Managing a Crisis

Volusia County Schools
District Crisis Response Guide
2026-2027

District Mental Health Crisis Response Contacts

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VOLUSIA COUNTY SCHOOLS

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FOREWORD

CRISIS DEFINITION

A crisis is a situation that occurs as the result of a traumatic event. It is not only the event that characterizes a crisis, but the reaction that it produces for those who experience it.

PURPOSE OF GUIDE

The purpose of the Crisis Intervention Guide is to help schools prepare for the possibility of a crisis. Research demonstrates the value of effective preparation and response to a crisis. Dealing with a crisis effectively protects the emotional and physical well-being of individuals. Preparing for a crisis ensures an effective and well-organized response to a school crisis. While there is no crisis response plan that will work best for all situations, this Guide does provide a model that administrators can adapt to their unique needs and situation.

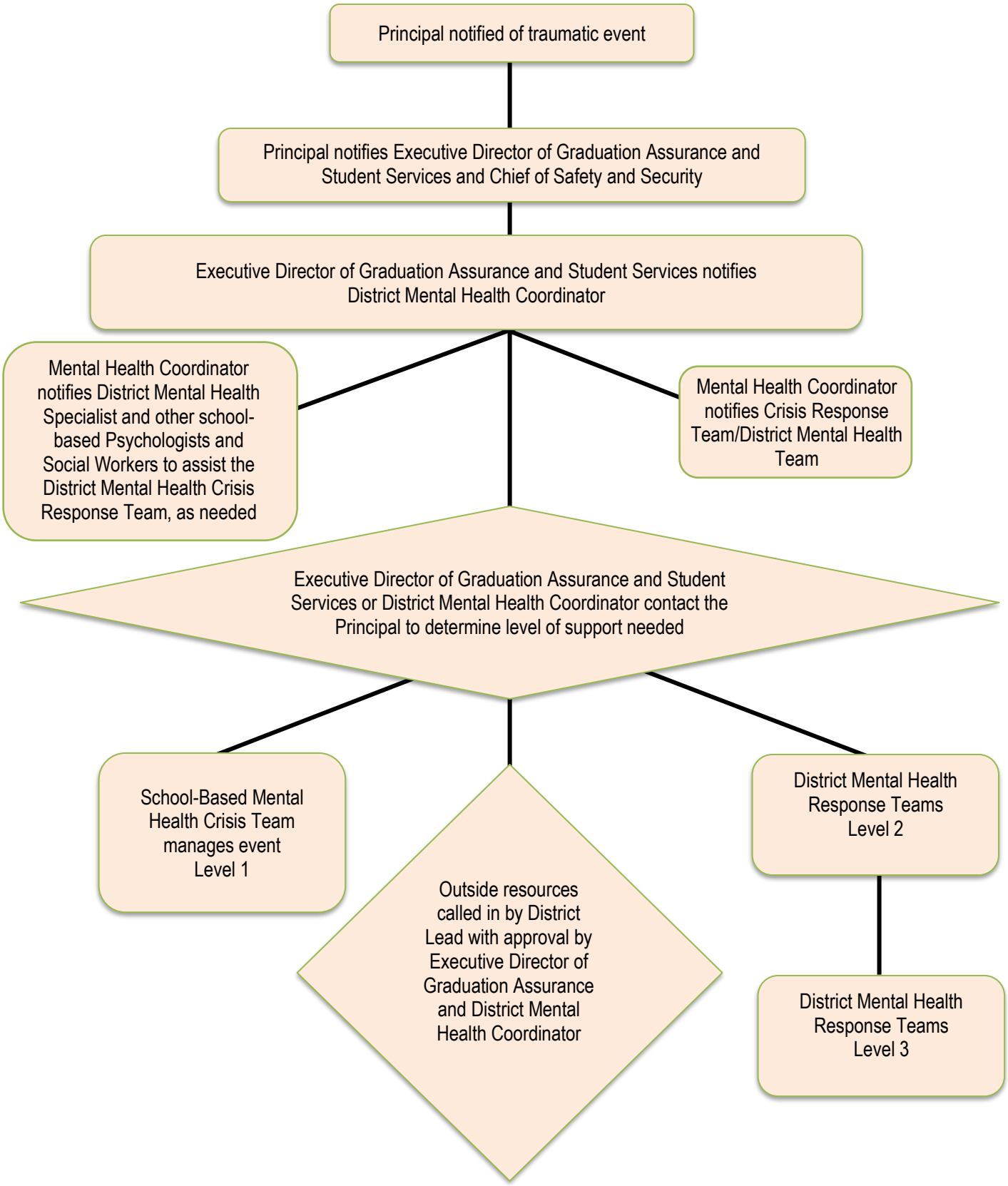
GOALS OF THE DISTRICT CRISIS INTERVENTION TEAM

The **District Mental Health Crisis Response Team** is used when the resources of the School-Based Mental Health Crisis Team are not sufficient to handle either the number of students impacted by a traumatic event or the magnitude of the trauma. The co-leads of the District Mental Health Crisis Response Team work collaboratively with principals, area superintendents, and other district staff to determine the level of intervention needed.

The following are examples of the types of intervention that the District Mental Health Crisis Response Team performs:

- Telephone consultation with administrators and School-Based Mental Health Crisis Team
- Consultation with district level administration
- Prepare, with District Mental Health Coordinator and Chief Communications officer, a statement or information for sharing with the media, parents, etc.
- Provide school-based consultation/leadership to schools
- Facilitate the involvement of Employee Assistance Program (EAP)
- Facilitate involvement of appropriate outside entities, such as Hospice Trauma and Loss Program
- Collaboration with Volusia County Sherrif Victim Advocates and Chaplains, if applicable

SCHOOL DISTRICT OF VOLUSIA
DISTRICT PROCESS
FOR WHOLE SCHOOL CRISIS RESPONSE



ADMINISTRATOR'S GUIDE FOR MANAGING A CRISIS

ADMINISTRATOR'S CHECKLIST FOR PREPARING FOR A CRISIS

(Review Yearly and Update as Needed)

Identify individuals to assume responsibility for each section of the checklist

_____ 1. Establish a phone tree for times of crisis. Have staff keep a copy of the telephone tree at home (see sample on page 16).

_____ 2. Develop a School-Based Crisis Team: assign a Lead and Co-Lead (usually an administrator and student services personnel).

_____ 3. Make arrangements for appropriate staff to receive Crisis Intervention Training.

_____ 4. Know the names and contact information for the District Mental Health Crisis Response Team Members

_____ 5. Designate a spokesperson to be the contact and share information with media. All communication should be in coordination with Chief of Communications.

_____ 6. Develop a school policy regarding memorials/plaques, etc.

_____ 7. Designate clerical staff to handle calls from parents and other community members during a crisis.

_____ 8. Assign an administrator(s) or designee(s) to remain highly visible during crisis and to be available for the District Mental Health Crisis Response Team(s).

_____ 9. Establish a location(s) in the school for student debriefing (individual and group).

_____ 10. Establish a central place where crisis debriefing, and information sharing will occur.

_____ 11. Establish a committee to follow up after a crisis: funeral visitations, home visit, food/flowers.

_____ 12. Ensure access to the sample letters and media statements.

_____ 13. Establish procedures for releasing students from the classroom to the debriefing area.

_____ 14. Have a Crisis Kit ready in the event of a crisis. (I*nclude: tissues, paper, crayons, glue, markers, etc.)*

CRISIS INTERVENTION PLAN

(Insert School name here) Crisis Intervention Plan

Team Members: *(Identify each by name and role: coordinator, administrative representative, school psychologist, school social worker, school counselor(s), and others as appropriate.)*

Critical Items for Managing a Crisis:

1. Training for the Crisis Team (listed above) will be on *(insert date/time)*. Materials will be given regarding Concern of Harm procedures and reporting child abuse.

2. An emergency phone tree has been established and published for all staff. In the event of a crisis the phone tree will be initiated.

3. In the event of a crisis, the Crisis Team will assemble before school prior to meeting with the faculty, to answer questions and give facts. The Crisis Team will debrief after school. Faculty members will be invited to these meetings.

4. All communication with the press or other media should be discussed with the Chief of Communications prior to giving out information._____ is the designated school-based spokesperson and_____is the backup person. If staff is approached by anyone asking questions about the event or students, please send them to the office to talk with _____.

5. _____ and_____will handle phone calls from parents and community. The Crisis Team will develop a script once information is confirmed.

6. _____will remain visible during the crisis, most likely in the main office. Debriefing will take place in the *(predetermined location)*.

7. The command center will be in the *(predetermined location)*. The security team will be put on alert to help monitor outside media's activity.

8. A Crisis Team Member will be available to speak to affected classes about the crisis. At that time, the counselor and the teacher will identify students who may want to have one-on-one counseling. All students who are seen must be documented on the Crisis Counseling Log (p.80). Those student names will be taken back to the Media Center and a counselor or designee will go to the classroom to get the student.

9. Consultation with the District Level Crisis Intervention Team Co-Leaders is available.

ADMINISTRATIVE RESPONSIBILITIES DURING AND AFTER CRISIS STUDENT AND FACULTY CONCERNS

School Based Lead: _____

_____ Keep staff updated on events and circumstances.

_____ Prepare for the use of substitute teachers to assist teachers who need to leave the classroom as well as to assist in transporting students to and from the crisis intervention team's location.

_____ Identify faculty/staff in need of support services; contact *Employee Assistance Program (EAP).*

_____ Emphasize the need to provide facts and suppress rumors.

_____ Be visible to show support, monitor hallway transitions, and maintain control of the situation.

_____ Make arrangements for excused absences for students wishing to attend funeral.

_____ Make arrangements for rescheduling standardized testing programs or other cancelled activities.

_____ Provide a letter for students to take home to parents (see sample).

_____ Identify a spokesperson and have him/her remain in a specified area for easy access. Develop a script to share with the media using guidelines. All written statements or new releases go through the Communications Office.

_____ Help assigned spokesperson set limits for media time/location. Do not allow disruption of activities. It is our practice that students NOT be interviewed or photographed without permission of the parents. Emphasize the steps the school is taking to assist students and staff with the crisis.

_____ Provide a venue for concerned parents to provide input or suggestions that will help students.

_____ Review school-based crisis intervention plans and update them as necessary.

_____ Remove personal items of deceased from lockers, desks, etc. at appropriate time to save for family.

_____ Divert calls of concern and questions to a specific location and person(s). Provide that person(s) with a script of what to say to people that call.

_____ Keep faculty and staff updated, through meetings, e-mail, or memos of events and circumstances, and action plans for handling the crisis.

_____ Intercept any notifications that may inadvertently be sent to the family, such as: disciplinary, scholarship, testing, report cards, call machine or special placement notifications. Call Technology Services at ext. 25000 for assistance in deleting student's name from computerized mailing list.

_____ Follow-up with short faculty meetings, planning-period meetings, or an after-school meeting to review the day's events, facts of incident, role of faculty in assisting with the loss, and additional plans for the remainder of the week. Allow faculty an opportunity to share their experiences and suggestions.

PRE-CRISIS TRAINING…IMPORTANT STEPS

When developing the school crisis plan include the following:

- Crisis Coordinator: Principal or designee
- Threat Management Team Members
- Medical liaison, as needed
- Security liaison, SRD, SRO, or designee
- Media liaison
- Parent/family liaison
- Counseling liaison to coordinate with the district crisis intervention team
- Campus liaison to communicate the specifics of the crisis to the faculty

There are seven main tasks for the first hour. Make sure the crisis team is familiar with these items. The first two are immediate:

1. **Address human safety (reaffirm physical health) and provide medical assistance, if necessary**
2. **Summon help, if necessary**
3. Secure the scene (ensure perceptions of safety and security)
4. Contact the District Mental Health Crisis Response Team Coordinators to evaluate the need for outside assistance. **(Executive Director of Graduation Assurance and Student Services, Chief Operating Officer, Chief of Safety and Security)**
5. Verify the facts and prepare a crisis fact sheet. Use the crisis intake form as a guide
6. Deliver injury/death notifications
7. Communicate with parents/family members

As the crisis continues, do the following:

- Attend to the needs of the students
- Organize and assign tasks for the crisis team
- Decide on the school schedule for the rest of the day
- Set the time for a faculty meeting, if necessary
- Update the crisis fact sheet (facts will change periodically… stay up to date)
- Communicate the facts and the decisions made to date with appropriate team members, faculty and/or district staff
- Set a media press conference if needed (speak with the Director of Community Information Services)
- Secure any areas necessary
- Send a letter home
- Supervise the dismissal of students
- De-brief the crisis with the faculty and staff, and any outside help
- Schedule any further faculty meetings
- Discuss with faculty and students' plans for a memorial (can be completed at a later date)
- Plan the needs for the next day with the crisis team

IMMEDIATE PLAN OF ACTION TO BE TAKEN UPON CRISIS INVOLVING A STUDENT

School Based Mental Health Crisis Team Lead: (Administrator or Counselor) _____

1. Verify information regarding tragedy with law enforcement, Director of Community Information Services, and/or parent.
2. Notify the appropriate area Executive Director.
3. Call:
   - James Barringer, Executive Director of Graduation Assurance and Student Services
     (386) 734-7190 ext. 20757 or (cell) (386) 366-3071
   - Christy Sturrup, Captain of Safety and Security
     (386) 734-7190 ext. 20637 or (cell) (386) 405-5803
   - Jessica McIntyre, Coordinator Mental Health Services
     (386) 734-7190 ext. 20653 or (cell) (954) 804-1668
   - Dianne Martin, Coordinator School Social Services
     (386) 734-7190 ext. 20755 or (386) 323-9716 (home) or (386) 299-2767 (cell)
   - Dr. Amy Green, Coordinator School Psychological Services
     (386) 734-7190 ext. 20502 or (813) 220-7138 (cell)
4. Contact School Based Crisis Team members and key support staff (including office personnel). Convene School-Based Team for coordination and debriefing.
5. Together with District Mental Health Crisis Response Team, identify school needs.
6. Assign an administrator or designee to remain highly visible.
7. Designate an area(s) in the school for Crisis Team to work with students.
8. Plan for an Emergency Faculty Meeting to inform faculty and staff of events.
9. Request transfer of additional secretarial help or volunteers to answer phone, etc. (if needed).
10. Begin to identify students and staff that will need additional support (friends, classroom teacher, etc.). Provide School Crisis Intervention Referral Form (PREPaRE Handout 13) to all teachers and crisis team members.

