Sonoma County

School Crisis Response & Recovery

Resource Guide

Study Guide, Background and References for Best Practices

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The Sonoma County School Crisis Response & Recovery Go-To Guide, Resource Guide and other resources are available at **www.scoe.org/SOS**

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Sonoma County School Crisis Response & Recovery Manual

Introduction

This plan has been designed to assist schools in responding to the psychological impact of school crises. The School Crisis Response and Recovery Manual is a component of the Sonoma County Schools' Model Emergency Operations Plan. In the case of a large-scale disaster, schools will manage a crisis following the Model Emergency Operations Plan management guidelines. The crisis intervention team would be one of the many teams carrying out the roles and responsibilities described in the Model Emergency Operations Plan (available from School Guard, www.SchoolGuard.org).

Thankfully, schools do not frequently face crises requiring the full mobilization of an emergency operations center. However, schools often need to respond to the mental health crises such as the death or serious injury of students or staff. A crisis is any traumatic event that seriously disrupts our coping and problem-solving abilities. It is typically sudden, unexpected, dramatic and forceful and may even threaten our survival. A crisis can present a drastic and tragic change in our environment. This change is generally overwhelming and uncontrollable as well as unwanted and frightening. It may create a sense of helplessness, hopelessness and vulnerability combined with a loss of safety.

The School Crisis Response and Recovery Manual outlines an appropriate response to such situations, guiding the school and the crisis intervention team in moving through them. The goal is to address the trauma experienced by the school community in such a way as to prevent or reduce long-term negative impacts.

This manual includes information that will assist schools in creating and/or strengthening a site crisis intervention team. Also included is a description of the Sonoma County Crisis Intervention System of Support that provides schools with information on how to access Crisis Intervention Team support outside of their district (see page 17).

Following Page 88 of this document is a "Quick Reference Guide" that contains all documents that are needed to immediately respond to a crisis.

Crisis response requires four levels of action:

Phase 1 – Prevention and Mitigation: Averting or lessening the impact of a crisis

Phase 2 – Preparedness: Planning, drills, training, etc.

Phase 3 – Response: Emergency management, triage, assessment, etc.

Phase 4 – Recovery: Restoring the learning and teaching environment

Chapter One
Prevention and Mitigation

Major Steps in Preventing and Mitigating a Crisis

What kinds of crises can be prevented or mitigated?

- Playground or sports injuries
- High-risk behaviors involving alcohol, drugs, weapons and cars
- Student violence
- Harmful reactions to student or staff deaths
- Harmful reactions to local or national events that threaten students' well-being

What is the difference between preventing and mitigating a crisis?

Preventing means averting a crisis or lessening the probability of a crisis.

Mitigating means lessening the risk or harm of a crisis.

What prevention efforts are schools already making?

Comprehensive Safe School Plans ensure a safe and orderly school environment. These are mandated by Education Code 32280-32288 and must be reviewed annually. This plan is the responsibility of the school site council and is to be developed through a collaborative process that includes school staff, parents, students, and community participants. Crisis prevention and mitigation efforts should be coordinated with the Safe School Plan.

What are the major steps in preventing or mitigating a crisis at school?

- Encouraging input from school staff, students, parents and community members regarding risks and resources
- Reviewing policies and data about safety and risks
- Implementing effective strategies and programs
- Evaluating efforts on an annual basis and designing improvements

What are some resources for conducting an annual assessment of the dangers, risk behaviors and environmental factors that impact a campus?

- The California Healthy Kids Survey (CHKS) is a student self-report survey, conducted every two years at grades 5, 7, 9, and 11. In addition to assessing drug and alcohol use and violence at school, the CHKS also collects student and staff responses regarding caring adult relationships, high expectations and meaningful participation at school.
- Focus groups and community meetings can be used to review this data with students, staff, families and community members (such as law enforcement, health care professionals and/or community-based organizations).

Why is it important to review district policies and procedures?

- District policy and procedural guidelines shape what happens at the school level.
- Policy and procedures related to school-wide discipline, environmental vulnerabilities (facilities, safety, access to campus, security), social vulnerabilities (school climate, bullying, substance use, gang activity), and the SEMS/NIMS command structure should be reviewed annually to align with personnel and facility changes.

- **What steps should be taken to insure that the policies and procedures are implemented effectively?**
- The staff in charge of prevention curricula and intervention services should be part of the crisis planning and prevention team.
- Staff should be educated about crises and be trained in their roles and responsibilities.
- Students and staff should practice emergency drills.
- Relationships should also be established with community responders (law enforcement, fire and community-based organizations) that would be called upon in a crisis event.
- These steps should be documented in writing.

What types of strategies and programs relate to crisis prevention?

- Schools should investigate curricula and programs aimed at preventing or addressing risk behaviors such as bullying, depression, alcohol and substance abuse, violence, physical and sexual abuse, suicide and self-injury.
- The research on effective strategies for dealing with substance abuse and violence is summarized in *Getting Results*, < http://www.cde.ca.gov/re/pn/fd/gettingresults.asp>, published by the California Department of Education (CDE).
- The CDE publishes other crisis prevention resources, <http://www.cde.ca.gov/ls/ss/>.

What do school staff members need to know to help in prevention?

- It is most important for staff to know their students and to develop caring relationships with them. Many crises have been averted because students have confided in trusted adults at school.
- Staff should trust their professional judgment when they sense that a student may need help.
- All staff should be trained to identify and report their observations of warning signs for substance abuse, violent behavior, depression and suicide.
- Counselors or administrators should know how to access school and other professional intervention and treatment resources for students at-risk.

How do social skills programs relate to school climate and crisis prevention?

- The establishment of a safe, caring and responsive school environment is an essential component of preventing school crises.

- Regularly conducted social skills programs (classroom circles, buddy programs, youth development activities and peer helper programs) help create a level of trust and communication that will help in the prevention and aftermath of a crisis.
- The prevention and recovery phase will be vastly improved if the school culture is one where students and staff feel encouraged to share feelings, where there is a spirit of acceptance and care for everyone, and where parent and community collaboration have been promoted.

Prevention - Mitigation Checklist

- ❖ Determine who is on the School Crisis Intervention Team and who is in charge of prevention programs at school.
- ❖ Connect school with police, fire and other agencies to assess potential risks.
- ❖ Review local CHKS and other risk and resiliency data.
- ❖ Review policies and procedures and consistently apply them.
- ❖ Train school staff in identification of at-risk youth.
- ❖ Train school staff in SEMS/NIMS, emergency response and crisis intervention.
- ❖ Identify and implement effective prevention programs and strategies.
- ❖ Vigorously enforce violence and bullying prevention programs.
- ❖ Strengthen efforts to provide a safe, caring and responsive school environment.
- ❖ Work with school and community resources to provide intervention and treatment services for substance abuse, depression, physical and sexual abuse, anger management and other psychological needs..
- ❖ Encourage students, staff, families and community members to provide input and feedback.
- ❖ Evaluate and update your prevention efforts annually.

Chapter Two:
Preparedness

How does a school prepare for a crisis?

- Crisis planning should not take place in the midst of the actual crisis.
- Become educated about crises and how they impact schools.
- Adopt an Emergency Management Plan (the Sonoma County Model Schools' Emergency Operations Plan --EOP).
- Train staff to be able to perform emergency management procedures.
- Assign roles and develop team working relationships.
- Use drills and simulations to practice responses.
- Develop working relationships with other emergency responders from the district, police, fire, Red Cross, etc.
- Have the school office prepare a packet with the following:
    - A map of the school showing room numbers
    - A list of classrooms occupied during each period of each day. Organize by day and by period
    - The maximum number of students in each classroom
    - A list of students and other personnel who may be in other locations (e.g., office, library, cafeteria, counseling)

What is a crisis?

A crisis is a traumatic event that seriously disrupts our coping and problem-solving abilities. It is typically sudden, unexpected, dramatic and forceful and may even threaten our survival. A crisis can present a drastic and tragic change in our environment. This change is generally overwhelming and uncontrollable as well as unwanted and frightening. It may create a sense of helplessness, hopelessness and vulnerability combined with a loss of safety.

What kinds of crises are impacting our schools?

Specific events include, but are certainly not limited to:

- An accident involving a student or staff member
- Suicide or homicide
- Death of classmate(s) or teacher
- Severe violence (e.g., gang fight)
- Assault on a teacher or administrator
- Hostage situation on school grounds
- Violence in the surrounding neighborhood

- Sniper attack
- Terrorist activities
- Fire or chemical spill at school
- Plane, train, boat, bus or automobile accident
- Natural disaster (e.g., earthquake, flood, wildfire, hurricane, etc.)

These events often impact a large number of people and draw attention from the media. However, it does not take a large-scale, highly publicized event to create marked disruption and dysfunction in a school. All traumatic experiences that adversely impact members of a school family may be viewed as crises.

Consider the following:

- A student is diagnosed with cancer
- A student's English essay is suggestive of a homicidal plan
- The break-up of a high school relationship leads to a girl telling her teacher that she plans to commit suicide
- A student reports that she was raped by a star football player last weekend

How can schools respond to crises?

Schools must be prepared by having all staff trained in crisis response procedures. Each staff member must be aware of their individual responsibilities should a crisis occur. They must also have quick access to written crisis response procedures as well as crisis response supplies.

School crisis response is not the sole responsibility of administrators or a school crisis team. Effective crisis management is the responsibility of all members of the school family. Students look to their teachers to provide leadership, guidance and modeling of how to respond to the crisis. Teachers who are both knowledgeable and comfortable in leading age-appropriate classroom discussions can be very effective in reducing the trauma experienced by their students. Teachers can also provide leadership in reestablishing a level of normalcy and a return to a productive educational process.

How can a school evaluate the impact of a crisis event?
(Adapted from Brock, S.E., Sandoval, J., & Lewis, S.)

While each crisis event should be treated as a unique situation, there are some variables that may be considered in order to determine the level of crisis response. Evaluating the crisis is important in order to prevent either an over reaction or under reaction to the event. Crisis intervention is most effective when it is conducted as close to the crisis as possible. Time delays can decrease the overall effectiveness. It is also important to avoid overreacting to an event. Children, particularly younger ones, are often impacted by the anxiety of adults. If the adults over respond and proceed as though the event is severe (when it is not), children may become unnecessarily stressed and traumatized when they were not previously.

- **What are the factors to consider as part of the evaluation?**
  - Severity
  - Number of individuals involved
  - Type of crisis
- **What variables impact the possibility of trauma?**
  - Event predictability: Trauma experienced as the result of a crisis event is impacted by the predictability of the event. There is a higher risk for trauma when the event is sudden or unpredictable. For example, a death following a long illness will likely be less traumatic then a sudden death. A flash flood will likely increase trauma in comparison to a flood that is predicted following significant rainstorms.
  - Type of disaster: Typically, natural disasters (earthquake) are less traumatic than human-made or human-caused crises (war, assault).
  - Source of injury or threat: Physical threat and injury that results from an accident or illness is typically less traumatic then injury or threat due to assaultive violence, which is the most traumatic.
  - Presence of fatalities: Crises that result in non-fatal trauma to a friend or relative are less traumatic than events that lead to a sudden or unexpected death.
- **What variables should be weighed when estimating the impact of a crisis on a school?**
  - Popularity of the victim: The more popular the victim is at school and in the community, the more significant the impact will be.
  - Physical/Emotional proximity to the crisis event: To what extent were students and staff exposed to or involved in the crisis? Crisis impact is lessened when exposure and involvement are minimal. For example, a school shooting will likely affect the entire school whereas a crisis that occurs off campus with only a few individuals involved will likely have a less severe impact.
  - Crisis history: If the school has experienced similar crises, the current event may trigger former crisis reactions in addition to producing new trauma. This may increase the reaction and overall impact.
  - Recency of other crises: Has the school experienced another crisis recently? The reaction may be stronger to the current event because there may not be a full recovery from the previous incident. Resiliency and coping strategies may be lessened because of the previous event.
  - Resources: Is there is a richness of family, school, personal and community resources available to people who have experienced a crisis? The fewer resources available, the more likely significant crisis reactions will occur.
  - Crisis event timing: When did the crisis occur? If it occurred during a time when school was not in session, the impact will likely be lessened because students may be able to deal with it on their own or with family members. This does not mean that the school should not evaluate or prepare for trauma reactions that may continue into the school year. When a crisis occurs during a vacation, the school has more time to prepare an effective response.

How does a crisis event affect individuals?

A crisis event may cause traumatic stress. Traumatic stress refers to the emotional, cognitive, behavioral and physiological experience of individuals who are exposed to, or who witness, crisis events that overwhelm their coping and problem-solving abilities. Traumatic stress can disable people, cause disease, precipitate mental disorder, lead to substance abuse and destroy relationships and families.

Traumatic stress reactions can have a significant impact upon people and may ultimately lead to Posttraumatic Stress Disorder (PTSD). A person who has developed a PTSD may experience recurrent and intrusive distressing recollections of the event, distressing dreams, flashbacks, difficulty concentrating, hyper vigilance, an exaggerated startle response, and a host of avoidance behaviors. Children are much more likely than adults to develop traumatic stress reactions and PTSD than are adults.

- **What factors influence how individuals respond to crisis events?**

  The manner in which an individual responds to a crisis event will be based upon many variables, including:

  - Pre-trauma factors (e.g., a history of emotional problems, learning disabilities, substance use, prior traumatic exposure, etc.)
  - Characteristics of the traumatic event (e.g., the severity, proximity, intentionally caused vs. natural disaster, etc.)
  - Post-trauma factors (e.g., having the opportunity to "tell their story," level of familial support, etc.)

  These variables, in concert with individual characteristics and the "personal meaning" that an individual ascribes to a traumatic event, will ultimately determine how an individual will respond in the face of trauma.

- **What are common reactions in response to a crisis event?**

  The following emotional, cognitive, behavioral and physiological reactions are frequently observed. Not every response is evidenced by every person. Developmental factors will influence the response. The order in which responses are exhibited will vary from person to person. These stress reactions may occur immediately or sometime in the days, weeks or months after the event.

  It is important to realize that these reactions do not represent an unhealthy or maladaptive response to a traumatic event. Rather, they may be viewed as normal responses to an abnormal event. When these reactions continue to be experienced in the future (i.e., weeks, months or even years after the event), are joined by other symptoms (e.g., recurrent distressing dreams, "flashbacks," avoidance behaviors, etc.), and interfere with social, occupational or other important areas of functioning, it is important that the individual seek help from a mental health professional.

  - Emotional: shock, anger, despair, emotional numbness, terror, guilt, phobias, depression, grief, helplessness/hopelessness, loss of pleasure from activities, dissociation
  - Cognitive: impaired concentration, decision making ability and memory, disbelief, confusion, distortion, decreased self-esteem and self-efficacy, self-blame, intrusive thoughts and memories, worry

- Physical: fatigue, insomnia, hyperarousal, somatic complaints, impaired immune response, headaches, gastrointestinal problems, decreased appetite, decreased libido, startle response
- Interpersonal/Behavioral: alienation, social withdrawal, increased relationship conflicts, vocational/school impairment, avoidance of reminders, crying easily, change in appetite or sleep patterns

The School Emergency Operations Center

Why establish a school-based Emergency Operations Center?

During a disaster, all emergency response agencies throughout California will utilize a standardized structure to respond. One key component of the structure is to establish Emergency Operations Centers. These Emergency Operations Centers (EOCs) will utilize the Incident Command System (ICS). It is clear that in a large-scale disaster schools may have to subsist without the help of outside professionals for a period of hours to days. Therefore, establishing an Emergency Operations Center that uses a school-based emergency management team that is able to address the needs of the campus without the assistance of outside professionals is essential. A school-based emergency management team capitalizes on the fact that co-workers know each other, know the students and the campus and can work collaboratively.

In a large-scale crisis, the school will initiate the use of the Sonoma County Schools' Model Emergency Operations Plan that is based on the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) that incorporate the use of the Incident Command System (ICS). According to state and federal law, schools are required to respond to disasters using SEMS/NIMS. In the case of a mental health crisis, the organization and roles will remain the same, although the major function of the Operations section will be to provide Crisis Intervention Team services.

How does the Incident Command System (ICS) Work?

Every complex job needs to be organized, and emergency management in schools is no exception. The Incident Command System (ICS) has become the national standard for emergency management, preparedness and response. The model is an expandable system of management, which has proven to be workable for many emergencies, from small events to large disasters, and is currently in use by many agencies across the country.

