

CRISIS RESPONSE AND RECOVERY HANDBOOK



Broward County Public Schools

The School Board of Broward County, Florida

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Introduction

The current Crisis Response and Recovery Handbook is a revision of the Crisis Support Team Procedures Manual that was first issued in 1989 and revised in 1997, 2002, and 2006. This revision is not designed to be a stand-alone document. Rather, it should be viewed as supplemental information for use in the development of SAFE Team plans. Historically, area-based teams made up of psychologists and social workers along with school counselors have provided crisis support services for Broward schools.

The current revision retains much of the existing model, but focuses more on the issues surrounding response and recovery for the school-based team. External support continues to be available from district Psychological Services and Social Work departments, but the belief is that school staff using established SAFE Team plans will provide the fastest and most effective reactions to a traumatic event.

SAFE Team planning tools are contained in the Appendix of this document for optional use in establishing SAFE Teams in each school.

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

The handbook is divided into several sections based on the type of crisis. Within each section there is information designed for the administrator, classroom teacher, and counselor/responder. A final section contains supplemental materials regarding various topics.

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

General Operational Procedures and Considerations

What follows is a summary of post-crisis considerations for school-based teams. All members of the school community should be kept informed with current accurate information. Recognizing that each crisis is unique and will require different procedures, the following general operational procedures are likely to apply to many cases.

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

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

2. Do Not Significantly Alter the School Environment before Students Arrive Back to School

Although it is certainly appropriate to remove sordid reminders of an incident or make repairs needed for safety (e.g., clean up blood, remove broken glass, repair damaged furniture, etc.), do not delay the reopening of school for major repairs (e.g., filling in bullet holes, making major repairs to the building that do not affect safety). Additionally, do not remove spontaneous memorials to students or staff (e.g., flowers, cards, other items left in remembrance), but rather allow students and staff to view such expressions of grief.

Similarly, do not attempt to erase all presence of victims of a crisis at school (e.g., removing personal effects from lockers, or samples of work on the bulletin board, etc.) before the students return.

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

3. Identify Potentially At-Risk Students and Staff

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

- Physical Proximity = the extent of direct exposure (or closeness to) the traumatic event
- Psychosocial Proximity = closeness in terms of relationship to a victim

- Population At-Risk = other exposures to trauma or current involvement with stressful circumstances

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

4. Prepare the Faculty for Students’ Return to School

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

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

5. Carefully Plan the Students’ Return to School

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

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

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

6. Provide Structure at School in the Days Following the Crisis

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

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

7. Meet with your Crisis Team Members

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

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

8. Consider Utilizing Peer Counselors at Secondary Level Schools to Meet With Peers who are in Distress

9. Reevaluate your School’s Need for Outside Assistance

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

- Do we need additional, outside assistance in dealing with recovery?
- What specific needs do we have?
- Where can we access the resources to meet these needs?

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

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

11. Respond With Sensitivity to Funeral Arrangements

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

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

12. Take Appropriate Steps to Deal with Informal Memorials to the Crisis Victims

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

Deciding when to remove the offerings should be made with sensitivity to the emotional needs of survivors. Thus, it is a good idea to involve a few students and staff in this decision.

When removing items from memorials, place savable items in storage boxes at the school and offer family members the opportunity to look through them and determine whether they wish to keep anything. It may be some time before the family is able to do so. A mental health professional from the crisis team should review the items carefully before the family reviews them and discuss with the administrator any contents that may be emotionally hurtful.

- Are memorial activities being allowed?
- Does a certain area need to be designated for these memorial activities?
- Are savable memorial items being stored until they can be reviewed by family members of the victim(s)?
- Has a mental health professional examined the memorial items prior to them being reviewed by the family members of the victim(s)?

13. Anticipate Delayed Effects of the Crisis

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

- Have we marked the anniversary of the incident on our calendars?
- Do we plan to do anything "special" on the anniversary?
- Have we communicated with staff and parents about the "anniversary effect?"

- Are we prepared to handle individual students who experience additional trauma after the initial incident has passed?

14. Be Aware of Possible “Copycat” Incidents

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

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

15. Be Aware of Possible School Avoidance Problems

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

- Is the school being reopened as soon as possible?
- For students who are absent the first day back following a crisis, has a crisis team member contacted the family?
- Please refer to Warning Signs Checklist (Appendix E) for further information.

16. Be Aware that the Recovery Process Takes Time and May Impact the Next School Year.

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

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

Student Death

The following pages are designed to provide crisis responders and caregivers with the essential information needed to deal with the death of a student.

There are three parts to this section:

Principal: This section is designed for the administrator of the school. It provides a quick guide to the procedures needed to be in place for the crisis response to be effective.

Teacher: This section is designed for the classroom teacher. It provides useful information for the teacher to consider when assisting students recover from a difficult situation.

Responder: This section is designed for those professionals who are responding to the crisis from district or other school locations.

Principal Information: Student Death

Principal Checklist: Student Death

- If the death is by suicide or suspected suicide, go to [Student Suicide Section](#)
- Verify and establish the facts of the death. Contact the family to verify their wishes regarding announcements. Copy any available newspaper articles for members.
- Convene school safe team.
- Review previously developed crisis plan. Plan staff meeting and notify staff.
- Notify Risk Management (754-321-1900) and Safety Department (754-321-4200) if death occurred on campus.
- Notify Cadre Director and/or Office of Service Quality with the factual information.
- If additional assistance is needed, contact Student Services, Faye Kravitz (office: 754-321-1618; cell: 954-257-8241); or Psychological Services (office: 754-321-3440) Rhonda Said (cell: 954-292-2463) or Emily Goldstein (cell: 954-494-0215).

If District Crisis Team is called, you may wish to consult with the Crisis Team Manager regarding the following items:

- Implement a plan of action for media control, if necessary. Contact Public Information Office if needed (754-321-2300). See "[Tips for dealing with reporters](#)" sheet in general information section, if needed.
- Clarify tasks and assign to crisis/support team members.
- Determine need for Social Media examination and/or participation. (See general information sheet on [Social Media](#).)
- Remove student from school's robotic call list; update TERMS information.
- Determine whether any other schools will be affected by the crisis and notify other principal(s).
- Prepare information to be shared with students ([see sample letter to students](#)). Announcement over the intercom is not recommended.
- Conduct staff meeting.
- Arrange for substitutes, if necessary, to relieve grieving teachers.
- Designate personnel to provide counseling and set aside space for group and individual counseling.
- Establish procedure for accessing counseling services.
- Determine need for whole classroom counseling and designate the personnel to provide this service.
- Contact grieving family to express condolences and provide support. Determine family wishes regarding sharing of information. Communicate actions taken by school.
- Prepare information to be sent home to parents ([see sample letter](#)).
- Update information (funeral arrangements, support activities, etc.) to staff, students, and parents as appropriate.

Principal Letter to Students: Student Death

Caution: be sure to check with the family regarding the sharing of information.

(to be read by classroom teacher)

Dear Students,

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information. It gives me great sorrow to inform you that **(Name)**, a student in _____ grade has died. *(Insert information that can be shared about the cause and circumstances of the death.)*

Death can be difficult for us to understand, especially when it is sudden. Many of us may feel shocked, saddened, or confused by this news. I want to assure you that the staff at **(school name)** care about you and the feelings you may have. We are here to support you during this time. I want to encourage those students who may be particularly upset, to talk with your teacher or one of our counselors who are here to help us during this sad time.

Sincerely,

(Principal's Name)

*Adapted from San Francisco USD, Crisis Response Manual

Principal Letter to Parents/Caregivers: Student Death

Caution: be sure to check with the family regarding the sharing of information.

(To be sent home on school letterhead)

Date:

Dear Parent/Caregiver

This has been a difficult day for all of us at **(school name)**. **(Student's name)**, a student in **(grade)** has died. He/She will be missed by the students and staff at **(school name)** as he/she has touched many of our lives in a special way. Your child may want to share memories of **(student's name)** or ask questions regarding this matter. It is natural and healthy for your child to want to discuss this. We have counselors available at school to assist students and staff in coping with this difficult situation. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call "First Call for Help" by dialing 2-1-1.

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

Sincerely,

(Principal's Name)

Principal Information (end of day): Student Death

- Convene a staff meeting for debriefing.
- Assess staff needs and provide care as needed. Refer to [“Care for the Caregiver: Brief Facts and Tips.”](#) A more comprehensive guide is available in the general information section of this manual: [“Care for the Caregiver: Guidelines for Administrators and Crisis Teams.”](#)
- Meet with crisis team at end of day to assess the situation and plan for the following day. Assess team needs and provide care as needed.
- Arrange for removal of personal belongings from the school site.
- Determine if additional planning is needed to bring closure to the crisis (e.g. writing letters, planning a memorial activity, attending a memorial service, etc.).
- Consider having a crisis team member (e.g. social worker) accompany you on your visit to the grieving family.
- Update information (funeral arrangements, support activities, etc.) to staff, students, and parents as appropriate.
- If a memorial is being considered, please see separate [“Memorials” information sheet.](#)

Care for the Caregiver: Brief Facts and Tips

1. Parents, teachers, and other caregivers play a critical role in helping children cope with crises. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout.
2. Burnout interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss/grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, and/or express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches, and other aches and pains, loss of appetite, and/or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral/Social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, and/or an inability to complete/return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care*: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.
 - b. *Emotional Self-care*: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
 - c. *Social care and connection*: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
 - d. *Systems/Procedural Care*: Advocating for and setting limits on the number of consecutive responses; policies that allow for crisis responders to step away from a response if the crisis hits too close to home; crisis team leaders establishing a supportive atmosphere of self-care.

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Teacher Information: Student Death

Teacher Checklist: Student Death

- Attend staff meeting and or review information about the crisis.
- Review the information provided to share with your students.
- Review the procedures for students to obtain individual/group counseling if needed.
- Review the “Student Grief Reactions” teacher information sheet.
- Review “Considerations/Questions” teacher information sheet.
- Evaluate your own response to the death and determine whether you or a member of the Crisis Team should inform your class and facilitate the classroom discussion.
- Contact principal or crisis team if you will need additional support.
- Share information with your students. If principal has prepared a letter to be read, read it to class. If not, share information that has been provided.
 - Share the facts (in age-appropriate language) about what occurred (i.e. who, what, where, when).
 - Answer questions honestly about what has occurred. Be prepared for very concrete questions (e.g. about the body, medical procedures, etc.) particularly from young children.
 - Resist inserting your personal beliefs into the discussion.
 - Look for these normal reactions in your students:
 - Shock or Disbelief
 - Guilt
 - Grief
 - Confusion
 - Shame or Loss
 - Anger
- Explain to class that it is normal to express grief in many different ways.
- Consider providing some classroom activities if warranted. (See teacher information sheet on “Classroom Activities”.)
- Refer students who may need counseling, using procedures in place. Keep a list of those who leave the classroom for counseling.
 - Students who continue to demonstrate an elevated emotional response (crying, sadness, etc.) after their peers no longer show these signs.
 - Students who are uncharacteristically withdrawn or appear depressed.
 - Students who appear distracted and are unable to engage in classroom activities after an ample amount of time has passed.
- Return to normal routines and activities as soon as possible.
- Review information sheet: How to prevent caregiver burnout.

Teacher Information: Student Understanding of Death / Grief Reactions

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

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

- **Protest:** The child cannot believe the death has occurred and may attempt to “regain” the dead person.
- **Pain, despair, and disorganization:** The child eventually works through these reactions and begins to accept the loss.
- **Hope:** The child accepts the death and begins to reorganize his/her life.

Reactions to Grief

- **Grief is a frustrating emotion that hurts. It is closely tied to love, hate, and fear.**
- Grief is normal, but a grieving person may behave abnormally.
- There are often physical reactions to grief (headache, upset stomach, heart palpitations), which may continue for days or weeks.
- There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.
- For Middle and High School students, there is the possibility of acting out or self-medicating as a result of grief.

More detailed information can be found in the general information section of this document on [Student Reactions to Trauma](#) by age group and [Grief Reactions](#) and things we can do to assist.

Teacher Information: Considerations/Questions: Student Death

Should I review cards and notes that students make?

When students make cards, go through them before sending them to the family. Sometimes students put in concrete images or statements that might disturb rather than comfort the family.

Some students or staff seem particularly upset, even though they were not close to the deceased.

The death may trigger upset among individuals who, though not necessarily close to the deceased, have suffered other losses.

Some students are sad, some angry, some giddy, etc.

Be aware of the wide variety of grief reactions and assist students to recognize them in themselves and others. Explain to students that different people will react to the news in different ways.

How do I handle spiritual/religious questions, such as questions about heaven?

Use a general comment, such as “people have different beliefs,” encouraging children to discuss this with their families. Avoid advocating personal beliefs.

Teacher Information: Classroom Activities

Pre-School and Early Elementary (PK-2)

Continue with the class routine, provide students with a feeling of security, and model calmness. Possible classroom activities include:

- Giving students opportunity to draw and/or work on a group art project.
- Having games/toys available for the students.
- Set aside time to read a short story/book with the class.
- Facilitate a hands-on activity such as making paper flowers and bouquets with a note tied to the stem.
- Playing an interactive, group game with the students.
- Having snacks/food and beverages available.

Elementary and Middle Grades (Grades 3-6/7)

Consider relaxing student performance standards on a temporary basis, and when possible increasing individualized attention. It is important to resume routines and provide structure as soon as possible. Possible classroom activities include:

- Creating cards/artwork to be shared with the family (Be sure to review all materials before giving it to the family).
- Write a poem or other remembrance (e.g., Poetry book).
- Having students draw, write, or dictate stories that they can share in small or large groups.
- Having snacks/food and beverages available.

Middle and High (Grades 7/8 to 12)

Consider reducing your classroom expectations for the day. Connect with students by asking how they are doing and letting them know you are available to listen. Possible classroom activities include:

- Having snacks/food and beverages available.
- Involving students in a group discussion (both large and small group) that allows them to discuss the event and their own associated reactions, experiences, and feelings.
- Discuss the stages of grief. Talk about how grief affects people and encourage them to share how they feel. (See “Student Grief Reactions-Teacher Information Sheet.”)
- Discuss ways to cope with the loss. Redirect energy to creative pursuits, physical exercise, and verbal expression when emotions arise.
- Teach students relaxation techniques.
- Place a collection box in class for notes/cards to the family. (Be sure to review all materials before giving it to the family.)