CRISIS INVOLVING A FACULTY/STAFF MEMBER

1. Follow guidelines set for death of a student.
2. Have optional plans for classroom coverage, i.e. substitutes, combined classes, etc.
3. Provide support to students.
4. Identify faculty members and students who may need additional counseling and support. Provide School Crisis Intervention Referral Form (PREPaRE Handout 13) to all teachers and crisis team members to refer students. For employees who need additional support, contact Employee Assistance Program (EAP), if appropriate for debriefing, consultation, etc.

FACULTY RESPONSIBILITIES

School Based Mental Health Crisis Team Lead: _____

1. Share the following with the school counselor, school crisis team members, and/or the District Mental Health Crisis Response Team, if involved.
   a. Identify students who were close friends or students who would like an opportunity to attend a group or individual meeting.
   b. Identify students obviously in distress and talk with them or have another student help escort them to a group or individual counseling activity.
   c. Help identify students who are "at risk" (previous suicide attempt, recent loss or death, have emotional problems). Refer to PREPaRE Handout 12 – Primary Risk Screening.
   d. Share lists with crisis team members.
2. Provide teachers with the crisis fact sheet and PREPaRE Handout 21 – Sample Classroom Meeting Script and Outline to assist students in processing the event(s) as the first tier of support.
3. Provide teachers with the PREPaRE Handout 13 – School Crisis Intervention Referral Form to facilitate additional (Tier II) support for those students in need.
4. If the classroom has a large number of distressed students, request assistance from the Crisis Team to come to the classroom. Notify coordinator.
5. If the students are restless, get them active and focused on a project for the family (book of letters, pictures, ideas for a memorial service).
6. Encourage support network (reestablish social supports) in school (peer facilitators, club members).
7. Acknowledge emotions through discussion and involvement in constructive activities in classroom. Use assignments to ventilate and express emotions. (Write poetry about the person of your feelings; write notes or letters to the families).
8. Postpone and reschedule tests as needed.
9. Give students an opportunity to discuss what to do with the deceased student's desk.
10. Shorten and/or restructure assignments for the day(s).
11. After initial processing of the loss, encourage students to participate in normal routine activities (i.e. P.E. lunch, etc.).

STAFF RESPONSIBILITIES

School Based Mental Health Crisis Team Lead: _____

Duties: Prepare counseling reminder handouts and others as necessary.

1. Work with the School-Based Crisis Team to establish roles: classroom assistance, small group assistance, individual assistance. The Crisis Team can help with any of these responsibilities.
2. Remind staff of the previously established areas for debriefing (individual and group).
3. Cancel appointments and meeting not of an emergency nature to participate in crisis counseling. Move to the command area for accurate identification of who needs crisis counseling. One counselor remains in the office.
4. Identify people who can work with groups or individuals. Gain support from the District Mental Health Crisis Response Team to arrange help from school counselors from feeder schools.
5. Maintain Crisis Counseling logs for all students receiving crisis counseling (see Resources, page 80).
6. Make follow-up calls to parents of students in distress so parents can provide continued support.
7. Notify crisis team lead of siblings' schools (if applicable).
8. Students enrolled in other schools may be identified as "at risk" due to the current crisis situation. Notify the school counselor at those schools.
9. Provide follow-up with affected students.
10. Request a speaker from a community organization if appropriate.
11. If students choose to go home, talk briefly to the parent to ensure support at home. Do not let students leave without parent consent, and question if the student will be home alone.
12. Meet after school to debrief the day's events.
13. Complete the Documentation of District Level Crisis Intervention Team Incidents (see Resources, page 83)
14. Suicide: Take special note and address any of the following:
    - Any student who participated in any way with a completed suicide (ex. helped write suicide note, provided the means, was involved in the suicide pact)
    - Any student who knew of the suicide plans and kept it a secret
    - Any students who were self-appointed therapists to the deceased student and had made it their responsibility to keep the student alive
    - Any student with a history of suicidal threats and attempts
    - Any student who identified with the victim's situation
    - Any student who had prior reason to feel guilty about things they had said or done to the student prior to the student's death
    - Refer to suicide prevention section in this handbook

PERSONNEL RESOURCES

SCHOOL TELEPHONE TREE

(To be updated by School Level Crisis Team Annually)

	Name, Telephone #	Name, Telephone #	Name, Telephone #
			Name, Telephone #
			Name, Telephone #
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		Name, Telephone #	Name, Telephone #

VOLUSIA COUNTY SCHOOLS RESOURCE LIST

RESOURCE	CONTACT NAME	PHONE NUMBER
DISTRICT ADMINISTRATION		
Superintendent	Dr. Carmen Balgobin	20210
Chief of Staff	Patricia Corr	20657
Chief Academic Officer	Dr. Julio Nazario-Valle	70305
Executive Director of Graduation Assurance and Student Services	James Barringer	20757
Executive Director, Secondary	Dr. Tamara Baker-Drayton	20621
Executive Director, K-12 Curriculum	Kristy Castellanos	20217
General Council Staff Attorney	Heidi Crimins	20260
Community Information Services	Danielle Johnson	20234
Chief of Information and Technology	Dr. Matthew Kuhn	71276
Executive Director, Exceptional Student Education	Jacquese Copeland	33281
Mental Health Coordinator	Jessica McIntyre	20653
School Social Services Coordinator	Dianne Martin	20755
School Psychological Services Coordinator	Dr. Amy Green	20502
Threat Management Coordinator	Mark Kraft	20630
SEDNET Network Project Manager	Julie Barrow	38332
Health Services Coordinator	Rakinya Hinson	20525
EMPLOYEE ASSISTANCE PROGRAM	**1-800-272-7252**	

DISTRICT CRISIS CONTACTS	CELL PHONE NUMBER	OFFICE NUMBER
Jessica McIntyre	(954) 804-1668	20653
Dianne Martin	(386) 299-2767	20755
Dr. Amy Green	(813) 220-7138	20502
James Barringer	(386) 366-3071	20757

COMMUNITY SUPPORT	AGENCY PHONE
Halifax Behavioral Services	(386) 425-3900
SMA Healthcare Inc.	1-800-539-4228
Halifax Health Hospice of Volusia and Flagler	1-800-272-2717

SCHOOL BASED MENTAL HEALTH CRISIS TEAM		OFFICE NUMBER
Administrator	_____	_____
School Counselor	_____	_____
School Psychologist	_____	_____
School Social Worker	_____	_____
Nurse	_____	_____
SRO/SRD	_____	_____

GUIDELINES FOR PROVIDING INFORMATION TO PARENTS AND MEDIA

CRISIS INTAKE INFORMATION

(Place by Phones that Receive Incoming Calls)

INITIAL INTAKE INFORMATION

Date: _____ School: _____ Principal: _____

School-Based Mental Health Crisis Team Contact: _____

TYPE OF CRISIS

_____ Death of Student Cause: _____ Illness _____ Suicide _____ Homicide _____ Accident

_____ Death of Staff Cause: _____ Illness _____ Suicide _____ Homicide _____ Accident

Natural Disaster: _____ Other: _____

VICTIM INFORMATION

Name: _____ Age: _____ Sex: _____ Grade: _____

Teacher: _____ ESE: _____ Extracurricular Activities: _____

Siblings: _____ Sibling's School (s): _____

Other Information: _____

DESCRIPTION

_____

_____

_____

Other schools that may be affected: (friends and siblings)

_____

INFORMATION FOR CRISIS TEAM

_____ Cum Folder _____ Police Report _____ Newspaper Article

_____ Names of Persons Most Affected _____ Student's Schedule

Verify information with authorities.

ANNOUNCEMENT OF CRISIS EVENT

School-Based Mental Health Crisis Team Lead: _____

1. Establish telephone tree or Connect Ed to notify faculty before return to school, schedule an emergency faculty meeting to update faculty and staff of events. Use e-mail, PA system and/or written information in mailboxes at beginning of day to inform staff of Emergency Meeting.
2. Gather faculty and staff together before school for an emergency meeting. Provide handout covering recommendations for dealing with a loss in the classroom. (PREPaRE Handout 21-Sample Classroom Meeting Script and Outline). A copy of the newspaper article and/or crisis fact sheet will be helpful to control rumors.
3. Decide with team coordinator how widely to announce the loss, i.e., just to the affected classes, an entire grade level, or the entire school. (It is NOT recommended to announce over the PA system).

   Person identified: _____

4. Make arrangements to visit selected classes to speak to the students (ex. Follow the deceased student's schedule).
5. Follow up with short faculty meetings, planning-period meetings, or an after-school meeting to review facts of incident and role of faculty in assisting with the loss. Allow faculty an opportunity to share their experiences and suggestions. Formal debriefing is available through the Employee Assistance Program (EAP) and/or School Crisis Team Members.

SAMPLE LETTER - DEATH OF A STUDENT

Dear Families:

We at *(name of school)* are saddened by the death of *(student name)*. *(Student name)* was a student in *(classroom teacher's name and grade)*. Counselors have visited the classrooms to help our students cope with this. These are the topics counselors and teachers have discussed in the classrooms:

1. What we know to be true: We have talked with the children about rumors and we have told the students the facts as we know them. It is important not to generate stories.

2. Feelings: We reinforced that all feelings are appropriate. Many children are feeling sad and mad at the loss of their friend and schoolmate. Children may also feel scared that this could happen to them. All of these feelings are normal. It is important for us to explore these feelings and to accept them.

a. Nightmares are a common occurrence and may be a result of things children have seen or heard. Reassure your child of your love and comfort them.

3. What is death? Children have a difficult time understanding the concept of death. They need to know that death is part of life. Your personal beliefs can help clarify this confusing concept.

4. Commemoration: Some students express interest in sending cards to the student's family. This can be an important part of the grieving process and is encouraged for those students who wish to do so. Children are advised to discuss ways to remember a person who has died, with their families.

In an effort to further assist you in helping your child during this difficult period, we have prepared the attached list of guidelines. If you have any questions or concerns, please call the school counselor's office to speak with (counselor's name) at (phone number).

Sincerely,

Principal's Name

SAMPLE: *Connect Ed* OR LETTER TO PARENTS (STUDENT DEATH)

Dear Parents,

This is *(Principal's Name)*, the Principal of *(name of school)*. I am calling to share that one of our students, *(Student's Name)*, died on *(Date)* as a result of *(Cause of Death)*. *(Student's First Name)* was a *(Grade Level)* grade student here and he/she will be greatly missed by his/her *(name of school)* friends and staff.

Today our District Mental Health Team, School Counselor(s), School Social Worker, School Psychologist, and other school district staff were available to help students who were impacted by death. Be assured, we will continue to support our students during this difficult time.

As adults, we are aware of the substantial emotional impact that follows the death of a loved one or friend. Youth experiencing the death of a friend may be upset and overwhelmed by the event. They will most likely be looking to you and us for emotional support.

We ask you to bring any concerns you have to the attention of your child's school counselor or administration. As always, we greatly value and appreciate your cooperation on behalf of our students.

Principal's Name

SAMPLE LETTER - DEATH OF STUDENT

Dear Parent(s)/Guardian,

We, the staff of (*name of school)* sadly announce the death of (Johnny Doe), a student in (*Mrs. Smith's fourth grade class*). (*Johnny*) will be greatly missed by his family, friends, and teachers. This is indeed a very sad time for the (*name of school*) family.

As adults, we are well aware of the substantial emotional impact that follows the death of a loved one or friend. Children experiencing the death of a loved one or friend for the first time might be frightened or overwhelmed by the event. They will most likely be looking to you for emotional strength and guidance.

In an effort to assist you in helping your child during this difficult period, we have prepared the attached list of guidelines. School (and District) personnel are here to assist your student during this difficult time.

If you should have any further questions or concerns, please contact your child's school counselor (*name of school counselor or phone number*).

Respectfully,

Principal's Name

SAMPLE LETTER - DEATH OF TEACHER

Dear Parent(s)/Guardian,

Our staff and students are saddened by news of the death of our (Grade Level) grade teacher, (Teacher's Name), last night. This is indeed a very sad day for the students, faculty, and staff member of *(name of school)*.

In order to provide support to our students, we have utilized the: (School-Based or District Mental Health Crisis Response Team). Our counselors and other Student Services staff are available to help our children cope with this tragedy.

To assist you in helping your child during this period, we have prepared the attached list of guidelines. If you should have any further questions or concerns, please contact your child's school counselor (*name of school counselor or phone number*).

Sincerely,

Principal's Name

SAMPLE ANNOUNCEMENT TO STUDENTS

(Additional Resource: PREPaRE HANDOUT 21-Sample Classroom Meeting Script and Outline)

Today we received the tragic news that one of our (students/staff) (*name of individual*) died (*give basic, factual information without too much detail*). When a loss like this occurs, we are likely to have different reactions and experience many different feelings. Some people will want to have a quiet time to remember the student, while others may want to talk to someone about how they are feeling. Some may want to continue working. We should be respectful to these different reactions and be supportive of each other.

The school day will remain on schedule, but teachers may delay regular activities to allow you to talk. Please let your teacher know if you need to talk to a counselor. We will continue to keep you updated as we receive further information.

SAMPLE ANNOUNCEMENT 2

Death of Faculty or Staff

(Additional Resource: PREPaRE HANDOUT 21-Sample Classroom Meeting Script and Outline)

Our school has suffered a great loss. Mr./Mrs. (*Teacher's Name*), the (*Grade Level or Subject Area*) teacher died (*give basic factual information without too much detail*). This has come as a shock to us all and we will be commemorating Mr./Mrs.'s (*Teacher's Name*) contributions to our school community.

When a sad situation like this occurs, we are likely to have different reactions and experience many different feelings. Some people will want to have quiet time to remember (*Teacher's Name*), while others may want to talk to someone about how they are feeling. Some may want to continue working. We should be respectful of these different reactions and be supportive of each other.

The school day will remain on schedule, but teachers may delay regular activities to allow you to talk. Please let your teacher know if you need to talk to a counselor. We will continue to keep you updated as we receive further information.

GUIDELINES FOR WORKING WITH THE MEDIA

The Director of Community Information Services is the liaison for the school district with the media. Please contact this office at Extension 20232 prior to any media contact.

School-based process*:*

One person should be designated to provide an official statement and to communicate the ground rules for coverage of the story. The briefing should occur in an area that would not disrupt the students' routine and should ideally be held once for all visiting media.

Although it is important to share pertinent facts with the media, be aware of confidentiality issues such as ESE placement, academic or behavioral history, and family/personal/health information which are considered privileged information and should not be disclosed without Consent for Release of Information.

The principal has the authority to set the rules by which the media must abide. Remember your primary concern is the students' well-being. It is important to try to keep disruptions to the school routine at a minimum. Personal interviews of students and faculty are not recommended.