A basic premise of the ICS is that in an emergency situation staff will transition from their day-to-day job to a similar function in addressing that emergency. For example, in an emergency the principal will become the "EOC Director."

Division of Labor

The major concept behind ICS is that every emergency, no matter how large or small, requires that certain tasks, or functions, be performed. The organization can expand or contract according to the size of the emergency and the staff available. The five sections of ICS are: Management/Command, Operations, Logistics, Planning/ Intelligence, and Finance/Administration.

In simple terms:

- **Management/Command:** Is in charge
- **Operations:** Makes it happen (by "doing")

- **Logistics:** Makes it possible (by "getting")
- **Planning/Intelligence:** Makes it rational (by thinking")
- **Finance/Administration:** Makes it fiscally accountable (by "tracking and paying")

Span of Control

Another concept of ICS is Span of Control. The structure dictates that no one person should be in charge of more than 7 other people. The optimum number is 5, unless a large number of people are all performing the same function; for example, one person might be in charge of 10 teachers, who are all caring for students.

Common Terminology

One of the most important reasons for schools to use ICS common terminology is that response agencies will communicate more effectively with schools if similar roles are described with similar wording.

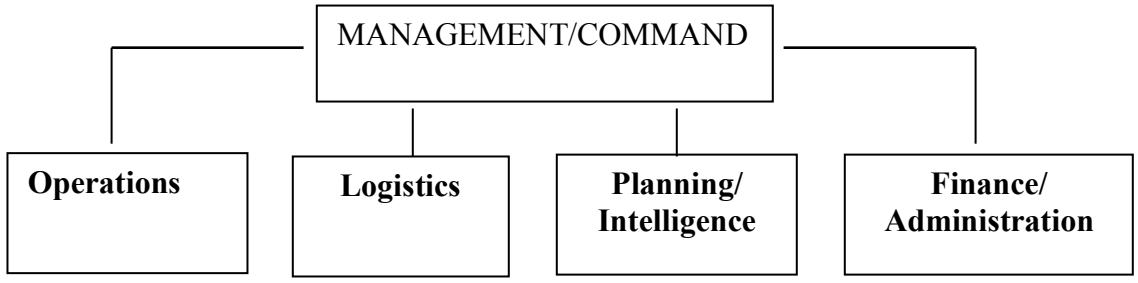
What are the roles of school staff in an emergency?

The Emergency Management Team has specifically assigned roles during an emergency. Please refer to the Sonoma County Schools' Model Emergency Operations Plan for specific guidelines. Schools can access district support as needed. It is also important to understand that all public employees are designated as Disaster Service Workers per Government Code Section 3100.

All Staff

All staff should inform family members that they may be required to remain at school to assist in an emergency situation. However, it is important to recognize that staff members must be allowed to locate and assure the safety of loved ones in order to be able to focus their efforts on the management of the crisis at hand.

EOC Management and the Basic SEMS/NIMS Flowchart



The Crisis Intervention Team

What is a school-based Crisis Intervention Team ?
The school Crisis Intervention Team addresses the mental health needs of students, staff and the community during and after a crisis event. In a large-scale crisis, the team functions as a section of the Operations Division of the Incident Command System. When the emergency is a mental health crisis event, the Crisis Intervention Team is the main responder. However, the functions outlined in the Model Emergency Operations Plan must still occur, and the team will work within an Incident Command System structure.

Who should serve on the Crisis Intervention Team?
Persons capable of providing mental health services are ideal for this team. They may include school psychologists, social workers, marriage and family counselors, school counselors, school nurses and others. The Crisis Intervention Team Leader will likely be a person who regularly works on the site and who is a trained mental health professional. When such a person is not available on the school staff, the principal or designee may take on this role with the support of outside professionals. The Team Leader works very closely with the EOC Director (Principal/Designee) in managing all aspects of the crisis event.

How do you organize a Crisis Intervention Team?
Each Fall, preferably before school opens, staff should review their Crisis Response and Recovery Plan and update faculty and staff assignments to the various roles and responsibilities. Those agreeing to serve on the Crisis Intervention Team should be volunteers who have particular interests and skills in emotional crisis response.

How do you keep a Crisis Intervention Team ready to respond?
The crisis intervention team should meet regularly (at least quarterly) to:

- Review procedures and update list of team members.
- Establish procedures and working relationships with school and community resources.
- Conduct educational presentations to prepare teachers and staff for crisis response.
- Regularly communicate with teachers, staff and administration.
- Review the Sonoma County Crisis Response System of Support procedures for accessing additional resources.
- Meet with neighboring school and/or district crisis teams to establish working relationships and communication systems (phone trees, etc.).
- Review responses to prior crises and revise responses as needed.
- Support each other in “caring for the caregiver.”

What kind of training should the School Crisis Team complete?

The team must engage in becoming commonly trained in the use of the Sonoma County School Crisis Response and Recovery Manual. This can most economically be accomplished by training a district team who can then train individual school crisis teams. Schools should also train volunteers from outside agencies who are willing to respond when additional resources are needed. Having a common philosophy and plan will significantly improve the response in times of crisis. All members will know techniques for individual, group and school-wide response and can more efficiently work together during a crisis. It is important to train as many people as are interested in responding, as it is impossible to know who will actually be available to respond at the time of crisis.

The Sonoma County Office of Education is committed to providing an annual training on School Crisis Response to assist in training new staff as well as keeping previously trained staff updated on new information.

What are the roles and contributions of school personnel during a crisis event?

Principal/Designee
The principal holds the greatest authority for all decisions made regarding the welfare of students and staff as well as for the physical school site. He/she also holds responsibility for the actions of all team members. In a large-scale disaster, the principal is typically the EOC Director at the school site level. In a smaller scale crisis where the response is provided solely by the Crisis Intervention Team, the principal may serve as the main contact person for the affected family, the district administration, and the media. The principal works closely with crisis team leader during all responses including decision-making regarding the level of response and decision to request outside resources. The principal also is responsible for the maintenance of accurate information and for writing and/or approving memos to teachers, letters to parents and other necessary communications. He/she may serve as the media liaison. Given the huge responsibilities and demands on the principal, an effective crisis response will often require that the principal assign someone else to serve as the media liaison, the administrator providing support to the crisis team leader, the family contact person, etc.

Assistant Principal/Designee
The assistant principal maintains primary authority in the absence of the principal. He/she may also be designated to be the primary person responsible for the management of the crisis response. The assistant principal may take on additional responsibilities such as arranging space for crisis response activities, acting as liaison to families, and being the primary contact for the crisis intervention team leader.

School Counselors
By virtue of their relationships to students, school counselors are in a good position to be able to identify those students needing crisis services. They can provide lists of students who may be at higher risk due to their special education needs, discipline history, family history, etc. They may work with other mental health professionals in providing individual and group counseling both during and after the crisis. They may also assist in notifying parents/guardians of students affected by the crisis and/or making referrals to outside agencies.

School Psychologists/Social Workers/Marriage and Family Therapists
Mental health professionals are in a position to facilitate the crisis response at several levels including being designated as the crisis team leader. They may educate staff and students on what to expect - emotionally, cognitively, behaviorally, and physically - as a result of exposure to a traumatic event. They may conduct debriefings with students and staff. They are trained to identify those individuals who may be "at risk" of or vulnerable to further psychological deterioration following exposure to a crisis situation. They may provide immediate counseling, assist in the development of coping strategies; provide follow-up counseling with individuals and referral to outside agencies when appropriate. In general, they assist in maintaining the emotional well-being of individuals and/or groups exposed to a crisis.

School Nurse
The school nurse is often the first to respond to physical injuries; however, many school nurses are well trained to respond to emotional crises as well. They are trained to handle acute reactions to crisis exposure such as hyperventilation, fainting, etc. They may also serve as a liaison between the school, emergency medical providers, doctors and hospitals. The nurse also maintains a list of students with medical conditions, information that may be needed by emergency personnel. Nurses attend to the documentation of the nature of injuries and the location of individuals transported to hospitals.

Teachers
Teachers have the difficult task of maintaining classroom stability and calmness at a time when they may be experiencing significant personal emotional turmoil. They may be called upon to read notices to students and provide a safe environment for discussions and activities in their classroom. They may also be responsible for the safety of their class during an extended period of time. Teachers will be in a very important position to identify both those students and staff members needing emotional support.

Campus Security
Campus Supervisors - Most schools also have security personnel who may be called campus supervisors, yard duty, etc. These adults often know many students and are helpful in identifying students needing emotional support. In addition, they are essential in maintaining the policies of the campus regarding the location and transit of students during class time. If students begin to congregate, they can provide crowd control and assist in getting students safely back to class or other locations. They can provide special monitoring of classrooms, halls, cafeterias and school grounds as needed.

School Resource Officer - Those schools fortunate enough to have school resource officers will have a natural link between the school and the police/fire departments. This can be a tremendous asset to the school during an emergency. It is important to include the SRO in team and site planning so that better coordination can be established.

Classified Staff
The contribution of these staff members to the management of a crisis cannot be underestimated. It is important that they be educated and knowledgeable about their roles in a crisis. They must be kept updated during the crisis.

- Office Managers/Secretarial Staff - The knowledge and assistance of these persons is essential in the management of the crisis. They must coordinate and disseminate a great deal of information. They must be kept informed as to the information that can be shared with parents who may call. They should also be included in team meetings when issues such as procedures for the dissemination of information or letters home are established. They may also be aware of critical information that can be helpful in relation to families involved in the crisis.
- Custodians - May assist with impacts to the physical plant or can assist in the set-up and clean-up of rooms arranged for crisis response.
- Classroom Assistants - May know students well and assist with the identification of those needing crisis services. May attend to the unique needs of special education students.
- Cafeteria Workers – The cafeteria may be the only source of food and drink during a disaster. They may also be able to provide food and drinks that may assist in calming students during a crisis.
- Bus Drivers - Bus drivers must be informed of any crisis occurring during the school day. They may also be a safe transportation away from an unsafe site. They often have good relationships with students and can provide support as well as information on students needing additional support.

Student Leadership
Student council members and other student leaders can have a role in planning for crisis intervention services as well as assisting schools in responding to a crisis by being "runners" or information transporters **only** when their physical safety is insured.

When should schools turn to "outside professionals?"
When crises affect a significant number of students and require a large-scale intervention, the crisis intervention team may need the support of additional professionals.

Who should schools call?
Schools may call upon the assistance of crisis teams from neighboring schools, the school district, and/or regional, county and national crisis teams. Many schools are supported by and have working relationships with outside professionals from agencies such as hospice, police chaplains, community-based counseling services and local private therapists. The Sonoma County School Crisis Response System of Support has been created to assist all schools in accessing these professionals.

How does the Sonoma County School Crisis Intervention Team System of Support work?
The Sonoma County School Crisis Intervention Team system supports the autonomy of individual schools and seeks to empower them in being able to organize a crisis response with the help of their own staff and/or outside resources, as needed. It has been created to make assistance readily available to both large and small schools.

In recognition of the fact that schools may have to rely on their own resources for several hours to days in a large-scale crisis, and the fact that school staff are most familiar with the needs of their own school, the recommendation is that each school develop a site Crisis Intervention Team and train team members to respond in accordance with the Sonoma County Crisis Response and Recovery Manual.

When the site Crisis Intervention Team determines that the level of crisis response needed is greater than the capacity of the site Crisis Intervention Team, they may request assistance from district and neighboring school crisis teams. They may also request assistance from local agencies that have agreed to provide crisis response services. In addition, Sutter Hospice, Memorial Hospice Grief Services, Hospice of Petaluma Grief Services, Paws as Loving Support (PALS, Assistance Dogs) and the Law Enforcement Chaplaincy Service in Sonoma County have agreed to be responding agencies. Also, individual schools may be aware of licensed mental health clinicians in private practice who would be willing to respond. All non-school-based responders should also be trained to respond in accordance with the Sonoma County Crisis Response and Recovery Plan. (See page 18 regarding Legal Considerations).

Schools should keep their Resource List updated with current contact information and with telephone trees or other systems clearly outlined.

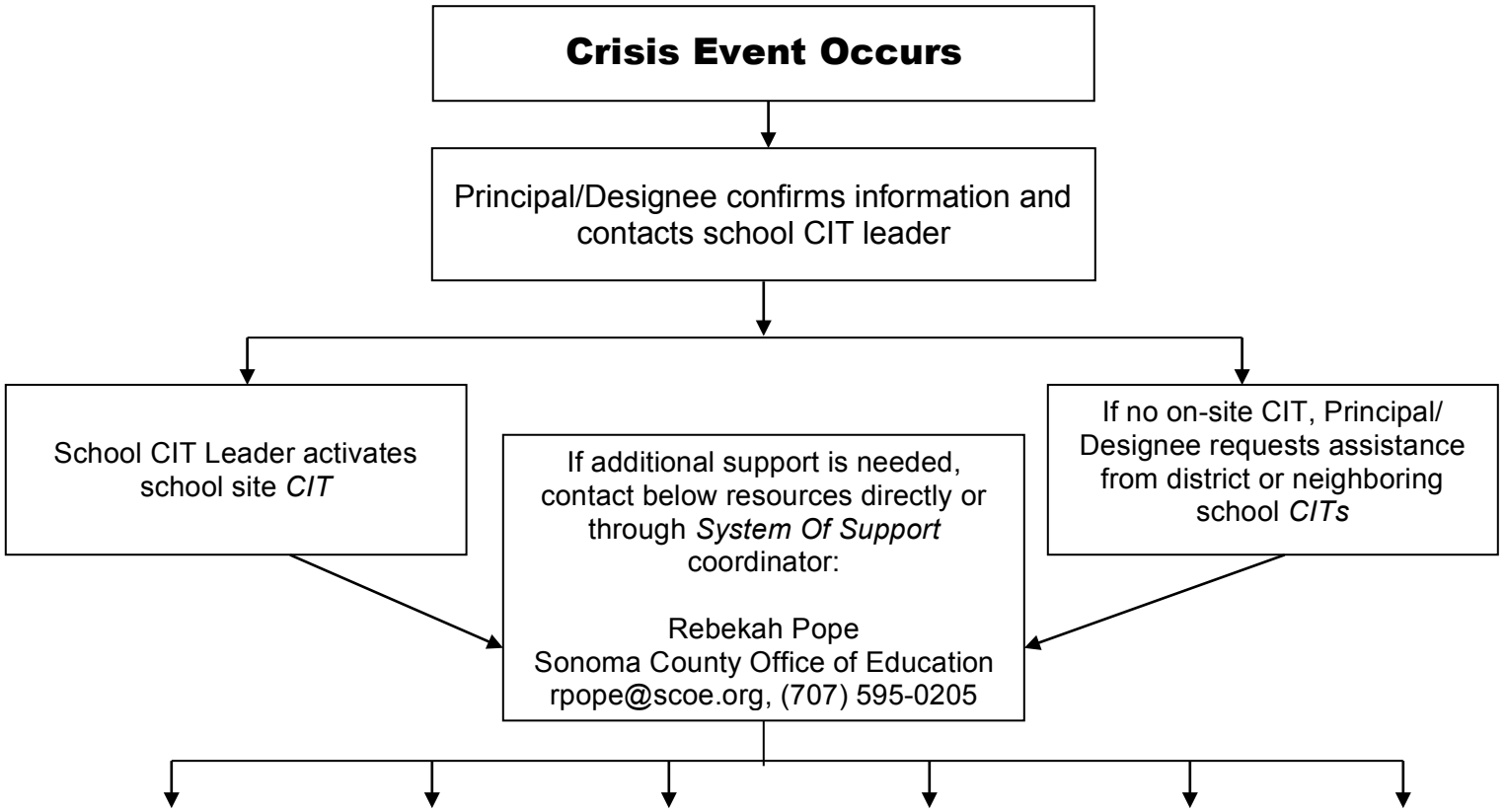
When a crisis occurs, what steps should schools take?