Teacher Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Responder Information: Student Death
Responder Checklist: Student Death

- Immediately report to site of the crisis.
- Report location change to district office and the school you are assigned to that day.
- Check in with crisis team manager or school-based social worker or psychologist.
- Assist in the development in a crisis response plan with the team.
- Review information provided to teachers in the [teacher section for this crisis type](#).
- Provide counseling support.
- Maintain log of students seen in counseling with notes regarding any necessary follow up.
- Participate in debriefing session with team at the end of the day.
- Participate in development of crisis plan for the next day.
- Engage in self-care activities when you are off duty.

Responder Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Student Suicide

The following pages are designed to provide crisis responders and caregivers with the essential information needed to deal with the suicide or suspected suicide of a student.

Note: This section can be used for Staff suicide or suspected suicide. Please make necessary modifications of announcements/letters as necessary to fit your particular situation.

There are three parts to this section:

Principal: This section is designed for the administrator of the school. It provides a quick guide to the procedures needed to be in place to deal with this crisis. There are options for letters and communication that need to be chosen with care. The guidelines presented here will assist the administrator and school to negotiate this crisis effectively.

Teacher: This section is designed for the classroom teacher. It provides useful information for the teacher to consider when assisting students recover from a difficult situation. Examples of what to say and how to answer questions are provided.

Responder: This section is designed for those professionals who are responding to the crisis from district or other school locations.

Principal Information: Student Suicide

Principal Checklist: Student Suicide

- Verify and establish the facts of the death. Contact family to verify their wishes in terms of announcing cause of death, etc.
- Convene school safe team.
- Review previously developed crisis plan. Plan Staff Meeting and notify staff.
- Notify Risk Management (321-1900) and Safety Department (321-4200) if suicide occurred on campus.
- Notify Cadre Director and/or Office of Service Quality with the factual information.
- Contact Student Services, Faye Kravitz (office: 754-321-1618; cell: 954-257-8241); or Psychological Services (office: 754-321-3440) Rhonda Said (cell: 954-292-2463) or Emily Goldstein (cell: 954-494-0215).

Consult with the Crisis Team Manager regarding the following items:

- Implement a plan of action for media control, if necessary. Contact Public Information Office if needed (754-321-2300).
- Clarify tasks and assign to crisis/support team members.
- Social Media examination and/or participation is highly recommended for this type of crisis. Monitor social media for suicidal ideation in other students. (See general information sheet on [“Social Media.”](#))
- Remove student from school’s robotic call list; update TERMS information.
- Determine whether any other schools will be affected by the crisis and notify other principal(s).
- Prepare information to be shared with students. Announcement over the intercom is not recommended. (See optional [sample letters](#) to students to be read by teachers.)
- Conduct staff meeting.
- Arrange for substitutes, if necessary, to relieve grieving teachers.
- Designate personnel to provide counseling.
- Set aside space and establish procedures for accessing counseling services.
- Determine need for whole classroom counseling and designate the personnel to provide this service.
- Contact grieving family to express condolences and provide support. Communicate actions taken by school.
- Prepare information to be sent home to parents.
- Update information (funeral arrangements, support activities, etc.) to staff, students, and parents as appropriate.
- Memorials are not recommended in the case of a suicide.

Principal Letters to Students: Student Suicide

Caution: Be sure to check with the family regarding their wishes as to sharing of information.

Note: While we all need to do as much as possible to avoid suicide contagion, these letters/announcements may not be appropriate for younger students. You may wish to use the letters/announcements in the [Student Death](#) section instead.

Option 1* –when the death has been ruled a suicide

Option 2* –when the cause of death is unconfirmed

Option 3* –when the family has requested that the cause of death not be disclosed

*These letters are adapted from “After a Suicide: A Toolkit for Schools 2011”

Option 1- When the cause of death has been ruled a suicide

(To be read by classroom teacher)

Dear Students,

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information. It gives me great sorrow to inform you that one of our students, _____, has taken [his/her] own life. All of us want you to know that we are here to help you in any way we can.

A suicide death presents us with many questions that we may not be able to answer. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually caused by a mental disorder such as depression which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever, be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

We have counselors available to help our school community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Sincerely,

(Principal's Name)

Letter to students Option 2: (possible suicide)

When the cause of death is unconfirmed.

(To be read by classroom teacher)

Dear Students,

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information. It gives me great sorrow to inform you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way we can.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us. A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction. We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Sincerely,

(Principal's Name)

Letter to students Option 3

When the family has requested that the cause of death not be disclosed.

(To be read by classroom teacher)

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information. It gives me great sorrow to inform you that one of our students, _____, has died. All of us want you to know that we are here to help you in any way we can.

The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever, be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

We have counselors available to help our school community deal with this sad loss. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Sincerely,

(Principal's Name)

Principal Letters to Parents/Caregivers: Student Suicide

Caution: Be sure to check with the family regarding their wishes as to sharing of information.

Note: While we all need to do as much as possible to avoid suicide contagion, these letters/announcements may not be appropriate for younger students. You may wish to use the letter in the [Student Death](#) section instead.

(To be sent home on school letterhead)

Option 1*—When the death has been ruled suicide.

Option 2*—When the death is unconfirmed

Option 3*—When the family has requested that the cause of death not be disclosed.

*These letters are adapted from “After a Suicide: A Toolkit for Schools 2011”

Option 1: When the cause of death has been ruled suicide

Note: this letter refers to attachments; see below.

Dear Parent/Caregiver

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

All of the students were given the news of the death by their teacher this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. I am including some information that may be helpful to you in discussing suicide with your child.

Counselors are available at school to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call “First Call for Help” by dialing 2-1-1.

Information about the funeral service will be made available as soon as we have it.

Sincerely,

(Principal’s Name)

Attach suicide information sheets:

Talking About Suicide

Facts About Suicide and Mental Disorders in Adolescents

Option 2: When the cause of death is unconfirmed

Dear Parent/Caregiver

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

All of the students were given the news of the death by their teacher this morning. I have included a copy of the announcement that was read to them.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we asked students not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as [his/her] family and friends. We'll do our best to give you accurate information as it becomes known to us.

Counselors are available at school to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call "First Call for Help" by dialing 2-1-1.

Information about the funeral service will be made available as soon as we have it.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns you may have.

Sincerely,

(Principal's Name)

Option 3: When the family has requested that the cause of death not be disclosed

Dear Parent/Caregiver

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with [his/her] family and friends.

All of the students were given the news of the death by their teacher this morning. I have included a copy of the announcement that was read to them.

The family has requested that information about the cause of death not be shared at this time. We are aware that there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs.

Counselors are available at school to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call "First Call for Help" by dialing 2-1-1.

Information about the funeral service will be made available as soon as we have it.

Sincerely,

(Principal's Name)

Principal Information (end of day): Student Suicide

- Convene a staff meeting for debriefing.
- Assess staff needs and provide care as needed. Refer to “Care for the Caregiver: Brief Facts and Tips.” A more comprehensive guide is available in the general information section of this manual: “Care for the Caregiver: Guidelines for Administrators and Crisis Teams.”
- Meet with crisis team at end of day to assess the situation and plan for the following day. Assess team needs and provide care as needed.
- Arrange for removal of personal belongings from the school site.
- Determine if additional planning is needed to bring closure to the crisis (e.g. writing letters, attending a memorial service, etc.).
- Consider having a crisis team member (e.g. social worker) accompany you on your visit to the grieving family.
- If a memorial is being considered, please see separate “Memorials” information sheet.

Care for the Caregiver: Brief Facts and Tips

1. Parents, teachers, and other caregivers play a critical role in helping children cope with crises. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout.
2. Burnout interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss/grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, and/or express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches, and other aches and pains, loss of appetite, and/or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral/Social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, and/or an inability to complete/return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care*: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.
 - b. *Emotional Self-care*: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
 - c. *Social care and connection*: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
 - d. *Systems/Procedural Care*: Advocating for and setting limits on the number of consecutive responses; policies that allow for crisis responders to step away from a response if the crisis hits too close to home; crisis team leaders establishing a supportive atmosphere of self-care.

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Teacher Information: Student Suicide

Teacher Checklist: Student Suicide

- Attend staff meeting and or review information about the crisis.
- Review the information provided to share with your students.
- Review the procedures for students to obtain individual/group counseling if needed.
- Review the “Student Grief Reactions” teacher information sheet.
- Review “What should I do…” teacher information sheet.
- Evaluate your own response to the death and determine whether you or a member of the Crisis Team should inform your class and facilitate the classroom discussion.
- Contact principal or crisis team if you will need additional support.
- Share information with your students. If principal has prepared a letter to be read, read it to class. If not, share information that has been provided to you by administration/crisis team. Again review the “what should I do and what do I say” information sheet.
 - Share the facts (in age-appropriate language) about what occurred (i.e. who, what, where, when).
 - Answer questions as honestly as possible about what has occurred. Family wishes regarding announcing the cause of death should be honored.
 - Look for these normal reactions in your students:
 - Shock or Disbelief
 - Guilt
 - Grief
 - Confusion
 - Shame or Loss
 - Anger
- Explain to class that it is normal to express grief in many different ways.
- Consider providing some classroom activities if warranted. (See teacher information sheet on “Classroom Activities”.)
- Refer students who may need counseling, using procedures in place. Keep a list of those who leave the classroom for counseling.
 - Students who continue to demonstrate an elevated emotional response (crying, sadness, etc.) after their peers no longer show these signs.
 - Students who are uncharacteristically withdrawn or appear depressed.
 - Students who appear distracted and are unable to engage in classroom activities after an ample amount of time has passed.
- Return to normal routines and activities as soon as possible.
- Review Information sheet: How to prevent caregiver burnout.

More detailed information can be found in the general information section of this document on [Student Reactions to Trauma](#) by age group and [Grief Reactions](#) and things we can do to assist.

Teacher Information: What should I do and what can I say? Student Suicide

Much of this section is adapted from After a Suicide: A Toolkit for Schools 2011

Page 1 of 2

Give accurate information about suicide.

If questions come up about suicide, provide the best information available. Suicide is a complicated behavior. It is *not* caused by a single event such as a bad grade, an argument with parents, or the breakup of a relationship. In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Having a mental disorder is nothing to be ashamed of, and help is available. Talking about suicide in a calm, straight-forward manner does not put ideas into students' minds.

Consider saying something like:

“Suicide is most often caused by serious mental disorders like depression, combined with other complications.”

“_____ was likely struggling with a mental health issue like depression or anxiety, even though it may not have been obvious to other people.”

“There are treatments to help people who are having suicidal thoughts.”

“Since 90 percent of people who die by suicide have a mental disorder at the time of their death, it is likely that _____ suffered from a mental disorder that affected [his/her] feelings, thoughts, and ability to think clearly and solve problems in a better way.”

“Mental disorders are not something to be ashamed of, and there are very good treatments to help the manage the symptoms.”

Address blaming and scapegoating.

It is common to try to answer the question “why?” after a suicide death. Sometimes this turns into blaming others for the death. If this happens, consider saying something like this:

“The reasons that someone dies by suicide are not simple, and are related to mental disorders that get in the way of the person thinking clearly. Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a mental disorder.”

Do not focus on the method or graphic details.

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth. If asked, it is OK to give basic facts (if family allows) but don't give graphic details or talk at length about it. The emphasis should not be on *how* someone killed themselves, but on how to cope with feeling of sadness, loss, anger, etc. Try saying something like:

“It's tragic that he died by suicide. Let's talk about how _____'s death has affected you and ways for you to handle it.”

“How can we figure out the best ways to deal with our loss and grief?”

Address feelings of responsibility.

Reassure those who feel responsible or think they could have done something to save the deceased.

“This death is not your fault.”

“We can’t always predict some else’s behavior.”

“We can’t control someone else’s behavior.”

Should I review cards and notes that students make?

When students make cards, go through them before sending them to the family. Sometimes students put in concrete images or statements that might disturb rather than comfort the family.

Some students are sad, some angry, some giddy, etc.

Be aware of the wide variety of grief reactions and assist students to recognize them in themselves and others. Explain to students that different people will react to the news in different ways.

“It’s OK to feel angry. You can be angry at someone’s behavior and still care deeply about that person.”

How do I handle spiritual/religious questions, such as questions about heaven?

Use a general comment, such as “people have different beliefs,” encouraging students to discuss this with their families. Avoid advocating personal beliefs.

Teacher Information: Student Understanding of Death/Grief Reactions

Student's Understanding of Death

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

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

- **Protest:** The child cannot believe the death has occurred and may attempt to “regain” the dead person.
- **Pain, despair, and disorganization:** The child eventually works through these reactions and begins to accept the loss.
- **Hope:** The child accepts the death and begins to reorganize his/her life.

Reactions to Grief

- **Grief is a frustrating emotion that hurts. It is closely tied to love, hate, and fear.**
- Grief is normal, but a grieving person may behave abnormally.
- There are often physical reactions to grief (headache, upset stomach, heart palpitations), which may continue for days or weeks.
- There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.
- For middle and high school students, there is the possibility of acting out or self-medicating as a result of grief.
- Refer to the section [“What should I do and what can I say”](#) to assist students through the grief process due to suicide.
- Additional information on suicide prevention is found in the General Information section of this document. See [“Facts about Suicide and Mental Disorders in Adolescents.”](#)

Teacher Information: Classroom Activities

Pre-School and Early Elementary (PK-2)

Continue with the class routine, provide students with a feeling of security, and model calmness. Possible classroom activities include:

- Giving students opportunity to draw and/or work on a group art project.
- Having games/toys available for the students.
- Set aside time to read a short story/book with the class.
- Facilitate a hands-on activity such as making paper flowers and bouquets with a note tied to the stem.
- Playing an interactive, group game with the students.
- Having snacks/food and beverages available.

Elementary and Middle Grades (Grades 3-6/7)

Consider relaxing student performance standards on a temporary basis, and when possible increasing individualized attention. It is important to resume routines and provide structure as soon as possible. Possible classroom activities include:

- Creating cards/artwork to be shared with the family (Be sure to review all materials before giving it to the family).
- Write a poem or other remembrance (e.g., Poetry book).
- Having students draw, write, or dictate stories that they can share in small or large groups.
- Having snacks/food and beverages available.