HELPING STUDENTS DEAL WITH LOSS IN THE CLASSROOM

VOLUSIA COUNTY SCHOOLS

DEALING WITH LOSS IN THE CLASSROOM

Classroom Discussion: (Additional Resource: PREPaRE HANDOUT 21-Sample Classroom Meeting Script and Outline):

- Spend a few minutes with the class on a discussion on loss and death (or subject related to the crisis).
- Have student share those things that helped them most when they had a loss.
- Relate to incident, if appropriate, since that is what the children have on their mind.
- Have students write, create a story or reaction piece.
- Discuss ways of coping, thinking, and concentrating when a disaster occurs.

Possible activities to help students cope. (All memorial letters, cards, etc. to be sent home to family must be screened by principal or appropriate designee).

- Letter to deceased
- Letter to loved one of deceased
- Artwork
- Music interpretation
- Building, developing, or creating a commemorative

Suspend teaching of new material for one to three days depending on impact on that class (if appropriate). When anger arises, direct toward:

- Expression through art and poetry
- Class creation of angry story (justice, crime, etc.)
- Physical exercise, sports, challenges
- Building with tools, etc.

Encourage mutual support:

- Peer counselors
- Teach compassion - discussion, modeling, role playing

As you work with students in the classroom, be cognizant of those who may need additional support. Please use PREPaRE Handout 13-School Crisis Intervention Referral Form

WS2 Handout 23 (Slide 118): A Lesson Plan for Use by a Crisis Intervention Team Member When Conducting a Student Psychoeducational Group

1. **Introduction**
   a. Introduce yourself to the adult caregiver (typically the teacher) who is responsible for group supervision and explain why you are there.
   b. Introduce yourself to the students who are a part of the group (e.g., state your name, position, where you typically work).
   c. Explain to students that you are on the crisis team and why you are there.
   d. Briefly share your understanding of the crisis event. If possible, have a script prepared by the ICS's Planning (AKA Intelligence) Section.
   e. Explain group rules. Say that if the students have questions, they will need to raise their hand and wait their turn. Depending on the nature of the event and the characteristics of the group, it may also be appropriate to tell students that some questions may need to be addressed individually after the group has ended.
   f. Explain that attendance in the group is voluntary and that they will be allowed to leave if they do not want to participate in the group. Identify for students a safe, nonthreatening area on school grounds that they will be brought to if they choose not to participate.
   g. Make use of a sign-in sheet for secondary classrooms.
   h. Obtain a copy of the teacher's attendance sheet in primary classrooms.

2. **Answer Questions About the Crisis and Dispel Rumors**
   a. When judged to be helpful, use carefully prescreened newspaper or video accounts of the crisis event. Ensure that such depictions are accurate and minimize the risk of further vicarious trauma.
   b. Ask the students if they have any questions about the crisis event. Be sensitive to developmental level and realize that developmentally immature students are most likely to have a distorted view of the event and its consequences.
   c. Answer students' questions about the event. Be prepared to repeat facts several times. Crises are often overwhelming events and difficult for students to understand (in particular developmentally immature students).
   d. If some crisis facts are confidential, say so, and share what facts you can. Remember to tell students the truth! Do not give inaccurate information (e.g., if crisis-related dangers are still present, acknowledge this reality and let students know what they can do to be safe).
   e. Be prepared to say, "I don't know."
   f. Make the distinction between crisis facts, inaccurate crisis rumors, yet-to-be-answered questions about the crisis event, and information that needs to remain confidential. Especially when working with adolescents, be sure to give a logical rationale for why some crisis details will need to be kept confidential.

3. **Prepare for Crisis Reactions**
   a. Describe common crisis reactions. Acknowledge that people experience and thus react to crises differently. Encourage students to respect a range of crisis reactions (both their own and their classmates' reactions). For example, some students may be angry, some may cry, and still others will display nervous laughter. See handouts 8 and 9 to help with this group element. A list of common reactions is provided in the table below.
   b. Describe the warning signs of severe crisis reactions (e.g., significant and impairing dissociation, hyperarousal, reliving of the crisis event, phobic avoidance of crisis reminders, severe depression, psychotic symptoms, suicidal and homicidal ideation, substance abuse of others and self, or extreme inappropriate anger toward others).

c. Acknowledge that severe reactions, while possible and understandable, are rare. Most students can anticipate their reactions not being that acute.
d. Describe how to get help in addressing crisis reactions, both in school and in the community. Such guidance should always include enlisting the assistance of a caregiving adult.
e. Express optimism that, with time and talk, most (if not all students) will feel better soon. Though they will always remember the event, their crisis reactions will lessen.

Common Initial Crisis Reactions			
Emotional		**Cognitive**	
Shock Anger Despair Emotional numbing Terror/fear Guilt Phobias Grief	Depression or sadness Irritability Hypersensitivity Helplessness Hopelessness Loss of pleasure Dissociation[a]	Impaired concentration Impaired decision-making ability Memory impairment Disbelief Confusion Distortion	Decreased self-esteem Decreased self-efficacy Self-blame Intrusive thoughts or memories (e.g., reenactment play among children) Worry
Physical		**Interpersonal and Behavioral**	
Fatigue Insomnia Sleep disturbance Hyperarousal Somatic complaints	Impaired immune response Headaches Gastrointestinal problems Decreased appetite Decreased libido Heightened startle response	Alienation Social withdrawal or isolation Increased relationship conflict Vocational impairment Refusal to go to school School performance impairment	Avoidance of reminders Crying easily Change in eating patterns Regression in behavior Risk taking Aggression

Note. From Speier (2000); Young, Ford, Ruzek, Friedman, & Gusman (1998).
[a]Examples include perceptual experience, such as “dreamlike,” “tunnel vision,” “spacey,” or “on automatic pilot.”

4. Teach Students How to Manage and Cope With Crisis Reactions
a. Discuss stress management techniques. See handout 21.
b. Encourage students to talk with other people about their crisis reactions and feelings. List people that students can talk to (e.g., parents, teachers, counselors, friends).
c. Remind students of the mental health resources that are available in their school.
d. Discuss how returning to a normal routine is a positive coping strategy after a crisis. Discuss how coming to school helps manage crisis reactions.

5. Close the Lesson
a. Give a brief summary of what was discussed.
b. Reiterate available mental health resources.
c. Consider assigning (with the teacher’s permission) a homework assignment wherein students would write out their own personal stress management plan.
d. Thank the students (and the teacher) for the opportunity to be with them.

References

Speier, A. H. (2000). *Psychosocial issues for children and adolescents in disasters* (2nd ed.). Washington, DC: U.S. Department of Health and Human Services.

Young, B. H., Ford, J. D., Ruzek, J. I., Friedman, M., & Gusman, F. D. (1998). *Disaster mental health services: A guide for clinicians and administrators*. Palo Alto, CA: National Center for Post-Traumatic Stress Disorder.

Note. Adapted from “Psychoeducational Group Cheat Sheet: A Lesson Plan for Mental Health Response Team Members Only,” by C. Conolly- Wilson, Waukegan, IL: Waukegan Public Schools. Adapted with permission.

School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 25 (Slide 141): Elements of Individual Crisis Intervention

1. **Establish psychological contact.**
   a. Introduce the session.
      i. Identify self.
      ii. As indicated, inquire about and address basic needs.
   b. Express empathy.
      i. Identify crisis facts.
      ii. Identify crisis-related feelings.
   c. Show respect.
      i. Pause to listen.
      ii. Do not dominate the conversation.
      iii. Do not try to smooth things over.
   d. Show warmth.
      i. Ensure that verbal communication is congruent with nonverbal behaviors.
      ii. Consider the use of and provide physical contact, as indicated.

2. **Verify emotional readiness to begin problem identification and problem solving.**
   a. If the student is not ready, stabilize the student.
   b. If the student is ready, begin the problem-solving process.

3. **Identify and prioritize crisis-generated problems. Identify the most immediate concerns.**
   a. Inquire about what happened. Make sure you understand the crisis story.
   b. Inquire about the problems generated by the crisis event.
   c. Rank order crisis-generated problems.

4. **Address crisis-generated problems. Encourage the crisis survivor to be as responsible for coping with crisis- generated challenges as is possible.**
   a. Ask: Inquire about coping attempts already made. Validate adaptive coping strategies already identified by the crisis survivor.
   b. Facilitate: Help the student explore additional coping strategies. Encourage the crisis survivor to identify his or her own adaptive coping strategies.
   c. Propose: If necessary, identify alternative coping strategies. Do not hesitate to explicitly direct the crisis survivor toward adaptive coping strategies, as indicated:
      i. If lethality is low *and* the student is capable of action, then take a facilitative stance (i.e., the crisis survivor initiates and is responsible for coping actions).
      ii. If lethality is high *or* the student is not capable of acting, then take a directive stance (i.e., the crisis intervener initiates and is responsible for coping actions).

5. **Evaluate and conclude the individual crisis intervention session. Ensure that the individual is moving toward adaptive crisis resolution.**
   a. Secure identifying information.
      i. Identify and ensure connection with primary natural social support systems (e.g., parents, teachers).
   b. Agree on a time for recontact and follow-up.
   c. Assess whether immediate coping has been restored, as follows:
      i. Physical and emotional support has been obtained, and any lethality has been reduced.
      ii. Crisis problems have been identified and adaptive coping has been initiated.

iii. From the assessed trauma risk level, the student is linked to appropriate helping resources.
iv. If these goals have not been obtained, then restart the intervention process.
v. If these goals have been obtained, compliment the student on his or her problem-solving skills, given the expectation that they will cope well with the trauma, and conclude the immediate psychological crisis intervention.

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WS2 Handout 26 (Slide 141): Delivery of an Individual Crisis Intervention

Professional Behavior

- Operate only within the framework of an authorized school crisis intervention team response.
- Model healthy responses; be calm, courteous, organized, and helpful.
- Be visible and available.
- Maintain confidentiality as appropriate.
- Remain within the scope of your expertise and your designated role.
- Make appropriate referrals when additional expertise is needed or requested by the student and/or the student's caregiver(s).
- Be knowledgeable and sensitive to issues of culture and diversity.
- Pay attention to your own emotional and physical reactions, and practice self-care.

Guidelines for Delivering Psychological Crisis Intervention

- Politely observe first; do not intrude. Then ask simple, respectful questions of the student and/or his or her caregiver(s) to determine how you may help.
- Make contact by providing practical assistance (food, water, blankets).
- Initiate contact only after you have observed the situation, and the student or his or her caregiver has determined that contact is not likely to be intrusive or disruptive.
- Be prepared to have students either avoid you or overwhelm you with contact.
- Speak calmly; be patient, responsive, and sensitive.
- Speak slowly, in simple, concrete terms; do not use acronyms or jargon.
- If a student wants to talk, be prepared to listen. While listening, focus on hearing what he or she wants to tell you and on how you can help.
- Acknowledge the positive features of what the student has done to keep safe.
- Give information that directly addresses the student's immediate goals and clarify answers repeatedly as needed.
- Give information that is accurate and age-appropriate for your audience.
- When communicating through a translator or interpreter, look at and talk to the student or caregivers you are addressing, not at the translator or interpreter.
- Remember that the goal of crisis intervention is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.

Some Behaviors to Avoid

- Do not make assumptions about what students are experiencing or what they have been through.
- Do not assume that everyone exposed to a disaster will be traumatized.
- Do not pathologize; keep in mind that acute reactions are understandable and to be expected, given what students exposed to a disaster have experienced. Do not label reactions as symptoms or speak in terms of diagnoses, conditions, pathologies, or disorders.
- Do not talk down to or patronize the student, or focus on his or her helplessness, weakness, mistakes, or disability. Focus instead on what the student has done that is effective or may have contributed to helping others in need, both during the disaster and in the present setting.

- Do not assume that all students want to talk or need to talk to you. Remember that being physically present in a supportive and calm way helps affected students feel safer and more able to cope.
- Do not “debrief” by pressing for details of what happened.
- Do not speculate or offer possibly inaccurate information. If you cannot answer a student’s question, do your best to learn the facts.

Interventions With Children and Adolescents

- For young children, sit or crouch at the child’s eye level.
- Help school-age children verbalize their feelings, concerns, and questions; provide simple labels for common emotional reactions (for example, mad, sad, scared, worried). Using extreme words like “terrified” or “horrified” to describe a child’s reactions may increase their distress.
- Listen carefully and check in with the child to make sure you understand him or her.
- Be aware that the child may show developmental regression in behavior and use of language.
- Match your language to the child’s developmental level. Because younger children typically have less understanding of abstract concepts like death, use direct and simple language as much as possible.
- Reinforce these techniques with the child’s parents or caregivers to help them provide appropriate emotional support to their child.

Note. From *Psychological First Aid: Field Operations Guide* (2nd ed., p. 7–10), by M. Brymer et al., 2006, Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. Reprinted with permission.

WS2 Handout 27 (Slide 143): Suggestions for Stabilizing the Emotionally Overwhelmed Student

1. Ask the student to listen and look at you.
2. Find out if the student knows who and where he or she is and what is happening.
3. Ask the student to describe the surrounding environment.
4. Identify where the student and crisis intervener are currently located.
5. Consider employing "grounding" techniques. Foster grounding by stating the following:

   After a frightening experience, you can sometimes find yourself overwhelmed with emotions or unable to stop thinking about or imagining what happened. You can use a method called "grounding" to feel less overwhelmed. Grounding works by turning your attention from your thoughts back to the outside world. Here's what you do:

   - Sit in a comfortable position with your legs and arms uncrossed.
   - Breathe in and out slowly and deeply.
   - Look around you and name five non-distressing objects that you can see. For example, you could say, "I see the floor, I see a shoe, I see a table, I see a chair, I see a person."
   - Breathe in and out slowly and deeply.
   - Next, name five non-distressing sounds you can hear. For example: "I hear a woman talking, I hear myself breathing, I hear a door close, I hear someone typing, I hear a cell phone ringing."
   - Breathe in and out slowly and deeply.
   - Next, name five non-distressing things you can feel. For example: "I can feel this wooden armrest with my hands, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel the blanket in my hands, I can feel my lips pressed together."
   - Breathe in and out slowly and deeply.

   You might have children name colors that they see around them. For example, say to the child, "Can you name five colors that you can see from where you are sitting? Can you see something blue? Something yellow? Something green?" (pp. 51–52)

Note. Adapted from *Psychological First Aid: Field Operations Guide* (2nd ed., p. 51–52), by M. Brymer et al., 2006, Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. Adapted with permission.

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WS2 Handout 28 (Slide 144): Possible Questions to Ask When Identifying Crisis Problems

Note. Crisis interveners will need to exercise caution when asking these questions. Different students in different situations will be more or less able to participate in this problem-identification activity.

1. To determine the nature and severity of the student's crisis experience, introduce your questions:
   a. I know that you've been through a lot of difficult things. May I ask you some questions about what you have been through?
      i. Where were you during the crisis?
      ii. Did you get hurt?
      iii. Did you see anyone get hurt?
      iv. How afraid were you?