1. Principal/designee confirms information.
2. Activate site Crisis Intervention Team or request assistance from district or neighboring school Crisis Intervention Teams.
3. If additional assistance is needed, contact local agencies that have agreed to be crisis responders.
4. Request additional assistance from other System of Support agencies. (See Flow Chart, p. 17).
5. When calling for assistance, provide the following information:
    a. Nature of the crisis event
    b. Name of school
    c. Name and phone number of the principal/team leader for return calls

School Crisis Intervention Team

Sonoma County *System of Support* Flowchart

scoe.org/SOS



Local Support	Hospice of Petaluma	Sutter Care at Home Bereavement Services	Sonoma County Behavioral Health CAPE Team	Paws as Loving Support (PALS)	Law Enforcement Chaplaincy Service
Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____	Petaluma 778-6242 Yolande Adams **Memorial / North County Hospice** Santa Rosa Healdsburg 568-1094 Gina Carini	Santa Rosa Office Hours 535-5780 Margo Requarth Valerie Waidler Erin Adler Stacy Carr Nights & Weekends 338-9362 (c) Stacy Carr	Sonoma County 565-3542 Karin Sellite 565-5001 Katie Bivin	Sonoma County 887-7257 481-4649 (c) 887-1009 (h) Nancy Pierson 477-2567 (c) 577-8301 (h) Karen Sandvick	Sonoma County 888-0723 Heidi Fortkamp 695-1357 BreeAnn Crespan

24-hr Emergency Mental Health Hotlines

North Bay Suicide Prevention Hotline	855-587-6373
Sonoma County Suspected Child Abuse Hotline	800-870-7064
Psychiatric Emergency Services	800-746-8181
Verity Sexual Assault Hotline	707-545-7273
YWCA Domestic Violence Services	707-546-1234

When calling for assistance, be prepared to provide the following information:

- Identify yourself
- Describe the nature of the crisis
- Name and location of the school
- Contact information for the principal/designee or CIT Leader

Legal Considerations for Crisis Intervention Volunteers

As part of their emergency plans, Sonoma County public schools have designated a number of individuals from a variety of agencies to serve as "emergency" counselors in the event of a traumatic event in the community. These individuals would in many cases work with students on a one-to-one basis and might in the course of their work discuss intensely personal matters with students.

Fingerprint Recommendations

There is currently no legal requirement in California that volunteers must be fingerprinted (as regular school employees are required to do, under Education Code 45125). The volunteer provisions in Education Code 35021(a) do, however, provide that anyone who is required to register as a sex offender may not serve as a school volunteer.

Primary Crisis Intervention Volunteers

Due to the potentially personal and intimate nature of volunteer crisis intervention, it is recommended that districts do the following:

- Keep a roster of primary crisis intervention volunteers who have been fingerprinted recently. The district or county office may help with this. It would also be acceptable for any agency that normally employs or regularly uses the individual to share recent fingerprint information.
- Keep a record of the most recent fingerprinting information for these individuals along with the roster. Please note that the names on the list are not confidential, but the fingerprinting information is.
- These primary crisis intervention volunteers should be the first ones called in a crisis situation and should be the only individuals allowed to work with a student in a one-to-one situation unsupervised by a staff member.
- All individuals interested in serving in this capacity should be encouraged to get fingerprinted if they have not yet done so.

Secondary Crisis Intervention Volunteers

- Schools should maintain a list of secondary crisis intervention volunteers or backup volunteers should any situation demand more "counselors" on an immediate basis.
- At a minimum, the district should have contact information, professional certifications, and a good, checked reference for each of these individuals.
- These individuals would work with students and staff in public groups or with staff present.
- Only in an extreme emergency due to the immediacy of the situation, the unavailability of primary volunteers, and the seriousness of a student's needs should the secondary volunteers be permitted to work with students unsupervised.

See Also

Education Code sections
- 35021 Volunteer Aides
- 35021.1 Automated records check
- 44010 Sex offense; definition
- 45349 Volunteers

Crisis Intervention Checklist

The Crisis Intervention Checklist will guide school personnel in responding to the need for psychological intervention following a crisis event. All of the information contained in this chapter is organized to coincide with the steps on the Checklist. (See: Quick Reference Guide).

1. **Gather the Facts**
   - ❑ Notify the principal/designee.
   - ❑ Principal contacts family or police/fire to verify information.
   - ❑ Clarify information to be shared with school site.
2. **Determine the Level of Response**
   - ❑ Principal meets with Crisis Intervention Team Leader.
   - ❑ Evaluate problem/event and determine degree of impact on school.
   - ❑ Assemble the Crisis Intervention Team.
   - ❑ Determine if additional support is needed.
   - ❑ Request assistance from district or local resources.
   - ❑ Use Sonoma County Crisis Response System of Support, if needed.
   - ❑ Request support from State and National resources as needed.
   - ❑ Inform district officials of crisis and level of response.
   - ❑ Update level of response as needed.
3. **Manage the Flow of Information**
   - ❑ Review facts and determine what information is to be shared with:
     - o Faculty
     - o Students
     - o Parents/Community
     - o Media
     - o Choose methods of sharing information with staff/students in order to control rumors and provide factual information
     - o Initiate phone tree to staff
     - o Faculty meeting
     - o Written memo/fact sheet delivered to classrooms
     - o In-person memo/fact sheet delivered to classrooms by admin/counseling staff
     - o Loudspeaker/intercom during class time not recommended (except in lock down situations)
     - o Assemblies are not recommended
     - o Use automated phone calling system as a secondary method

4. Manage the Logistics

Identify the Location of Services

Large Scale Disaster

- Assemble crisis intervention operations near the first aid station.

Mental Health Response

- Determine a central location for counseling services (library, multi-use room).
- Select rooms for individual interviews.
- Obtain supplies (letter and poster/butcher paper, markers, paint, food, water, tissues).
- Establish a sign-in and message center for support service personnel on campus.
- Prepare sign-in sheets and documents to record students needing additional support services.

5. Create a Referral Process

- Provide a referral process including procedures for self-referral.
- Clarify procedures for student passes (discourage any wandering/loitering outside of classrooms and counseling locations).

6. Provide Interventions

During the crisis

- Follow the "immediate assessment" guidelines.
- Refer for first aid and/or psychological first aid as needed.

Following the crisis

- Conduct psychological triage to identify high-risk students/staff.
- Initiate appropriate interventions
  - Individual Interviews (highest risk)
  - Psychological First Aid - *Small Group Counseling* (medium risk)
  - Psychological Education Groups - *Classroom Discussions* (all, as willing)
  - Classroom activities, presentations
  - Support groups (as needed)
  - Parent meetings (as needed)
  - Staff meetings (encourage participation by all)
  - Support to staff (as needed)
  - Referrals to community agencies (as needed)
- Encourage crisis responders to take breaks and maintain self-care

7. Document

- Maintain a log of
  - All students receiving support services
  - All students needing additional services
  - Crisis responders

8. **Debrief – On a daily basis**
   - Review process, status of referred students.
   - Prioritize needs.
   - Plan follow-up actions.
   - Provide support to team members.
   - Provide support to staff.
   - Revise the plan as needed.
9. **Consider the Recovery**
   - Care for the caregiver.
   - Attend to trigger events/anniversaries.
   - Revise the plan as needed.

The Crisis Intervention Team in Action

The crisis intervention team may be called upon in a variety of circumstances. In a large-scale disaster, the team will respond as a part of the School Emergency Operations Center with the Team Leader reporting to the Operations Chief. In a situation where an individual crisis occurs, such as a threatened suicide, one or two members may address the crisis with the support of and/or consultation with another. Those circumstances having a school-wide or large group impact, such as the death of a popular student, will require the response of the entire team, and may require the assistance of additional professionals and/or additional teams.

The following should be used in concert with the ***Crisis Intervention Checklist.***

1. Gather the facts

The first person to become aware of the crisis should notify the principal/designee. The primary task of the principal is to gather details surrounding the event. Secondly, he/she must verify the information.

Fact gathering may require contact with the police/sheriff's department, highway patrol, fire department and/or local hospital. In the case of a terminal illness or death of a student or staff member, the principal may need to contact family members for information. Contacting family members in tragic circumstances is uncomfortable, but is necessary to determine such information as:

- The events surrounding a student's death
- How much information parents want disclosed to the school community
- Arrangements for a memorial/funeral
- The wishes of parents regarding attendance at the memorial/funeral
- How the school can support the family at this time

Information may be difficult to obtain, as people who are involved in a crisis are often quite distressed and disoriented. In addition, they may feel that questions are invasive and an intrusion when they are merely attempting to cope with their family situation. Nevertheless, it is important to obtain sufficient information to clarify the situation for staff and students in order to quell rumors. The absence of clear information can lead to confusion, chaos and secondary crises.

2. Determine the level of response

The principal/designee should meet with the Crisis Team Leader to determine the level of response that will be required and to determine the necessity of assembling the team. (See pages 6-8). Consideration should also be given the need for additional support from district team and outside professionals. Some of the variables to be considered are:

- The severity of the event
- The number of individuals affected by the event
- The reactions of students and faculty

It is helpful to review the following questions:

- When did the event occur (e.g., during a lunch period, over the summer)?
- Where did the event occur (e.g., on school grounds, at home, away from the local community)?
- How did it happen (e.g., accidental, intentional, expected)?
- How many students/staff were affected by the event?
- Which students/staff were affected?
- How were students/staff affected?
- How is the faculty responding?

- Should classes be suspended temporarily or assignments altered?
- Are substitutes required?
- Should the schedule be adjusted or students released from school?
- How are students indirectly being affected (e.g., siblings/friends at other schools)?

The school district administration should be constantly updated as the crisis develops. The principal and crisis team leader should monitor and frequently re-evaluate the situation to determine whether the crisis response matches the level of crisis. Responders may need to be added or released as the situation progresses.

After the principal and team leader determine the level of response needed, the team leader should first use their school site team, then access additional resources as outlined in the Sonoma County School Crisis Response System of Support. *All team members and outside professionals should wear identification badges when on school sites.*

3. Manage the Flow of Information

One of the most important decisions to be made is how the notification of students and staff will proceed. The timeliness of the information, the content, the manner in which it is shared and the opportunity for discussion are critical to the management of the crisis on both an individual and group basis. The purpose of controlling the flow of information is to minimize rumors and misinformation as well as to protect the wishes of the affected students and families. The Crisis Intervention Team leader may work with the principal/designee to write and disseminate the information. Crisis Intervention Team members may be needed to assist in accomplishing the tasks of copying, collating and disseminating memos. Additionally, the crisis team members may be assigned to assist teachers who are uncomfortable making the announcement or leading a discussion.

It is important to be culturally sensitive and to make sure that all information is translated to support the diversity of the student body.

Select Methods of Notification

When determining the method of notification, the following should be considered:

- The nature of the situation (e.g., accidental, suicide, terminal illness prior to death)
- The age of the students
- The availability of support services (within and outside of school)
- The needs and concerns of parents/guardians of the students.
- The timing of the announcement (before rumors begin; early in the class period so that students will have time to talk with their teacher or obtain support services; not immediately before lunch or the end of the day)

The following methods may be used for **notification**:

- A **phone tree** to notify staff
- An emergency **faculty/staff meeting**
  - Request that all faculty be present.
  - Hold meeting first thing in the morning and/or at the end of the day.
  - Prepare teachers for personal response to crisis.
  - Prepare teachers to respond to students in crisis.
- A **memo/fact sheet** delivered to teachers
  - To be read at a chosen time by all teachers
  - Followed by discussion/alternative activities

- Use administrators or crisis team members to read in classrooms where teachers are uncomfortable.

- **Loudspeaker announcements** to students and faculty are NOT recommended:

  Generally, sensitive information should not be shared in this manner because the announcement may:

  - Unnecessarily traumatize students
  - Cause students to want to leave the classroom or school site

  However, it may be used:

  - To announce the necessity of a lockdown
  - When it is not possible for teachers to make the announcement in classroom settings

- **Media fact sheet**
  - Assists with rumor control
  - Presents facts to parents and larger community
  - Prepares the Media Liaison to talk with the media
  - Can notify parents of student release procedures

- **Parent letter**
  - Presents the facts
  - Informs parents of school response and logistics
  - Provides information about warning signs
  - Gives referral sources

- **Automated calling system**

  May be used to:

  - Notify parents of crisis
  - Provide logistical information
  - Provide information about student release

- Student **assemblies are NOT ADVISABLE** for the following reasons:
  - No opportunity for students to react to information in the presence of a supportive adult
  - May create excessive emotional reactions
  - May create contagious emotional responses
  - Safety of students may be difficult to ensure

Determine the Content of Fact Sheets/Memos/Letters

- Fact sheets to teachers

  The principal's memos/fact sheets to teachers should convey:

  - The facts regarding the event (maintain confidentiality and provide only that information that the family has consented to release)
  - Concern for those affected by the crisis
  - Any changes to the day's schedule

- Warning signs and referral process for students/staff in need of support
- The location of campus support services
- Procedures for students to sign-out of class and sign-in for support services (students should not be allowed to leave classrooms and wander or congregate in locations other than the selected locations for crisis support services)
- Time and location of faculty meeting

- Parent letter/fact sheet

  As early as possible in the day, the principal should prepare a letter to be sent home with the students that will provide the parents/guardians with the following information:

  - The facts surrounding the crisis
  - A summary of actions the school is taking to help students
  - A list of reactions to expect from their child
  - Guidelines that can aid the parent(s) in providing support to their child(ren) and
  - Contact phone numbers within and/or outside of the school for further information and support.

Manage Efficient Distribution of Letter

The writing and distribution of the letter should be completed as soon as possible because it may be time consuming. It is beneficial to utilize sample letters (see Quick Reference Guide). It is helpful to have a plan for distribution in place before the crisis.

Create a school office file that contains:

- A map of the school with room numbers
- A list of classrooms occupied during each period of each day--organized by day and by period.
- The maximum number of students in each classroom.
- A list of students and other personnel who may be in other locations (e.g., office, library, cafeteria, counseling).

During the crisis:

- Alert staff to the fact that the letter will be distributed and set the time at which they should hand out the letters. (Inform during faculty meetings, over the intercom, memo).
- Print copies collated in groups equal to the greatest number of students in any classroom.
- Place a colored front sheet that has instructions to teachers on the top of each stack.
- Label each stack with a room number.
- Organize the stacks to areas of the campus.
- Assign an adult to distribute to each location. (Students may not be reliable).
- Make it a priority to distribute the letter to administrative staff and secretarial staff prior to classroom distribution. They may be handling calls for information and will appreciate having an approved statement regarding the incident.

4. Manage the Logistics

Identify the Location of Services

- **Large-Scale Disaster**

In the case of a large-scale disaster, the crisis team should assemble and set-up operations near the first aid station. This serves two purposes. One, all students/staff who require physical or emotional assistance can be sent to one location. Secondly, many of those who have sustained physical injuries will also be in need of emotional support.

- **Mental Health Response**

  In crises requiring solely a mental health response, the crisis team should be assembled in a location such as the library or multi-use room that can accommodate students needing a secure place to both safely react to the crisis and access support services. Additional space may be needed for individual and group interviews and interventions.

Obtain supplies

The environment may be made more comfortable with an offer of snacks, water and writing and art supplies.

5. Create a Referral Process

The principal and crisis team leader should develop a referral process that allows for maintaining adult supervision of students in classrooms or other buildings at all times. Students should not be allowed to wander or congregate in outdoor locations without adult supervision.

All school staff, especially campus security and teachers, should be aware of the referral process and methods of tracking student whereabouts. Documentation of all students receiving services is required.

Older students, of junior high or high school age, may try to leave the campus believing that they can handle the crisis on their own. Thus, it is very important to carefully manage the whereabouts of all students and to provide an inviting space where crisis team members can observe and monitor student reactions as well as identify and refer students needing additional help.

Campus security may need to be especially vigilant in monitoring hallways, cafeterias and grounds. This is especially important in the case of the suicidal death of a student. (See "Special Considerations/Suicide", page 56)

6. Provide Interventions

There is more than one model for crisis intervention services and some controversy about the effectiveness of each. However, there seems to be agreement that the following interventions are helpful and can reduce post-traumatic stress reactions:

- Provide accurate information.
- Allow for discussion.
- Normalize the response.
- Educate regarding possible reactions.
- Provide information about additional support services.

Such interventions are not considered to be counseling and do not need to be provided by a mental health professional. (See pages 33 through 44 for more specifics). Teachers can provide this intervention in their classrooms and be trained to recognize student reactions that would indicate the need for referral to the mental health practitioners on the crisis team (i.e., suicidal students).

- **Intervention During the Crisis**

  During a crisis event, teachers and crisis teams may be called upon to provide help to traumatized students and staff. The following is a practical approach to address emerging psychological needs of people during crisis events. It seeks to stabilize acute symptoms of traumatic stress and stimulate healthy adaptive functioning.