Middle and High (Grades 7/8 to 12)

Consider reducing your classroom expectations for the day. Connect with students by asking how they are doing and letting them know you are available to listen. Possible classroom activities include:

- Having snacks/food and beverages available.
- Involving students in a group discussion (both large and small group) that allows them to discuss the event and their own associated reactions, experiences, and feelings.
- Discuss the stages of grief. Talk about how grief affects people and encourage them to share how they feel. (See “Student Grief Reactions-Teacher Information Sheet.”)
- Discuss ways to cope with the loss. Redirect energy to creative pursuits, physical exercise, and verbal expression when emotions arise.
- Teach students relaxation techniques.
- Place a collection box in class for notes/cards to the family. (Be sure to review all materials before giving it to the family.)

Teacher Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Responder Information: Student Suicide
Responder Checklist: Student Suicide

- Immediately report to site of the crisis.
- Report location change to district office and the school you are assigned to that day.
- Check in with crisis team manager or school-based social worker or psychologist.
- Assist in the development in a crisis response plan with the team.
- Refer to the section [“What should I do and what can I say”](#) to assist students through the grief process due to suicide.
- Additional information on suicide prevention is found in the General Information section of this document. See [“Facts about Suicide and Mental Disorders in Adolescents.”](#)
- Provide counseling support.
- Maintain log of students seen in counseling with notes regarding any necessary follow up.
- Participate in debriefing session with team at the end of the day.
- Participate in development of crisis plan for the next day.
- Engage in self-care activities when you are off duty.

Responder Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Staff Death

The following pages are designed to provide crisis responders and caregivers with the essential information needed to deal with the death of a staff member.

Note: If the staff member died by suicide or suspected suicide, please consider using the “[Student Suicide](#)” section and make modifications to any letters/announcements to fit your specific situation.

There are three parts to this section:

Principal: This section is designed for the administrator of the school. It provides a quick guide to the procedures needed to be in place for the crisis response to be effective.

Teacher: This section is designed for the classroom teacher. It provides useful information for the teacher to consider when assisting students recover from a difficult situation.

Responder: This section is designed for those professionals who are responding to the crisis from district or other school locations.

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Principal Information: Staff Death

Principal Checklist: Staff Death

- Verify and establish the facts of the death. Copy any available newspaper articles for members.
- Convene school safe team.
- Review previously developed crisis plan. Plan Staff Meeting and notify staff.
- Notify Risk Management (321-1900) and Safety Department (321-4200) if death occurred on campus.
- Notify Cadre Director and/or Office of Service Quality with the factual information.
- If additional assistance is needed, contact Student Services, Faye Kravitz (office: 754-321-1618; cell: 954-257-8241); or Psychological Services (office: 754-321-3440) Rhonda Said (cell: 954-292-2463) or Emily Goldstein (cell: 954-494-0215).
- Arrange for substitutes to relieve grieving teachers. If additional staff are needed, contact cadre director and surrounding principals for additional support staff to be repositioned at your school for effective coverage.

**If District Crisis Team is called, you may wish to consult with the
Crisis Team Manager regarding the following items:**

- Implement a plan of action for media control, if necessary. Contact Public Information Office if needed (754-321-2300).
- Clarify tasks and assign to crisis/support team members.
- Determine need for Social Media examination and/or participation. (See general information sheet on ["Social Media."](#))
- Determine whether any other schools will be affected by the crisis and notify other principal(s).
- Prepare immediate information to be shared with students. Announcement over the intercom is not recommended. (See sample [letter to students](#) to be read by teachers.)
- Conduct Staff Meeting.
- Designate personnel to provide counseling.
- Set aside space for group and individual counseling.
- Establish procedure for accessing counseling services.
- Determine need for whole classroom counseling and designate the personnel to provide this service.
- Contact grieving family to express condolences and provide support. Communicate actions taken by school.
- Prepare information to be sent home to parents.
- Update information (funeral arrangements, support activities, etc.) to staff, students, and parents as appropriate.

Principal Information: Letter to students: Staff Death

Caution: be sure to check with the family regarding the sharing of information.

(To be read by classroom teacher)

Dear Students,

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information. It gives me great sorrow to inform you that _____ a teacher in _____ grade has died. (*Insert information that can be shared about the cause and circumstances of the death.*)

Death can be difficult for us to understand, especially when it is sudden. Many of us may feel shocked, saddened, or confused by this news. I want to assure you that the staff at (**school name**) care about you and the feelings you may have. We are here to support you during this time. I want to encourage those students who may be particularly upset, to talk with a teacher or one of our counselors who are here to help us during this sad time.

Sincerely,

(Principal's Name)

*Adapted from San Francisco USD, Crisis Response Manual

Principal Letter to Parents/Caregivers: Staff Death

Caution: be sure to check with the family regarding the sharing of information.

(To be sent home on school letterhead)

Date:

Dear Parent/Caregiver

This has been a difficult day for all of us at **(school name)**. **(Staff's name)**, a member of our staff at _____ has died. He/She will be missed by the students and staff at **(school name)** as he/she has touched many of our lives in a special way. Your child may want to share memories of **(staff members name)** or ask questions regarding this matter. It is natural and healthy for your child to want to discuss this. We have counselors available at school to assist students and staff in coping with this difficult situation. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call "First Call for Help" by dialing 2-1-1.

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

Sincerely,

(Principal's Name)

Principal Information (end of day): Staff Death

- Assess your own reactions and needs for care. Seek support from your Cadre Director and/or District Crisis Team members.
- Convene a staff meeting for debriefing.
- Assess staff needs and provide care as needed. Refer to “Care for the Caregiver: Brief Facts and Tips” on next page. A more comprehensive guide is available in the general information section of this manual: [“Care for the Caregiver: Guidelines for Administrators and Crisis Teams.”](#)
- Meet with crisis team at end of day to assess the situation and plan for the following day. Assess team needs and provide care as needed.
- Arrange for removal of personal belongings from the school site.
- Revise any school call lists, phone trees, or staff automated call lists.
- Determine if additional planning is needed to bring closure to the crisis (e.g. planning a memorial or remembrance activity for staff, attending a memorial service, etc.).
- Consider having a crisis team member (e.g. social worker) accompany you on a visit to the grieving family if appropriate.
- If a memorial is being considered, please see separate [“Memorials”](#) information sheet.

Care for the Caregiver: Brief Facts and Tips

1. Parents, teachers, and other caregivers play a critical role in helping children cope with crises. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout.
2. Burnout interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss/grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, and/or express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches, and other aches and pains, loss of appetite, and/or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral/Social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, and/or an inability to complete/return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care*: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.
 - b. *Emotional Self-care*: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
 - c. *Social care and connection*: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
 - d. *Systems/Procedural Care*: Advocating for and setting limits on the number of consecutive responses; policies that allow for crisis responders to step away from a response if the crisis hits too close to home; crisis team leaders establishing a supportive atmosphere of self-care.

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Teacher Information: Staff Death

Teacher Checklist: Staff Death

- Attend staff meeting and or review information about the crisis.
- Review the information provided to share with your students.
- Review the procedures for students to obtain individual/group counseling if needed.
- Review the “Student Grief Reactions” teacher information sheet.
- Review “Considerations/Questions” teacher information sheet.
- Evaluate your own response to the death and determine whether you or a member of the Crisis Team should inform your class and facilitate the classroom discussion.**
- Contact principal or crisis team if you will need additional support.**
- Share information with your students. If principal has prepared a letter to be read, read it to class. If not, share information that has been provided.
 - Share the facts (in age-appropriate language) about what occurred (i.e. who, what, where, when).
 - Answer questions honestly about what has occurred. Be prepared for very concrete questions (e.g. about the body, medical procedures, etc.) particularly from young children.
 - Resist inserting your personal beliefs into the discussion.
 - Look for these normal reactions in your students:
 - Shock or Disbelief
 - Guilt
 - Grief
 - Confusion
 - Shame or Loss
 - Anger
- Explain to class that it is normal to express grief in many different ways.
- Consider providing some classroom activities if warranted. (See teacher information sheet on “Classroom Activities”.)
- Refer students who may need counseling, using procedures in place. Keep a list of those who leave the classroom for counseling.
 - Students who continue to demonstrate an elevated emotional response (crying, sadness, etc.) after their peers no longer show these signs.
 - Students who are uncharacteristically withdrawn or appear depressed.
 - Students who appear distracted and are unable to engage in classroom activities after an ample amount of time has passed.
- Return to normal routines and activities as soon as possible.
- Review information sheet: How to prevent caregiver burnout.

Teacher Information: Student Understanding of Death / Grief Reactions

Student's Understanding of Death

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

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

- **Protest:** The child cannot believe the death has occurred and may attempt to “regain” the dead person.
- **Pain, despair, and disorganization:** The child eventually works through these reactions and begins to accept the loss.
- **Hope:** The child accepts the death and begins to reorganize his/her life.

Reactions to Grief

- **Grief is a frustrating emotion that hurts. It is closely tied to love, hate, and fear.**
- Grief is normal, but a grieving person may behave abnormally.
- There are often physical reactions to grief (headache, upset stomach, heart palpitations), which may continue for days or weeks.
- There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.

Teacher Information: Considerations/Questions

Should I review cards and notes that students make?

When students make cards, go through them before sending them to the family. Sometimes students put in concrete images or statements that might disturb rather than comfort the family.

Some students or staff seem particularly upset, even though they were not close to the deceased.

The death may trigger upset among individuals who, though not necessarily close to the deceased, have suffered other losses.

Some students are sad, some angry, some giddy, etc.

Be aware of the wide variety of grief reactions and assist students to recognize them in themselves and others. Explain to students that different people will react to the news in different ways.

How do I handle spiritual/religious questions, such as questions about heaven?

Use a general comment, such as “people have different beliefs,” encouraging children to discuss this with their families. Avoid advocating personal beliefs.

Teacher Information: Classroom Activities

Pre-School and Early Elementary (PK-2)

Continue with the class routine, provide students with a feeling of security, and model calmness. Possible classroom activities include:

- Giving students opportunity to draw and/or work on a group art project.
- Having games/toys available for the students.
- Set aside time to read a short story/book with the class.
- Facilitate a hands-on activity such as making paper flowers and bouquets with a note tied to the stem.
- Playing an interactive, group game with the students.
- Having snacks/food and beverages available.

Elementary and Middle Grades (Grades 3-6/7)

Consider relaxing student performance standards on a temporary basis, and when possible increasing individualized attention. It is important to resume routines and provide structure as soon as possible. Possible classroom activities include:

- Creating cards/artwork to be shared with the family (Be sure to review all materials before giving it to the family).
- Write a poem or other remembrance (e.g., Poetry book).
- Having students draw, write, or dictate stories that they can share in small or large groups.
- Having snacks/food and beverages available.

Middle and High (Grades 7/8 to 12)

Consider reducing your classroom expectations for the day. Connect with students by asking how they are doing and letting them know you are available to listen. Possible classroom activities include:

- Having snacks/food and beverages available.
- Involving students in a group discussion (both large and small group) that allows them to discuss the event and their own associated reactions, experiences, and feelings.
- Discuss the stages of grief. Talk about how grief affects people and encourage them to share how they feel. (See “Student Grief Reactions-Teacher Information Sheet.”)
- Discuss ways to cope with the loss. Redirect energy to creative pursuits, physical exercise, and verbal expression when emotions arise.
- Teach students relaxation techniques.
- Place a collection box in class for notes/cards to the family. (Be sure to review all materials before giving it to the family.)

Teacher Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Responder Information: Staff Death
Responder Checklist: Staff Death

- Immediately report to site of the crisis.
- Report location change to district office and the school you are assigned to that day.
- Check in with crisis team manager or school-based social worker or psychologist.
- Assist in the development in a crisis response plan with the team.
- Review information provided to teachers in the [teacher section](#) for this crisis type.
- Provide counseling support.
- Maintain log of students seen in counseling with notes regarding any necessary follow up.
- Participate in debriefing session with team at the end of the day.
- Participate in development of crisis plan for the next day.
- Engage in self-care activities when you are off duty.

Responder Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Death/Trauma Resulting from School Violence

The following pages are designed to provide crisis responders and caregivers with the essential information needed to deal with death or trauma related to school violence.

There are three parts to this section:

[Principal:](#) This section is designed for the administrator of the school. It provides a quick guide to the procedures needed to be in place for the crisis response to be effective. Depending upon the type of violence, the principal may need to make decisions about re-opening the school, repairing damages, caring for the mental health of both students and staff. It will be necessary to assure students and staff that the school is a safe place to be. Increased presence of security, etc. may be necessary if only for peace of mind.

School violence crisis events are unique in their severity and impact. Involve as many of the district's support departments as possible to ensure a meaningful recovery.

[Teacher:](#) This section is designed for the classroom teacher. It provides useful information for the teacher to consider when assisting students recover from a difficult situation.

[Responder:](#) This section is designed for those professionals who are responding to the crisis from district or other school locations. Recovery from school violence is difficult. Being a responder is doubly difficult when the incident will directly affect many of you. Take extra time and effort to "care for the caregiver."

Principal Information: Death/Trauma Related to School Violence

Principal Checklist: Death/Trauma Related to School Violence

- Consult with District regarding school reopening. Prepare optional letter to families about the reopening of school (see sample letter).
- Assure that all necessary repairs are made to school. Remember that it is not necessary to erase all evidence of the incident.
- Consult with Risk Management (754-321-1900); Safety Department (754-321-4200); Cadre Director 754-321-3838; and either Student Services (office: 754-321-1618) Faye Kravitz (cell: 954-257-8241) or Psychological Services (office: 754-321-3440) Rhonda Said (cell: 954-292-2463) or Emily Goldstein (cell: 954-494-0215).
- Convene school safe team.
- Review previously developed crisis plan. Plan staff meeting and notify staff.

Consult with the Crisis Team Manager regarding the following items:

- Implement a plan of action for media control, if necessary. Contact Public Information Office if needed (754-321-2300).
- Clarify tasks and assign to crisis/support team members.
- Determine need for Social Media examination and/or participation. (See general information sheet on "[Social Media.](#)")
- Remove deceased student(s) names/phones from school's robotic call list; update TERMS information.
- Prepare information to be shared with students.
- Conduct staff meeting.
- Arrange for substitutes, if necessary, to relieve grieving teachers. If additional staff are needed, contact cadre director and surrounding principals for additional support staff to be repositioned at your school for effective coverage.
- Prepare immediate information to be shared with students (see sample letter to students).
- Set aside space for group and individual counseling.
- Establish procedure for accessing counseling services.
- Determine need for whole classroom counseling and designate the personnel to provide this service.
- Contact grieving family/families to express condolences and provide support. Communicate actions taken by school.
- Prepare information to be sent home to parents. See Sample Letters.
- Update information (funeral arrangements, support activities, etc.) to staff, students, and parents as appropriate.