2. To help identify problems generated by the death of a family member or close friend, ask the following questions:
   a. Did someone close to you get hurt or die as a result of the crisis event?
   b. Who got hurt or died?

3. To help identify problems generated by the immediate post disaster circumstances and ongoing threat, ask the following:
   a. Do you need any information to help you better understand what has happened?
   b. Do you need information about how to keep you and your family safe?
   c. Do you need information about what is being done to protect your classmates and community?

4. To help identify problems generated by being separated from, or concerned about, the safety of loved ones, ask these questions:
   a. Are you worried about anyone close to you right now?
   b. Do you know where they are?
   c. Is there anyone especially important, like a family member or friend, who is missing?

5. To help identify problems generated by physical illness or the need for medication ask the following:
   a. Do you have any medical or mental health conditions that need attention?
   b. Do you need any medications that you don't have?
   c. Do you need to have a prescription filled?
   d. Can you get in touch with your doctor?

6. To help identify problems generated by losses incurred as a result of the disaster (for example, home, school, personal property, or pets) ask the following:
   a. Was your home destroyed or badly damaged?
   b. Did you lose other important personal property?
   c. Did a pet die or get lost?
   d. Was your school or neighborhood destroyed or badly damaged?

Identifying Problems

7. To help identify problems generated by extreme feelings of guilt or shame state the following:
   a. It sounds as if you are being really hard on yourself about what happened.
   b. It seems that you feel you could have done more.

8. To help identify if prior losses or crisis experiences are generating problems, state or ask the following:
   a. Sometimes events like this can remind people of previous bad times.
   b. Have you ever been in a disaster before?
   c. Has some other bad thing happened to you in the past?
   d. Have you ever had someone close to you die?

9. To help identify whether any specific activities are being (or will be) disrupted by the crisis event, ask the following question:
   a. Were any special events (birthday, graduation, beginning of the school year, vacation) coming up thatwere disrupted by the crisis?

10. To help identify any other problems that might have been generated by the crisis event, ask open-ended questions such as the following:
    a. Is there anything else we have not talked about that is important for me to know?

Note. From *Psychological First Aid: Field Operations Guide* (2nd ed., p. 57–62), by M. Brymer et al., 2006 Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. Reprinted with permission.

WS2 Handout 29 (Slide 145): Possible Questions to Ask When Assessing Lethality

1. To help identify thoughts about causing harm to oneself or other people, state or ask the following:
   a. Sometimes situations like these can be very overwhelming.
   b. Have you had any thoughts about suicide? (For children in the primary grades, use the words "harming yourself" instead of suicide.)
   c. Have you had any thoughts about harming someone else?

2. To help assess the availability of social support systems, ask the following question:
   a. Are there family members, friends, or community agencies that you can rely on for help with problems that you are facing as a result of the disaster?
   b. Have you been isolating or withdrawing from your family members, friends, or other supports since the disaster?

3. To help identify prior alcohol or drug use, ask the following:
   a. Has your use of alcohol, prescription medication, or drugs increased since the disaster?
   b. Have you had any problems in the past with alcohol or drug use?
   c. Are you currently experiencing withdrawal symptoms from drug use?

Note. Adapted from *Psychological First Aid: Field Operations Guide* (2nd ed., p. 60–61), by M. Brymer et al., 2006, Los Angeles, CA: National Child Traumatic Stress Network and National Center for PTSD. Adapted with permission.

WS2 Handout 30 (Slide 147): Sample Individual Crisis Intervention Dialogue

This crisis situation begins with an intermediate-grade student, Chris, crying in a corner of a school yard, just out of view of the playground. Two days earlier, Chris had witnessed a school-yard shooting.

1. Establish psychological contact.

Counselor: Hi. I'm Mr. Sanchez. What's your name?
Chris: Chris.
Counselor: Are you cold, Chris? Can I get you a jacket?
Chris: No, I'm okay.
Counselor: Chris, I'm here to try to help the kids at your school deal with the shooting. You look sad. Can you tell me what's wrong?
Chris: (Through silent tears Chris quietly says) I'm scared.
Counselor: I think I know why, but do you think you are able to tell me why you're scared? Chris: I'm afraid of being shot.
Counselor: It is frightening to be shot at. (The counselor places an arm around Chris's shoulder.) I understand why you are crying. Would it be okay if we talked? I would like to help.
Chris: (Chris stops crying and looks at the counselor.) Okay.
Counselor: Chris, before we talk about the shooting, is there anything you need right now? Are you sure you don't need your jacket? (It is a cold January day.) Are you thirsty or hungry?
Chris: Yes, I guess I would like to get my jacket.
Counselor: Before we talk about this, Chris, I need to let you know that I will be able to keep what you tell me between the two of us, as long as it does not appear that anyone, including you, is in immediate danger. However, it will be a good idea to share what we talk about with your parents and/or teacher. Is that okay with you?
Chris: It's okay if you talk to my mom.

2. Verify emotional readiness to begin problem identification and solving.

(As Chris and Mr. Sanchez go to get Chris's jacket, it becomes clear that Chris is able to begin the problem- solving process. He is responsive to questioning and, while very scared, appears to have his emotions under control.)

3. Identify and prioritize crisis problem.

Counselor: Do you think you could tell me about what happened to you the other day?
Chris: Yes. I was standing right over there (Chris looks around the corner and points to the kickball field). I was waiting my turn when the shooting started. At first I didn't know what was happening. Then
I saw all the kids screaming and falling to the ground. My friend Sam was bleeding from the foot. (Chris begins to cry again.)
Counselor: That sounds scary. So the reason you are not going on the playground is that you are afraid, right? Chris: Yes.
Counselor: You know, you're not alone. A lot of kids feel the same way you do. Before now, have you told anyone about being afraid to go out to play?
Chris: No.
Counselor: Are there people who you can talk to?

ICI Dialogue

Chris: Yes. I would like to talk to Sam.
Counselor: Sam was bleeding from the foot, right?
Chris: Yes, and I really need to see Sam. Is Sam okay? Can I talk to her?
Counselor: So you are also worried about your friend, right?
Chris: Yes.
Counselor: I don't know Sam, but I can find out how she is doing right after recess. For now, however, we need to decide what we are going to do about recess. We need to make sure you are safe, and we can't do that if you hide during recess. Is there anyone else who might be able to help you not be scared of the playground?
Chris: My mom, my teacher, my other friends (pause), and you. (Chris looks up at the counselor as the crying begins to subside again.)
Counselor: Yes, I think I can help. Before the shooting, what was the playground like for you?
Chris: Fun. I was great at kickball. My friends and I would always play right there (Chris again looks around the corner and points to the kickball field).
Counselor: Where are your friends now?
Chris: Right there. (Chris points to a group of eight children playing kickball.) Except Sam. Sam's at home. Sam's foot was bleeding. I miss Sam. Sam is my best friend. Can I talk to Sam?

4. Address crisis-generated problems

Counselor: We can look into talking to Sam after recess. But for now, what can we do about your recess time? What have you done so far about being scared to play?
Chris: I've hid in here or in the restroom. Once I stayed in class with my teacher.
Counselor: Look out on the playground and tell me what you see.
Chris: (Chris looks around the corner and at the playground.) Kids are playing.
Counselor: Are they having fun?
Chris: Yes. (A tentative smile briefly flashes across Chris's face.)
Counselor: Who are those people over there and there? (The counselor points in the direction of the two police officers that have been temporarily assigned to the school after the shooting.)
Chris: Police.
Counselor: I think that it is safe to go out on the playground today. And your friends look like they can still have fun playing kickball. Do you think that anyone will hurt you on the playground today?
Chris: No.
Counselor: So if it's safe and still fun, why not try going out and playing again?
Chris: But I'm still scared. (Chris's eyes become teary.)
Counselor: Okay. Let's see what we can do to help you not be scared. What if your friends helped you? What if I stayed on the playground and watched you?
Chris: That might help. (Chris's tears subside.)
Counselor: I'll go talk to your friends and see what I can do about getting them to include you in their kickball game. (The counselor approaches Chris's friends and explains the problem to them. They readily agree to invite Chris to play. One member of the group walks over to talk to Chris.)
Friend: Chris, kickball is still fun. Will you please come and play with us?
Chris: Okay. (The friend puts an arm on Chris's shoulder and begins to walk toward the playground.)

5. Evaluate and conclude.

Counselor: Before you go, Chris, can you give me your last name and your classroom? I'd like to be able to check up on you to make sure you are okay.
Chris: Sure. My last name is Smith, and I'm in Mrs. Wong's classroom.
Counselor: I'll be standing right over there. (The counselor points to an area just off the playground within view of the kickball field.) I'll be there during the rest of today's recess. When the bell rings in a few minutes come over and see me and we can look into how Sam is doing.
Chris: Okay. (Chris has stopped crying and is smiling as he walks with the group of friends out onto the playground.)

Counselor: One last thing, Chris. I just want you to know that you have done a great job of thinking through and addressing this problem. I'm pretty sure that with time you will be able to not be nearly as scared. Good work.

Note. Adapted from *Preparing for Crises in the Schools* (2nd ed., pp. 171–173), by S. E. Brock et al., 2001, New York, NY: Wiley. Adapted with permission.

COUNSELING REMINDERS: SHARE WITH FACULTY AND STAFF

1. Listen without judging what is being said.
2. Resist the temptation to comfort the students by asking them to "stop crying" or by saying "don't be sad".
3. Be careful not to present your opinions as if they were facts.
4. Encourage students to share thoughts and feelings without insisting or pressuring them to do so.
5. Keep the focus on the student and their issues.
6. Offer students honest answers to their questions. Don't be afraid to say, "I don't know," when that is true.
7. Respect each child as an individual.
8. Validate each child's grief process.
9. Be generous with hugs or an arm around a shoulder if the child seems comfortable with you.
10. Trust your instincts.
11. Marshal positive forces in the student's life; not everything is bad news.
12. Realize that not talking about loss doesn't make it go away.
13. Explain the normal grief process as generally being a three-stage process: shock, disorganization, and reorganization. Describe typical emotions you may experience (denial, anger, bargaining, depression, and guilt). Discuss the need we have to experience the emotions of grief so that we might feel better later on.
14. Encourage students to be a support system for each other.
15. Communicate the knowledge that all feelings are okay and need to be expressed.
16. Recognize that laughter and play don't mean that the student did not care about the person who died.
17. Remember the four T's in sympathy: Talk, Touch, Tears, and Time.
18. All sympathy cards and artwork should be viewed and approved by a school administrator or designee.

DO NOT:

1. Give advice, be judgmental, criticize, or blame.
2. Do most of the talking.
3. Use euphemisms like “gone away, resting, asleep”; do say died and dead.
4. Be afraid to admit to a student that you don't know all the answers.
5. Avoid the student.
6. Minimize the loss.
7. Change the subject.
8. Use clichés such as, "Oh well, we all have to die sometime."
9. Say, "I know how you feel.”
10. Believe a young person thinks the same as an adult.
11. Attempt to become a substitute for the deceased person.
12. Think that a student's busy activity level means he/she is being disrespectful or disinterested; he/she may simply need to move.

DEVELOPMENTAL STAGES AND REACTIONS TO GRIEF

Ages 3 – 5 Children in this age group may perceive death as "going to sleep" or some other temporary state. They do not recognize death as a final process.

Common Reactions:

- Escape into play
- Attachment to substitute people
- Giving up attachment to, or preoccupation with, the deceased
- Idealizing the deceased
- Sadness, longing, yearning
- Difficulty understanding abstract ideas (heaven, "at peace")
- Aggressiveness
- Tantrums/rage
- Nightmares
- Hyperactivity/nervousness
- Compulsive behavior
- Bewilderment
- Regression (clinging, whimpering, thumb sucking)
- Intense but brief reactions
- Present oriented

Possible interventions:

- Short interactions
- Frequent repetition
- Comforting
- Reassure that they will be cared for by adults
- Consistency is the most important issue

DEVELOPMENTAL STAGES AND REACTIONS TO GRIEF

Ages 5 - 9 Children in this age group may begin to understand the reality of death, yet they have difficulty with realizing they or those around them might die. There is a fear of loss of control. Children may hide their feelings. If so, they might need support and permission to grieve.

Common Reactions:

- Physical complaints, such as headaches, nausea, itching
- Sleep disturbances, such as nightmares or night terrors
- Magical thinking with resulting fear or guilt (death is caused by actions, thoughts or wishes)
- Fantasizing that the deceased is actually alive
- Fear of death, objects, persons or events related to death
- Fear of abandonment
- Trying to be like the deceased
- May play dead or play funeral
- How? Why? Repetitive questioning
- Aggressive behavior
- Disobedient, irritable
- Concerned about safety of self and others
- Possessiveness of adults
- Inability to concentrate

Possible Interventions:

- Reassure with realistic information
- Encourage expression of thoughts and feelings
- Provide opportunities for physical activity
- Lessen performance requirements, if necessary
- Encourage activities on behalf of the deceased
- Acknowledge normality of feelings and permit symbolic play
- Drawings and stories
- Pursue a medical evaluation of child, if appropriate

DEVELOPMENTAL STAGES AND REACTIONS TO GRIEF

Ages 10 - 13 Children in this age group may understand and accept both the finality and personal nature of death. They may have questions about the biological aspects of death. Confusion and self- consciousness about the emotions of grief are common. They need reassurance that they or their actions are not responsible for the death.

Common Reactions:

- Realizing one's own mortality, yet a sense of being invincible
- Delayed grief reactions
- Irritability
- Reluctance to discuss emotions
- Sadness, depression, anxiety
- Feelings of helplessness and lack of control
- Vague complaints of pains
- Complaints of visual or hearing problems
- Question how they "should" be responding
- Concerned with how others are responding

Possible interventions:

- Answer questions
- Encourage expression of range of feelings
- Encourage and allow control
- Be available but allow time to be alone
- Symbolic play is appropriate
- Talk about it

DEVELOPMENTAL STAGES AND REACTIONS TO GRIEF

Ages 14 - 19 Adolescence can be a time of heightened and intense emotion. Death and grief may add to the emotionality. They may take an "I dare it to happen to me" stance which taken to an extreme may mean experimenting with dangerous situations. This is a period of shifting from dependence to independence. The yearning for the deceased may feel like a regression, and so may be avoided. They may be concerned about what is expected of them. Support and understanding are essential.