There are 10 stages, the first 5 of which are most often provided by medical personnel (school nurse, police, fire, EMS personnel). However, during events that overwhelm the services of the school and community (fire, shooting, earthquake), it is possible that a teacher would be a first responder and need to provide these services.

The following is a guideline for connecting with individuals who have been exposed to a crisis event:

- **Immediate Intervention Guidelines**

1. Assess for Danger/Safety for Self and Others

Upon arrival at the scene, assess the situation in order to determine whether there are factors that compromise your safety or the safety of others.

2. Consider the Mechanism of Injury

Form an initial impression of those impacted by the event. Assess how the event may have physically impacted the individual. Also consider how the event was perceived – what was seen, heard by those observing the incident.

3. Evaluate the Level of Responsiveness

Determine if the individual is alert and responsive to verbal stimuli. Does he feel pain? Is he aware of what has occurred, or what is presently occurring? Is he under the influence of a substance? During a traumatic event, the individual may experience an "emotional" shock that may mimic acute medical conditions (i.e., rapid changes in respiration, pulse, blood pressure, etc.). Emotional shock may be adaptive as it serves to prevent the individual from experiencing the full impact of the event too quickly.

4. Address Medical Needs

Contact emergency medical personnel quickly in the event of a serious illness or injury. It is imperative that life-threatening illness and injury be addressed prior to psychological needs.

5. Observe and Identify

Observe and identify those who have been exposed to the traumatic event both directly and indirectly. Be aware of emotional cognitive, behavioral and physiological reactions suggestive of traumatic stress. Students, faculty, staff and crisis team members are all subject to vicarious trauma.

6. Connect with the Individual

During a crisis, introduce yourself and let people know your role in the school. After medical clearance, move the individual away from the event to prevent further traumatic stress. Develop rapport by making an effort to understand and appreciate his /her situation. A simple question such as "How are you doing?" coupled with appropriate non-verbal communication (e.g., eye contact, your body facing him/her, a gentle touch, etc.) may be used to engage the individual. Individual reactions may vary from totally detached or withdrawn to intense displays of emotion (e.g., uncontrollable crying, screaming, panic, anger, fear, etc.).

7. Ground the Individual

When the individual has connected with you, you may begin to orient him/her by discussing the facts surrounding the event. Address the circumstances of the event at a cognitive or thinking level, focusing on the here-and-now, helping the individual know the reality of the situation. He/she may be "playing the tape" of the traumatic event over and over in his/her head. By reviewing the facts, you may help the individual to disrupt these thoughts and begin to deal with the circumstances at hand. If the individual is indeed safe, assure him/her of that fact. Encourage the individual to share his/her story. This may include sounds, smells, and a description of physical responses.

8. Provide Support

The factual discussion and realization of the event may lead the individual to experience painful thoughts and feelings. This is the point at which they may need the greatest support but also the time that is most difficult for those providing support. The responder may feel unprepared or fear saying the wrong thing.

It is important to maintain a helping attitude and attempt to understand and respect the uniqueness of the individual and his/her experience. Strive to "give back" the sense of control that has been taken from the person by exposure to the event. The individual should be allowed to think and feel, know that his perception of the experience is important and that she/he is not alone. Do not attempt to talk a person out of a feeling (e.g., Don't be scared, you're fine."). Communicate appreciation for the other person's experience.

9. Normalize the Response

Normalizing and validating the thoughts and feelings of an individual will help her/him to understand that she/he is a *normal person trying to deal with an abnormal event*. It is important to educate the individual about the emotional, cognitive, behavioral and physiological responses to trauma that he may experience. It is also important to help the person understand that if or when these responses continue in future weeks, months, or years and are accompanied by other symptoms (e.g., recurrent distressing dreams, "flashbacks," avoidance behaviors, etc.), she/he should seek help with a mental health professional. It is important to avoid over-identification with the individual. Avoid statements including, "I had an experience just like this when…" or "When I was in high school…" Instead, normalize and validate the experience of the individual by saying, for example, "You seem upset. It must have been hard to see your friend get hurt…"

10. Predict and Prepare for the Future

This final phase should prepare the individual for the road ahead. It is helpful to 1) review the nature of the traumatic event, 2) bring the person to the present, and 3) describe the likely events in the future. Be careful not to tell the person that "everything will be okay" or that it will all work out. A band-aid response minimizes the person's feelings and experience as well as the process of support and normalization in which you have just been engaged. A statement such as, "I'm glad that I had the opportunity to be here with you during such a difficult time." acknowledges your connection as well as the fact that the individual is ready to move forward.

- **Intervention Following the Crisis**

  - **Conduct Psychological Triage (Risk Screening and Referral)**

    Risk screening is the "process of evaluating and sorting victims by immediacy of treatment needed and directing them to immediate or delayed treatment. The goal of triage is to do the greatest good for the greatest number of victims." (NIMH, 2002, p.27) Risk screening is conducted with the understanding that not all individuals will react to a crisis event in the same way. Individuals may require interventions that are quite different. It is important to recognize that most individuals who are exposed to a traumatic event will display some initial reactions. In time, most individuals will have a normal recovery. It should not be presumed that reactions in the early stages following the crisis event are abnormal or significant unless there is a preexisting condition.

    It is very important to identify individuals who may need support; however, it is just as important to recognize individuals who are managing the crisis on their own. Individuals who may not need crisis intervention but who are provided it might receive the unintentional message that they are not capable of handling things on their own. They may question their coping strategies. In other words, do not give children more than they are asking for, and make sure that interventions are developmentally appropriate.

The following information may be used by a Crisis Intervention Team mental health professional to assess high-risk individuals. If an individual appears to be high risk, the mental health professional should contact parents or relatives and make a referral to an appropriate agency.

- **Risk Factors to Consider**

  Physical Proximity:

  Where was the individual when the crisis event occurred?

  - High Risk for Psychological Trauma

    -Those who required medical or surgical attention (NIMH, 2002).

    -Those who had exposures that were particularly intense and were long in duration (NIMH, 2002)

  - Lower Risk for Psychological Trauma

    -Those who had more physical distance from the event

  Emotional Proximity:

  - Relationship with victim (s)

    -Individuals who had close relationships with the victims should receive priority for treatment.

  - The individual is not able to regulate emotions.
  - The individual is inflexible and has poor problem solving abilities.
  - The individual has a trauma history.

  Perceived Threat

  - Individuals may not always perceive the crisis event in an objective manner. They are at high risk if they perceive the event as highly negative.
  - Children are influenced by the perceptions and reactions of the adults around them.
  - Developmental factors may be protective-younger children and cognitively impaired children may not necessarily view an event as traumatic.

  Initial Crisis Reactions

  Extreme stress reactions may impact an individual's ability to cope. The following individuals should be monitored:

  - The individual displays panic or dissociation during the crisis event.
  - The individual has previously been diagnosed with a stress disorder
  - The individual remains stuck in fight or flight (unable to mitigate these reactions)

- **Protective Factors to Consider**

  Internal Vulnerability

  - The individual's coping style is to avoid.
  - The individual has a pre-existing mental health condition.

  External Vulnerability

  - Family: Individual is not living with nuclear family member; parent is unresponsive and unavailable; family is dysfunctional (drug abuse, violence etc.); parent has PTSD and does not cope well with trauma; child abuse is present; family has a low socio-economic status.

- Social: Individual is a loner and does not have peer relations; individual does not believe that there is any social support available.

Internal Resiliency

- The individual has a coping style that is action oriented.
- The individual has no preexisting mental health conditions.
- The individual is able to self-regulate and manage emotions.
- The individual is flexible and is able to utilize good problem solving strategies.

External Resiliency

- Family: Individual is living with a nuclear family member; parents are caring and responsive; there are available and responsive extended family members; caregivers cope well with trauma.
- Social: Individual has close peer relationships, connections with positive adults, and connections with organized social clubs (e.g. student government).

- **Take the Following Steps**
  - **Conduct Initial Risk Screening**

    Identify students who may be at highest risk by evaluating the following:
    - Physical and emotional proximity
    - Duration of exposure to crisis event
    - Initial crisis reactions
    - Personal vulnerabilities
  - **Conduct Secondary Risk Screening**
    - Conduct individual interviews with students/staff who have been identified as being high risk.
    - Determine need for treatment.
    - Contact parents, teachers, family.
    - Make an appropriate referral.
  - **Monitor individuals for Post Traumatic Stress Disorder and ongoing trauma reactions**
    - Make appropriate referrals as needed.
    - Provide follow-up if requested.

Classroom Activities

In addition to discussion, teachers can help students deal with their reactions to a crisis through a variety of classroom activities. Classroom activities enable students to express and discuss feelings about crises. The following are simply examples to stimulate teachers' planning.

Preschool and Kindergarten Activities

Play Reenactment
Toys that encourage play reenactment of students' experiences and observations during a traumatic experience can help integrate the experiences. Useful toys include fire trucks, rescue trucks, dump trucks, ambulances, building blocks and dolls.

Physical Contact

Children need lots of physical contact during times of stress to regain a sense of security. Games involving structured physical touching help to meet this need.

Nourishment

Extra amounts of finger foods and fluids help provide the emotional and physical nourishment children need in times of stress. Oral satisfaction is especially necessary, because children tend to revert to more regressive or primitive behavior in response to feelings that their survival or security is threatened.

Puppets

Playing with puppets can be effective in reducing inhibitions and encouraging children to discuss their feelings.

Art

Have the children do a mural on butcher paper with topics such as what happened when the traumatic event occurred. This is recommended for small groups with discussion afterward, directed by an adult. Have the children draw individual pictures about the event and then discuss or act out elements of their pictures. This activity allows for discussing experiences, and helps children discover that others share their fears.

Stories

Read stories to the children that tell about other children's (or animals') experiences in a disastrous event. This can be a non-threatening way to convey common reactions to frightening experiences, and to stimulate discussion. It helps to emphasize how people resolve feelings of fear.

Large Muscle Activity

When children are restless or anxious, any activities that involve large muscle movements are helpful. You might try your own simple version of doing exercises to music, like skipping and jumping.

Elementary School Activities

Play Reenactment

For younger children, using toys that encourage play reenactment of their experience and observations during the traumatic event can help integrate the traumatic experience. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

Puppets

Play with puppets can be effective in reducing inhibitions and encouraging children to talk about their feelings and thoughts. Children often will respond more freely to a puppet asking about what happened than to an adult asking the questions directly. Help or encourage students to develop skits or puppet shows about what happened in the event. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

Art and Discussion Groups

Do a group mural on butcher paper with topics such as "What happened in your (*neighborhood, school name or home*) when the traumatic event occurred?" This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help students feel less isolated with their fears and provide the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note (such as a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis:), in addition to providing the opportunity to talk about their feelings about what took place.

Share Your Own Experience

Stimulate group discussion about disaster experiences by sharing your own feelings, fears or experiences. It **is** important to legitimize feelings to help students feel less isolated.

Disaster Plans

Have the children brainstorm their own classroom or family disaster plan. What would they do if they had to evacuate? How would they contact parents? How should the family be prepared? How could they help the family?

Reading

Read aloud, or have the children read, stories or books that talk about children or families dealing with stressful situations, pulling together during times of hardship, and similar themes.

Creative Writing or Discussion Topics

In a discussion or writing assignment, have the children describe in detail a very scary intense moment in time and a very happy moment. Create a group story, recorded by the teacher, about a dog or cat that was in an earthquake, flood or other disaster. What happened to him? What did he do? How did he feel? You can help the students by providing connective elements. Emphasize creative problem-solving and positive resolution.

Playacting

In small groups, play the game, "If you were an animal, what would you be?" You might adapt discussion questions such as "If you were that animal, what would you do when some traumatic event occurred?" Have the children take turns acting out an emotion in front of the class, without talking, and have the rest of the class guess what the feeling is and why the student might have that feeling. Do this for good as well as bad feelings.

Other Disasters

Have the children bring in newspaper clippings on disasters that have happened in other parts of the world. Ask the students how they imagine the survivors might have felt or what they might have experienced.

Tension Breakers

A good tension breaker when students are restless is the co-listening exercise. Have the children quickly pair up with a partner. Child #1 takes a turn at talking about anything he or she wants to, while Child #2 simply listens. After three minutes, they switch roles and Child #2 talks while Child #1 listens.

Also, when the children are anxious and restless, any activities that involve large muscle movements are helpful. You might try doing your own version of exercises to music, like skipping or jumping.

Junior High and High School Activities

Classroom activities that relate the traumatic event to course study can be a good way to help students integrate their experiences and observations, while providing specific learning experiences. In implementing the following suggestions, or ideas of your own, it is important to allow time for the students to discuss feelings stimulated by the projects or issues being covered.

Home Room Class

Group discussion of their experiences of the event is particularly important among adolescents. They need the opportunity to express feelings, as well as to normalize the extreme emotions they may have experienced. A good way to stimulate such a discussion is for the teacher to share his or her own reactions to the event. The students may need considerable reassurance that even extreme emotions and crazy thoughts are normal in a traumatic event. It is important to end such discussions on a positive note, such as talking about what heroic acts were observed.

Break the class into small groups and have them develop a disaster plan for their home, school or community. This can help students regain a sense of mastery and security, as well as having practical merit. The small groups can then share their plans in a discussion with the entire class. Conduct a class discussion and/or support a class project on how the students might help the community recovery effort. It's important to help them develop concrete and realistic ways they might be of assistance. Community involvement can help overcome feelings of helplessness and frustration, and deal with survivors guilt and other common reactions in disaster situations.

Have a home safety or preparedness quiz. What would you do under certain circumstances (such as finding a hurt child, being without water or electricity, or having an earthquake hit the area).

Talk about what is necessary to survive in the wilderness. How does this knowledge apply to a community following a disaster? Encourage students who have had first aid training to demonstrate basic techniques to the class.

Science

Conduct projects on stress, physiological response to stress, and how to deal with it.

Creative Writing

Ask the students to write about an intense moment they remember very clearly, not a day or an hour, but a short period of time lasting no more than three minutes.

Make up a funny disaster.

Write a story about a person who is in a disaster and give it a happy ending.

Literature or Reading

Have the students read a story or novel about young people or families who have experienced hardship or disaster. Have a follow-up discussion on how they might react if they were the character in the story.

Psychology Class

Initiate a discussion on how course content might apply to the stress reactions students observed during and following a traumatic event. Discuss post-traumatic stress syndrome. Have a guest speaker from Mental Health Services or a therapist involved in counseling victims speak to the class.

Peer Listening

Provide information on common responses to traumatic events. Use structured exercises using skills students are learning in class to help them integrate their experiences. Point out that victims need to repeat their stories many times. Students can help family and friends affected by the event by using good listening skills.

Health Class

Discuss emotional reactions to the event and the importance of taking care of one's own emotional well being. Discuss health hazards in a disaster, such as water contamination or food that may have gone bad due to lack of refrigeration. Discuss health precautions and safety measure. Guest speakers from public health and/or mental health and from the fire department might talk to the class.

Art Class

Have the students portray their experiences or observations of the event in various art media.

Have the students do a group project, such as a mural, showing the community recovery efforts following a disaster.

Speech/Drama

Have the students portray the catastrophic emotions that come up in response to a traumatic event. Have the students develop a skit about some aspect of the event.

Math Class

Have the class solve mathematical problems related to the impact of the event.

Social Studies/Government

Study governmental agencies responsible for aid to victims. How do they work? How effective are they? Write letters or petitions to agencies responsible for handling disasters. Discuss the political implications of the event within a community.

History Class

Discuss historical events and disasters. Discuss how the victims and survivors of those events might have felt. Have the students bring in newspaper clippings on current events in other parts of the world. What kinds of experiences might the victims have had? Have you experienced anything similar?

Center for Mental Health in the Schools at UCLA (2004) A resource aid packet on responding to a crisis at a school. Los Angeles, CA: Author. Revised May 2004. http://smhp.psych.ucla.edu

Psychological Education Groups - *Classroom Discussions*

Psychological Education groups - *Classroom Discussions* are designed to help the school community (students and staff) to understand, prepare for and respond to the impact of a crisis event. Specifically, they will learn about problems and reactions that are generated (both in themselves and others). Psychological Education is particularly beneficial for younger children who may deal with a crisis event by using an avoidant coping style (e.g., not talking about the event, not dealing with feelings that may have resulted from the event, or staying away from people and things that remind them of the event).

Psychological Education helps to dispel incorrect perceptions about the crisis event, helps to promote a sense of control in the recovery process, emphasizes strengths and self-efficacy, and provides connections to mental health resources. Psychological Education has a strong research base that validates the benefit of normalizing crisis reactions.