Letter to Students: School Violence

Dear Students,

I have asked your teacher to read this letter to you because I want to make sure that all students receive the same information.

As you know our school experienced a tragic event [insert when]. We have been working with law enforcement and school district administration to ensure that [school name] is a safe place.

The recent [stabbing, shooting, bombing, etc.] has evoked many emotions—sadness, grief, helplessness, anxiety, fear, and anger. I want to assure you that the staff at **[school name]** care about you and the feelings you may have. If for any reason you want to talk with someone about what happened, talk with your teacher or one of our counselors who are here to help us during this difficult time.

Sincerely,

(Principal's Name)

*Adapted from San Francisco USD, Crisis Response Manual

Letter to Parents: School Violence

(To be sent home on school letterhead)

Date:

Dear Parent/Caregiver

As you know our school experienced a tragic event [insert when]. We have been working with law enforcement and school district administration to ensure that [school name] is a safe place. [optional: specify steps taken]

The recent [stabbing, shooting, bombing, etc.] has evoked many emotions—sadness, grief, helplessness, anxiety, and anger. Students who are struggling with their thoughts and feelings about the stories and images of the event may turn to trusted adults for help and guidance. It is natural and healthy for your child to want to discuss this.

We have counselors, social workers, and psychologists available at school to assist you and any of our students and staff in coping with this difficult situation. Please contact the school if you feel your child is in need of additional assistance. If you need immediate assistance, please call “First Call for Help” by dialing 2-1-1.

Sincerely,

(Principal’s Name)

Principal Information (end of day): School Violence

- Assess your own reactions and needs for care. Seek support from your Cadre Director and/or District Crisis Team members.
- Convene a staff meeting for debriefing.
- Assess staff needs and provide care as needed. Refer to “Care for the Caregiver: Brief Facts and Tips” on the next page. A more comprehensive guide is available in the general information section of this manual: [“Care for the Caregiver: Guidelines for Administrators and Crisis Teams.”](#)
- Meet with crisis team at end of day to assess the situation and plan for the following day. Assess team needs and provide care as needed.
- Arrange for removal of personal belongings from the school site.
- Revise any school call lists, phone trees, or staff automated call lists.
- Determine if additional planning is needed to bring closure to the crisis (e.g. planning a memorial or remembrance activity for students and staff, attending a memorial service, etc.).
- Consider having a crisis team member (e.g. social worker) accompany you on a visit to the grieving families if appropriate.
- If a memorial is being considered, please see separate [“Memorials”](#) information sheet.

Care for the Caregiver: Brief Facts and Tips

1. Parents, teachers, and other caregivers play a critical role in helping children cope with crises. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout.
2. Burnout interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss/grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, and/or express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches, and other aches and pains, loss of appetite, and/or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral/Social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, and/or an inability to complete/return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care*: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.
 - b. *Emotional Self-care*: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
 - c. *Social care and connection*: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
 - d. *Systems/Procedural Care*: Advocating for and setting limits on the number of consecutive responses; policies that allow for crisis responders to step away from a response if the crisis hits too close to home; crisis team leaders establishing a supportive atmosphere of self-care.

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Teacher Information: Death/Trauma Related to School Violence

Teacher Checklist: Death/Trauma Related to School Violence

- Attend staff meeting.
- Review the information provided to share with your students.
- Review the procedures for students to obtain individual/group counseling if needed.
- Review the “Student Grief Reactions” teacher information sheet.
- Review “Considerations” teacher information sheet.
- Evaluate your own response to the event and determine whether you or a member of the Crisis Team should inform your class and facilitate the classroom discussion.
- Contact principal or crisis team if you will need additional support.
- Share information with your students. If principal has prepared a letter to be read, read it to class. If not, share information that has been provided to you by administration/crisis team.
 - Answer questions as honestly as possible about what has occurred. Reassure students of their safety at school.
 - Look for these normal reactions in your students:
 - Shock or Disbelief
 - Guilt
 - Grief
 - Confusion
 - Shame or Loss
 - Anger
- Explain to class that it is normal to express grief in many different ways.
- Consider providing some classroom activities if warranted. (See teacher information sheet on “Classroom Activities”.)
- Refer students who may need counseling, using procedures in place. Keep a list of those who leave the classroom for counseling.
 - Students who continue to demonstrate an elevated emotional response (crying, sadness, etc.) after their peers no longer show these signs.
 - Students who are uncharacteristically withdrawn or appear depressed.
 - Students who appear distracted and are unable to engage in classroom activities after an ample amount of time has passed.
- Return to normal routines and activities as soon as possible.
- Review Information sheet: [How to prevent caregiver burnout](#).

More detailed information can be found in the general information section of this document on [Student Reactions to Trauma](#) by age group and [Grief Reactions](#) and things we can do to assist.

Teacher Information: Student Understanding of Death / Grief Reactions

Student's Understanding of Death

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

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

- **Protest:** The child cannot believe the death has occurred and may attempt to “regain” the dead person.
- **Pain, despair, and disorganization:** The child eventually works through these reactions and begins to accept the loss.
- **Hope:** The child accepts the death and begins to reorganize his/her life.

Reactions to Grief

- **Grief is a frustrating emotion that hurts. It is closely tied to love, hate, and fear.**
- Grief is normal, but a grieving person may behave abnormally.
- There are often physical reactions to grief (headache, upset stomach, heart palpitations), which may continue for days or weeks.
- There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.

Teacher Information: Considerations/Questions

Should I review cards and notes that students make?

When students make cards, go through them before sending them to the families. Sometimes students put in concrete images or statements that might disturb rather than comfort the family.

Some students or staff seem particularly upset, even though they were not close to the deceased.

The death may trigger upset among individuals who, though not necessarily close to the deceased, have suffered other losses. Fear of a repeat of the event is real. Reassure students that they will be safe.

Some students are sad, some angry, some giddy, etc.

Be aware of the wide variety of grief reactions and assist students to recognize them in themselves and others. Explain to students that different people will react to the news in different ways.

How do I handle spiritual/religious questions, such as questions about heaven?

Use a general comment, such as “people have different beliefs,” encouraging children to discuss this with their families. Avoid advocating personal beliefs.

Teacher Information: Student Understanding of Death / Grief Reactions

Student's Understanding of Death

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- There may be emotional reactions to grief such as agitation, talkativeness, idealizing the dead person, withdrawal, feeling guilty or being angry with the deceased.

Teacher Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

Social care and connection: Maintain normal daily routines; connect with trusted friends or family; process or debrief the events at the end of each day with other caregivers or colleagues. **This is especially important for crisis responders.**

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Strategies for Self-Care

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

Responder Information: Death/Trauma Related to School Violence
Responder Checklist: Death/Trauma Related to School Violence

- Immediately report to site of the crisis.
- Report location change to district office and the school you are assigned to that day.
- Check in with crisis team manager or school-based social worker or psychologist.
- Assist in the development in a crisis response plan with the team.
- Review information provided to teachers in the [teacher section](#) for this crisis type.
- Provide counseling support.
- Maintain log of students seen in counseling with notes regarding any necessary follow up.
- Participate in debriefing session with team at the end of the day.
- Participate in development of crisis plan for the next day.
- Engage in self-care activities when you are off duty.

Responder Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

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- Structure your time and try to stay busy.
- Engage in activities that you enjoy.
- Stay in touch with others, such as family and friends, who can offer support and encouragement. It is important not to isolate yourself.
- Do not use drugs/alcohol to help cope with your role as a caregiver.
- Ask your family and friends to support you by reducing their demands/pressures on you.
- Eat healthy foods and drink plenty of water.
- Avoid caffeine.
- Take rests every couple of hours and try to get enough sleep each night. If you have difficulty sleeping, try writing in a journal, which may be helpful.
- At the end of each day, take time to process the events with your peers.
- Be kind to yourself and others
- Allow yourself to feel sad, angry, etc. Find ways to express your grief (e.g., write in a journal, donate to a cause, etc.)

Trauma Related to Hurricane

The following pages are designed to provide crisis responders and caregivers with the essential information needed to deal with trauma related to hurricanes.

There are three parts to this section:

Principal: This section is designed for the administrator of the school. It provides a quick guide to the procedures needed to be in place for the crisis response to be effective.

Teacher: This section is designed for the classroom teacher. It provides useful information for the teacher to consider when assisting students recover from a difficult situation.

Responder: This section is designed for those professionals who are responding to the crisis from district or other school locations.

Principal Information: Trauma Related to Hurricane

Once school opens, students and staff may relate their personal experiences about the hurricane. You are likely to see a wide-range of reactions in view of the severity and the damage wrought by the storm. Some of the stress reactions of students and staff members may be apparent when school first opens. Others may become apparent in the days and weeks to come.

Principal Checklist: Trauma Related to Hurricane

- ❑ Consult with District regarding school reopening. Prepare optional letter to families about the reopening of school.
- ❑ Previous to reopening: Consult with either Student Services (office: 754-321-1618) Faye Kravitz (cell: 954-257-8241) or Psychological Services (office: 754-321-3440) Rhonda Said (cell: 954-292-2463) or Emily Goldstein (cell: 954-494-0215) to obtain information regarding counseling services and other important first day information.
- ❑ Convene school safe team.
- ❑ Clarify tasks and assign to crisis/support team members.
- ❑ Conduct staff meeting.
- ❑ Review
- ❑ Set aside space for group and individual counseling.
- ❑ Establish procedure for accessing counseling services.

Letter to Families: Hurricane, To Be Sent Before School Reopens

(optional)

(to be sent home on school letterhead)

Dear Parent,

As our community undertakes recovery from the devastating impact of Hurricane ***, we want to express our concern for all who have experienced adversity. We are hard at work returning our school back to normal.

We have assessed our school and found [very little/some/significant] damage. Work is under way preparing school to reopen. As soon as electricity and other essentials can be restored to school, we hope to resume classes. [Month, day, year] is the goal we have set for students to return to school. Final decisions about reopening school(s) will be communicated through browardschools.com and local media.

The magnitude of this disaster is offering new challenges to all of us. Our District has responded to municipal governments, emergency services personnel, and relief agencies to help secure the safety and well being of all Broward residents. In turn, those agencies are offering help to our District as we prepare to reopen.

We look forward to seeing all of you again as soon as we are able to return to normal operations. Our community is blessed in innumerable ways, not the least of which are the strong support for and love of community that we share. Despite the challenges we face now, without question, we will continue to thrive as a school family. For now, we hope you and your family will be safe and we wish the best possible for all in our local neighborhoods and in other areas of the county.

Sincerely,

Principal

Note: Letter adapted from Orleans Parish School Board after Hurricane Katrina.

Letter to Students: Hurricane

Dear Students,

I have asked your teacher to read this letter to you.

As you know our community experienced a major hurricane [insert when]. We have been working with maintenance and school district administration to ensure that [school name] is safe and ready for business.

Hurricanes can affect us in many ways. Some of us will experience emotions such as helplessness, anxiety, and fear. I want to assure you that the staff at **[school name]** care about you and the feelings you may have. If for any reason you want to talk with someone about your feelings, please contact your teacher or one of our counselors.

Sincerely,

(Principal's Name)

Letter to Parents: Hurricane

(on school letterhead)

Dear Parents,

As you know our community experienced a major hurricane [insert when]. We have been working with maintenance and school district administration to ensure that [school name] is safe and ready for business.

Hurricanes can affect all of us in many ways. Your child may experience emotions such as helplessness, anxiety, and fear. They will need to be reassured that they are safe. Students who are struggling with their thoughts and feelings about the hurricane may turn to trusted adults for help and guidance. It is natural and healthy for your child to want to discuss this.

We have counselors, social workers, and psychologists available at school to assist your child. Please contact the school if you feel your child is in need of additional help in dealing with the aftermath of the hurricane. If you need immediate assistance, please call “First Call for Help” by dialing 2-1-1.

Sincerely,

(Principal’s Name)

Principal Information (end of day): Hurricane

- Convene a staff meeting for debriefing. Discuss the needs for further assistance for students.
- Assess staff needs and provide care as needed. Refer to “Care for the Caregiver: Brief Facts and Tips” on the next page. A more comprehensive guide is available in the general information section of this manual: [“Care for the Caregiver: Guidelines for Administrators and Crisis Teams.”](#)
- Meet with crisis team at end of day to assess the situation and plan for the following day. Assess team needs and provide care as needed.

Care for the Caregiver: Brief Facts and Tips

1. Parents, teachers, and other caregivers play a critical role in helping children cope with crises. It is extremely important, however, for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout.
2. Burnout interferes with one's ability to provide crisis intervention assistance. This can be true in the aftermath of immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like the war in Iraq.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss/grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
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 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, and/or express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches, and other aches and pains, loss of appetite, and/or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
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6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care*: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.
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Teacher Information: Trauma due to Hurricane
Teacher Checklist: Trauma due to Hurricane

- Attend staff meeting.
- Review the procedures for students to obtain individual/group counseling if needed.
- Review the handout: [“Hurricanes: Specific Considerations for Parents and Teachers”](#)
- Explain to class that it is normal to express stress reactions in many different ways.
- Consider providing some classroom activities if warranted. (See teacher information sheet on [“Classroom Activities”](#).)
- Return to normal routines and activities as soon as possible.
- Review Information sheet: How to prevent caregiver burnout.

More detailed information can be found in the general information section of this document on [Student Reactions to Trauma](#) by age group.

Hurricanes: Specific Crisis Considerations for Parents and Teachers

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

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

Possible immediate responses include:

- Fear
 - Of being alone/left alone
 - Of family members getting hurt
 - Of the dark
 - That they may be partly to blame for the hurricane
- Feelings of guilt
 - The child may feel guilty that he or she survived and others did not
- Exhaustion
 - Physical
 - Emotional
- Regressive behaviors
 - Clingy or whiny behavior
 - Acting younger
 - Being irritable
- Behavioral difficulties
 - Aggressive and/or angry behaviors
 - Acting silly
 - Risk-taking behaviors
- School difficulties
 - School refusal
 - Inability to concentrate in class
 - Change in grades
- Symptoms of depression
 - Sadness
 - Crying
 - Nightmares, not being able to sleep, or not being able to sleep alone
 - Changes in eating

Possible long-term responses include:

- Panic attacks (during subsequent storms)
- Post-traumatic stress disorder
 - The student may re-experience the traumatic event (e.g., dreams, flashbacks, play)
 - The student may try to avoid any reminders of the event (e.g., avoid talking about it or participating in any follow-up class activities)
 - The student may exhibit an increase in arousal symptoms (e.g., startle responses, irritability, sleep problems, difficulties with concentrating)

Following a Hurricane: Classroom Activities

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

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

Source: National Association of School Psychologists

Responder Information: Trauma due to Hurricane
Responder Checklist: Trauma due to Hurricane

- Immediately report to site of the crisis.
- Report location change to district office and the school you are assigned to that day.
- Check in with crisis team manager or school-based social worker or psychologist.
- Review information provided to teachers in the [teacher section](#) for this crisis type.
- Provide counseling support.
- Maintain log of students seen in counseling with notes regarding any necessary follow up.
- Participate in debriefing session with team at the end of the day.
- Participate in development of crisis plan for the next day.
- Engage in self-care activities when you are off duty.