Common Reactions:

- Sense of invincibility
- Denial of emotions
- Suppressed thinking about death
- Depression
- Somatic symptoms
- A need to talk about the death
- Anger
- Guilt

Possible Interventions:

- Encourage verbalization of feelings
- Do not try to take control
- Do not try to take grief away
- Listen
- Be available
- Accept that others outside of the family may be helpful

NEEDS OF A GRIEVING CHILD

- Information that they can understand based on their developmental level
- Reassurance that their basic needs will be met
- Permission to express their own thoughts and feelings, especially when they are different from significant adults
- Maintain age-appropriate activities and interests
- Explore thoughts about death and afterlife
- Help with magical thinking (I caused this to happen)
- Say good-bye and memorialize the deceased
- Help plan for the funeral and anniversary
- Be reassured when grieving by adults is intense

BEFORE THE DEATH

- Help with anticipatory grief
- Give information about the physical, emotional, and mental condition of the terminally ill person and a choice of visiting or remaining away
- Allow them to care for the dying person
- Participate in meaningful ways to say good-bye
- Have schedules and boundaries as close to normal as possible
- Receive affection and attention

SIGNALS FOR ATTENTION FROM A GRIEVING CHILD

- Marked change in school performance or poor grades despite effort
- Stopping routine activities such as going to school or sleeping
- Silence about the person or the death
- Frequent anger expressed in destructive ways
- Hyperactivity or constant movement beyond regular playing
- Persistent anxiety, phobias, or panic attacks
- Accident-prone (may be self-punishment)
- Persistent nightmares or sleep problems
- Stealing, promiscuity, vandalism, illegal behavior
- Persistent disobedience or aggression (longer than six months) and violation of the rights of others
- Opposition to authority figures
- Frequent unexplainable temper tantrums
- Social withdrawal
- Alcohol or other drug abuse
- Inability to cope with problems and daily activities
- Many complaints of physical ailments
- Persistent depression accompanied by poor appetite, sleep difficulties, and thoughts of death
- Long term absence of emotion

COMPLICATED BEREAVEMENT

Complicated bereavement may exist when the following symptoms are *severe and ongoing* over a period of time:

- Child or adolescent assumes characteristics of the deceased
- Child or adolescent is confused about their role
- Child or adolescent repeatedly dreams about the deceased, but no feelings are expressed
- Child or adolescent hallucinates
- Child or adolescent is overly active but never seems tired
- Child or adolescent develops psychosomatic medical illness
- Child or adolescent expresses extreme hostility toward a specific person
- Child or adolescent seems depressed (bitter self-accusation, severe weight loss or gain, and self- destructive behavior)
- Child or adolescent is unable to sleep
- Child or adolescent develops phobias
- Child or adolescent is overly concerned with his or her body
- Child or adolescent withdraws from friends
- Child or adolescent becomes violent in play interactions
- Child or adolescent has suicidal thoughts or has a desire to join one who died

***Please note*: These lists of reactions are not all-inclusive. Remember that unusual behaviors can frequently accompany the loss of a significant person. Evidence of the above symptoms may be attempts to deal with a grief and counseling intervention may not be needed. Sometimes normal grief looks very much like a mental health disorder. It is the severity and/or duration of the reactions that determines when counseling is appropriate. Adults should communicate concerns and observations with a mental health professional to determine if professional help is needed.

INFORMATION FOR PARENTS TO HELP CHILDREN COPE WITH DEATH

- As soon as possible after the death, set time aside to talk with your child.
- Give your child facts in a simple manner; be careful not to go into too much detail. If your child requires more information, he/she will ask more questions later.
- Use the correct language such as "dead" or "died," etc. Do not use phrases such as "He's sleeping" or "He went away," etc.
- Explain your feelings to your child, especially if you are crying. Let him/her know that crying is okay to do. You are the role model for your child, and it is good for him/her to see your sadness and for you to share your feelings.
- Read an age-appropriate book about "loss" with your child.
- Talk about the "wake" and "funeral". Explain what happens at these ceremonies and find out if your child wishes to attend.
- Think about the ways your child can say "good-bye" to the person who has died. (Write a letter, poem, or card in honor of the deceased.)
- Watch for behavioral changes in your child. If they concern you, call for help.
- Sudden death, violent death, and the death of a young person are especially hard to grieve. Disruptions of sleep and daily activities, as well as loss of appetite, are normal responses to an abnormal or traumatic event.
- Give children special support by keeping things structured.

DISASTER: HELPING CHILDREN COPE

A Handout for Teachers

by Debby Waddell, Ph.D., Columbus, OH and Alex Thomas, Ph.D., Miami University (OH)

Background

Disasters can take many forms. They may be weather-related, as in tornadoes, hurricanes or floods; accident- related, as in bus or automobile deaths or drowning; illness-related as in AIDS, cancer, or other deaths due to illness; or bizarre and unusual, as in the case of snipers or a murder.

Pre-planning can be done for some of these disasters, as when a death from cancer is anticipated or when weather forecasts warn of hurricanes. Others may be sudden and allow no time for preplanning. Yet another variable is whether the disaster occurs at school, such as a suicide in the school or tornado during school hours, or outside of school hours, such as a hurricane or automobile accident. All of these factors will undoubtedly affect the specific response to the disasters, but some common elements can be found in responses to all of these situations.

Teachers have two essential jobs in the aftermath of disasters: First, to make plans for the practical aspects of how the disaster will be handled in their own classroom and second, to understand and cope with student reactions. The first of these responsibilities will likely be shared with other building personnel, but each teacher will have to structure the response within his/her own classroom. The second responsibility, coping with student reactions, again will be shared, this time with the parents and individuals such as school psychologist, school counselor or an outside mental health professional. The ongoing need to deal with student reactions during the school day, however, will fall on individual teachers. Determining appropriate steps to be taken immediately upon experiencing a disaster and deciding what to do in the days and weeks that follow is crucial.

Student Reactions to Disaster

Common emotional reactions: Emotional reactions vary in nature and severity from student to student. Children's reactions to a disaster are determined by their previous experiences, their temperament and personality, and the immediacy of the disaster to their own lives. Nonetheless, some commonalties exist in how students (and school staff) feel when their lives are disrupted by a disaster.

- *Loss of Control:* By their very nature, disasters are something over which we have no control – if we did, we would stop them from happening. The feeling of loss of control can be overwhelming.
- *Loss of Stability:* Disasters also interrupt the natural order of things. Stability is gone and this is very threatening; it can destroy trust and upset equilibrium for extended periods. After all, if this disaster could happen, then most anything else might happen too.
- *Self-centered Reactions:* Children's immediate reaction to disaster often includes a fear for their own safety. They may be intensely worried about what will happen to them; to an extent that adults think is unreasonable. However, young children have difficulty putting the needs of others before their own. Children need repeated reassurance regarding their own safety and the outcome of the disaster as it relates to them

Common stress symptoms: Following a disaster or traumatic crisis event, students – like adults - will likely exhibit at least several typical symptoms of stress, reflecting their emotional reactions and sense of loss. Symptoms tend to vary with the age and developmental maturity of the child.

If symptoms persist for a long time or seem extreme, teachers should consult their building mental health staff (school psychologist, counselor, social worker) and discuss concerns with parents.
Inform parents about how their children are reacting and what is being done in the classroom to deal with the

disaster. A handwritten, dittoed note will suffice in this situation.

Decide how to handle attending funeral or memorial services if the disaster involves deaths. Whenever possible, have parents take their own children to services. If necessary, arrange transportation for a student to a memorial service. If you will be teaching during the service, a parent or another staff member may take the student. (Permission slips may be needed.) The person chosen should be prepared to deal with the student's emotional reaction to the service.

Provide information about the funeral and its structure to prepare the students for the experience. Students who aren't going may still want to know what will happen. For young children, this may be their first experience with death, and information may be especially important for them.

Allow for the fatigue which children may experience due to stress and changed sleep patterns. Plan for less intense instructional activities for a few days.

- Introduce snack time for a few days to provide extra nourishment which tired children may need. The PTA/PTO may be willing to provide snacks.
- Delay tests which will allow fair evaluation of student performance after stress levels are reduced.

Long-term and Ongoing Intervention

Provide ongoing opportunities to deal with the crisis:

- Let students know there continue to be people available who are willing to listen. Tell them who is available and when and where to find these people.
- Discuss feelings with the entire class or individual children who feel most affected.
- Discuss the disaster in the context of other subjects, e.g., discuss suicide prevention in a junior high health class, and discuss weather-related disasters in elementary social studies class.

Provide facts to help allay fears: For instance, if a classmate dies of cancer, facts about prevalence and cures may help students who are fearful when they feel unwell. Think ahead to effects which might be delayed: For instance:

- Be aware that similar incidents in another location may trigger renewed feelings.
- Plan a special remembrance for the one-year anniversary of the disaster, thereby diverting renewed reaction if the anniversary date is ignored. Listen and watch for long-term reactions:
- Prepare for long-term reactions which are normal, such as the continued need to discuss a hurricane or shooting.
- Watch for pathological long-term reactions. Pathological long-term reactions are more severe than those experienced by most children and might include (1) persistent re-experiencing of the traumatic event through intense recollections, dreams, flashbacks or hallucinations; (2) persistent avoidance of stimuli associated with the trauma or numbing of responsiveness, such as restricted affect, diminished interest in usual activities; or (3) signs of increased arousal, such as sleep difficulties, irritability, hyper vigilance, disturbances in concentration, exaggerated startle response.

Find ways to emphasize a return to stability: When the disaster abates, return to previous schedules and maintain these for a time, even if some change in routine was planned, in order to provide a sense of security and comfort.

Resources

Brooks, B. & Seigel, P. (1996). *The scared child: Helping kids overcome traumatic events.* New York: John Wiley & Sons.

HOW ADULTS CAN HELP CHILDREN COPE WITH ANXIETY AND FEAR

We cannot know how a child is experiencing anxiety unless we listen! Children express their feelings in different ways. Accept that some children will react by becoming withdrawn and unable to talk, while others will feel intensely upset at times and at other times will act as if the events never happened. Don't be surprised if some children don't seem to be affected by what they have seen and heard. Not everyone has immediate reactions; some have delayed reactions that show up later, and some may never have a reaction.

The following questions may be very helpful in creating an opportunity to know how a child is feeling:

- What worries you the most now?
- What upsets you the most now?
- What is the worst part, the hardest part for you now?
- What helps you feel little better?
- What helps you feel a little safer?
- Do you have any questions about what has happened or is happening?

Reassure children and teens that they are safe, that you are also okay by the following:

- Listen
- Maintain routines
- Encourage time for children to share their feelings with their peers
- Limit television coverage for children and for adolescents, discuss what they see and hear by asking questions
- Do not criticize regressive behavior, the need for comfort food, etc.
- Allow your child to be sad or to be afraid, but also reassure that you will take care of them and their fear will change in time
- Encourage children to exercise some control by making decisions about what they want to eat, wear
- Reaffirm the importance of family by spending time together
- Encourage physical activities as well as activities that let them feel better
- Explain it is normal to feel worried but that everyone is working hard to be safe
- Do not speculate or exaggerate
- If you cannot answer a question, be honest and simply let the child know that, in life, there are things that happen which we have no answers for
- If you are feeling so upset and don't want to talk, take a "time out" and ask a trusted family friend to help
- Be especially loving and supportive; children need you at this time

Emphasize children's resiliency and ability to cope. Focus on their competencies in terms of their daily life and in other difficult times. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Tell about other communities that have experienced natural disasters and recovered (e.g., Miami, FL and Charleston, SC).

This information is taken from the following resources:
American Red Cross Disaster Services, National Association of School Psychologists, and the National Institute for Trauma in Children

Another resource for parents and teachers who are helping children cope with disaster is the Federal Emergency Management Agency for Kids website: www.FEMA.gov/kids

School resources: contact your child's School Counselor, School Social Worker, School Psychologist or Mental Health Team Member

SUGGESTIONS FOR PARENTS IN HELPING CHILDREN AFTER A DISASTER

A catastrophe such as an earthquake, hurricane, tornado, fire, or flood is frightening to children and adults alike. It is important to acknowledge the frightening parts of the disaster when talking with a child about it. Falsely minimizing the danger will not end a child's concern. Several factors affect a child's response to a disaster.

The way children see and understand their parent's response is very important. Children are aware of their parent's worries most of the time, but they are particularly sensitive during a crisis. Parents should admit their concerns to their children, and also stress their abilities to cope with the situation.

A child's reaction also depends on how much destruction he or she sees during and after the disaster. If a friend or family member has been killed or seriously injured, or if the child's school or home has been severely damaged, there is a greater chance that the child will experience difficulties.

A child's age affects how the child will respond to the disaster. For example, six-year-olds may show their concern about a catastrophe by refusing to attend school, whereas adolescents may minimize their concern but argue more with parents and show a decline in school performance. It is important to explain the event in words the child can understand.

Following a disaster, people may develop Post-Traumatic Stress Disorder (PTSD), which is psychological condition that can result from experiencing, witnessing, or participating in an overwhelmingly traumatic (frightening) event. Children with this disorder have repeated episodes in which they re-experience the traumatic event. Children often relive the trauma through repetitive play. In young children, distressing dreams of the traumatic event may change into nightmares of monsters, or rescuing others, or of threats to self or others.

PTSD rarely appears during the trauma itself. Though its symptoms can occur soon often the event, the disorder often surfaces several months or even years later.

Parents should be alert to these changes:

- Refusal to return to school and "clinging" behavior, shadowing the mother or father around the house
- Persistent fears related to the catastrophe (such as fears about being permanently separated from parents)
- Sleep disturbances such as nightmares, screaming during sleep and bed wetting, persisting more than several days after the event
- Loss of concentration and irritability
- Behavior problems, for example, misbehaving in school or at home in ways that are not typical for the child
- Physical complaints (stomachaches, headaches, dizziness) for which a physical cause cannot be found
- Withdrawal from family and friends, listlessness, decreased activity, preoccupation with the events of the disaster

Professional advice or treatment for children affected by the disaster, especially those who have witnessed destruction, injury, or death, can help prevent or minimize PTSD. Parents who are concerned about their children can ask their pediatrician or family doctor to refer them to a child and adolescent psychiatrist. Adapted From: American Academy of Child and Adolescent Psychiatry, July 1991: No.36.

RESPONDING TO THE NEEDS OF TERMINALLY ILL STUDENT

School personnel are encountering increased numbers of students who are terminally ill. Schooling is vital in helping to maintain a student's self-image, as well as offering the student meaningful support.

Knowing about the following basic needs of a dying person will assist school personnel to cope:

1. To know that he or she is a valuable person.
2. To maintain self-esteem.
3. To know that he or she is dying.
4. To be given realistic hope.
5. To have meaningful communication.
6. To be listened to with acceptance and without anger.
7. To live to the end with dignity.