Psychological Education groups - *Classroom Discussions* can be facilitated by a mental health professional or classroom teacher. It is advisable to prepare teachers by conducting caregiver trainings prior to the classroom meetings. Training will help to empower them in their role as caregivers and will provide them with strategies for working with students who have experienced a crisis event.

Psychological Education is not enough for the severely traumatized. It must be paired with other psychological interventions and professional mental health treatment.

Student Lesson

- Goals
  - Crisis facts are understood and rumors are dispelled.
  - Potential crisis reactions are identified and normalized. (See page 9)
  - Stress management strategies are identified and/or taught.
  - Psychological crisis reactions (e.g., sadness, guilt, anxiety) and coping strategies are discussed and referral procedures are identified (teachers are provided with referral procedures).
- Steps
  1. Introduce students to the lesson.

     Approximate duration: 5 minutes

     - Introduce the facilitators of the lesson (if not already known by the group).
     - Establish group rules (e.g., one person talks at a time, no negative comments or threats).
     - Present the purpose and steps of the lesson.
  2. Answer questions and dispel rumors.

     Approximate duration: 20 minutes

     - Provide students with the facts of the crisis event.
     - Address rumors and present the facts.

     Caution:

     - Excessive details about the crisis event could be frightening and may lead to post-traumatic stress symptoms. Particular caution and care should be taken with elementary school students.
     - The facilitator should follow the lead of and respond to student questions rather than providing too much detail.
  3. Prepare students for the reactions that may follow crisis exposure.

Approximate duration: 15 minutes

- Teach students to recognize and prepare for common crisis reactions.
- Normalize common crisis reactions.

4. Teach students how to manage crisis reactions

   Approximate duration: 15 minutes

   - Identify coping strategies that will help to manage stress reactions.
   - Develop self-care plans.
   - Inform students of where they can get help.

5. Close the discussion by making sure that students have a crisis reaction management plan.

   Approximate duration: 5 minutes

   - Assist students in developing a self-care plan that includes information on how to take care of themselves and obtain further assistance.

Sample Student Lesson

Time guidelines are flexible. Depending on the age of the students, the meetings may be significantly shorter than noted. The lessons can be uniquely tailored to the age of the group (language used, description of emotions, etc.). It is important to allow students to participate in these lessons without significant time restrictions while acknowledging the need to return to the structure and consistency of the school day.

1. **Introduce** students to the session.

Approximate duration: 5 minutes

"Hi, I am Sally and I am a counselor who works at Sutter Hospital. I will be working today with your teacher, Ms. Smith, to talk to you about what happened yesterday. Our goal is to answer your questions and provide you with facts, to talk about some feelings or reactions you might be having, to give you additional resources if you are having a hard time, and to help you to come up with a plan to take care of yourselves. Everyone who wants to share will be able to do so.

"We do have some rules that will make this process run smoothly. The first rule is that only one person speaks at a time. Please don't interrupt your classmates.

The second rule is that we will all keep our language positive and refrain from any blame.

"Some of you may have some negative opinions. If you don't feel that you can be part of this group, that's OK. You may excuse yourself and go to the library, but we want to hear what you have to say, so we will be making a time to talk with you after this session. There is a list by the door and we will put your name on it so that someone can connect with you later. We are all here to support one another and this is a safe environment for us to do so."

2. **Answer** questions and dispel rumors.

Approximate duration: 20 minutes

"OK. Let's start. Who can tell me what they have heard about what happened yesterday? (*At this point, the facilitator or teacher may choose to write down what the students say on the board*). I see that you have heard a lot of different things about what happened. That happens a lot in these situations. Some of you might be really confused, scared or angry right now. Some of the things you heard are correct and some of them are not. Let's take some time right now to go over the facts. (*Facilitator takes some time to provide facts about the crisis event making sure to address all areas of concern generated by students*). Does anyone have any more questions that were not answered?"

Caution:

The goal is to not re-traumatize students by giving excessive details that may be frightening or lead to post-traumatic stress symptoms. Particular caution and care should be taken with elementary school students. An example of an appropriate presentation of crisis facts would be:

"A man with a gun came on campus and shot one of our teachers, Mr. Jones. He did not know Mr. Jones. The man was not a parent of any of our students. Our custodian, Dan, helped Mr. Jones until paramedics arrived. Mr. Jones is in the hospital and he is in stable condition. The person who shot him was apprehended by the police and he is in jail."

3. **Prepare** students for the reactions that may follow crisis exposure.

Approximate duration: 15 minutes

"You know, a lot of times when people experience an event like this they have

a number of different emotions and reactions. Sometimes these reactions happen right away and sometimes it takes time. Can anyone tell me some of the emotions or reactions that you have had? **For younger students the facilitator might ask, 'Has anything been different for you lately?'** (*The facilitator might choose to write the reactions, emotions, or behaviors on the board*). It sounds like we have a lot of different emotions here. Some people are angry, some people are scared, and some people are numb. These are all really normal. Some other normal emotions people typically experience include feeling guilty, stressed, or really sad. Is anyone having trouble eating or sleeping? Did anyone want to stay extra close to your parents last night? This is really normal too. Does anyone else want to share some things that were different for them last night? (*The facilitator may want to write these on the board*). It looks like a lot of us are experiencing the same things and this is really common. I want you all to also remember that you might experience some of these feelings or behaviors for a few weeks."

4. **Teach** students how to manage crisis reactions

Approximate duration: 15 minutes

"I want to thank you all for sharing your emotions and reactions with us. I know how difficult that can sometimes be. You might feel these emotions for a while and this is normal, but we want to help you find ways to manage these emotions and take care of yourselves. Who can tell me some positive ways that you are going to care for yourself tonight? (*Facilitator reinforces positive coping strategies including talking to parents or friends, going to church or synagogue, caring for animals, writing in a journal etc.*)

"These are all really great ideas. You all came up with some positive ways to care for yourselves. I also want to share some other ideas that might work. Exercise is a great way to help relieve stress. It is also important to eat well and get plenty of sleep.

"Now, I want you each to come up with a personal self-care plan that you will use tonight and in the next couple of weeks that will help you to take care of yourselves. The first part of the plan includes activities you can do to help you feel better in the short and long term, the second part of the plan includes where you can go for help if you think you need additional support. You can write down your ideas and we will come around to see what you have come up with. (*Facilitator provides some time for the activity and walks around the room to monitor progress*).

5. **Close** the discussion by making sure that students have a crisis management plan.

Approximate duration: 5 minutes

" I again want to thank you all for participating today and want to tell you again how sorry I am that this happened to you. As I told you before, all of these feelings are normal but you may still feel that you really need more help in dealing with your feelings and reactions. We want to support you in getting that help. If you would like to see someone individually to talk more about this, there is a sign up sheet at

Ms. Smith's desk and we will set up a time for you to talk to a counselor. There is also a sign up sheet at the school psychologist's office in the administrative building. We will also be sending your parents a list of people in the community who will be available to meet with students. Does anyone have any questions about where they can get help? You can also talk to me or Ms. Smith later if you want more information."

Caregiver Training

Caregiver trainings are designed to provide information to staff, parents and other individuals who are a natural support for children. Parental/caregiver support is crucial to help prevent long-term difficulties for students.

- Goals:
  - Crisis facts are understood and rumors are dispelled.
  - Potential crisis reactions are identified and normalized. (See page 9)
  - Stress management strategies are identified and/or taught.
  - Specific helpful reactions (i.e. empathy) to students' traumatic stress are identified.
  - Referral procedures are identified (teachers are provided with referral procedures).
- Steps:

1. Introduce caregivers to the lesson.

   Approximate duration: 5 minutes

   - Identify group leaders.
   - Explain the purpose and steps of the training.

2. Provide crisis facts.

   Approximate duration: 10 minutes

   - Provide caregivers with the facts they need to help students understand the crisis event.

     Caution:

     - Warn caregivers not give excessive details or unsolicited or frightening information about the crisis event. This could lead to post-traumatic stress symptoms. Particular caution and care should be taken with elementary school students.

3. Prepare caregivers for the reactions that may follow crisis exposure.

   Approximate duration: 15 minutes

   - Teach caregivers recognize and prepare for common reactions to crises.
   - Normalize common crisis reactions.

     Caution:

     - Emphasize that these are normal reactions of normal people to an abnormal event.

4. Review techniques for responding to students' crisis reactions.

   Approximate duration: 15 minutes

   - Identify coping strategies that will help to manage crisis reactions.

Sample Caregiver Training

Caregiver trainings are designed to provide teachers, staff, and parents with information that will empower them to work with students following a crisis event. It will help caregivers to normalize potential crisis reactions and follow referral procedures to seek help for students with more extreme or maladaptive reactions. Time guidelines are flexible.

1. **Introduce** caregivers to the lesson.

   Approximate duration: 5 minutes

   "Hi, my name is Suzy Shore. I am a school psychologist for Lincoln Middle School, and this is my co-leader, Mike Mars, a counselor at North Bay Hospice. As you all know, yesterday your school experienced a significant crisis event that is greatly impacting staff and students. Our goal is to return students to school and to their routines as soon as possible. We want to prepare you, in your role as caregivers, to help students to understand the event, normalize crisis reactions, and develop self-care plans to manage stress. In addition, we will provide you with referral procedures for students who may need more therapeutic support than we can provide here. First, we will be discussing the facts surrounding the crisis, and then will review techniques for responding to students' crisis reactions. Your support is crucial to help prevent long-term difficulties for your students. Do you have any questions before we move on?"

2. **Provide** crisis facts.

   Approximate duration: 10 minutes

   "As you know, we had a shooting at our school site yesterday. The ex-boyfriend of one of our teachers entered the campus at approximately 8:10 AM. He walked past the office without checking in. One of the teachers, Mr. Jones, was talking to the school secretary at the time. She said, "That person doesn't look familiar and he didn't come to the office first." Mr. Jones stated that he would approach him and ask him to check in. When he approached the gentleman, he pulled a gun from his pocket and shot Mr. Jones in the chest. The suspect then ran off of the grounds and was apprehended by police after a car chase. Three students and two staff witnessed the shooting. The first person to reach Mr. Jones was Dan, the school custodian. He took off his shirt and placed it on Mr. Jones' chest to stop the bleeding. Several students and staff in three nearby classrooms heard the gunshot and ran outside. One of them ran to the office to call 911. Dan continued to apply pressure until the paramedics arrived. The students who witnessed the aftermath of the shooting were released to their parents. We are thankful to say that Mr. Jones is in stable condition at Mercy General. The area where the blood was on the ground has been cleaned.

   "The students have likely heard several things about this event. In fact, I heard one student tell another that six students were shot. I heard another student say that Mr. Jones is in a vegetative state. It is very important for us to provide the facts to the students in order to dispel rumors and make them feel safe. It is important to not give excessive details about the event. This might frighten the students or lead to post-traumatic stress symptoms. It can be harmful to give students unasked for information that could be potentially frightening. For example, the students do not need to know that Mr. Jones went in and out of consciousness or that Dan was covered in blood by the end of the ordeal.

   Provide the basic facts and answer questions. An example of what you might say is, 'A man with a gun came on campus and shot one of our teachers, Mr. Jones. He did not know Mr. Jones. The man was not a parent of any of our students. Our custodian, Dan, helped Mr. Jones until paramedics arrived. Mr. Jones is in the hospital and he is in stable condition. The person who shot him was apprehended by the police and he is in jail.'"

3. **Prepare** caregivers for the reactions that may follow crisis exposure.

   Approximate duration: 15 minutes

   Students may display a wide range of emotions that are normal reactions to an abnormal or traumatic event. It is important to normalize these reactions and understand that they are not atypical in the days and weeks following a crisis event. These reactions may include: sadness, withdrawal, anger, anxiety, regression, hypervigilance, crying, or avoidance. One of our goals is to help students understand that these reactions are common and normal.

4. **Review** techniques for responding to students' crisis reactions.

   Approximate duration: 15 minutes

   "One of the ways that we will help students following the crisis event is by

   empathetic listening. For example, if a student approaches and states that he was devastated when he heard that his favorite teacher, Mr. Jones, had been brutally murdered you can say, 'You must have been so sad when you thought that Mr. Jones had been killed. He was your favorite teacher, and you were devastated to think that someone would hurt him. I think it is important for me to tell you again that he was not killed, and that he is in stable condition at the hospital. I know that you must still be sad that he was hurt and there are lots of people on campus who feel the same way. Even though he is alright, people are still sad that he was hurt.' "

   "One of the other ways to support students is to help them to develop adaptive coping strategies. These would include exercise, journal writing, drawing, talking to parents or peers, engaging in enjoyable activities like game playing, or spending time with pets. You may also need to redirect students away from maladaptive coping strategies including, for example, drug use (*this is a temporary solution and may lead to more serious issues*) or staying away from school (*this is where your support is, this is where we have people who can help you*).

   "One strategy is to help students develop a self-care plan. These plans include student-identified activities that can help them feel better in the short and long term. The second part of the plan includes where they can go for help if they think they need additional support. You will be provided with referral procedures for students who may need additional therapeutic support. Students who may be at highest risk are those who were closest to the crisis event either physically or emotionally. In addition, it is important to watch for students who continue to exhibit extreme reactions six weeks after the crisis event. This may indicate the development of a more significant problem (e.g. mood disorder, anxiety disorder, substance-related disorder, or dissociative disorder)."

Psychological First Aid Intervention – *Small Group Counseling*

A psychological first aid intervention is conducted with individuals or groups, typically 24-72 hours following a crisis event. It is not psychotherapy and should never be used as a stand-alone intervention for highly traumatized individuals. It may be the first step in working with traumatized individuals; however, referrals for counseling or psychotherapeutic treatment may be necessary.

Psychological first aid is a triage tool that is designed to actively explore individual crisis experiences and reactions. It strives to help students/staff feel less alone and more connected to their peers and the school community. Crisis reactions and experiences are normalized. Schools should be aware that a return to normalcy is desirable; however, addressing mental health needs following a crisis is of the utmost importance.

Any participation should be voluntary. It is important to recognize that students/staff may be at different levels of crisis reaction, and they may not be ready for psychological intervention.

Immediate Group Psychological First Aid

- Goals
  - Crisis event is understood.
  - Crisis experiences and reactions are understood and normalized. (See page 9)
  - Adaptive coping is facilitated.
  - Rumors are reduced.
  - Crisis survivors begin to look forward.
- General Considerations
  - **Who should participate?**

    Groups should be **homogeneou**s, based on either naturally occurring groupings or by level of exposure to the crisis event. It is important to not pair individuals who have close physical or emotional proximity to the crisis event with individuals who had minimal exposure. Participation in these groups should be voluntary, and students should be provided with an alternative place to go where they can be closely monitored.
  - **What is the optimal size?** A group between 15 and 30 students will enhance communication and trust. Smaller groups are acceptable.
  - **Where should the session be offered?** The session should take place in a familiar environment (e.g., available school classroom or meeting room) provided with water, tissue, and food. If the school site is not open due to damage, for example, it is recommended that community resources or agencies be used as a meeting place.
  - **When should the session be offered?** There are no absolute recommendations for time guidelines; however, the goal is to get students reconnected as soon as possible. Initially, some avoidance coping can be an adaptive coping strategy. It becomes maladaptive when it continues or becomes dissociative in nature. It is common to conduct psychological first aid groups within 24-72 hours of the crisis event.
  - **How much time should be allocated for a session? This process should not be rushed.** Psychological first aid groups should only be conducted when there is a guarantee that all steps will be completed and that the session will take place without interruptions. Most importantly, individuals should be allowed to share their stories without time constraints.
  - **Who are the facilitators?** One facilitator should be a mental health professional. For student groups, there should be one team member (e.g. teacher) who is familiar with the group. The ideal ratio is one team member to 10 students. (See "Legal Considerations for Volunteers", page 18).

- What is the role of the teacher for a student group? The teacher should be as active as possible. The teacher provides security and familiarity. It is important to recognize the limitations of the teacher. It is expected that a teacher will have normal reactions to the crisis event. If the teacher is severely traumatized, it is recommended that he or she not serve as a team member during the psychological first aid group.
- **What are the follow-up needs?** The most severely traumatized individuals may require referrals for counseling or treatment. School staff should be aware of anniversary reactions and plan accordingly.
- **Is permission needed?** Parental permission is not necessary; however, it is always advisable to obtain it whenever possible. Information about psychological first aid groups may be included in the letter home following the crisis event.