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Responder Information: Preventing Caregiver Burnout

Physical self-care: Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; adequate sleep; exercise.

Emotional Self-care: Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.

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Strategies for Self-Care

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- In order to help alleviate some of the physical symptoms you may experience during the first 1-3 days, try to alternate periods of strenuous physical exercise with relaxation.
- Know what your personal limitations are and do not do anything that makes you feel uncomfortable.
- Try to continue with your daily routine (e.g., meals, exercise, etc.).
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- Engage in activities that you enjoy.
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- Ask your family and friends to support you by reducing their demands/pressures on you.
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- Avoid caffeine.
- Take rests every couple of hours and try to get enough sleep each night. If you have difficulty sleeping, try writing in a journal, which may be helpful.
- At the end of each day, take time to process the events with your peers.
- Be kind to yourself and others
- Allow yourself to feel sad, angry, etc. Find ways to express your grief (e.g., write in a journal, donate to a cause, etc.)

General Information:

Reactions to Traumatic Events by Age Group

Page 1 of 2

	REACTIONS	NEEDS
PRESCHOOL AGE CHILDREN	<ul style="list-style-type: none"> • regression (thumb sucking, bed wetting) • crying • clinging to parents • anger • loss of appetite • acting out of traumatic events in play • fear of the dark/sleep disturbances/resisting naps 	<ul style="list-style-type: none"> • cuddling, hugging, touching • reassurance that someone will take care of them
4 TO 6 YEAR OLDS	<ul style="list-style-type: none"> • confusion • fear of abandonment • guilt • regression • changes in eating and sleeping patterns/nightmares • crying • anger 	<ul style="list-style-type: none"> • reassurance that they are not to blame • explanation of death in physical terms, using body-oriented words • reassurance that someone will take care of them/hugging
6 TO 9 YEAR OLDS	<ul style="list-style-type: none"> • withdrawal, isolation, regression • irritability/aggressiveness • denial • panic, separation anxiety, fear of death • changes in eating and sleeping patterns/nightmares • decrease in school performance • anger at the deceased or other who "caused" the death • glorify and idealize the deceased • may assume the characteristics, role, or responsibilities of the deceased • magical thinking about death 	<ul style="list-style-type: none"> • to be held • to feel that someone will take care of them • reassurance that they are not to blame • explanation of death and answering their questions • listen to them • allow them to participate in the family's grief
9 TO 11 YEAR OLDS	<ul style="list-style-type: none"> • shock • crying, sadness, anxiety • anger, disobedience, aggressive behavior • changes in eating and sleeping patterns • regression/clinginess • decline in school performance and concentration • school avoidance, withdrawal from activities and friends • glorify and idealize the deceased • fear of own death and death of others 	<ul style="list-style-type: none"> • provide comfort and support • explain unanswered questions about death • listen to them • including them in discussion about the death and the aftermath • may need to comfort others

	REACTIONS	NEEDS
ADOLESCENTS	<ul style="list-style-type: none"> • crying/sadness/depression • isolation • decreased interest in peers or preferred activities • shock/fear/anxiety • reckless behavior-drawing, playing “chicken” and Russian Roulette, hitchhiking • physical complaints (headaches, stomachaches) • use of drugs/sexual acting out • changes in eating and sleeping patterns • agitation/anger/aggression • decreased school performance • absenteeism, poor grades, behavior problems • survivor’s guilt • use of denial or intellectualization to deal with anxiety/fear • suicidal behavior/ideation • prolonged grief may lead to suicide, delinquency, and acting out behavior 	<ul style="list-style-type: none"> • include adolescent in the planning and decision-making process surrounding the death, funeral, etc. • peer support is extremely important • encourage interaction with friends throughout the grief process • be open to talk with adolescents about death and their grief but do not force the issue • encourage participation in a grief support group in the community or school

Refer a student for further assistance if he or she:

- continues to demonstrate an elevated emotional response (crying, worrying, anxiousness) after peers have discontinued to show these signs.
- is withdrawn or appears depressed, distracted and is unable to engage in classroom assignments and activities after an ample amount of time has passed.
- Exhibits significant changes from his/her normal behavior, i.e., poor academic performance, weight loss, poor hygiene, distrust of others and, in older children, suspected drug/alcohol use, etc.

Grief: Brief Facts and Tips

1. Grief is not solely related to the death of a loved one. The symptoms, characteristics, and process of grieving can be similar after other types of loss (e.g., divorce, transition, moving).
2. Grief is personal. There is no right or wrong way to grieve. How people grieve can be influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences.
3. Grief is often characterized by sadness, emotional pain, and introspection in adults. However, children's grief reactions differ according to age and developmental level:
 - **Preschool** - Regressive behaviors, decreased verbalization, increased anxiety
 - **Elementary** - Decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; repeated re-telling of the event
 - **Middle and High School** - Decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing or depression
4. Grieving does not have a timeline. Schools should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss.
5. Grieving involves meeting specific milestones. Individuals are likely to experience (and often re-experience) some or all of the following adjustments/responses:
 - Accepting the death
 - Experiencing the feelings and emotional pain associated with death and separation from the deceased
 - Adjusting to changes and an altered environment that no longer includes the deceased
 - Finding ways to remember and memorialize the deceased
6. Grieving is a normal response to loss, but may require some support. Additional assistance should be provided when the following are noted:
 - Marked loss of interest in daily activities
 - Changes in eating and sleeping habits
 - Wishing to be with the deceased loved one
 - Fear of being alone
 - Significant decreases in academic performance and achievement
 - Increased somatic complaint
 - Changes in attendance patterns (e.g., chronic absenteeism)
7. Things to avoid
 - Euphemisms when referring to the deceased such as "they are sleeping," or "they went away"
 - Minimizing statements such as "it was only your great-grandmother, (or dog, neighbor, etc.)"
 - Predicting a timeframe to complete the grieving process such as, "it has been a month, you should be getting over this," or "the pain will fade soon"
 - Over-identifying, (e.g., "I know how you feel")
 - Too much self-disclosure (e.g., I lost my mom to cancer) as not everyone handles self-disclosure the same way and the focus should remain on the student's grief
8. Things to do
 - Maintain routines as normally as possible
 - Ask questions to ascertain the youth's understanding of the event and emotional state
 - Give the youth permission to grieve
 - Provide age and developmentally-appropriate answers
 - Connect the bereaved with helping professionals and other trusted mentors and adults
 - Encourage students to adopt adaptive coping strategies, particularly ones that will involve interaction with other students (e.g., sports, clubs)
 - Educate teachers and families about what is healthy grief and how to support the student

Care for the Caregiver: Guidelines for Administrators and Crisis Teams

Parents, teachers, and other caregivers play a critical role in helping children cope with crises. Following a crisis, teachers are often required to provide additional support to the students in their classes. While teachers provide daily care and support for their students, after a tragedy these demands may go well beyond their training or expertise. In addition, crisis responders and mental health professionals are tasked with providing crisis intervention and additional mental health support to the school community following a crisis event. Consequently, it is extremely important for caregivers to monitor their own reactions and take care of their own needs as failure to do so can result in stress and burnout. Therefore, schools must be prepared to support all the adults in the school setting following a crisis.

Risks and Stressors for School Staff

Most students and school personnel will be able to get back to the typical school routine quickly and without formal mental health treatment; however, some individuals will require additional intervention and support. There are a variety of factors that increase the likelihood that a crisis event will have a traumatizing impact on both those who experience the event, as well as those who respond to it. One of those factors is the existence of personal vulnerabilities including preexisting risk factors. These include mental illness and a history of psychological trauma and/or loss. Preexisting mental health conditions can increase the vulnerability to traumatic stressors. This is true for both initial trauma symptomatology and longer-term difficulties. Other factors that can influence a person's individual reactions include witnessing or being otherwise personally affected by the trauma.

In addition, it is known that certain crisis variables can interact and influence reactions to it. Events that are somewhat predictable or have a gradual onset (for instance, a death after a long illness) are generally less traumatic than those with a sudden onset (such as an accident or shooting death). Natural disasters (such as floods or earthquakes) are typically less traumatic than violent man-made assaults. Those situations with fatalities will certainly be more traumatizing than those without fatal injury. Finally, as might be expected, those crisis situations with a high intensity and long duration (such as a hostage situation), and those with many individuals involved, will provide the most challenges with regard to traumatic aftermath.

Burnout and Secondary Trauma

Secondary trauma is the stress that results from learning about another's traumatic experience and helping or wanting to help another person who has been directly affected by such tragedy. This secondary trauma shows itself with the same general range of symptoms as those who have been personally victimized by the event. School administrators, teachers, crisis responders, and mental health personnel who assist children and other adults in the school community are at risk for such stressors as they take on crisis intervention work to assist in times of tragedy.

Warning Signs

The signs and symptoms of stress and secondary trauma can sometimes be observed by others and sometimes are only known to the individual who is affected. Some are common stress reactions, often seen or experienced after a crisis, and others may warrant seeking professional support or monitoring. They can come in the form of physical reactions, emotional symptoms and social or interpersonal signs.

Physical reactions, such as chronic fatigue and exhaustion are the most frequently reported. However, other signs may also be evident, such as trouble paying attention, confusion, constantly being on the “lookout” for danger, or startling easily. Sleeping and eating problems, headaches, stomachaches, or muscle tension may also be experienced. When these reactions significantly interfere with their jobs or personal functioning, additional support and intervention will likely be needed.

Emotional symptoms can include excessive worry or anxiety about the crisis victims, disconnection or numbing, extreme anger at the situation, or feelings of compassion fatigue, demoralization or resignation. Individuals may also find they have recurrent crisis thoughts or distressing dreams, or a constant replaying of the events, and even some confusion and difficulty making everyday decisions. Some may even experience extreme depression with hopelessness or suicidal thoughts. Some may self-medicate their emotional symptoms by increased drug or alcohol use.

Finally, **social or interpersonal signs** can include serious difficulties in relationships at home or work. Irritability, outbursts of anger, social withdrawal or isolation can sometimes be seen as extreme stress reactions. Attempts to over-control at work, compulsion to be a “rescuer” or part of every crisis situation. These social issues may increase absenteeism, may result in an increase in staff arguments, or may shorten adults’ patience with students.

Care for the Caregiver

Previous research suggests that school personnel are at risk for multiple long-term consequences including illness and burnout and often feel their needs are neglected following acts of violence and other crises. In addition, teachers may be expected to and/or feel responsible for meeting the mental health needs of students when they lack the necessary training and expertise to do so. It is important that immediate reactions to a traumatic event be acknowledged and normalized by both school leadership and mental health staff. This includes having some awareness of their own reactions and limitations and taking care of themselves as needed.

Opportunities for school personnel to access assistance from crisis responders and/or mental health professionals must be planned for and provided. For example, the plan may call for substitute staff to come to the building to allow teaching staff to leave the classroom and receive support. Immediate support and action from administration in reducing posttraumatic stress in school personnel following a crisis is critical in terms of a quicker recovery. One of the best ways that administrators can support their staff is by ensuring that there are sufficient numbers of responders and mental health staff to both carry out the crisis plan effectively and to provide needed interventions in the days and weeks after the crisis. Administrators should promote a culture in which the adults in the building feel comfortable asking for help and/or to take a break. At the same time, school leadership needs ensure that this is not perceived as an inability to do their jobs. Administrators should also be aware of the potential stigma of school personnel accessing mental health services and Employee Assistance Programs (EAPs). Providing contact information and encouraging staff to meet their own mental health needs is an important first step in ensuring that staff are adequately supported.

In addition to mental health intervention, there are a variety of informal strategies that can be helpful in supporting school staff following a school-based crisis. Such tactics include a back-to-school visit for school staff prior to the students returning and/or some type of open house where staff and students can return to the school in a safe and supportive context. It is important to have mental health professions/crisis responders present at these gatherings so that individuals who are impacted have the opportunity to discuss their feelings and reactions. This will also allow staff to receive appropriate support to address the stress and fatigue involved when caring for and teaching impacted students. Ongoing support should also be made available. Another way to assist staff following a crisis is to use a classroom buddy system. Giving teachers the option of having a school mental health professional assigned to their classroom for the first day or two that classes resume can provide them, as well as their students, the extra support they need to get through what is often the most difficult time. The “buddy” is there to help facilitate conversations about the crisis, provide large group/classroom interventions, offer mini breaks for the teacher, and to identify those students—and teachers—who have severe crisis reactions and escort them to where more intensive interventions are provided. Substitute teachers can also be arranged for those educators who have been significantly impacted (e.g., death of one of their students, witnessing a crisis in their classroom, etc.).

Finally, it is important to keep in mind the exhausting nature of crisis response work and the impact on those individuals who serve on the crisis team, especially those who provide mental health interventions to trauma victims. Participating as a crisis responder is a risk factor for burnout and invariably, crisis responders will experience some personal impact subsequent to their involvement in the response and this should be anticipated. The need for social support and the opportunity to debrief with other responders following the response are important to recognize, as often these folks will put their own needs on the back burner while tending to the needs of everyone else. These professionals can be supported in a variety of ways including allowing for shorter work shifts of crisis team members and allowing them to rotate between more intensive and less intensive crisis response activities. Providing coverage of day-to-day duties of crisis response team members can also be helpful, so that there is not a big backlog of work once the response has wrapped up. Having a Mental Health Officer designated by the crisis response team Incident Commander can be assigned the duties of making sure the crisis responders’ needs are being considered during the crisis response.

Strategies for Self-Care

A diminished ability to function professionally may place students or the caregiver at risk. It is important that all school staff be encouraged to engage in self-care strategies and to ask for help as needed. Self-care strategies can come in many forms which interrelate, and can be thought of as preventing or addressing the signs and symptoms mentioned above.