Some of the strategies that may help teachers and other school personnel to deal with a student who is terminally ill are:

1. Read about the disease and facilitate classroom discussion that can foster social acceptance.
2. Contact health professionals, parents, and professionals who have worked with the student in the past to find out the best way to meet physical/emotional and health needs.
3. Adapt instructional goals so that some can be completed so that a feeling of success can be achieved.
4. Be firm about holding the person to whatever academic and behavioral standards he or she is truly able to meet.
5. Do not make the person feel an object of pity.
6. Do not isolate the person from activities. People have a need to participate in purposeful activities with peers.

CULTURAL OBSERVANCES CONCERNING DEATH
ETHNIC-SPECIFIC CHARACTERISTICS

1. Black/African Americans have traditions concerning death that draw from many different cultures-ethnic and religious backgrounds. There are many different religious faiths in Black American and many diverse races. Hence, like White Americans, any particular family may draw from a number of different cultural backgrounds. Some common patterns include:

    a. High involvement of a funeral director in preparations for mourning and for burial.
    b. A gathering of friends and members of the family at the home of the deceased to offer support to the living and to share their grief.
    c. A wake in which music is played or songs are sung. Some African Americans hold a worship service known as a "Home-Going" Service. It usually reflects the personality of the deceased and celebrates the conviction of going home to Jesus and being reunited with relatives and friends.
    d. A shared meal among grieving loves ones after the wake and funeral.
    e. A funeral service followed by a burial. Cremation is less accepted in the Black community than in some other cultures.
    f. A deep religious faith and integration of church observances.
    g. Memorial services and commemorative gifts.
    h. Many in Black communities mourn by dressing in white as a sign or resurrection and celebrate with music and hope. However, Native Africans often wear red or black.
    i. Black/African Americans often express grief at death with the physical manifestation of great emotion.
    j. African Americans may believe in the concept of the "living dead." This concept refers to people still living. These people are the ones who will help others who die move to the next world.

2. Hispanic populations also have diverse cultural backgrounds including those who from the islands of Cuba, Puerto Rico, and the Dominican Republic, and those who come from Spain, Mexico, and Central and South America. Most Hispanic populations practice the Roman Catholic faith, but not all. Common patterns in the aftermath of death are:

    a. High involvement of the priest in the funeral plans.
    b. Family and friends are encouraged to be a part of the commemoration.
    c. The rosary is said by surviving loved ones, often at the home of the deceased. Among some Hispanic groups the rosary is said each night for nine nights after death. Some families say the rosary every month for a year after death and then repeat it on each anniversary.
    d. Funeral services often include a Mass. Loved ones are encouraged to express grief and many are involved in the procession to the grave.
    e. Many Hispanic survivors commemorate the loss of their loved ones with promises or commitments. These promises are taken very seriously and those who fail to honor them are considered sinners.
    f. Money gifts to help cover the expenses of the funeral and burial are not unusual.

3. Although there is diversity in religious practices among the Haitian population, they all share the following common patterns in the aftermath of death.

    a. Close family members and relatives make arrangements for the funeral and church services.
    b. A gathering of family members and close friends at the home of the deceased to pray and offer support.
    c. A wake is held at the home of the deceased every night from the time of death to the time of the burial, where they chat, eat, drink, and share jokes.
    d. A viewing is followed by the funeral service and burial.

e. Close family members mourn by dressing in black or white. The wearing of bright colors such as red is not considered expressive of mourning. It is preferable to wear dark colors such as blue, purple, and brown to attend a funeral.
f. Many Haitians express grief with the physical manifestation of great emotion.
g. After the burial, family members and friends usually gather at the home of the deceased for a reception, where flaky pastries, black coffee, tea, and other foods are served.

4. American Indian observances also vary considerably in their traditions, religions, and rituals. But there is a strong commonality among many tribes that centers on the natural world - the earth, the animals, the trees, and the natural spirit. Even among those who have been converted to Christianity, there is an emphasis on the reunion with nature that occurs with death.

   a. The medicine man or spiritual leader usually moderates the funeral or death service. It may or may not follow a particular order since each individual is unique. In some tribes or class, burial is not traditional; hence, there may be resistance to laws that require burial or cremation of the body.
   b. Some tribes call on their ancestors to come to join the deceased and, in effect, help in his or her transition.
   c. Most Indian cultures are not concerned about preserving the body and so embalming is not common. However, dismemberment and mutilation outside the natural deterioration of the body is taboo.
   d. There is a belief that the spirit of the person never dies, and so sometimes sentimental things and gifts are buried with the deceased as symbolic gesture that the person still lives. The spirit of the person may be associated with a particular facet of nature - animal, bird, plant, water, and so forth. Symbols of such spirits may be a part of the ritual in the death ceremony.
   e. It is important to ensure that the burial of the person takes place in their native homeland so that they may join their ancestors and so that they may also inhabit the land to which their loved ones will also return.
   f. In some tribal cultures pipes are smoked at the grave sites.
   g. In some, there is significance to burying people with symbolic reference to a circle.
   h. In some tribal cultures there is significance in non-burial but allowing the deceased to pass onto the other world in a natural way.

5. Asian Americans may follow Buddhist, Confucian, or Taoist practices regarding death with some elements of Christian traditions. Common practices include:

   a. A family gathering at the funeral home to make arrangements with the family elders assuming ultimate responsibility for the ceremony.
   b. There is great respect for the body. Warm clothes may be used for burial and watertight caskets are used to keep the elements out.
   c. Stoic attitudes are common, and depression may result from the internalization of grief.
   d. An open casket allows for respect to elders and often poems in calligraphy are left for the deceased. Among Chinese Americans, a cooked chicken may be placed by the casket as a last meal for the deceased and spirits. The chicken will be buried with the body.
   e. Music is often used - a band may wait outside the funeral home and accompany the procession to the cemetery.
   f. The funeral route is important.
   g. The burial plot's location is very important, as is the choice of the monument. Incense may be burned at the grave. Among some populations, sacrifices may be made at the funeral.
   h. A gathering of family and friends for a meal after the funeral shows respect for the spirit of the deceased and thanks to those who came to pay their respects.
   i. A picture or plaque is usually kept in the home and displayed with items that create a shrine.

RESOURCES

HALIFAX HEALTH HOSPICE TRAUMATIC LOSS PROGRAM

WHAT IS THE TRAUMATIC LOSS PROGRAM?
Volusia and Flagler county residents who have experienced loss due to homicide, accident, suicide, line-of-duty, war, terrorism, natural disaster, or multiple loss now have a program to meet their special needs. The Traumatic Loss Program provides a safe, supportive environment that promotes growth and healing for individuals and families.

WHAT SERVICES ARE AVAILABLE?
The Traumatic Loss Program provides a number of services including individual and family counseling, support groups and other special programs throughout the year.

WHO CAN RECEIVE SERVICES?
The program is available for children, teenagers and adults who have lost loved ones due to homicide, suicide, accident, war, terrorism, natural disaster, or multiple loss and are willing to make a commitment to their healing.

WHERE ARE SERVICES PROVIDED?
The Traumatic Loss Program provides services in several locations throughout Volusia and Flagler counties. For the location nearest you call (386) 258-3237.

LOCATIONS:

Traumatic Loss Program Services 655 North Clyde Morris Blvd., Ste. A Daytona Beach, FL 32114 (386) 258-3237	**Begin Again Children's Grief Center** 655 North Clyde Morris Blvd., Ste. A Daytona Beach, FL 32114 386-425-3100
Ormond Beach Care Center 235 Booth Road Ormond Beach, FL 32174 (386) 425-3150	**Port Orange Care Center** 3800 Woodbriar Tr. Port Orange, FL 32129 (386) 425-4752
West Volusia Care Center 1625 Veterans Memorial Parkway, Orange City, FL 32763 (386) 851-7600 **Patient Referral:** (386) 425-4757 **Admission Fax**: (386) 322-5146 Halifaxhealth.org/hospice 1-800-272-2712	**Southeast Volusia Care Center** 4140 S. Ridgewood Ave., Edgewater, FL 32141 (386) 425-8950

Agency Directory

ADAPT Behavioral Services
533 North Nova Road, Suite 204, Ormond Beach, FL 32174
Phone: 386-898-5003

Chrysalis Health
412 S. Palmetto Avenue, Daytona Beach, FL 32114
Phone: 386-256-1333

Children's Home Society
Mental Health Program:
1530 Cornerstone Blvd, Suite 100, Daytona Beach, FL 32117
Phone: 386-274-0341
Residential Group Care Services:
247 W. Voorhis Ave DeLand, FL 32720
Phone: 386-740-3839, ext. 223
Supervised Family Visitation Program:
Family Tree House:
525 S. Ridgewood Ave, Daytona Beach, FL 32114
Phone: 386-323-2550
Harmony House:
247 W. Voorhis Avenue, Deland, FL 32720
Phone: 386-740-3839, ext. 227

Circle of Friends
517 Deltona Blvd, Suite A, Deltona, FL 32725
Phone: 386-473-4566 (office) 386-753-9265 (fax)

Community Partnership for Children
135 Executive circle, 2nd Floor, Daytona Beach, FL 32114
Phone: 386-238-4900 (office) 386-238-4880 (fax)

Devereux
120 E. New York Ave, Suite B DeLand, FL 32720
Phone: 386-738-5543

E.S.P. Case Management Professionals, Inc.
345 Beville Road, Suite 106 South Daytona, FL 32119
Phone: 386-760-7533 (office) 386-761-5868 (fax)

Florida United Methodist Children's Home
51 Children's Way, Enterprise, FL 32725
Phone: 386-668-4774

Stewart Marchman/ACT
Adolescent Outpatient:
702 S. Ridgewood Ave, Daytona Beach, FL 32114
Phone: 386-236-1239 (Daytona)
356 Englenook Drive, DeBary, FL 32713
Phone: 386-668-3570 (DeBary)
Residential Adolescent Services:
3875 Tiger Bay Road Daytona Beach, FL 32124
Phone: 1-800-539-4228
BEACH HOUSE CINS/FINS:
3875 Tiger Bay Road, Daytona Beach, FL 32124
Phone: 386-236-3111 (24 hours a day)
Crisis Unit:
1150 Red Joahn Road, Daytona, FL 32124
Phone: 386-236-3130 or 1-800-539-4228

PACE Center for Girls
208 Central Avenue, Ormond Beach, FL 32174
Phone: 386-944-1111

Halifax Behavioral Services
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Crisis Stabilization:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Day Treatment:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Intake:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Medication Clinic:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Outpatient Therapy:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900
Targeted Case Management:
841 Jimmy Ann Drive Daytona Beach, FL 32114
Phone: 386-425-3900

Medallion Health Care
847 Orange Ave, Suite B Daytona Beach, FL 32114
Phone: 386-341-0550

Neighbor to Family
FIRST Diversion Program:
122 S. Seagrave Street, Suite 120, Daytona Beach, FL 32114
Phone: 386-248-0712
Sibling Foster Care:
122 S. Seagrave Street, Suite 120 Daytona Beach, FL 32114
Phone: 386-248-0712

Putnam St. Johns Behavioral Healthcare
320 Kay Larkin Dr , Palatka, FL 32177
Phone: 386-329-3784, ext. 8661

St. Augustine Youth Services
201 Simone Way, St. Augustine, FL 32086
Phone: 904-829-1770

The House Next Door, Inc.
121 W. Pennsylvania Ave, Deland FL 32720
Phone: 386-738-9169 (office) 386-943-8823 (fax)
840 Deltona Blvd, Suite K Deltona, FL 32725
Phone: 386-860-1776 (office) 386-860-6006 (fax)

Services Directory

Adolescent Outpatient Services
Devereux Florida
Stewart-Marchman/ACT

Adult Anger Management
House Next Door

Adult Residential Services
Stewart-Marchman/ACT

Assessment/Evaluation
E.S.P. Case Management
Halifax Behavioral Services
Putnam St. Johns Behavioral Healthcare
St. Augustine Youth Services

BEACH House CINS/FINS
Stewart-Marchman/ACT

Behavioral Analyst Program
Halifax Behavioral Services
Neighbor to Family
St. Augustine Youth Services
ADAPT Services

Counseling
Children's Home Society
Devereux Florida
Neighbor to Family
Putnam St. Johns Behavioral Healthcare
The House Next
Door Chrysalis
Health

Mental Health Program
ADAPT
Children's Home Society
Circle of Friends
Services Chrysalis
Health

Outpatient Therapy
ADAPT (Individual, Family, Group and Parent)
Children's Home Society (Individual and Family)
Circle of Friends Services
E.S.P. Case Management (Individual, Group and Family)
Halifax Behavioral Services (Adolescent and Family)
Neighbor to Family
St. Augustine Youth Services
The House Next Door (Individual, Family, Child, Adolescent and Adult)

Parenting Programs
Children's Home Society
Neighbor to Family
The House Next Door

Post Adoption
Community Partnership for Children

Psychiatric Services
A Helping Hand
Halifax Behavioral Services
Putnam St. Johns Behavioral Healthcare
Children's Home Society

Residential Adolescent Program
Stewart-Marchman/ACT

Residential Group Care Services
Children's Home Society
Florida United Methodist Children's Home

Residential Treatment for Women
(who are Pregnant, Post-Partum, or Parent of a young Child)
Florida United Methodist Children's Home
Project WARM

Sexual Reactive Boys Program
Florida United Methodist Children's Home

Specialized Therapeutic Group Home/ BHS Foster Care Group Home
Florida United Methodist Children's Home
St. Augustine Youth Services

Crisis Stabilization
Halifax Behavioral Services (Adolescent)
Stewart-Marchman/ACT (Adult/Adolescent)

Day Treatment
Halifax Behavioral Services

Detox
Stewart-Marchman/ACT

DJJ Outpatient Services
H. Ken McCullough

Education Opportunities
Children's Home Society

Independent Living
Children's Home Society

Medication Management
Devereux Florida
E.S.P. Case Management Professionals
Halifax Behavioral Services

Supervised Family Visitation Program
Children's Home Society

Target Case Management
A Helping Hands
Community Partnership for Children
ESP Case Management
Halifax Behavioral Services
Medallion Health Care Services
Neighbor to Family
Putnam St. Johns Behavioral Healthcare

Teen Mother/Baby Program
Florida United Methodist Children's Home

Transitional Living II Adult Shelter
Florida United Methodist Children's Home

CRISIS COUNSELING LOG

SCHOOL: _____ DATE: _____

TEACHER/ADMINISTRATOR: _____ COUNSELOR: _____

CRISIS DESCRIPTION: _____

NAME	Grade	Teacher/Period	Comments	Sent Home		Parent Notified		Follow-Up
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	

Documentation of District Level Crisis Intervention Team Incidents

Name of person providing information: _____

Date(s) of contact: _____

Who initiated contact: _____

Type of situation:

☐ Death of student (name): _____ Age: _____

Cause of death: _____

School(s) affected: _____

Siblings/ other family/close friends: _____

Clubs/sports/other school related involvement: _____

☐ Death of staff (name): _____

Cause of death: _____

School(s) affected: _____

Others affected: _____

☐ Death of graduate or student who previously attended VCS: _____

Cause of death: _____

☐ Death of parent of student: _____

Traumatic incident on or in close proximity to a school: _____

Natural disaster: _____

Terrorism or other violent crime: _____

Level of District or School-Based Crisis Intervention Team involvement:

☐ Telephone consultation with coordinator of school-based crisis team

☐ Telephone consultation with school-based administration

☐ Email information about trauma

☐ Consultation with district level administration (superintendent, area assistant superintendent): _____

☐ Prepare (with Director of Community Information Services) statement or information about crisis events for sharing with media, parents, etc.