An Outline for Group Psychological First Aid – *Small Group Counseling*

1. Introduce the Session

- Identify the facilitators (if not already known to the group).
- Review or establish group rules (students may help to generate the rules).
- Present the purpose and steps of the session.

2. Provide facts and dispel rumors

- Answer questions and provide facts about the event.
- View carefully selected/screened media presentations.

Caution: It is important to let student questions guide the discussion. Facilitators should avoid giving details about the crisis that could be frightening and increase the potential for post-traumatic stress disorder.

3. Share Stories

- Ask for volunteers.
- Give each student a chance to share.
- Engage students in developmentally appropriate art activities.
- Allow ample time for sharing.

4. Share Reactions

- Present common crisis reactions.
- Give each student a chance to share.
- Mention self-referral procedures.

5. Empower the individuals

- Teach stress management.
- Identify accessible supports.
- Reinforce adaptive coping (e.g. exercise, journal writing) and offer alternatives for maladaptive strategies.

6. Close the Session

- Prepare students for funeral attendance.
- Supervise memorial development.
- Create cards and write letters.
- Summarize what has been learned.
- Reiterate self-referral procedures

Following group psychological first aid sessions, it is important for team members to continue to remain available to the students. Team members should be visible by spending time on the school grounds and visiting classes. Psychological triage should continue and referrals should be made to appropriate agencies. Facilitators should debrief following the session and continue to support each other.

Comfort-Dog Teams

Through the use of specially trained dogs and handlers, Sonoma County's ***PALS*** Comfort Dog Teams offer calming support to students and staff after a death, tragedy or trauma. Interacting with a PALS Comfort Dog Team helps to lower blood pressure, stabilize one's heart rate and thereby facilitate a more even emotional state to cope with the event. Research has shown that if crisis intervention occurs in a timely manner after a crisis, traumatic event or death (illness, accident or suicide), then the likelihood of damaging-stress is significantly decreased. The PALS teams oftentimes become the bridge between a reluctant student or staff member in need of professional assistance and the counselors or chaplains who can provide it, thus facilitating the beginning of the healing process.

Each Comfort Dog Team has completed PALS' 15-hour social/therapy/reading team training, passed a rigorous temperament and skills evaluation, received certification from PALS, trained around emergency personnel and equipment, and attended SCOE's school crisis and critical incident management trainings. Some of the teams have participated in various high schools' Every 15 Minute Program providing emotional support and comfort to both students and staff during the 2-day event and day one's retreat. Several handlers also have hospice training.

Utilizing the Comfort Dog Teams for students and staff helps to redirect painful emotions. A minimum of two dog teams will respond to each school site when called upon. PALS tries to send one large-dog team, as well as, one little-dog team whenever possible. The dogs can provide comfort that other humans cannot. They are soft to the touch, non-judgmental, offer unconditional love and support and don't ask questions or interrupt. They are wonderful body-language readers and will typically seek out the students or staff who are most in need. The dogs tend to first go to those who are extremely quiet or have shut down. When that person is in a better place, the dogs move on to the next in need. Others, who are loudly processing their grief, often calm down or self-sooth in the hopes that they too will receive a doggy visit. If all in the room are in agreement, this process may happen with the dogs off leash so that they can freely approach each individual. For some students, staying in a warm room with others who are grieving becomes too difficult. After receiving permission from the person in charge, a team might ask a student or small group of students if they would like to take one of the dogs outside for a short walk on campus with the handler supervising. Sometimes fresh air and exercise is helpful.

The handlers are great listeners and have very good people skills. They have been trained to: report to the school office to sign in, report to the person in charge for direction, go to assigned area, write down the names of the students or staff members needing additional follow-up, give that list to the person in charge immediately if needed or at the end of the day. They check out at the school office before leaving. Teams visit school sites and attend rosaries, memorials, or funeral services when requested.

All of the handlers have been life-scanned or fingerprinted and cleared. All PALS dogs are cleared by a veterinarian annually and are current on their vaccinations.

To find out more about our PALS Reading Dog Program and other services that Paws As Loving Support Assistance Dogs offer to our community, please visit the PALS website at www.pawsaslovingsupport.org

Special Considerations

Individuals with Disabilities

The manner in which an individual responds to a crisis event is based upon many variables including pre-trauma factors, characteristics of the traumatic event, and post-trauma factors. These variables, in concert with individual characteristics and the "personal meaning" that an individual ascribes to a traumatic event, will ultimately determine how an individual will respond in the face of trauma. While the range of responses will be broad, individuals with certain disabilities may be more at risk for developing post-traumatic stress symptoms based on pre-trauma factors. These factors may include a history of emotional problems, learning disabilities, or substance use. When conducting risk screening, it is beneficial to consider internal vulnerability factors (avoidance coping style, pre-existing mental health conditions, difficulty regulating emotions, inflexibility and poor problem solving skills, and trauma history) and external vulnerability factors (family dysfunction, history of domestic violence, child abuse, family drug use, poverty, poor peer relationships, and lack of social support). Individuals with poor resiliency and self-efficacy may require additional support following a traumatic event.

In contrast, individuals with certain disabilities may have protective factors that contribute to their responses following a crisis event. For example, individuals with significantly impaired cognitive abilities or who are on the autism spectrum may not fully understand the impact of the event. However, they will be affected by the anxiety of adults who work with them. These individuals may become overly stressed and traumatized when they were previously not because of the responses of the adults who work with them. Individuals who are on the autism spectrum will be particularly impacted by changes in the routine and structure of their day.

Despite protective factors, individuals with significant cognitive impairment may experience a wide array of reactions to a crisis event that require a structured response. It is beneficial to use facilitators who have experience working with individuals with significant cognitive impairment. Of utmost importance is determining the level of need. Facilitators should avoid providing excessive details about the crisis event. This could be frightening and may lead to stress that did not previously exist. The facilitator should follow the lead of and respond to student questions rather than providing too much detail. The facilitator should give concrete examples of normal crisis reactions.

It is important to provide activities that will support the grieving process. Activities should be based on developmental rather than chronological age level, and they should be based on student rather than staff or parent response to the event.

As part of their preparation, school teams must have plans and procedures for individuals with physical disabilities or significant medical needs. These individuals may require additional support during evacuations and in the hours or days following a full-scale disaster. **Sonoma County Office of Education (SCOE) classes that are on district campuses should be incorporated into the school's emergency plan**. As part of the Sonoma County Model Schools Emergency Operations Plan (EOP) school teams should develop and annually review procedures to ensure that school teams are prepared to support these individuals for 72 hours following a disaster.

- Prior to a crisis:
  - Ensure that all classrooms are part of the intercom system.
  - All classrooms should include doors that lock from the inside. This will provide for staff safety during a lockdown.

- Map an evacuation plan that will accommodate wheelchairs and allow for swift and unencumbered movement.
- Ensure that there are enough individuals to move wheelchairs during an evacuation. If student volunteers are utilized, a new list must be generated yearly, however, it is important to recognize that traumatized students may not be entirely reliable because of their own reactions to the traumatic event.
- Keep 72 hours worth of medication on hand to ensure that it will be administered during a potential lockdown or if students are unable to leave the site for several hours. A list containing the names of students and dosages should be readily available. It would also be beneficial to have photographs of the students. Staff should be trained at the beginning of the school year on medication administration.
- Make sure that classrooms include supplies (food, water, toilet) and an additional power source or battery back up. This is crucial for individuals who may need suctioning, for example.
- Develop a picture schedule for students with autism with duck and cover or evacuation procedures that can be used during practice drills and utilized during a crisis.
- Maintain a list of Sonoma County Mental Health professionals who may be working with students who have pre-existing mental health conditions. These individuals should be notified following a crisis event so that they may provide follow-up support and monitoring for students on their caseload.
- Develop a resource list of counselors who work with students with cognitive impairment. Individuals who specialize in play based therapy might be a resource, for example.
- Maintain a list of North Bay Regional Center case managers who work with specific students. Following a crisis, they can be called to help provide support to students and families.
- Have specific comfort items or reinforcers for each student available in the classroom. This will have a calming effect.

▪ Following a crisis:

- Closely monitor individuals with pre-existing mental health conditions. Pay attention to significant changes in attendance, weight, and mood. Maintain contact with mental health caseworkers. Refer for additional support as needed.
- Provide significantly cognitively impaired students with developmentally appropriate activities (e.g. letters to the family of victim/victims, drawings).
- Review the crisis response plan and modify it based on what was learned.

Cultural Diversity

The manner in which various cultures experience and express reactions to traumatic events can vary widely. Emotional responses may not be congruent with or familiar to the crisis responder. Cultural traditions surrounding the event (e.g., death, funerals and memorials) should be explored with the student/staff member and personal choices honored. It is never safe to assume that an individual belongs to a particular culture, nor that they choose to engage in the traditions of that culture. It is important to be aware that individuals may respond in a manner different than the responder would expect and that the most helpful response is to ask the individual what is normal for him/her and how they would like to be assisted.

When we find differences between cultural groups in a society, e.g. suicide rates and risk factors, we tend to explain these in terms of cultural differences. This can, however, conceal the real reasons for differences that may or may not have something to do with culture at all. Examples of other factors that may be important are unemployment, poverty, oppression, marginalisation, stigmatisation, or racism. Moreover, culture is not a static or measurable variable; rather culture describes the dynamics evolving in an interaction between individuals and their surroundings. So, at the same time as we need to be culturally sensitive and aware of potential cultural differences, we must not let "culture" overshadow other important factors that might be at play. Neither must we

overlook similarities in our vigilance to find differences. In the health and social care system the individual must not be met as a representative of a cultural group, but be allowed to be themselves with their own beliefs, attitudes, understandings, thoughts, and knowledge.

Whenever possible, all written communications, such as the letter to parents, should be translated. Likewise, bilingual/bicultural team members or translators should be available to students/parents who need them. Phone translation services, while cumbersome and expensive, are available from AT&T.

Funerals

- **The school may assist the family and students in the following ways:**
  - The school should respect the wishes of the family in regards to the funeral.

    When large numbers of students and staff would like to attend, ask the family to consider holding the funeral outside of school hours.
  - Notify students and staff of the family's wishes regarding who may attend and the time and location of the service.
  - Inform students that funeral attendance is voluntary and the decision of individual students and their parents.
  - Encourage parents to attend with their student.
  - Prepare students for grief reactions that may be displayed
  - Normalize the feelings and expressions of grief
  - Give permission to leave if it is too uncomfortable
  - Educate students regarding appropriate dress and behavior at a funeral.
  - Have support personnel at the funeral.
  - Continue to provide crisis intervention services on the school site after the service (students may have maintained denial until attending the service and may struggle more after the service than before.)
  - Inform students of the policies and procedures for release from school.
  - Students, with parental permission, should be able to attend funerals. However, special arrangements (including closing school early or sending students from school to funerals) are not advisable.
- **Reasons to attend funerals include:**
  - An opportunity to say good-bye.
  - Our way of marking the passing of a human life.
  - A social or public grief process that provides an opportunity to pay tribute, to share memories, to hear new things about a loved one's life.
  - A time for all who are sharing in this loss to support each other.
  - A sense of closure and allowing movement to the next level of grieving and adjustment.
  - A chance to address the spiritual dimension of the death.
- **Helping students with what to expect during the service.**
  - What will the facility be like? Who will be there? Who will officiate?
  - Will there be an open casket and/or viewing?
  - Feeling uncomfortable is okay. It is normal to experience sadness, fear, and anxiety.

- **What do you say? How do you express your sympathy?**

  - *HELPFUL*: "This must be so difficult."; "I don't know what to say, but I came because I care"; "I miss him so much."; "This is so sad for all of us."
  - Best of all, encourage family and friends to share their favorite memories.
  - *NOT HELPFUL*: Explanations or platitudes such as: "It was God's will,"

    "At least he didn't feel any pain," or "He's in a better place."

Campus Memorials

(Adapted from the National Association of School Psychologists, 2002)

- **Memorial Activities Following Traumatic Events**

Memorial activities following a crisis event serve an important function in the healing process for both students and staff. Such activities provide the opportunity to express emotions in a variety of ways besides talking. Creating memorials helps to bring closure to a period of grieving and serves as a point from which to move on with regular school activities. Memorial activities can take many forms, from writing letters and cards to establishing living memorials (e.g. raising funds for a particular charity or creating a prevention program). Not all memorial activities will have the same focus. For example, memorial activities following a large-scale event (e.g. Oklahoma City bombing) may be much different than activities conducted following the accidental death of a student.

One of the most important components of memorial planning includes providing a range of opportunities to express feelings. When planning formal memorial activities, it is important not to move too quickly following the crisis event. Planning for a memorial can be therapeutic and loving; however, it should not take away from time spent addressing the psychological and acute needs of the individual. Some individuals may interpret memorial activities as a closure that may prohibit the time they need to grieve, cope and heal. No activities should discourage continued time for grieving and healing. It is important to recognize that one size does not fit all in regard to memorials following crisis events.

- **Memorial "Do's" and "Don'ts"**

Do focus on the needs and goals related to students and include parents and community members in activities as appropriate.

Do be sensitive to developmental and cultural differences when developing memorials.

Do develop living memorials (e.g. anti-bullying) that address the problems that lead to crisis event.

Do introduce something to prevent other crises from happening. Try to move the students from the role of "victims" to that of "doers".

Do emphasize signs of recovery and hope in any memorial activity.

Do encourage communication (e.g. letter writing and exchange of ideas).

Don't try to accomplish all things within the school setting. There are many places where school staff, administrators, and faculty may contribute that do not occur at school.

Don't allow the memorial to be a forum of hatred and anger toward the perpetrators of the crisis.

Don't focus the memorial on the uncontrollable aspects of the crisis.

Don't allow a memorial to simply recount tales of the trauma.

Don't force students to participate or share feelings and ideas.

Don't assume that "one size fits all" when it comes to developing a memorial.

- Developmental Considerations

  It is important to consider the developmental level of the students involved when planning memorial activities.

  - Young children need to find ways to express their grief even when they do not fully understand what has happened. They are also likely to react to the adults around them so it is important to allow them time to process. Activities such as the following might be helpful.
    - Allow the students to make drawings. They can be sent to the family of victims, to people who helped during the crisis (fire, police, ambulance), or they can be sent to children who have been victims of a disaster. This will allow them to share and express their feelings.
    - Set up a recycling program where the students help to recycle lunch materials and donate the money to an organization that helps during a disaster or crisis (e.g. Red Cross).
  - Adolescents benefit from activities that enable them to contribute to the efforts of the school and community in regard to recognizing victims and helping to prevent future tragedies. Secondary students should be involved in the planning and might like activities such as the following:
    - Develop prevention strategies (e.g. increasing anti-bullying activities).
    - Write letters to government officials to express their concerns.
    - Set up a mentoring program with a local elementary school.
    - Write cards and letters to the victim(s) family.
    - Use symbols of hope and life. Light candles.
    - Establish living memorials (e.g. anti-bullying curriculum, conflict resolution).
    - Donate money to a charity that supports prevention.
    - Give a small fountain that includes rocks that have a positive message written on them to the family or families of the victim(s).
    - Develop a memory book with drawings, poems and songs that can be presented to the family.
    - Have banners in the hallway for students to write their feelings and thoughts.

- Cautions

It is important to consider several cautions when planning memorial activities. First and foremost, there are special considerations when there has been a death by suicide (please refer to the suicide section for specific recommendations). If a temporary memorial site has been established and includes cards, letters, stuffed animals, flowers, etc., it is important to use sensitivity when removing it. One recommendation is to present the items to the family of the victim(s). Staff must review all items for appropriate language and messages prior to delivering to the family. The stuffed animals could be donated to a children's shelter.

Schools often want to remember students or staff by establishing permanent memorials around the school. This may include dedicating the yearbook, planting a tree, putting up a plaque/picture, or even dedicating a walkway or building. It is important to carefully consider this type of tribute. First of all, these types of memorials serve as a constant reminder of the

death that has occurred. As the years go by, the number of memorials increases, and the school is surrounded by reminders of death and trauma. Secondly, it may be difficult for schools to provide the same activities and/or memorials for each individual once a precedent has been established. This may lead to a painful or potentially contentious comparison of memorial efforts. If the school decides to establish a permanent memorial, one suggestion would be to establish a scholarship or ongoing memorial fund for prevention or disaster relief. It is important to review school board policy prior to creating a permanent memorial.