Physical self-care includes maintaining a healthy diet, getting adequate sleep and taking some breaks during the workday. Exercise can be very effective for stress reduction. Even taking walks or riding bikes, can help calm the physical body. Limited use of alcohol or other substances is also important as this can interfere with sleep and should not be relied upon to help cope or relax. Other stress management techniques such as using relaxation or deep breathing can be helpful.

To care for **emotional health**, school staff should recognize that many reactions are normal and occur frequently among caregivers, but they should also be aware of and watch for the signs of secondary trauma. Knowing one's limitations and giving oneself permission to take on fewer responsibilities can be helpful. Similarly, the use of good time-management skills and priority setting can be beneficial, as they can help people focus on something practical to do right now to manage the situation. Practicing one's spiritual or religious faith can provide comfort and calming, as can engaging in hobbies and creative activities. Other strategies include using calming self-talk, soothing music, and/or visualization.

Social care and connection is also important to self-care during times of stress. Maintaining normal daily routines and staying connected with trusted friends or family can be helpful. Stress can actually be reduced when people can turn to action, by engaging in activism or advocacy work. Debriefing the events with other caregivers or colleagues at the end of each day and when crisis response and recovery efforts wrap up is especially important for crisis responders.

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General Information on Natural Disasters

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

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

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

- Plan ahead – before a natural disaster strikes, provide students with a list of available resources within the community and outside of the school district or the disaster zone.
 - Delayed reactions
 - Depression in adult, children, and staff
 - Increased illness
 - Generalized anxiety
 - Increase in truancy and delinquency rates
 - Homelessness and stressful living conditions making recovery more difficult
 - Disruption of normal daily routines and peer support for an extended period of time
 - Economic effects, loss of jobs, income
 - Increase in alcohol and drug usage

Source: National Association of School Psychologists

Tips for School Personnel and Parents

When a crisis event occurs—in school, in the community or at the national level—it can cause strong and deeply felt reactions in adults and children, especially those children with special needs. Many of the available crisis response resources are appropriate for use with students with disabilities, provided that individual consideration is given to the child’s developmental and emotional maturity. Acts of healing such as making drawings, writing letters, attending memorial ceremonies and sending money to relief charities are important for all children.

How adults express their emotions will influence the reactions of children and youth. Further, children with disabilities (e.g., emotional, cognitive, physical, etc.) will react to the trauma and stress based on their past experience and awareness of the current situation. Caregivers and school personnel who know a child well can best predict his or her reactions and behaviors because they have observed the child’s response to stress in the past.

Triggers and Cues: Children with disabilities generally have specific “triggers”—words, images, sounds, etc.-- that signal danger or disruption to their feelings of safety and security. Again, these are specific to each child but come from past experiences, association with traumas, seeing fear in adults, etc. Children tend to develop their own “cues” in response to these trigger events, warning signals that adults can “read” to understand that the child is having difficulty. These cues may include facial expressions or nervous tics, changes in speech patterns, sweating, feeling ill, becoming quiet or withdrawn, complaining or getting irritable, exhibiting a fear or avoidance response, etc.

When adults anticipate these triggers or observe these cues, they should provide assurance, support and attention as quickly as possible. If adults miss these cues, children may escalate their behavior to a point where they completely lose control. If this occurs, adults need to remove the child to the safest place available, allow the child to calm down, and then talk to the child about the triggering fears or situation.

Because parents and teachers see children in different situations, it is essential that they work together to share information about triggers and cues. This is best done on a regular basis, such as during the IEP meeting or a periodic review meeting, rather than in response to a crisis. However, when a crisis occurs, parents, case managers and others who work with the child should meet to briefly discuss specific concerns and how to best address the child’s needs in the current situation.

In the context of prevention and the development of effective IEPs, some children need specific training and interventions to help them to develop self-control and self-management skills and strategies. During the teaching process, these skills and strategies should be taught so they can be demonstrated successfully under stressful conditions (e.g., school crises, terrorism, tornado) so that children can respond appropriately and effectively. Adults should still expect that children will demonstrate their self-control skills with less efficiency when confronted by highly unusual or stressful situations.

All children benefit from concrete information presented at the proper level of understanding, and maturity. Helping all children to stop and think about their reactions and behavior, especially with regard to anger and fear, is recommended and often necessary in order for them to make “good choices.” For some students with behavioral disorders, training in anger management, coping and conflict resolution skills are important additions to a comprehensive intervention program. The following information addresses specific, additional considerations for children with special needs.

Autism: Children with autism pose very difficult challenges to caregivers. It is difficult to know how much information a nonverbal child is absorbing from television and conversations. It is important to pay close attention to the cues they may provide regarding their fears and feelings and provide them with ways to communicate. Remember that any change in routine may result in additional emotional or behavioral upset. If the child’s environment must be changed (e.g., an evacuation, the absence of a parent), try to maintain as much of the normal routine (e.g., meals, play, bedtime) as possible—even in the new environment. In addition, try to bring concrete elements from the child’s more routine environment (e.g., a toy, blanket, doll, eating utensils) into the new environment to maintain some degree of “sameness” or constancy.

Many students with autism can be helped to comprehend behavior they observe but poorly understand through the use of “social stories.” The parent or teacher’s explanation of what is happening can be reduced to a social story. A storybook can then be kept by the child to help reinforce the information on a concrete, basic level. For further information on the use of social stories visit the Autism Homepage at <http://members.spree.com/autism/socialstories.htm>.

Verbal children with autism may state a phrase repeatedly, such as, “we are all going to die.” This type of statement will serve to isolate the child socially from his peers and other adults. To help the child avoid such statements, it will be necessary to provide very concrete information about the situation and appropriate ways to react and respond that are within the child’s skill level.

Cognitive Limitations: Children with developmental or cognitive impairments may not understand events or their own reactions to events and images. Teachers and caregivers need to determine the extent to which the child understands and relates to the traumatic event. Some lower functioning children will not be able to understand enough about the event to experience any stress, while some higher functioning children with cognitive impairments may understand the event but respond to it like a younger child without disabilities.

Overall, children with cognitive limitations may respond to traumatic events based more on their observations of adult and peer emotions rather than the verbal explanations that they may receive. Discussions with them need to be specific, concrete and basic; it may be necessary to use pictures in explaining events and images. These children will need concrete information to help them understand that images of suffering and destruction are in the past, far away (if true) and that they are not going to hurt them. A parent may offer words of reassurance such as, “We are lucky to have the Red Cross in

our community to help all the families who were hurt by the flood;” “The boys who brought the guns to school are in jail, they can’t hurt anyone else now.”

Learning Disabilities: Students with learning disabilities (LD) may or may not need supports that are different from students without disabilities, depending upon their level of emotional maturity and ability to understand the concepts discussed. Many students with LD are able to process language and apply abstract concepts without difficulty, while others have specific deficits in these skills. In particular, some students with LD interpret very literally; therefore teachers and parents need to choose their words carefully to insure the child will not misinterpret. For example, even referring to terrorism as “acts of war” may confuse some children who interpret language literally; they may envision foreign soldiers, tanks and fighter planes attacking America.

If your child or student appears to have difficulty following the news reports and class discussions of the traumatic events and their aftermath, reinforce verbal explanations with visual materials; use concrete terms in discussion; check for understanding of key vocabulary. Remember that some students with LD have difficulty with time and space concepts, and may be confused by what they see on television-- they may have difficulty understanding what happened when, what is likely to happen next, etc. They may also be uncertain as to where these events took place and might benefit from looking at simple maps.

Some students with LD have difficulties with social skills and self-management, and may need additional instruction in anger control, tolerance of individual differences and self-monitoring. Additionally, some of the tips listed for children with cognitive impairments may be applicable to some students with LD who, despite their higher cognitive ability, have similar difficulties with verbal learning, memory and communication.

Visual, Hearing or Physical Limitations: Children who do not possess developmental or cognitive impairments but who are visually impaired, hearing impaired or physically challenged will understand, at their level of development, what is happening and may become frightened by the limitations their disability poses on them. In your explanations, be honest but reassuring. Safety and mobility are major concerns for students challenged by visual, hearing and physical impairments. As with all children, they need to know that they are going to be safe and that they can find a safe place in an emergency. Review safety plans and measures with them, provide lots of reassurance, and practice with them, if necessary. When explaining plans that may take them into unfamiliar territory, provide very simple and explicit explanations. Students with visual impairments will need to have the area carefully described to them, while the students challenged by physical or hearing impairments may need visual aids as to what they have to do and where they have to go.

Vision-impaired: The child with a visual impairment cannot pick up on visual cues such as facial expressions. Use verbal cues to reinforce what you are feeling and seeing. Many children have seen video clips of the disaster or traumatic event and are talking about them. The vision-impaired child may need a verbal description to reinforce what they have heard about the events. Ask questions to clarify their understanding of what

has happened. Children with visual impairments may have extraordinary concerns about their mobility and ability to move to safety during a crisis. Ask questions and give additional orientation and mobility training if needed.

Hearing Impaired: Children who are hearing impaired will generally not be able to keep up with the fast talking of adults during traumatic events. Caregivers will need to be aware of the child's frustration when trying to keep up with the conversation, if the child has sufficient hearing to participate. Children who are unable to hear or lip-read will need interpretation. Not being able to understand will result in greater fear reactions. Children who are hearing impaired may not be familiar with all the new terminology used in describing or explaining the events that are occurring. Be aware of the language you use, be very concrete and check for understanding. Use visual materials in conjunction with any verbal or signed explanations.

For total communication students it is important to have a signer near them. They need to know that someone will be there for them. For oral communicators distance may be an issue as they may experience difficulty with lip reading. Darkness such as blackouts or disaster drills in areas with poor lighting, presents problems for total and oral communicators. In helping them understand that they are safe, that you are going to keep them safe, be sure and show them a flashlight and let them know where they are going to be kept and that they are a part of the safety plan and available for them in darkness.

Severe Emotional Disturbance/Behavior Disorder: Students who have serious emotional and behavioral problems are at high risk for severe stress reactions following a crisis. Typically these students have limited coping skills with which to handle "normal" daily stress; they are likely to be overwhelmed by unexpected and traumatic events such as a terrorist attack or the loss of family member. Those who suffer from depression and anxiety disorders are likely to exhibit exaggerated symptoms-- greater withdrawal, heightened agitation, increased feelings of worthlessness and despair, increase in nervous behaviors such as thumb sucking ,nail biting, pacing, etc. Children with a history of suicidal thinking or behavior are especially prone to increased feelings of hopelessness and need to come to the attention of school personnel following any serious event likely to trigger these feelings.

Those children who experience conduct problems, noncompliance and aggression are also likely to exhibit more extreme versions of problem behaviors—higher levels of disruptive and oppositional behaviors, more frequent or more severe acts of aggression, etc. These students thrive on the consistent, predictable routines that are difficult to maintain in an emergency or crisis situation.

Summary

Staff and parents must consider how children with special needs respond to any form of stress and anticipate these and more extreme reactions following a crisis. Strategies that have been effective with these students in the past are the best strategies to implement now, understanding that steps might need to be more concrete and consequences more immediate. Consider the triggers and cues for these students and

anticipate rather than react—prepare students for changes in routines; allow time for discussion of the traumatic events in a safe and familiar setting; provide choices in activities to the extent feasible to give these students

some sense of control over even a small part of their lives. Some students may need to be more protected or isolated to minimize distractions and sources of agitation during the height of a crisis, and adult supervision may need to be more intense for a while. Expect some regression (increase in problem behaviors) and deal with inappropriate behaviors calmly and consistently—it helps students to understand that despite a lot of other changes and disruptions, there are some constants in class and family rules and expectations, and that they can depend on their support network to be available.

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Memorials

General Information

- If the student committed suicide, a public memorial is not recommended, see [Suicide Section](#).
- Strive to treat all student deaths the same way. Do not hold memorials only for popular students, etc.
- Establish a policy for how school administration should handle student or community members' independently establishing memorials.
- Allow for and cooperate with families who are planning off-campus memorials and activities to honor victims.
- Remind the family that someone should be in the home during funerals and memorials to prevent theft, vandalism, etc.
- Allow excused absences and time off for all students, teachers, and staff who wish to attend funerals and memorials
- Assess the need for supervision by school staff of memorials/funerals where large numbers of students may attend.
- Assess the appropriateness of creating memorials on school premises.
- If an in-school memorial is deemed appropriate, attempt to conduct the memorial promptly (within a week of the death(s)).
- Prepare for the needs of students (both before and after) the memorial. Encourage involvement in the planning of the memorial. Let students know what to expect during the memorial.
- Arrange to have a quiet area for staff and students who do not wish to attend memorials and activities.
- When planning an in-school memorial, be sensitive to developmental and cultural differences.
- Keep the ceremony short (e.g. 15-20 minutes for elementary students, 30-40 minutes for secondary students).
- Emphasize signs of recovery and hope in any memorial activity.
- Focus on the needs and goals related to the students, and include parents in activities as appropriate.
- Assess whether the family wants recognition at graduation ceremonies, at assemblies, in year books, and on anniversaries of the crisis. Particularly at graduations, chairs for those students could be left empty and their names read.
- Invite family members of to all ceremonies and memorials.
- Spontaneous memorials should be left in place until after the funeral.
- Plan ahead for the attention the school may receive from media on the one year anniversary of a major incident.
- Plan ahead for the emotional needs of the school community on anniversaries.

Physical/Permanent Memorials at School

- The rule of thumb is to avoid conflict by treating all deaths in the same manner.
- Planting a tree as a memorial for a deceased student might be acceptable, but only if the school plants trees for all students who die.
- Much thought needs to be given to naming a field, media center, auditorium, etc. in honor of the deceased. At times, this may be appropriate; however, be aware of the implications of setting such a precedent.

Memorials--Suicide

* Information in this section is from a presentation by Richard Lieberman, NCSP: Suicide Postvention in Schools

- Strive to treat all student deaths the same way
- Encourage and allow students, with parental permission, to attend the funeral if the family approves. Provide adult supervision at the funeral if a large number of students will attend.
- Contribute to a suicide prevention effort in the community.
- Develop living memorials, such as student assistance programs, that address risk factors in local youth.
- Address spontaneous memorial on school grounds.
 - Prohibiting all memorials is problematic.
 - Recognize the challenge to strike a balance between needs of students and fulfilling the primary purpose of education.
 - Meet with students and be creative and compassionate.
 - Spontaneous memorials should be left in place until after the funeral.
 - Avoid holding services on school grounds.
- Monitor off campus gatherings.
- Student newspaper coverage should follow [media reporting guidelines](#).
- Yearbook and graduation dedication or tributes should all be treated the same.
- Grieving friends and family should be discouraged from dedicating a school event and guided towards promoting suicide prevention.
- Permanent memorials on campus are discouraged.