☐ Lead and/or co-lead consulting with a school on-site

☐ Team members consulting with a school on-site

☐ Entire team providing services to multiple schools

☐ Team members providing de-briefing to school staff on-site

☐ Employee Assistance Program contacted

☐ Crisis Response Team

☐ Outside agency assistance (specify the agency): _____

Number of actual students affected (if working with classes, need student count): _____

Number of school staff affected: _____

Number of district staff involved: _____

Amount of time spent by all district staff members responding: _____

Outside agency involvement/amount of time: _____

***Attach articles from the press**

Send completed form to: Coordinator, Mental Health Services, Herbert Center Port Orange

Managing grief: Get back to being you

Accept the grief. Roll with the tides of it. Don't try to be “brave”. Take time to cry. Men: take note, strong men can and do cry.

Talk about what you are experiencing. Share your grief within the family — don't attempt to protect them by silence. Find a friend to talk to — someone who will listen without judgment. If possible, find someone who has experienced a similar sorrow.

Keep busy. Do purposeful work that occupies the mind but avoid frantic activity.

Take care of yourself. Grieving can threaten your health. You may feel you don't care right now. That will change. You're important and your life is valuable — care for it.

Eat well. At this time of emotional and physical depletion, your body needs good nourishment more than ever. If you can only pick at your food, a vitamin supplement might help. Vitamins won't fully make up for a poor diet, however. Try small meals or healthy snacks such as yogurt, fruit, whole grain crackers and cheese.

Exercise regularly. Return to your old program or start a new one as soon as possible. Depression can be lightened by the biochemical changes brought on by exercise. A 30 to 60 minute walk every day is ideal. And, you'll sleep better.

Get rid of imagined guilt. You did the best you could at the time, all things considered. If you made mistakes, learn to accept that we're all imperfect.
Only hindsight is 20/20. If you are convinced that you have real guilt, get professional or spiritual counseling.

Accept your understanding of death, for the time being. You've probably asked “why” over and over and have finally realized that you'll get no acceptable answer. But you may have some small degree of understanding. Use that as a starting point until you're able to work up to another level of understanding.

Join a group of others who are sorrowing. Your old circle of friends may change. Even if it doesn't, you may want new friends who have been through your experience. Bereaved people sometimes form new groups for friendship and sharing.

Associate with old friends. Some may feel uncomfortable by your presence as they may not know what to say to you. Try to talk and act naturally, without avoiding the subject of your loss.

Wait to make major decisions for about a year. For example, wait before selling your home or changing jobs.

Record your thoughts in a journal if you like to write. It helps to get your feelings out and records your progress.

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Turn grief into creative energy. Find a way to help others. Helping to carry someone's load is guaranteed to lighten your own. If you have writing ability, use it. Great literature has been written as a tribute to someone loved and lost.

Take advantage of your religious affiliation, if you have one. If you have been inactive in matters of faith, this might be the time to become involved again.

Get professional help if needed. Do not allow crippling grief to continue. There is a time to stop crying and start living again. Sometimes just a few sessions with a trained counselor can help you to resolve the anger, guilt and despair that keeps you from healing.

REMEMBER: No matter how deep your sorrow, you are not alone. Others have been there and will help share your load if you let them. Do not deny them — or yourself — that opportunity.

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Coping with an unexpected death

Death can be hard to accept. It can be even more difficult when the person dies unexpectedly. It may help to understand how grief can affect you and learn strategies to help you cope. In this way, you can more easily function at work and at home while managing your grief response.

- **Stay active**. When you feel ready, return to your everyday routines and avoid isolating yourself from others.
- **Keep a journal**. Writing down your thoughts and feelings will help you to manage some of the painful and upsetting emotions. Over time, you may be able to recognize and measure your progress.
- **Meet your basic needs**. It's very important to keep up with basic health needs. Drink plenty of fluids (but decrease or avoid caffeine and alcohol use), eat healthy meals, and get enough rest and exercise.

Connecting with others

It is natural to want some time alone to grieve. It's important, however, to stay connected with others. At first, it may seem that friends and family don't know how to help you. They may be dealing with their own feelings of grief or just be unsure how to help. So, try and be clear about when and what kind of help and support you want. You may want someone to just listen to you, hold your hand or give you a hug and let you cry for a time. You may find that your friends are quite willing to help once they learn how to best help.

In addition, seek out others who have had similar losses. You may find they have a different level of understanding. There are different types of grief support groups. Find the one that best meets your situation. This can be a great resource to help you cope.

Getting past fear and worry

Many people worry about living with strong feelings of sadness and loss. Here are some common fears and coping strategies:

- **"I'm afraid I'll forget."** Sometimes people worry about forgetting the person. Grief interferes with happy memories. It is usually the passage of time that enables you to begin to remember -- both the good and the not so good. This person had a special place in your heart. You will remember.
- **"I'm afraid I'm losing my mind."** It is not every day that you must face the unexpected death of someone to whom you were close. Your day-to-day thoughts and feelings may now include deep sadness. This may be uncomfortable for you. Remember that grief is a natural reaction to this unexpected and upsetting loss. Allow yourself to be sad. Seek out the company of others if it gets too much for you to bear alone.

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"I'm afraid it means I'm weak if I need others' support." Always being alone with your grief can slow down the healing process. It is important that you get support from others. Getting help means that you are aware of your needs and trust in your ability to get better. Consider friends, family, your physician, a mental health professional and your Employee Assistance Program.

Reacting to loss and trauma

Grief can be different for each person but commonly includes feelings such as anger, confusion, sadness, and guilt. Feeling overwhelmed is another natural reaction to loss, particularly if the loss was shocking in some way. You may also feel numb or detached.

- **Allow yourself these feelings.** This is your loss, and these are your feelings; you have every right to experience them. Remember that grief is a response to losing someone that you loved or cared deeply about. It's very important to be patient with yourself and realize that, with support, grief heals over time.
- **Know a little bit about what to expect. Be aware that losses rarely come alone.** The loss of a loved one may lead you to think of the different ways in which the deceased person was important to you and how much you will now be missing in your life. Acknowledge these losses.
- **Individuals or groups respond to death and loss differently.** Each family or group of friends may differ in their shared and individual grief reactions. Sometimes these differences cause misunderstandings. A difference in grieving style is not a reflection of how much one did or not did not care for the deceased. Limit your time with a person or group if the others expression of grief disturbs you.

- **Special challenges.** A sudden or unexpected death may make us question our beliefs about life, religion, or spiritual faith. This is especially true if the death was related to a traumatic event. Talk to a good friend, spiritual leader, or counselor if this death has raised questions concerns for you.
- **Pay attention to the work of mourning.** Allow yourself to mourn or grieve while finding a way to function in your personal and professional life. Gain support and take things one day at a time.

CONTACT YOUR EAP 1-800-272-7252

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A manager's guide to grief in the workplace

Grief does not discriminate between management and subordinate personnel. As a manager, your physical and mental stress may be worse because you are not only suffering a loss yourself, but you also must manage the effects of grief on others in the workplace. It is important to take care of your own grief in order to manage others.

What to expect within the first twenty-four hours

Reactions will vary from person to person and may be different among cultures. Common responses to grief include an overwhelming sense of loss and a profound emptiness. Some will respond emotionally while others may become quiet and reserved. New loss can tap into previous losses or experiences and it can be difficult to distinguish between the two. Often people report changes in appetite, difficulty with concentration, and sleep disturbances within the first few days of a loss. These responses can be uncomfortable for the person and those around them. However, most people will improve with support from family, coworkers and management.

Communicating with associates

Associates may feel that management doesn't care or is trying to hide something if communication about a traumatic event isn't timely and clear.

Communicate relevant, factual information to decrease rumors and lessen associates' anxiety.

Share factual information that is available to the public. There are times when you will not be able to disclose certain facts. But whenever possible, keep people informed.

Practical tips for handling grief in the workplace

Call a meeting with impacted employees. Remind associates they are the company's most valued assets. Materials can be replaced. People can not.
Tell them you do not expect "business as usual" right away. It's okay to give them extra breaks and allow more talking than usual.
Give permission for coworkers to attend the funeral. (You may need to enlist help from other stores or departments to continue business that day.) Normalize their emotions. Let employees know what they are feeling is normal (scared, anxious, guilty, sad, angry, etc.) "You may find when you go home you will have a hard time taking your mind off this and may have a hard time feeling like you can eat or sleep. All of this is normal."
Warn employees about "landmines." These are unexpected events, sights or sounds that might remind them of the loss.

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Temporarily lighten the load for those affected. Prioritize duties that cannot be put aside. Consider which duties can wait. Pitch in where you can. Ask for help from other stores/departments where available.

- Be visible and available. Demonstrate understanding and concern.
- Control the rumor mill
- Inform employees of the facts to minimize speculation.
- Designate one person to stay in touch with the affected family. This person will provide the whole team with regular updates.
- Make sure all employees know how to reach this person.
- Tell employees if they hear anything that didn't come from the designated person, have the designee check the facts before spreading rumors.
- Provide public access information (hospital location, funeral arrangements, news sources, etc.)
- Create a contingency plan in case rumors do start. How will you stop the rumors? How will you communicate correct information to employees?

Make sure everyone knows about their EAP program and how to call it.

CBWA (Coaching by Walking Around)

Associates appreciate managers who check in to see how they are doing. Death can shake a person's assumption of how things are supposed to be. Your presence can give them a sense of security and normalcy. Listen to your associates.

Let them express their emotions in a healthy manner. Negative emotions directed toward company and management can impact productivity and turnover, absenteeism, medical claims and more. It's okay if you don't have all of the answers to associates' questions. It is most important that they feel heard.

- Walk around the facility
- Stop and talk with associates
- Ask them how they are doing
- Ask them if there is any more information they need
- Be as truthful as possible in responding to questions
- Listen
- Don't try to solve the problem
- Find a time and place to talk about your own grief issues

Allow and support appropriate employee projects to honor the deceased and support surviving family members. Memorials are a healthy expression of emotion. The best ideas usually come from associates. For example:

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- Sign a card or a memory book to give to the family
- Raise money for the family by having a barbecue
- Plant a tree
- Post a memorial plaque outside the store.

Referring associates to your EAP

It may be appropriate for a troubled associate to speak directly with a counselor. As a manager you can refer an associate to your employee assistance program.

- Bring distressed associates into your office.
- Call the EAP and explain the situation. There is strong evidence that associates will be more likely to speak with a counselor if you make the call for them.
- Have that associate speak with that counselor directly in their moment of need.
- After connecting the employee with a counselor, leave the room to allow privacy.

Special Concerns

Unexpected death can cause trauma as well as grief. Effects of trauma may include feelings of horror, anxiety, numbness and a sense of disconnection from others. People may also experience spiritual crises and feelings of betrayal. They'll have trouble making sense of their loss.

Traumatic deaths that include violence, those that were brought about deliberately, and those that involve children are most likely to have a greater impact on individuals. We strongly advise consultation for these cases.

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Understanding your own grief and that of others

The Grieving Process

Grief is a *natural* and *necessary* reaction to a significant change or loss in our lives. This can be a short-term discomfort, or painful and prolonged.
Understanding grief can help you face the reality of the loss, deal with difficult feelings and thoughts, adjust to a new life, recover, and even grow.

Grief affects every aspect of our lives. Grief reactions are emotional, psychological, social, physical, and spiritual in nature. It may seem as if there is no respite from the storm; no place that feels untouched. The reactions can come in tidal waves, leaving you feeling out of control and thrown about by the sea. You may feel as if you're going crazy. You've never hurt this bad before and wonder if this could be normal.

The intensity and extent of your grief will depend on your relationship with whom you have lost. No two people will experience grief in exactly the same way. Your grief will be as unique as your relationship was. It will be influenced by the situation surrounding the death, the social support that you have and your spiritual and cultural heritage.

There are, however, certain experiences that most grieving people share. This is what we call the Grief Process. It is a process because it is constantly changing. Our thoughts and feelings may change from day to day, or from hour to hour.

Shock and Denial
The most immediate reaction is often "it can't be; there must be some mistake." Disbelief and a sense of numbness serve as a temporary cushion against feeling the magnitude of the loss all at once. It may be hard to think clearly or make decisions at this time. Tears flow and you may experience nausea, headaches, insomnia, and lack of appetite. This may last from a few hours to a few weeks, as you work to accept the reality of the loss.

Despair
Denial gives way to an overwhelming flood of emotions as you begin to realize the fullness of the loss. Some of the most common reactions include:

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- **Anger** – Losing something hurts and seems unfair. We may feel resentful of others or angry with ourselves for not preventing the loss. Our anger may be directed at those around us, one who has died or even at God.
- **Guilt** – Thinking of things we might have done or may not have done can make you feel guilty or you may have guilt about real mistakes. No one is perfect. Most of us struggle with some regret in the face of loss.
- **Anxiety/Fear** – Loss means life will not be the same. It is normal to worry about the unknown. It takes time to create a new "normal."
- **Deep sadness/ Loneliness** – You'll feel exhausted. You'll struggle to perform routine tasks. You lose interest in things you enjoy. It may be hard to concentrate on anything but your loss. It's almost impossible to think about the future. You may forget to eat and sleep.
- **Searching** – You'll ask, why me? Or why not me? Why now? You want to understand it in a larger context. You may not find the answers you're looking for, but asking the questions will eventually help you find peace.

You don't know where you fit anymore and may even question who you are now. The death may leave you in a new position at work. It may leave you single rather than married. You may feel as if the rug has been pulled out from under you.

This period of Despair may last from a few weeks to many months as you work to experience the pain of the loss and come to terms with its meaning for your life.