It is crucial to monitor all memorial activities on a daily basis. This is important for several reasons. First of all, the school staff needs to make sure that no inappropriate messages (e.g. those that espouse hate or violence) are part of the memorial. Also, review of written/drawn messages can lead staff to students who are in need of mental health support because of extreme grief reactions or who are potentially a danger to themselves.

Memorials should be created in a culturally sensitive manner. There needs to be an awareness of important traditions and rituals.

North Bay Suicide Prevention Hotline of Sonoma County:
(855) 587-6373
Toll Free

Suicide Intervention

(Adapted from NASP: 2001/02, CASP: 2003, American Association of Suicidology, 2004)

Death by suicide is a crisis event that can have a significant impact on a school and community. There is an immediate concern that this event can trigger suicidal ideation or imitative behavior. It is important to use the following guidelines to identify and prevent further deaths by suicide. In any crisis event, there is a heightened possibility for individuals to have diminished coping abilities and be at a higher risk for suicidal behavior.

With proper intervention, suicide is preventable. Although youth do not typically self-refer, they often show signs that they may be contemplating suicide. It is important for school staff to be aware of these signs and to intervene quickly to assure the safety of the individual.

Risk Factors

- Psychological Disorders
  - Affective disorder/Depression
  - Conduct disorder
  - Anxiety disorder
  - Co-morbidity (e.g. conduct disorder and depression)
- Biological Factors
  - Reduced Serotonin
- Impulse Disorders
  - Alcohol/substance abuse
  - Previous suicidal behavior
  - Self-injurious behavior
- Familial Factors
  - Economic status
  - Family discord or loss
  - Child abuse
  - Domestic violence
  - Parenting style
- Environmental Factors
  - Presence of a firearm
  - Access to other means of suicide (pills, ropes, etc.)

- Situational Crises
  - Loss (death, divorce, broken romance, relocation)
  - Victimization/exposure to violence
  - School crisis (disciplinary, academic)
  - Suicide in school or community

Warning Signs

- Suicide note - Serious attention needs to be paid to these notes, they are real signs of danger.
- Threats - These can be direct threats, "I want to die" or indirect, "who would miss me anyway?" References may also be detected in artwork, creative writing projects, and joking.
- Previous attempts - This is the best predictor. An individual who has attempted previously should be monitored closely and be provided with therapeutic support.
- Depression - An individual is at higher risk for suicide if they have consistent and pervasive thoughts of hopelessness and despair.
- Masked Depression - Risk-taking behaviors including gun play, alcohol/drug abuse, aggression
- Giving away prized possessions
- Efforts to hurt oneself - Running into traffic, jumping off of high places, scratching/cutting/marking the body
- Cognitive Issues - Inability to think clearly or to concentrate. This might be noted in child's classroom behavior.
- Death and suicidal themes - These might appear in drawings, work samples, creative writing, journals, homework.
- Changes in physical appearance or habits - Include difficulty sleeping or excessive sleep, weight gain or loss, lack of personal hygiene.
- Sudden changes in personality, friends, behavior - Withdrawal from normal relationships, lack of interest in typical interests
- Plan/method/access - There may be an increase in focus on guns and other weapons. There may be a discussion about methods and some mention of a potential plan. The more planning, the greater the risk.

Tips for school personnel or crisis intervention team:

- **Collaborate with colleagues**

  Collaboration with an administrator or another team member (nurse, counselor, or social worker) is reassuring and beneficial. Collaboration increases the likelihood of an accurate assessment and protects against liability.

- **Assign a designated reporter**

  An individual/s (possibly the Crisis Team Leader) should be designated by the school to be the contact person/s who acts on all reports from staff, students, and teachers about a student who might be suicidal. This person could be a school psychologist/counselor, social worker or nurse. Another individual/s should also be identified in case the designated reporter is not available.

Action Plan

Following a suicide threat, it is important for the school team to take **immediate** actions to ensure the safety of the student. It is important not to ignore any signs, including information gathered from drawings, writing or indirect threats. It is crucial to supervise and keep the student in eyesight at all times **(the student should not be allowed to leave campus, and s/he must be accompanied everywhere, even the restroom).** Keep the student informed throughout the process, and solicit their help if appropriate.

1. **Ensure the student's safety.**

   If the threat has been made in the classroom, make sure that an adult accompanies the student to the office. Do not allow the student to leave the classroom by him or herself or with another student. Suicide-proof the school environment. Make sure that anything that may be used for self-harm is removed from the area where the student is taken. **Supervise the student at all times!**

2. **Contact the Crisis Team Leader or designated reporter.**

3. **Conduct Assessment**

   - **Ask the student 3 questions to determine the level of risk.**

     1. Have you thought about suicide before?
     2. Have you ever tried to hurt yourself before?
     3. Do you have a plan to hurt yourself today? Have you thought of how you might do it?

   - **Evaluate Risk**

     Determine the level of risk and respond accordingly.

     - **Low Risk** - Ideation (prior thoughts of suicide)
     - **Moderate Risk -** Previous suicidal behaviors (previous attempts, hospitalizations)
     - **High Risk** - Current plan/method/access (student identifies that s/he plans on hurting her/himself now and has a defined plan and access to weapon, pills, bridge etc.)

     If the student is deemed to be either a moderate or high risk, under no circumstances should they be allowed to take the bus home. Students judged either moderate or high risk should be released only to parents (see below for exceptions), law enforcement or psychiatric emergency team members.

4. **Duty to warn/contact parents**

   In the case of a suicidal threat, the parents **must** be notified. Four key questions in regard to the student's parents must be addressed.

   - Is the parent available?
   - Is the parent cooperative?
   - Does the parent have information that will help the team to assess the risk?
   - What mental health insurance does the family have?

5. **Consider the method of transport for psychiatric evaluation**

   - **High risk/available and cooperative parent:** If the parent is responsive, the school psychologist/counselor, nurse or social worker should provide the parent with a community referral based on health insurance and residence. With parental approval, the

team member can call ahead to the agency to provide information and follow-up after the student's arrival. If the parent requests it, the team member can follow the parent and student to the agency. All actions should be documented. In some situations that include high-risk students, the team may feel that law enforcement is the only safe transport. The parent should sign a release of information so that the school and parent can work together to develop a support plan.

- **High risk/parent unavailable:** The local police or school resource officer should be called to transport the student to the agency. Team members may follow student to the agency.
- **High risk/parent uncooperative:** Some parents may minimize the suicidal risk and refuse to transport the student (e.g., "he just wants attention like always"). In addition, there may be some language barriers or cultural considerations that impact this behavior. The parents should be given the opportunity to be collaborative partners. If the school crisis team believes that the reluctance is based on true negligence and that the student's life may be in danger, a report to child protective services should be made, and law enforcement should be contacted to assist with transportation.
- **Low risk/uncooperative parent:** If the student is judged to be low risk, and the parent is not cooperative, the team should have the parent sign a form indicating that they were notified by the school team about the suicidal threat.
- **Student asks that parent not be notified:** A suicidal student's ability to reason or think rationally can be seriously compromised. S/he might not be the best judge of the parents' response. Therefore, it is important for the team to determine if the student will be in more danger if the parent is notified. If this is the case, the team should notify Child Protective Services. The parents must still be contacted.

6. **Based on the parents' insurance, make recommendations for the appropriate agency.**

   For example, if a child has Kaiser Insurance and is sent to Psychiatric Emergency Services (PES), the student will likely be sent from PES to Kaiser Hospital. This additional transportation may further traumatize that student and may lead to a large bill for the parents.

7. **Follow up and support the family.**

   The school should work with the family, therapist and hospital staff on modifications and supports that need to be established prior to the student's return to school.

Suicide Postvention

It is important to follow special procedures following a suicide in order to minimize the risk of another suicide and to assist school staff and students in the grieving process. It is important to neither glamorize nor vilify the deceased. Postvention activities can be used for prevention. They can be designed to teach students and staff the warning signs of suicide in order to help prevent it in the future.

Crisis Intervention

- Gather the Crisis Intervention Team.
- Determine the impact the event will have on the school.
- Estimate the level of response needed.
- Determine a plan of action.

- Collaborate with law enforcement, media and community partners.

Action Plan

1. **Verify suicide** (collaborate with law enforcement, media, family).

   It is important to have the facts. It is imperative to report correct information in order to help control rumors and to avoid trauma that may occur as a result of inaccurate reporting.

2. **Contact the family of the suicide victim.**

   The family is entitled to privacy. Determine how much information the family is willing to share. Offer support to the family.

3. **Determine what and how much information is to be shared.**

   It is important to be truthful. If the student died by suicide, this should be reported. Avoid going into details about the method.

4. **Prepare fact sheets.**

   DO NOT MAKE THE ANNOUNCEMENT AT AN ASSEMBLY OR OVER THE PUBLIC ADDRESS SYSTEM.

5. **Assign a support person** to follow the student's classes and be aware of reactions that may occur as a result of the empty chair. Provide counseling rooms for individual and group counseling for students and staff.

6. **Hold a planning session with the faculty** to discuss warning signs and ways to help minimize the potential for contagion.

7. **Identify traumatized students, faculty, and parents.**

8. **Provide appropriate interventions for students, faculty and parents.** (See "Psychological Education Groups", page 38 and "Psychological First Aid", page 45).

9. **Points to emphasize with the media and parents:**

   School is providing prevention activities; suicide is complex; no one person or thing is to blame; suicide is everyone's problem; help is available (counselors, hotlines).

Special Concerns Following a Suicide

Imitative Behavior

One of the risks of suicide is the potential for imitative behavior. It is important to pay special attention to factors that may increase this potential and provide support as necessary.

Monitor any individual who may have…

- facilitated the suicide by being part of a pact.
- provided the means or encouraged the act.
- believed that they mistreated the victim in a manner that contributed to the suicide.
- not recognized signs, did not take threat seriously.
- been close to the victim.
- identified with the suicide victim, believed that the victim was a role model or had life experiences that are similar to their own
- a history of suicidal ideation or attempts or mental health issues including depression, bipolar disorder or anxiety, for example.
- experienced significant losses or trauma.

Memorials

It is important to acknowledge the grief and loss that people may feel following a suicide; however, it is important to take great care when developing memorial activities. Care should be taken to avoid glorifying the act or vilifying the victim. Memorial activities should focus on prevention.

Do

- Do something to prevent other suicides (establish a system of support; tell an adult about warning signs in a friend; understand signs of depression; establish a list of resources).
- Create living memorials (adopt a school-wide suicide prevention program).
- Donate money to a suicide hotline or other community resource.
- Allow students to attend the funeral with parent approval and support.
- Avoid glorifying the suicidal act with descriptions and details.

Don't

- Do not dismiss school or encourage funeral attendance during school hours.
- Do not have funeral or memorial services at school.
- Do not have permanent memorials at the school (plaques, trees, yearbook dedications, buildings).
- Do not fly the flag at half-mast.

Do not have assemblies or moments of silence.

Threat Assessment

What is threat assessment?

Threat assessment is the process of evaluating the risk of violence posed by someone who has expressed the intent to inflict harm on another. Threat assessment evaluates the context and circumstances of the threat in order to uncover any evidence that the threat may be carried out. A priority of threat assessment is the development of interventions and follow-up activities that are developed to manage and reduce the risk of violence.

Who conducts a threat assessment?

Threat assessment is conducted by a multi-disciplinary team including:

- School administrator
- Mental health professional (school psychologist, school counselor, social worker)
- School Resource Officer
- Other professional (school nurse, teacher)

Components of threat assessment

- **Identification**
  - Identify threats made by student.
  - Interview student using the "Threat-Maker Interview Protocol." (See Quick Reference Guide, page 18)
  - Complete "Threat Assessment Incident Report." (See Quick Reference Guide, page 19)
- **Evaluation**
  - Evaluate the seriousness of the threat and danger that it poses to others. Discriminate between threats in acknowledgment that not all are the same. *Making a threat is not the same as posing a threat. Is the student on the path toward an attack? (Secret Service/DOE guide).
  - Complete "Threat Assessment Initial Review."
- **Intervention**
  - Use counseling and other inventions to reduce risk of violence.
  - Complete "Threat Assessment Intervention Plan." (See Quick Reference Guide, page 25)
- **Follow-up**
  - Review outcomes of intervention strategies and assess the need for additional or ongoing interventions.

What is a threat?

A threat is an expression of intent to harm someone. Threats can be verbal, gestured or written. They may also be direct or indirect. Weapon possession is presumed to be a threat unless circumstances clearly indicate otherwise.

- **Direct** - "I'm going to stab you with a hunting knife after school."
- **Indirect** - "I have the means to do some major destruction here."
- **Third Party** - "He is going to get what is coming to him. Wait and see."

- **Conditional** - "You better change my grade or I will kill you."
- **Veiled** - "My brothers in Red Lake knew how to set things right."

How to proceed with a threat assessment inquiry (Kanan, 2002)

- Use a neutral tone that is professional and non-confrontational.
- Ensure physical safety and security.
- Assemble the team and determine the facts
- Gather information from a variety of sources (student, staff, targeted individual, parent interviews).
- Evaluate information gathered and determine level of risk.
- Develop an action and supervision plan.
- Document information.
- Consult with district level administrators as needed.

Purpose of student interview

- Lets student know that behavior has been noticed and has raised concerns.
- Lets student tell story.
- Allows staff to assess and redirect behavior and to plan supportive interventions.

Key questions to guide inquiry (Secret Service/DOE Guide)

- What are the student's motives and goals?
- Have there been any communications suggesting ideas or intent to attack?
- Has the student shown inappropriate interest in school attacks or attackers, weapons, incidents of mass violence?
- Has the student engaged in attack related behaviors?
- Does the student have the capacity to carry out the act?
- Is the student experiencing hopelessness, desperation or despair?
- Does the student have a trusting relationship with at least one responsible adult?
- Does the student see violence as an acceptable or desirable way to solve problems?
- Is the student's conversation and "story" consistent with his/her actions?
- Are other people concerned about the student's potential for violence?
- What circumstances might cause the likelihood of violence?

Determine the seriousness of the threat

- **Transient threat**
  - Most threats do not genuinely express an intent to harm.
  - They may be an expression of feelings of anger or frustration that are temporary in nature.
  - Usually they can be resolved at the office or on scene.
  - After some resolution, the threat does not exist anymore.

- They usually end with an apology or clarification.

- **Actions following a transient threat**
  - Safety precautions may not be necessary.
  - See that the threat is resolved through apologies, explanations, making amends.
  - Provide counseling and education.
  - Take disciplinary actions if necessary.
- **Very serious or substantive threat**
  - A substantive threat is much more serious and includes the following components:
  - The intent to injure is beyond immediate situation.
  - There is at least some risk that threat will be carried out.
  - The threat requires protective action.
  - Police intervention or consultation may be required to address legal violations.
  - The safety of the campus must be maintained if the student is suspended.
- **Actions following a substantive threat**
  - If danger is imminent notify police immediately.
  - Take precautions to protect potential victims.
  - Warn intended victim and victim's parents.
  - Notify parents of student who has made threat.
  - Conduct mental health evaluation.
  - Determine safety if student is suspended.
  - Alternate placement may be considered.

Duty to Warn:

Following a serious or substantive threat, the potential victim(s) and their parents must be warned. Physicians, psychologists, psychiatrists and other mental health professionals have a duty to warn. When a patient presents a serious danger of violence to another, a therapist must use reasonable care to protect the intended victim against such danger (Tarasoff v. Regents of University of California (1976) 17 Cal.3d 425).

- School districts have a duty to warn if threats are specific and substantive.
- School psychologists/counselors and others have a duty to breach patient confidentiality and warn if threat is specific and substantive.
- School districts may release confidential pupil records (general and special education records) to protect the safety of others.

Action plans and Interventions (Goal to reduce risk of violence)

- Describe concerning behavior.
- Develop goals to address behavior.
- Develop a plan for teaching and for supporting new behavior.

- Document and describe success.
- Create a plan for implementation.
- Set up a timeline to review plan (Monitor!).

Information Management

Classified Support Staff. It is very important to recognize that classified staff may be traumatized by the crisis event. Their trauma may increase as they answer phones and repeat sensitive information. They may also not be able to participate in staff meetings where they would receive helpful information and support. If this is the case, they should be offered supportive services as needed.