Media Coverage: (Television & Newspaper)

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

Tips for Media Interactions

- Contact the appropriate authorities and departments, including the **Public Information Office (PIO) 754-321-2300**, and provide as many details as are available.
 - If you have determined that the PIO will handle all inquiries, have the secretary refer the reported to the PIO (754-321-2300).
 - If the PIO authorized you to speak with the media about a situation, have your secretary get the reporter's contact information and deadline.
 - If it's going to be a while before you call back, make sure the reporter knows that.
 - Be nice.
 - Reporter's deadlines are not your deadlines. However, be sure to return the call even if it is your secretary telling them you are unable to them back right away. Ignoring the media will make them angry.
 - Think before you speak. You cannot "unsay" something.
 - You have the final say when it comes to your school. If you do not want a reporter to visit your campus, politely tell him or her you are unable to accommodate the request and the reason why (e.g., student privacy concerns, scheduling conflicts, testing, etc.)
 - Reporters **MUST** follow established rules at your school. They **MUST** check in and should not be allowed to roam around without an escort.
 - When it comes to students, remember one thing: **NO** students can be interviewed and/or photographed unless he/she has a current media release on file that is signed by his or her parent or guardian.
- Be aware that visitors on your campus may be media.
- Do not feel pressured to talk with a reporter. The goal is to provide the media with accurate information in a timely manner and to respect reporters' deadlines. The PIO will assist schools in developing responses to media questions and determining the most appropriate means of communicating the responses.
- Do Not Speculate. If you do not have the facts, don't try to guess.
- Do Not Elaborate. If you are asked a Yes or No question, give a Yes or No answer.
- There is no such thing as "off the record". This just means you won't be quoted directly, but what you say may still be used in the story. Assume when you are talking with a reporter, you are always on the record.
- Never say "no comment". Instead say, "This isn't something I can discuss because I don't have all the facts" or "I am not the best person to address that. You should call xxx" or "I want to be sure to provide the most accurate information, so I am going to need to research that and get back to you".

Helpful publications from Public Information office:

[Media Relations Made Easy](#)

[Media Coverage: Quick Tips](#)

Recommendations for Responsible Reporting on Suicide

Recommendations for Reporting on Suicide©

Developed in collaboration with: American Association of Suicidology, American Foundation for Suicide Prevention, Annenberg Public Policy Center, Associated Press Managing Editors, Canterbury Suicide Project - University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry, ConnectSafely.org, Emotion Technology, International Association for Suicide Prevention Task Force on Media and Suicide, Medical University of Vienna, National Alliance on Mental Illness, National Institute of Mental Health, National Press Photographers Association, New York State Psychiatric Institute, Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education, Suicide Prevention Resource Center, The Centers for Disease Control and Prevention (CDC) and UCLA School of Public Health, Community

Important points for covering suicide

- More than 50 research studies worldwide have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. The magnitude of the increase is related to the amount, duration and prominence of coverage.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/ graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

<i>Suicide is a public health issue. Media and online coverage of suicide should be informed by using best practices. Some suicide deaths may be newsworthy. However, the way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.</i>	<i>Suicide Contagion or “Copycat Suicide” occurs when one or more suicides are reported in a way that contributes to another suicide.</i>
References and additional information can be found at: www.ReportingOnSuicide.org.	

Instead of This ✘	Do This ✔
Big or sensationalistic headlines, or prominent placement (e.g., “Kurt Cobain Used Shotgun to Commit Suicide”).	Inform the audience without sensationalizing the suicide and minimize prominence (e.g., “Kurt Cobain Dead at 27”).
Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	Use school/work or family photo; include hotline logo or local crisis phone numbers.
Describing recent suicides as an “epidemic,” “skyrocketing,” or other strong terms.	Carefully investigate the most recent CDC data and use non-sensational words like “rise” or “higher.”
Describing a suicide as inexplicable or “without warning.”	Most, but not all, people who die by suicide exhibit warning signs. Include the “Warning Signs” and “What to Do” sidebar (from p. 2) in your article if possible.
“John Doe left a suicide note saying...”	“A note from the deceased was found and is being reviewed by the medical examiner.”
Investigating and reporting on suicide similar to reporting on crimes.	Report on suicide as a public health issue.
Quoting/interviewing police or first responders about the causes of suicide.	Seek advice from suicide prevention experts.
Referring to suicide as “successful,” “unsuccessful” or a “failed attempt.”	Describe as “died by suicide” or “completed” or “killed him/herself.”

Avoid Misinformation and Offer Hope

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades.
- Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

Suggestions for Online Media, Message Boards, Bloggers & Citizen Journalists

- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines.
- Include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills.
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations.
- Social networking sites often become memorials to the deceased and should be monitored for hurtful comments and for statements that others are considering suicide. Message board guidelines, policies and procedures could support removal of inappropriate and/or insensitive posts.

Helpful Side-Bar for Stories	
Warning Signs of Suicide	What To Do
<ul style="list-style-type: none"> • Talking about wanting to die • Looking for a way to kill oneself • Talking about feeling hopeless or having no purpose • Talking about feeling trapped or in unbearable pain • Talking about being a burden to others • Increasing the use of alcohol or drugs • Acting anxious, agitated or recklessly • Sleeping too little or too much • Withdrawing or feeling isolated • Showing rage or talking about seeking revenge • Displaying extreme mood swings <p>The more of these signs a person shows, the greater the risk. Warning signs are associated with suicide but may not be what causes a suicide.</p>	<p>If someone you know exhibits warning signs of suicide:</p> <ul style="list-style-type: none"> • Do not leave the person alone • Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt • Call the U.S. National Suicide Prevention Lifeline at 800-273-TALK (8255) • Take the person to an emergency room or seek help from a medical or mental health professional

The National Suicide Prevention Lifeline

800-273-TALK (8255)

A free, 24/7 service that can provide suicidal persons or those around them with support, information and local



Social Media

The term *social media* refers to the various Internet and mobile communications tools (such as texting, Facebook, Twitter, YouTube, MySpace and others) that may be used to communicate information extremely rapidly, often to large numbers of people. In the emotionally charged atmosphere that can follow a suicide death, schools may be inclined to try to control or stifle such communications by students—a task that is virtually impossible in any event, since they generally take place outside of school hours and property. Schools can, however, utilize social media effectively to disseminate information and promote suicide prevention efforts.

Key Considerations

Following a death, students may immediately turn to social media for a variety of purposes, including transmitting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky), and posting messages (both appropriate and hostile) about the deceased. This is especially true in the case of suicide.

Although schools may initially consider social media to be outside of its traditional jurisdiction, they can in fact collaborate with students and utilize these tools to disseminate important and accurate information to the school community, identify students who may be in need of additional support or further intervention, share resources for grief support and mental health care. In the case of suicide, schools can promote safe messages on social media that emphasize suicide prevention and minimize the risk of suicide contagion.

Involve Students

It can be very beneficial for a designated member of the Crisis Team (ideally someone from the school's information technology department) to reach out to friends and other key students to work collaboratively in this area. Working in partnership with student leaders will enhance the credibility and effectiveness of social media efforts, since the students themselves are in the best position to help identify the particular media favored by the student body, engage their peers in honoring their friend's life appropriately and safely, and inform school staff about online communications that may be worrisome.

Students who are recruited to help should be reassured that school staff are only interested in supporting a healthy response to their peer's death, not in thwarting communication. They should also be made aware that staff are available and prepared to intervene if any communications reveal cause for concern.

Disseminate Information

Schools may already have a website and/or an online presence (or page) on one or more social media sites; students can help identify other sites that are currently popular. These can be used to proactively communicate with students, teachers, and parents about:

- the funeral or memorial service (schools should of course check with the student's family before sharing information about the funeral)
- where students can go for help or meet with counselors
- mental illness and the causes of suicide
- local mental health resources
- the National Suicide Prevention Lifeline number: 800-273-TALK (8255)
- national suicide prevention organizations such as the National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org>), the American Foundation for Suicide Prevention (<http://www.afsp.org>), and the Suicide Prevention Resource Center (<http://www.sprc.org>).

In the case of a suicide, schools should emphasize help-seeking and suicide prevention. More specific guidance for safe message content may be found at: <http://www.sprc.org/library/SafeMessagingfinal.pdf>.

Students can also be enlisted to post this information on their own online pages.

Dealing with Cyberbullying

Tips for Kids and Parents to Prevent and Stop Cyberbullying

Technology means that bullying is no longer limited to schoolyards or street corners. Cyberbullying can occur anywhere, even at home, via email, texts, cell phones, and social media websites 24 hours a day, seven days a week, with potentially hundreds of people involved. For those who suffer cyberbullying, the effects can be devastating, leaving you feeling hurt, humiliated, angry, depressed, or even suicidal. But no type of bullying should ever be tolerated. These tips can help you protect yourself or your child online and deal with the growing problem of cyberbullying.

What You Can Do:

- Get help - talk to a trusted adult, such as a parent, teacher, or guardian
- Don't respond to any messages no matter how hurtful or untrue
- Don't seek revenge by becoming a cyberbully yourself
- Block the cyberbully's email address and cellphone number
- Don't blame yourself - the cyberbully is the person with the problem, not you

What is cyberbullying?

Cyberbullying occurs when a child or teen uses the Internet, emails, text messages, instant messaging, social media websites, online forums, chat rooms, or other digital technology to harass, threaten, or humiliate another child or teen. Unlike traditional bullying, cyberbullying does not require physical strength or face-to-face contact and is not limited to just a handful of witnesses at a time. Cyberbullies come in all shapes and sizes—almost anyone with an Internet connection or mobile phone can cyberbully someone else, often without having to reveal their true identity. Cyberbullies can torment their victims 24 hours a day and the bullying can follow the victim anywhere so that no place, not even home, ever feels safe, and with a few clicks the humiliation can be witnessed by hundreds or even thousands of people online.

If you or a loved one is currently the victim of cyberbullying, it is important to remember that you are not alone. As many of one third of teenagers have suffered from cyberbullying at some time in their lives.

How cyberbullying harms

The methods kids and teens use to cyberbully can be as varied and imaginative as the technology they have access to. It ranges from sending threatening or taunting messages via email, text, or IM to breaking into your email account or stealing your online identity to hurt and humiliate you. Some cyberbullies may even create a website or social media page to target you.

As with face-to-face bullying, both boys and girls cyberbully, but tend to do so in different ways. Boys tend to bully by "sexting" (sending messages of a sexual nature) or with messages that threaten physical harm. Girls, on the other hand, more commonly cyberbully by spreading lies and rumors, exposing your secrets, or by excluding you from emails, buddy lists, or other electronic communication. Because cyberbullying is so easy to perpetrate, a child or teen can easily change roles, going from cyberbullying victim at one point to cyberbully the next, and then back again.

The effects of cyberbullying

Cyberbullying and Suicide

If cyberbullying means you, or someone you know, feels suicidal, please call 1-800-273-TALK (8255).

Any type of bullying can make you feel hurt, angry, helpless, isolated, even suicidal, or lead to problems such as depression, anxiety, and low self-esteem. In many cases, cyberbullying can be even more painful than face-to-face bullying because:

- Cyberbullying can happen anywhere at any time, even in places where you normally feel safe, such as your home, and at times you'd least expect, such as at the weekend in the company of your family. It can seem like there's no escape from the taunting and humiliation.
- A lot of cyberbullying can be done anonymously, so you may not be sure who is targeting you. This can make you feel even more threatened and can embolden bullies, as they believe online anonymity means they're less likely to get caught. Since cyberbullies cannot see your reaction, they will often go much further in their harassment or ridicule than they would do face-to-face with you.
- Cyberbullying can be witnessed by potentially thousands of people. Emails can be forwarded to hundreds of people while social media posts or website comments can often be seen by anyone. The more far-reaching the bullying, the more humiliating it can become.

Tips for kids or teens dealing with cyberbullying

If you are targeted by cyberbullies, it is important not to respond to any messages or posts written about you, no matter how hurtful or untrue. Responding will only make the situation worse and provoking a reaction from you is exactly what the cyberbullies want, so don't give them the satisfaction.

It is also very important that you don't seek revenge on a cyberbully by becoming a cyberbully yourself. Again, it will only make the problem worse and could result in serious legal consequences for you. If you wouldn't say it in person, don't say it online.

Instead, respond to cyberbullying by:

Saving the evidence of the cyberbullying, keep abusive text messages or a screenshot of a webpage, for example, and then report them to a trusted adult, such as a family member, teacher, or school counselor. If you do not report incidents, the cyberbully will often become more aggressive.

Reporting threats of harm and inappropriate sexual messages to the police. In many cases, the cyberbully's actions can be prosecuted by law.

Being relentless. Cyberbullying is rarely limited to one or two incidents. It's far more likely to be a sustained attack on you over a period of time. So, like the cyberbully, you may have to be relentless and keep reporting each and every bullying incident until it stops. There is no reason for you to ever put up with cyberbullying.

Preventing communication from the cyberbully, by blocking their email address, cell phone number, and deleting them from social media contacts. Report their activities to their internet service provider (ISP) or to any social media or other web sites they use to target you. The cyberbully's actions may constitute a violation of the website's terms of service or, depending on the laws in your area, may even warrant criminal charges.

If you are being cyberbullied, remember:

- **Do not blame yourself.** It is not your fault. No matter what a cyberbully says or does, you should not be ashamed of who you are or what you feel. The cyberbully is the person with the problem, not you.
- **Try to view cyberbullying from a different perspective.** The cyberbully is an unhappy, frustrated person who wants to have control over your feelings so that you feel as badly as they do. Do not give them the satisfaction.
- **Don't beat yourself up.** Do not make a cyberbullying incident worse by dwelling on it or reading the message over and over. Instead, delete any cyberbullying messages and focus on positive experiences. There are many wonderful things about you so be proud of who you are.
- **Get help.** Talk to a parent, teacher, counselor, or other trusted adult. Seeing a counselor does not mean there is something wrong with you.
- **Learn to deal with stress.** Finding ways to relieve stress can make you more resilient so you will not feel overwhelmed by cyberbullying. Exercise, meditation, positive self-talk, muscle relaxation, and breathing exercises are all good ways to manage the stress from cyberbullying.
- **Spend time doing things you enjoy.** The more time you spend with activities that bring you pleasure—sports, hobbies, hanging out with friends who don't participate in cyberbullying, for example—the less significance cyberbullying will have on your life.