Release

During this time, the pain of the loss begins to lessen, and the good days outnumber the tough days. This is a time for letting go, regaining emotional energy, finding forgiveness, saying goodbye. It's closure for your relationship. You'll be able to imagine a future without the presence of whom you have lost. This is not easy for most of us. It may come and go over time as you work to adjust to the changes in your life. There may be times when you begin to enjoy things again but feel guilty about it. This is a common experience. In time, you begin to see that you can heal without forgetting.

Renewal

You may have heard people talk about putting their life back together. Finding a new normal means to identify the "new you." You'll never be exactly the same, but you are okay, perhaps even stronger in some ways. You can feel good about feeling good again. You can look forward to what life has to offer. The task of Renewal is to accept that the loss will always be a part of who you are and find its rightful place as you move forward with your life.

Ways to help you cope

- WITHIN THE FIRST 24 - 48 HOURS get appropriate physical exercise balanced with rest and relaxation. This will help alleviate physical reactions.
- Structure your time - keep busy.

You're normal and having normal reactions - don't label yourself crazy

- Talk to people - talk is the most healing medicine.
- Do not *numb* the pain with drugs or alcohol. You don't need to complicate your grief with a substance abuse problem. Reach out - people do care.
- Maintain as normal a schedule as possible.
- Spend time with others.
- Help your coworkers as much as possible by sharing feelings and checking out how they are doing.
- Give yourself permission to feel rotten and share feelings with others.
- Keep a journal, write your way through those sleepless hours.
- Do things that feel good to you.
- Realize those around you are under stress.
- Don't make any big life changes.
- Do make as many daily decisions as possible. This will give you a feeling of control over your life. For example, if someone asks you what you want to eat, give an answer even if you're not sure.
- Get plenty of rest.
- Reoccurring thoughts, dreams or flashbacks are normal. Don't try to fight them. They'll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don't feel like it).

Talk about your grief

To keep moving through the grieving process, it is important to express your grief openly. Talk about it with a family member, friend, counselor, spiritual leader, or support group. They can to your hurt and make you feel better. Speak from the heart. Express all of the confusing feelings. Be careful not to speak with your head. This will make you rationalize all your emotions.

Your emotions are natural. Talking about them does not mean you are "crazy." When you have decided to talk to someone, find someone who will listen and not judge. Someone who can "walk alongside" you in your journey.

Avoid people who are critical of your thoughts, emotions, or things you say. They will only prolong your journey. These are the people who say things like, "keep your chin up", "just be happy" and other clichés that can hurt your feelings. These people are not intentionally trying to hurt you. They just don’t understand the depth of what you are experiencing.

Reaching Out to Others

It may be hard to reach out to others for support. But do it anyway. Friends and family can provide compassion and understanding. Be genuine and be yourself with these people. Express your pain to them.

Remember the person whom you lost
A ritual is a way to publicly acknowledge the death of a friend or loved one. A funeral service is a ritual that brings family and friends together. This is a way to express your grief outside of yourself. Don't eliminate this ritual. You only get one chance to go to a funeral service and you may regret not going later. If you cannot go, create your own personal ritual to remember your lost loved one.

Using spirituality during the grief process Your faith/belief system is important at this time of mourning. Express your spirituality in a manner that seems appropriate for you. Being with people of your same faith/belief system gives you the opportunity to share in your beliefs. If you are angry with God for the death of a loved one, realize that these feelings are normal. Find someone who won't be critical of the thoughts, fears, and feelings that you need to express. Just because you have a faith does not mean that you do not need to grieve.

Make sure you can combine your faith and spirituality along with your grieving and mourning. This allows for a healthier journey.

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SCHOOL-BASED MENTAL HEALTH – RESOURCES

Florida DOE Resources Supporting Mental Health and School Safety

Student Support Services Project http://www.sss.usf.edu/
Office of Safe Schools http://fldoe.org/safe-schools/
Emergency Management http://fldoe.org/finance/emergency-management/
Florida's Positive Behavior Support Project http://flpbs.fmhi.usf.edu/
Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) http://www.sednetfl.info/
Technology and Learning Connections http://www.tlc-mtss.com/

National Resources Supporting Mental Health and School Safety

American School Counselor Association (ASCA) https://www.schoolcounselor.org/
Center for School Mental Health http://csmh.umaryland.edu/
Center for Effective Collaboration and Practice https://www.air.org/project/center-effective-collaboration-and-practice-cecp
Mental Health First Aid https://www.mentalhealthfirstaid.org/
National Child Traumatic Stress Network http://www.nctsnet.org/
National Center for Mental Health Promotion and Youth Violence Prevention http://www.promoteprevent.org/
National Association of School Psychologists (NASP) http://www.nasponline.org/resources/mentalhealth/index.aspx
School Social Work Association of American http://sswaa.org/
The Substance Abuse and Mental Health Services Administration (SAMHSA) http://www.samhsa.gov/

School-Based mental health: An empirical guide for decision makers.
UCLA School Mental Health Project http://smhp.psych.ucla.edu/
Virtual Toolbox for Mental Health in Schools http://smhp.psych.ucla.edu/summit2002/toolbox.htm

School Climate & Student Engagement

Alliance for the Study of School Climate http://www.calstatela.edu/centers/schoolclimate/
Center for the Study of School Climate http://www.schoolclimatesurvey.com/index.html
Everyone Graduates Center http://new.every1graduates.org/
National School Climate Center http://www.schoolclimate.org/
Measuring Student Engagement in Upper Elementary through High School: A Description of 21 Instruments
https://ies.ed.gov/ncee/edlabs/regions/southeast/pdf/REL_2011098.pdf

Resources for Identifying Evidence - based Practices

Blueprints for Healthy Youth Development http://www.blueprintsprograms.com/
SAMHSA Evidence-based Practices Resource Center https://www.samhsa.gov/ebp-resource-center
Peacemaker Minnesota http://www.peacemakermn.org/list-of-models
Summary of Recognized Evidence-based Programs
What Works Clearinghouse http://ies.ed.gov/ncee/wwc/

SCHOOL-BASED MENTAL HEALTH – RESOURCES

Prevention/ Awareness

Collaborative for Academic, Social, and Emotional Learning http://casel.org/

Melissa Institute for Violence Prevention and Treatment http://teachsafeschools.org/

National Alliance on Mental Illness (NAMI) – https://www.nami.org/

Safe and Civil Schools http://www.safeandcivilschools.com/

National Center on Safe Supportive Learning Environment - https://safesupportivelearning.ed.gov/

Research-based Training Toolkits on Creating a Safe and Respectful Environments The Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) http://www.pbis.org

Bullying Prevention/ Intervention

Bullying Prevention FLDOE http://www.fldoe.org/safe-schools/bullying-prevention.stml

Bully Free World http://specialneeds.thebullyproject.com/toolkit

Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools http://www.cdc.gov/violenceprevention/pdf/bullycompendium-a.pdf

PACER's National Bullying Prevention Center http://www.pacer.org/bullying/

StopBullying.gov http://www.stopbullying.gov

Suicide Prevention/ Intervention

The Youth Suicide Prevention School-based Guide http://theguide.fmhi.usf.edu/

Suicide Prevention Resource Center http://www.sprc.org/

Best Practices Registry http://www.sprc.org/bpr

After a Suicide: A Toolkit for Schools http://www.sprc.org/resources-programs/after-suicide-toolkit-schools

American Foundation for Suicide Prevention http://www.afsp.org/

More Than Sad http://morethansad.org/

Signs of Suicide (SOS) Prevention Program http://mindwise.wpengine.com/what-we-offer/suicide-prevention-programs/

Crisis Response

PREPaRE http://www.nasponline.org/prepare/index.aspx

Psychological First Aid (National Child Traumatic Stress Network) https://learn.nctsn.org/course/index.php?categoryid=11

School Safety and Crisis Resources http://www.nasponline.org/resources/crisis_safety/index.aspx

School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 12 (Slides 70 & 153): Primary Risk Screening

Student: _____ M: ____ F: ____ Date: _____

Referred by: _____ Teacher/counselor: _____

Dominant language: _____ Screener: _____

A. Crisis Exposure

10	8	6	4	2	0
Crisis victim; physically injured	Crisis victim; physically threatened	Crisis witness	In the vicinity	Absent by chance from the site of the crisis event	Out of the vicinity of the crisis event

Describe crisis event exposure: _____

_____

_____

_____

5	4	3	2	1	0
Weeks	Days	Hours	Minutes	Seconds	None

5	4	3	2	1	0
Parent(s) or sibling(s)	Other family member(s)	Best and/or only friend(s)	Good friend(s)	Friend(s) or acquaintance(s)	Did not know victim(s)

Elaborate on relationship(s) with crisis victim(s): _____

_____

_____

_____

B. Personal Vulnerability(ies)

	Yes	No	Elaborate
Known or suspected mental illness			
Avoidance coping style			
Developmental immaturity			
Previous trauma or loss			
Poor self-regulation of emotion			
Lack of family resources			
Lack of social resources			
Total			

C. Immediate Crisis Reactions

5	3	1	0
Acutely distressed	Moderately distressed	Mildly distressed	Remained calm

Primary Risk Screening Rating

Primary Risk Screening Category	Rating
Physical proximity to the crisis event	
Duration of exposure to the crisis event	
Emotional proximity or relationship(s) with crisis victims(s)	
Preexisting personal vulnerability(ies)	
Immediate crisis reactions	
Total	

School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 13 (Slides 74 & 153): School Crisis Intervention Referral Form

Date: _____

Student: _____

Birthdate: _____

Teacher: _____

Grade: _____

Parent: _____

Address: _____

Phone H: _____

W: _____

Primary language

Student: _____

Parent(s): _____

Reason for Referral to the Crisis Intervention Team:

_____

_____

_____

_____

Physical closeness to the crisis: _____

Duration of crisis exposure: _____

Relationship(s) with crisis victims: _____

Immediate reactions to the crisis: _____

Did the youth view the crisis as threatening? YES / NO
(Elaborate): _____

Has the youth experienced a similar event in the past? YES / NO
(If Yes, elaborate): _____

Has the youth experienced any other traumas within the past year? YES / NO
(If Yes, elaborate): _____

Does the youth have an emotional disturbance (e.g., ADHD, depression)? YES / NO
(If Yes, elaborate): _____

Is the youth developmentally immature? YES / NO
(If Yes, elaborate): _____

Crisis Reaction Check List[a]

(Check all that you believe apply to the youth you are referring for crisis intervention.)

General Feelings Generated by the Crisis

_____ Fear _____ Helplessness _____ Horror

General Behaviors Generated by the Crisis

_____ Disorganized _____ Agitated

Specific Feelings and Behaviors Generated by the Crisis

Reactions That Suggest Feeling Unconnected With Emotions, Activities, and/or Others

_____ Has lost interest in previously enjoyed activities.
_____ Reports feeling separated, detached, or estranged from others.
_____ Reports feeling separated or detached from own body.
_____ No longer shows previous range of emotions.
_____ Reports feeling guilty about having survived, or about not having been more affected by the event.
_____ Reports feeling that life is unreal and/or like a dream.

Reactions That Suggest a Reexperiencing of the Crisis

_____ Reports constant and unwanted memories, thoughts, images, or perceptions (e.g., smells) of the event.
_____ Exhibits repetitive play that may be symbolic of the event (among preschoolers, such play may simply have frightening themes and may not necessarily be symbolic of the event).
_____ Reports having frightening dreams or nightmares.
_____ Reports having dreams about the event.
_____ Reports feeling as if the event were recurring.
_____ Displays intense emotional distress when exposed to crisis reminders.
_____ Displays physiological reactivity (e.g., rapid heart rate, sweating, headaches) when exposed to crisis reminders.

Reactions That Suggest an Avoidance of Crisis Reminders

_____ Avoids talking about the crisis.
_____ Avoids situations or locations that are associated with the crisis.
_____ Avoids crisis reminders.
_____ Does not remember important elements of the event.
_____ Does not expect to grow up, get married, go to college, etc.

Reactions That Suggest an Increased Level of Physical Arousal

_____ Has difficulty falling asleep.
_____ Awakens in the middle of the night and cannot get back to sleep.
_____ Displays an exaggerated startle response. Appears to have difficulty concentrating. Has difficulty completing tasks.
_____ Displays increased irritability.
_____ Displays increased aggressiveness.
_____ Appears to be hypervigilant.
_____ Reports physical problems such as stomach- and headaches.
_____ Appears to be depressed.

Note. From *Preparing for Crises in the Schools* (2nd ed., pp. 152–154), by S. E. Brock et al., 2001, New York, NY: Wiley. Reprinted with permission. [a]Adapted from the diagnostic criteria for posttraumatic and acute stress disorders (APA, 2000), and from Schäfer et al. (2004) and Young et al. (1998).

School Crisis Prevention and Intervention Training Curriculum

WS2 Handout 21 (Slide 108): Sample Classroom Meeting Script and Outline

The following provides an example of the script and classroom meeting outline that might be provided to a classroom teacher following a crisis event.

I have some very sad news to share with you. John Collins, a third-grade student here at ABC Elementary School, died in a car accident last Saturday afternoon. The family is planning the funeral and it will probably be on Thursday afternoon of this week. We will let you and your parents know when we have more information about this. When something like this happens, people often have a lot of questions, and I would like to answer any questions you may have. I will answer by telling you the facts, or by saying "I don't know," or telling you to ask your parents or wait for me to get back to you. I also want to let you know that different people react to this type of event in different ways, and that is OK. Some people cry, others have trouble eating or sleeping, some people find it hard to do work, and others don't have much of a reaction at all. If you want to talk to someone about your feelings or reactions regarding John's death, tell me and I can make sure to excuse you to the library where adults are available to help. Does anyone have any questions?

When answering questions, please remember the following:

1. Provide ONLY verified facts.
   a. Tell the truth (don't ignore or minimize it).
   b. Use brief and simple explanations for younger children.
      i. When discussing death, avoid euphemisms ("went to sleep and did not wake up," "went away," or "lost") that may be taken literally and cause fear or misunderstanding.
   c. Expect to repeat facts.
   d. Do not give details that students do not ask for.
   e. Avoid sensationalizing or speculating.
2. Allow students to ask questions.
   a. Let them know what is a rumor and dispel rumors.
   b. Let student questions guide the information shared.
   c. Tell them you will give one of three responses:
      i. The facts
      ii. "I don't know"
      iii. "Talk to your parents"
3. Balance the information with reassurance about what is being done to keep them safe. Remember the referral procedures in case a student needs more support (insert names and contact information of people on call for students.)

Note. Adapted from *School Crisis Prevention and Intervention: The PREPaRE Model*, by S. E. Brock et al., 2009, Bethesda, MD: National Association of School Psychologists. Adapted with permission. Also see "Talking to Children About Death," Hospice, http://www.hospicenet.org/ html/talking.html

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