Suicide. All facts must be verified, and the family must be consulted before any information is disseminated. The fact sheet should be truthful; however, it should not include specific details about the method. It is important that the notification be void of glorification and does not condone or vilify the act. The memo/fact sheet should be read in classrooms, not in an assembly or over the loudspeaker. Teachers must be alerted to warning signs of suicidal risk and immediately refer students for whom they may be concerned. (See "Special Considerations/Suicide", page 56)

Funeral/Memorial arrangements. The school may disseminate information regarding funerals/memorials only when the family requests that it do so. Families may also have preferences regarding the attendance of students. (See: "Special Considerations/Funerals and Memorials", pages 52-53)

Updating information. In some cases, there may be the need to repeatedly update the school and media may need frequent updates on developing medical or other information.

Alerting other schools. The crisis may affect neighboring schools where siblings attend or where teachers know the student or staff member in crisis. It is important to alert those schools, provide them with information and, if possible, assist them in crisis management.

Media Relations

(Adapted from Brock, S.E., Sandoval, J., & Lewis, S.)

The media can be quite useful during and following a crisis event. It is beneficial to establish positive relationships with the media before the event. The media are useful in providing:

- Rumor control
- Factual information
- Information about resources

Media Access Privileges: In general, the media are allowed access to a crisis site as long as they do not hinder or interfere with law enforcement or public service functions of the police or other personnel. They are allowed on a school site; however, they may not interfere with school operations.

Media representatives must obtain permission from the principal before entering classrooms. In order to avoid re-exposing students to the trauma, it is recommended that the principal should not allow student interviews. Parents should also be discouraged from granting interview access to their students. It is recommended that the media have a location off campus (e.g. school blacktop) where they are provided with updated information from the media liaison on a regular basis.

Media Liaison: The media liaison, typically a public information officer, should be a person who is trained in working with the media, holding press conferences and speaking to reporters. There should be an individual identified at both the site and district level. He or she is crucial in setting realistic expectations for the outcome of a crisis situation.

Duties:

Prior to the Crisis:

- Maintain communication with media spokespeople at other school sites.
- Prepare sample press releases and prepared statements.
- Train school personnel on working with the media.
- Develop a school policy about the way to handle media inquiries.
- Coordinate with community spokespeople and ask them to provide support when needed (e.g. mental health).
- Establish contacts with local print, radio and television media.
- Educate them about the impact that media coverage may have on the survivors. Keep a list of contacts.
- Maintain a list of national resources that can be used as a reference for media questions (e.g. California Association of School Psychologists, FEMA).
- Identify a location for media personnel that will not interfere with school operations.

During the Crisis:

- Ensure that media personnel do not disrupt the operation of the school.
- Help determine what information needs to be disseminated and release to the public as necessary. The information should be concrete, able to be legally released, and not violate individual privacy rights.
- Help the team decide the best method for information to be distributed to the media and public. For example, is one press conference better than several interviews?
- Make it clear to the staff who the contact person will be for press inquiries.
- Coordinate press interviews with school staff.
- If a number of reporters arrive, open media center. The center should allow reporters to congregate, should include postings of news releases and maps or diagrams of the school when appropriate.
- Arrange briefings and press conferences as needed.
- Produce news releases as needed.
- Provide information in foreign languages when needed.
- Maintain a media contact log with summary of information that was released to the media.
- If appropriate and necessary, give media personnel access to site and supply them with media badges.
- Release damage figures when obtained.
- Be sensitive to reactions of media personnel. If they experience adverse reactions to the event, they may require assistance.
- Following the Crisis:
- Continue to release status reports.
- Gather records kept during the event and prepare summary, actions taken, inquires made, responses given.
- Collect media responses to crisis (newspaper articles, television spots).
- Survey the crisis team to obtain suggestions about media response and areas for improvement.

- Provide the crisis response coordinator with a summary of media activities during the crisis.
- Debrief with individuals involved with the media and evaluate the effectiveness of the response.
- Throughout all phases:
- Ensure that all information is clear, concise, confirmed and approved by the appropriate school authorities before it is released to the media or public. Unconfirmed information and speculation should be avoided.
- Monitor information for accuracy and correct errors as quickly as possible.
- Request sufficient staffing and telephones to handle media and public calls.
- Make sure that all site-level spokespersons are thoroughly briefed about all aspects of the emergency.
- Keep the superintendent informed about all activities that are planned or completed.
- Keep in contact with community spokespeople about information that is released.

Releasing and Debriefing the Team

- **Debriefing**
  - Review the events of the day.
  - Identify students/staff needing ongoing support/intervention.
  - Revise intervention strategies (e.g., plan for upcoming days).
  - Evaluate and review effectiveness of the process and procedures used during the crisis. Should be completed by the crisis team with input from the staff. If necessary, update the crisis plan.
  - Monitor reactions of crisis team members – "compassion fatigue".

What ongoing reactions should be expected?

It is impossible to predict a "typical" long-term reaction to a crisis event. Reactions may last for months in spite of appearing to be resolved. It is useful to assume that grieving or other reactions are being felt by those affected, whether they behave as we would expect them to or not.

Certain dates or events may trigger intense reactions.

- Birthdays of the deceased and of the grievers
- Holidays
- The anniversary of the crisis event: day of the week, month, year
- Dates that hold events that were significant
- Music – certain songs
- Certain events
- Specific activities or rituals that were shared with the deceased
- Returning to school after a vacation
- Unrelated life stresses (schoolwork, grades)

What should be done after the crisis?

The Crisis Intervention Team must continue to provide response and support beyond the initial crisis period in order to enhance recovery.

<u>During the first month after the crisis event:</u>

- Family Contact
  - Stay in touch with the family/families affected.
  - Keep close watch on student family members.
- Parents
  - Be available for phone consultation.
  - Send follow-up letters with information on helping children who have experienced a crisis event.

- Hold a parent informational night.

- Students/Staff at School
  - Monitor students and staff who were particularly affected by the crisis event.
  - Refer for additional counseling support as needed.
  - Formulate ongoing support groups for staff and/or students.
  - Mobilize resources, i.e., student assistance programs, peer helpers, district consultants, community resources, parent groups.
- Volunteers
  - Some people may want to volunteer their services following a crisis. Screen volunteers carefully. Some volunteers may be unrealistic about their role and responsibilities or come forward to work out problems of their own. Use them only with supervision.
- Planning a school memorial or memorial activity
  - The Crisis Intervention Team should participate in any planning for memorials.
  - Any memorial activity, fundraising, permanent objects, etc. need careful planning and review. (See "Special Considerations/Campus Memorials," page 53)
  - Work with families and friends outside of the school to insure that their plans are consistent with the planning and policies of the school.
- Classroom Issues
  - Encourage classroom flexibility. Help teachers find a balance between curriculum goals and the use of time to express feelings through discussion, art, creative writing assignments, etc.
- Staff Support

  The Crisis Intervention Team should continue to be available to staff members. Encourage the staff to:
  - Eat regularly.
  - Take breaks during the day – even 10 minutes away from the activity.
  - Make plans that include fun and/or relaxation
  - Attend organized debriefing meetings. This is the place where everyone can share ideas about classroom activities as well as express feelings.
  - Acknowledge each other frequently for the hard work everyone is doing.
  - Trust themselves and their intuition.
  - Ask for help if they need it.

<u>During the Next 3 to 6 Months:</u>

The Crisis Intervention Team may wish to meet regularly or on an occasional basis to:

- Provide emotional support to one another.
- Review any on-going issues related to the crisis event and make decisions about necessary interventions.
- Monitor on-going memorial planning/activities.

- Revise the school crisis plan as needed.

The Crisis Intervention Team may need to both inform and remind staff and students that things may not return to the pre-crisis event state. They may need to recognize and accept that there will be a " new normal" state that will be established. They may also be encouraged to look for and recognize personal growth that may have occurred as a result of the crisis event. Additionally, there may be improvements to the school operation that may have been decided upon as a result of the crisis event.

Caring for the Caregiver

The Challenge of Caregiving

It almost goes without saying that parents, teachers, and other caregivers play a critical role in helping children cope with crises. The natural instinct is to put one's own needs aside and tend to children first. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs. Failure to do so can result in burnout, which interferes with one's ability to provide crisis intervention assistance. Following are some suggestions that help caregivers maintain their own well being even as they support the needs of children in their care.

The Potential for Burnout

At the early stages of crisis response, caregivers may have abounding energy and motivation. Their cognitive functioning, training, and resilience make them important assets to the children under their care. However, as a crisis intervention continues, caregivers may find themselves experiencing physical or psychological "burnout." Images of violence, despair and hardship and/or continuous concern over possible danger can contribute to feeling professionally isolated and depressed, particularly if caregivers do not have the opportunity to process their reactions. Feelings of accomplishment may be ambiguous or few and far between, and, in some cases lack of sleep and limited opportunities for healthy nourishment breakdown the capacity to cope effectively. Caregivers can begin to feel more like a victim than a helper. Additionally, caregivers who have their own history of prior psychological trauma, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to burnout.

Signs of the Burnout

Burnout develops gradually, but its warning signs are recognizable beforehand. These include:

- Cognitive
  - An inability to stop thinking about the crisis, crisis victims, and/or the crisis intervention
  - Loss of objectivity
  - An inability to make decisions, and/or express oneself either verbally or in writing
  - Personal and/or over identification with crisis victims and their families
- Physical
  - Overwhelming/chronic fatigue and/or sleep disturbances
  - Gastrointestinal problems, headaches, and other aches and pains
  - Eating problems including eating too much or loss of one's appetite
- Emotional
  - Suicidal thoughts and/or severe depression

- Irritability leading to anger or rage
- Intense cynicism and/or pessimism
- Excessive worries about crisis victims and their families
- Being upset or jealous when others are doing crisis interventions.
- A compulsion to be involved in every crisis intervention
- Significant agitation and restlessness after conducting a crisis intervention

- Behavioral
  - Alcohol and substance abuse
  - Withdrawal from contact with co-workers, friends, and/or family.
  - Impulsive behaviors
  - Maintaining an unnecessary degree of contact/follow-up with crisis victims and their families
  - An inability to complete/return to normal job responsibilities
  - Attempts to work independently of the crisis intervention team

Preventing Burnout

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, unrelenting demand for support may result in burnout for even the most seasoned crisis caregivers, particularly if they themselves are feeling vulnerable due to the circumstances. The risk may be even higher for teachers and other caregivers who are not trained crisis responders. Consequently, all caregivers need to consider the following personal and professional suggestions to prevent burnout:

- Know your limitations and what you feel reasonably comfortable or uncomfortable handling.
- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- To the extent possible, maintain normal daily routines (especially physical exercise activities, mea-time, and bedtime routines). Connect with trusted friends or family who can help take the edge off of the moment.
- Give yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol and drugs to cope with the effects of being a caregiver during times of crisis.
- Ask for support from family and friends in terms of reducing pressures or demands during the crisis response.
- Be sure to maintain healthy eating habits and drink plenty of water.
- Take periodic rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep, preferably without using sleep aids or alcohol.
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues.

Be kind and gentle on yourself and others, as you have all shared exposure to a life-changing event. Everyone needs time to integrate the impact of these events into their lives.

Recommended Reading on Grief and Loss

Books for Children and Teens

After Charlotte's Mom Died, Cornelia Spelman. Six-year-old Charlotte copes with her mother's death in a car accident. She and her dad visit a therapist who helps them both deal with the death. (ages 4 - 10)

A Terrible Thing Happened, Margaret M. Holmes. Sherman, a raccoon, witnesses a terrible event. He gets physical symptoms and is unable to directly express his anger and fear until he finds a supportive, safe and responsive environment. Excellent guidelines for parents and caregivers included. (ages 5 – 9)

Badger's Parting Gifts, Susan Varley. Friends in the animal kingdom remember their friend, Badger, who dies. (ages 4 – 10)

Bridge to Teribithia, Katherine Patterson. Jess's friendship with Leslie, and the worlds of imagination and learning that she opens up to him, change him forever and enable him to cope with the unexpected tragedy that touches them all. (ages 11 – 14)

Fire in my Heart, Ice in My Veins, Enid Traisman. Journal for teens to draw and write about their grieving experiences. (ages 11 – 18)

Geranium Morning, Sandy Powell. Timothy's father dies in a car accident. He makes friends with a Frannie, a classmate whose mother is dying. (ages 4 –9)

The Grieving Teen, Helen Fitzgerald. A book teens, as well as parents, will appreciate as the author has a good understanding of teens and what they experience when someone they love dies. (teens and parents)

I Had a Friend Named Peter, Janice Cohn. Betsy deals with the death of her friend, Peter. She asks questions, attends the funeral and creates a special place for her memories. (ages 4 – 10)

How It Feels When a Parent Dies, Jill Krementz. A collection of reflections by children, ages 7 to 16, on what it's like to lose a parent. (ages 7 and up)

No New Baby, Marilyn Gryte. For boys & girls whose expected sibling dies. (ages 3 – 9)

Pablo Remembers, The Fiesta of the Day of the Dead, George Ancona. Story of how Pablo and his family honor their relatives who have died. (ages 6 -12)

Saying Goodbye to Daddy, Judith Vigna. Clare's father dies in an auto accident. She attends the funeral and has many questions about what is happening and where her dad is, questions that are gently answered by her grieving mother and grandpa. (ages 4 – 10)

The Tenth Good Thing About Barney, Judith Viorst. A family remembers Barney, their very special cat who died. (ages 4 – 10)

When a Friend Dies: A Book for Teens About Grieving and Healing. Marilyn Gootman. Uses quotes, poems and advice to cope with the feelings of sadness and healing. (12 – 17)

When Dinosaurs Die, Laurie Krasny Brown and Marc Brown. Cute cartoons about dinosaurs dealing with different types of death and the aftermath. (ages 4 – 8)

When Eric's Mom Fought Cancer, Judith Vigna. Story of how Eric copes with his mother's serious illness. She doesn't die, but is hospitalized and loses her hair following chemotherapy. (ages 4 – 10)

Books for Adults

After A Parent's Suicide, Helping Children Heal, Margo Requarth, M.A., M.F.T. Explanations of how to explain suicide to children and how children grieve, how grief impacts adolescents, the natural stages of grief, funeral rituals and religious and spiritual perspectives on suicide and how to help children return to normalcy. http://www.healingheartspress.com

Helping Children Cope with the Loss of a Loved One, William C. Kroen. Offers comfort, compassion and sound advice to any adult helping a grieving child. Through anecdotes about real children and their families, the author offers suggestions on how to respond to children at different ages and stages in their lives.

Preparing the Children, Kathy Nussbaum, RN. A thoughtful and practical book for families going through a terminal illness with information on what children need during the crisis as well as ideas of how to meet those needs.

Talking About Death – A Dialogue Between Parent and Child, Earl Grollman. A guide for children and adults to read together, featuring a read-along story, answers to questions children ask about death, and a comprehensive list of resources and organizations that can help.

Talking with Children About Loss. Maria Trozzi. Through captivating stories and thoughtful analysis, the author explains how to handle the difficult job of talking with children and teens about loss.

The Grieving Child, Helen Fitzgerald. Offers practical, compassionate advice for helping a child cope with the death of a loved one and provides suggestions for dealing with a child's emotional responses including anger, guilt and depression.

When Life Becomes Precious, Elise NeeDell Babcock, A sensitive and practical handbook for friends, family members and caregivers dealing with a loved one's cancer. Includes a chapter on how to explain the disease to children and how to support them.

Resources for Teachers

Grief at School: A Manual for School Personnel, Helen Fitzgerald.

Grief Comes to Class, An Educator's Guide, Majel Gliko-Braden. Pamphlet which can be ordered through the Centering Corporation, 1531 N. Saddle Creek Road, Omaha NE 68104

Helping the Grieving Student, A Guide for Teachers, and When Death Impacts Your School, A Guide for School Administrators. Practical paperbacks which can be ordered through The Dougy Center for Grieving Children, 3909 S.E. 52nd Avenue, P.O. 86852, Portland, OR 97286

Living With Grief: Children, Adolescents, and Loss, Kenneth Doka, Editor. Paperback produced by the Hospice Foundation of American contains a variety of articles on theoretical issues and interventions for children and teens. To order: 1 (800)854-3402

A Teacher's Guide to the Grieving Student. Booklet which can be ordered through Hospice of Lancaster County, 685 Good Drive, Lancaster, PA 17601

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Safe and Healthy Kids Program Office, Learning Support and Partnership Division

California Department of Education

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UCLA School Mental Health Project

http://smhp.psych.ucla.edu

National Association of School Psychologists

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