Find support from those who do not cyberbully

Having trusted people you can turn to for encouragement and support will boost your resilience when being cyberbullied. Reach out to connect with family and real friends or explore ways of making new friends. There are plenty of people who will love and appreciate you for who you are.

- **Unplug from technology.** Taking a break from your computer, tablet, iPod, video games, and cell phone can open you up to meeting new people.

- **Find others who share your same values and interests.** You may be able to make friends at a youth group, book club, or religious organization. Learn a new sport, join a team, or take up a new hobby such as chess, art, or music.
- **Share your feelings about bullying.** Talk to a parent, counselor, coach, religious leader, or trusted friend. Expressing what you are going through can make a huge difference to the way you feel, even if it does not change the situation.
- **Boost your confidence.** Exercise is a great way to help you feel good about yourself, as well as reduce stress. Punch a mattress or take a kick boxing class to work off your anger.

Gay and lesbian youths are particularly at risk of cyberbullying. Other kids and teens may harass, exclude, or try to out you. If you need help, call:
1-866-4-U-TREVOR (488-7386)

Tips for parents and teachers to stop cyberbullying

No matter how much pain it causes, kids are often reluctant to tell parents or teachers about cyberbullying because they fear that doing so may result in losing their computer or cell phone privileges. While parents should always monitor a child's use of technology, it's important not to threaten to withdraw access or otherwise punish a child who's been the victim of cyberbullying.

Spot the warning signs of cyberbullying

Your child may be the victim of cyberbullying if he or she:

- 1 Becomes sad, angry, or distressed during or after using the Internet or cell phone.
- 2 Appears anxious when receiving a text, IM, or email.
- 3 Avoids discussions or is secretive about computer or cell phone activities.
- 4 Withdraws from family, friends, and activities they previously enjoyed.
- 5 Suffers an unexplained drop in grades.
- 6 Refuses to go to school or to specific classes, or avoids group activities.
- 7 Shows changes in mood, behavior, sleep, appetite, or shows signs of depression or anxiety.

Prevent cyberbullying before it starts

To stay safe with technology, teach your kids to:

- Refuse to pass along cyberbullying messages.
- Tell their friends to stop cyberbullying.
- Block communication with cyberbullies; delete messages without reading them.
- Never post or share their personal information online (including full name, address, telephone number, school name, parents' names, credit card number, or Social Security number) or their friends' personal information.
- Never share their Internet passwords with anyone, except you.
- Talk to you about their life online.

- Not put anything online that they would not want their classmates to see, even in email.
- Not send messages when they are angry or upset.
- Always be as polite online as they are in person.

Source: National Crime Prevention Council

Monitor your child's technology use

Regardless of how much your child resents it, you can only protect him or her by monitoring what they do online.

- Keep the computer in a busy area of your house so you can easily monitor its use, rather than allowing your child use a laptop or tablet in his or her bedroom, for example.
- Limit data access to your child's smart phone if he or she uses it to surf the web. Some wireless providers allow you to turn off text messaging services during certain hours.
- Set up filters on your child's computer. Tracking software can block inappropriate web content and help you check up on your child's online activities.
- Insist on knowing your child's passwords and learn the common acronyms kids use online and in text messages.
- Know who your child communicates with online. Go over your child's address book and instant messenger "buddy list" with them. Ask who each person is and how your child knows them.
- Encourage your child to tell you or another trusted adult if they receive threatening messages or are otherwise targeted by cyberbullies, while reassuring them that doing so will not result in their loss of computer or cell phone privileges.
- **Do not reply to any incidents of cyberbullying but do save and document the threats (harassing messages, sexually explicit pictures, or threatening texts, for example) and report them to the police. Seek appropriate legal advice.**
- **Report incidents of cyberbullying to the ISP, the cell phone company, and to any web site used in the cyberbullying.**
- **Block the cyberbully's email address or cell phone number, or change your child's email address or phone number.**
- **If you are able to identify the cyberbully, you could contact his or her parents or notify your child's school if the cyberbully is also a student there. Many schools have established protocols for handling cyberbullying but check with your child first as he or she may prefer to resolve the problem privately.**

If your child is a cyberbully

It can be difficult for any parent to learn that their child is bullying others but it is important to take steps to end the negative behavior before it has serious and long-term consequences for your child. If your child has responded to being cyberbullied by employing their own cyberbullying tactics, you can help your child find better ways to deal with the problem. If your child has trouble managing strong emotions such as anger, hurt, or frustration, talk to a therapist about helping your child learn to cope with these feelings in a healthy way.

Bullying is often a learned behavior

Some cyberbullies can learn aggressive behavior from their experiences at home, so it is important to set a good example with your own Internet and messaging habits. As a parent, you may be setting a bad example for your kids by spanking or otherwise striking them, verbally or physically abusing your spouse, or by displaying bullying behavior such as:

- 1 Sending or forwarding abusive emails or text messages that target coworkers or acquaintances.
- 2 Communicating with people online in ways that you would not do face-to-face.
- 3 Abusing your child's sports coach, umpires and referees, or members of the opposing team.
- 4 Swearing at other drivers on the road.
- 5 Humiliating a waitress, shop assistant, or cab driver who makes a mistake.
- 6 Talking negatively or writing abuse messages about other students, parents, or teachers so that your child thinks it is acceptable to use verbal abuse or cyberbullying to intimidate others.

Tips for parents dealing with a cyberbullying child

Educate your child about cyberbullying. Your child may not understand how hurtful and damaging their behavior can be. Foster empathy and awareness by encouraging your child to look at their actions from the victim's perspective. Remind your child that cyberbullying can have very serious legal consequences.

Manage stress. Teach your child positive ways to manage stress. Your child's cyberbullying may be an attempt at relieving stress. Or your own stress, anxiety, or worry may be creating an unstable home environment. Exercise, spending time in nature, or playing with a pet are great ways for both kids and adults to let off steam and relieve stress.

Set limits with technology. Let your child know you will be monitoring his or her use of computers, tablets, smartphones, email, and text messaging. If necessary, remove access to technology until behavior improves.

Establish consistent rules of behavior. Make sure your child understands your rules and the punishment for breaking them. Children may not think they need discipline, but a lack of boundaries sends a signal that the child is unworthy of the parents' time, care, and attention.

Cyberbullying and the law

- Certain types of cyberbullying may violate school codes or breach anti-discrimination and sexual harassment laws.
- While laws differ around the world, in the U.S., cyberbullying can warrant a misdemeanor cyber-harassment charge or result in a charge of juvenile delinquency. It typically can result in a child losing their ISP or IM accounts as a “terms of service” violation.
- In some cases, if hacking or password and identity theft is involved, it can be considered a serious criminal matter under state and federal law.
- In many states “sexting” or forwarding a “sext” (sexual messages) is punishable as distributing or possessing child pornography, and requires even minors to be registered as sex offenders.
- If an adult becomes involved, cyberbullying becomes cyber-harassment or cyber-stalking, serious criminal offenses.

Authors: Lawrence Robinson and Jeanne Segal, Ph.D. Last updated: December 2016.

Facts About Suicide and Mental Disorders in Adolescents

from **AFSP & SPRC: AFTER A SUICIDE** | A Toolkit for Schools 2011

Suicide is not inexplicable and is not simply the result of stress or difficult life circumstances. The key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental disorder. Research shows that over 90 percent of people who die by suicide have a mental disorder at the time of their death.

In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, substance use disorder, and eating disorders. While in some cases these disorders may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “reason.”

Suicide is almost always complicated. In addition to the underlying disorders listed above, suicide risk can be affected by personality factors such as impulsivity, aggression, and hopelessness. Moreover, suicide risk can also be exacerbated by stressful life circumstances such as a history of childhood physical and/or sexual abuse; death, divorce, or other trauma in the family; persistent serious family conflict; traumatic breakups of romantic relationships; trouble with the law; school failures and other major disappointments; and bullying, harassment, or victimization by peers.

It is important to remember that the vast majority of teens who experience even very stressful life events do *not* become suicidal. In some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental disorder, which can increase suicide risk. Conversely, existing mental disorders may also lead to stressful life experiences such as family conflict, social isolation, relationship breakups, or school failures, which may exacerbate the underlying illness and in turn increase suicide risk.

Warning Signs of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

What to Do in a Crisis

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Resist the temptation to argue the person out of suicide by saying, “You have so much to live for” or “Your suicide will hurt your family and friends.” Instead, seek professional help.

In an acute crisis:

- Call 911.
- Do not leave the person alone.
- If safe to do so, remove any firearms, alcohol, drugs, or sharp objects that could be used.
- Call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- Take the person to an emergency room or walk-in clinic at a psychiatric hospital.

Symptoms of Mental Disorders Associated with Suicide Risk

Most adults are not trained to recognize signs of serious mental disorders in teens, and symptoms are therefore often misinterpreted or attributed to normal adolescent mood swings, laziness, poor attitude, or immaturity. Diagnosis of a mental disorder should always be made by a qualified mental health professional.

The key symptoms of *major depressive disorder* in teens are sad, depressed, angry, or irritable mood and lack of interest or pleasure in activities the teen used to enjoy, lasting at least two weeks. Symptoms represent a clear change from the person's normal behavior and may include changes in appetite or sleep, feelings of worthlessness/guilt, inability to concentrate, slowed or agitated movement, recurrent thoughts of death or suicide, fatigue/loss of energy, and self-harm behavior.

Sometimes referred to as manic depression, *bipolar disorder* includes alternating episodes of depression and mania. Symptoms of mania last at least one week, cause clear social or academic problems, and include extreme distractibility, lack of need for sleep, unusually rapid speech or motor activity, excessive talking, and involvement in risky activities such as gambling or irresponsible sexual behavior.

The key characteristic of *generalized anxiety disorder* is excessive, uncontrolled worry (for example, persistent worry about tests or speaking in class) occurring on most days for a period of six months. Symptoms may include restlessness or feeling keyed up, irritability, being easily fatigued, muscle tension, difficulty concentrating, and sleep disturbances.

Teens with *substance use disorder* show a problematic pattern of drug or alcohol use over 12 months or more, leading to significant impairment or distress. Symptoms include taking larger amounts, over a longer period, than intended; continued use despite knowing that it is causing problems; increased irritability and anger; sleep disturbances; and family conflict over substance use.

Conduct disorder is a repetitive, persistent pattern in children or adolescents of violating the rights of others, rules, or social norms, occurring over 12 months. Symptoms include bullying or threatening others, physical fights, fire-setting, destroying property, breaking into houses/cars, physical cruelty to people or animals, lying, shoplifting, running away from home, and frequent truancy.

Anorexia nervosa and bulimia are *eating disorders* that are strongly linked to other mental disorders, especially depression and anxiety. Symptoms of anorexia nervosa include refusal to maintain body weight at a minimally normal level for age and height, intense fear of gaining weight, and a denial of low body weight. Symptoms of bulimia include repeated episodes of binge eating (at least twice a week for three months) combined with recurrent inappropriate behaviors to avoid gaining weight such as vomiting, misuse of laxatives, or excessive exercise.

Help Is Available

If there are concerns about a student's emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment.

Mental health resources that may be available include school counselors, community mental health agencies, emergency psychiatric screening centers, and children's mobile response programs. Pediatricians and primary care providers can also be a source of mental health referrals.

Some depressed teens show improvement in just four to six weeks with talk therapy alone. Most others experience a significant reduction of depressive symptoms with antidepressant medication. Medication is usually essential in treating severe depression and other serious mental disorders, such as bipolar disorder and schizophrenia. Since 2004, an FDA warning has recommended close monitoring of youth taking antidepressants for worsening of symptoms, suicidal thoughts or behavior, and other changes. Risks of medication must be weighed against the risks of not effectively treating depression or other serious mental disorders.

(Adapted with permission from *More Than Sad: Preventing Teen Suicide*, American Foundation for Suicide Prevention, <http://www.morethansad.org>.)

Additional Information

Center for School Mental Health Assistance. Crisis intervention: A guide for school-based clinicians. (2002). http://csmh.umaryland.edu/resources/CSMH/resourcepackets/files/crisis_intervention_2002.pdf

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Safe and Effective Messaging for Suicide Prevention

This document taken from:

Suicide Prevention Resource Center | www.sprc.org | 877-GET-SPRC (877-438-7772)
Education Development Center, Inc. | 55 Chapel Street, Newton, MA 02458-1060

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of “Do’s” and “Don’ts” should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging.^{1,2,3} They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public.

These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources.⁴

The Do’s—Practices that may be helpful in public awareness campaigns:

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.⁵
- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS).⁶ Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the National Strategy for Suicide Prevention.
- **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death.^{7,8} The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.⁹

The Don’ts—Practices that may be problematic in public awareness campaigns:

- **Don’t glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.¹⁰ They should not be held up as role models.
- **Don’t normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.¹¹
- **Don’t present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.¹² Additionally, it misses the opportunity to

inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.¹³

- **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.¹⁴
- **Don't present overly detailed descriptions of suicide victims or methods of suicide.** Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.¹⁵

Acknowledgment

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The Employee Assistance Program and Other Community Resources

The Employee Assistance Program:

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

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Other Community Resources

First Call for Help- (call 211) a free and confidential service that helps people find the local resources they need 24 hours a day, seven days a week. Online: www.211.org.

Appendix A

SAFE Team Planning Document Instructions

On the document in Appendix B, list the names of SAFE Team members and denote specific roles. The following assigned roles are recommended:

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

Crisis Manager – coordinates the efforts of the crisis team during a crisis situation, acts as liaison between Crisis Team school administration, assists administration with briefing and debriefing with staff and crisis team. If the district Crisis Team is requested, the Crisis Manager will be the school's assigned School Social Worker in high schools and the assigned School Psychologist in elementary and middle schools.

Communications Point Person – coordinates communication of information to staff, students, parents, community, and the media. Assistance from the Public Information Office is available.

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

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

Additional Team members include school support staff, itinerant staff (such as social worker, psychologist, family counselor), and any parent or community member who is assigned a role in your school's plan.

SAFE Team Planning Document

School: _____ Phone: _____ Fax: _____
 Principal: _____ Phone: _____
 Director: _____ Phone: _____

Assigned Crisis Roles:

Roles	Primary	Alternate
Principal/Designee		
Crisis Manager		
Communications Point Person		
Security Point Person		
Medical Point Person		

Additional Team Members:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____