoyed</td>
</tr>
<tr>
<td>○ Anticipate needs</td>
<td>○ Use your sense of humor</td>
<td>○ Take different routes to work or on trips</td>
</tr>
<tr>
<td>○ Review previous successes</td>
<td>○ Have a buddy with whom you can vent</td>
<td>○ Remember you have options</td>
</tr>
<tr>
<td>○ Problem solve</td>
<td>○ Use “positive” words and language</td>
<td>○ Find new activities that are enjoyable and (mildly) challenging</td>
</tr>
<tr>
<td>○ Have a Plan “B”</td>
<td>○ Walleye fishing</td>
<td>○ Set goals, have a plan</td>
</tr>
<tr>
<td>○ Break large tasks into smaller ones</td>
<td>○ Practice, Practice, Practice</td>
<td>○ Relax</td>
</tr>
<tr>
<td>○ Bass fishing</td>
<td>○ Practice, Practice, Practice</td>
<td>○ Crappie fishing</td>
</tr>
<tr>
<td>○ Practice, Practice, Practice</td>
<td>○ Practice, Practice, Practice</td>
<td>○ Practice, Practice, Practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual</th>
<th>Physical</th>
<th>Interpersonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Moderation</td>
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</tr>
<tr>
<td>○ Discuss changed beliefs with spiritual leader</td>
<td>○ Aerobic exercise</td>
<td>○ Take time to enjoy time with trusted friend/partner</td>
</tr>
<tr>
<td>○ Meditation</td>
<td>○ See doctor and dentist</td>
<td>○ Hugs</td>
</tr>
<tr>
<td>○ Give yourself permission to ask for help</td>
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</tr>
<tr>
<td>○ Practice rituals of your faith/beliefs</td>
<td>○ Minimize caffeine, alcohol, and sugar</td>
<td>○ Remember to use “I” statements</td>
</tr>
<tr>
<td>○ Spiritual retreats/workshops</td>
<td>○ Routine sleep patterns</td>
<td>○ Healthy boundaries</td>
</tr>
<tr>
<td>○ Prayer</td>
<td>○ Eat well-balanced, regular meals</td>
<td>○ Use humor to diffuse tense conversations</td>
</tr>
<tr>
<td>○ Remember you have options</td>
<td>○ Drink water</td>
<td>○ Play together</td>
</tr>
<tr>
<td>○ Mindfulness</td>
<td>○ Wear comfortable clothes</td>
<td>○ Talk with trusted partner/friend</td>
</tr>
<tr>
<td>Spiritual, cont’d.</td>
<td>Physical, cont’d.</td>
<td>Interpersonal, cont’d.</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>o Find Spiritual support</td>
<td>o Remember to breathe - deeply</td>
<td>o State needs and wants as clearly as possible</td>
</tr>
<tr>
<td>o Read Spiritual literature</td>
<td>o Engage in physical luxuries: spa, massage, bath, exercise trainer</td>
<td>o Apologize when stress causes irritable behavior or outbursts</td>
</tr>
<tr>
<td>o Trout fishing</td>
<td>o Take mini-breaks</td>
<td>o Fish together – any kind</td>
</tr>
<tr>
<td>o Practice, Practice, Practice</td>
<td>o Catfish fishing</td>
<td>o Practice, Practice, Practice</td>
</tr>
</tbody>
</table>