

# **Dealing with School-Wide Loss**

## **A Professional Guide**

**The School Board of  
Sarasota County, Florida  
Pupil Support Services**

*Revised May 2016*

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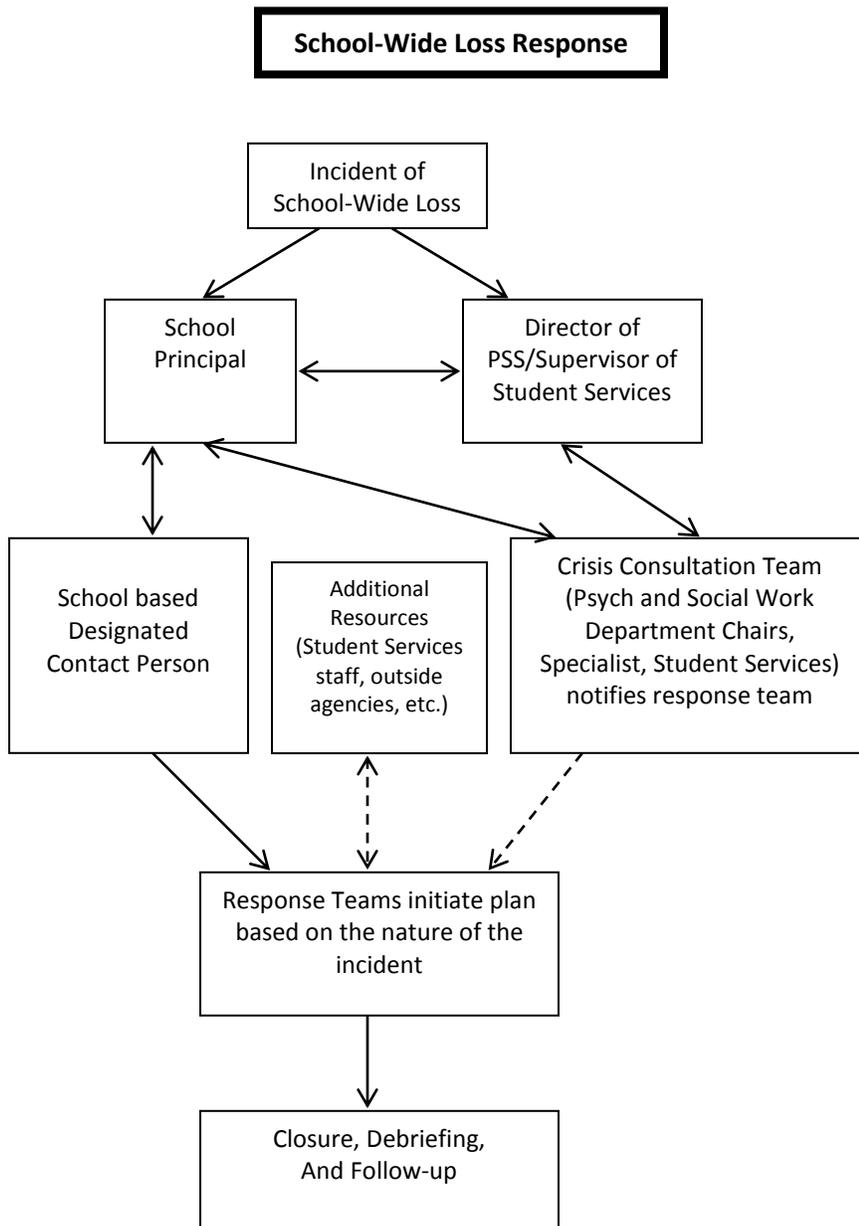
## **Introduction**

In a time of school-wide loss, Student Services is prepared to provide assistance (along with the school based team) in helping members of the school community deal with the loss. Typically, school wide-loss may include the death of a student, teacher, etc. The school principal, the Director of Pupil Support Services or the Supervisor of Student Services may initiate a Student Services Crisis Team response. The Student Services team works jointly with the school based team in responding to the situation.

The flowchart (see page 5) is provided as a suggested guide in addressing a school-based crisis. As conceived, the school-based crisis intervention team will handle most situations. This Administrative Guide provides suggestions for best practices. It is recommended that each school review this information and make changes to accommodate their particular campus needs. In the event that the loss is of a magnitude that necessitates additional assistance, the Student Services Crisis Team is prepared to provide that help.

This manual is the result of a collaborative effort of school psychologists, social workers, and Student Services specialists. The manual will be reviewed annually and updated as necessary. As you work with this guide and have suggestions for further revisions or training related to school wide loss, please contact the Supervisor of Student Services at 927-4036. It is recommended that any professionals who may be involved in a school crisis should review and familiarize themselves with the materials within this manual on an annual basis.

## Flowchart for School-Wide Loss Response



## Types of Crises and Response Overviews

### SUDDEN DEATH/ LOSS OF STUDENT OR STAFF

The sudden death/loss of a student or staff member in the school system is a tragic event. This can include car accidents, homicide, and accidental deaths (i.e., drowning, sports related fatalities, etc.). When a sudden death occurs, members of the school community typically experience shock and denial. This reaction may be prolonged due to a variety of factors. The impact of a long-term illness and our response needs to be altered appropriately depending on the circumstances. For example, some people may experience survivor's guilt or have unresolved conflicts.

### DEATH FROM A LONG-TERM ILLNESS

If a student or staff member dies from a long-term or chronic illness, it may cause a disruption in the school community. These could include deaths from cancer, cystic fibrosis or other chronic illnesses. The specifics of a situation change with each event and alter the way we handle the crisis.

### SUICIDE

Teen suicide is the second leading cause of death among 11 to 19 year olds. Student suicide has a profound impact on the students, staff, and the community. Students and staff members who held a close relationship with the deceased student should be monitored and be reminded that counseling services are available. It is important to acknowledge the death but not to glorify the event.

If a student presents with *suicidal ideation* please refer to the appropriate staff member who has received Gatekeeper training (most often a school counselor, school psychologist, or school social worker). For more information, refer to page 23 of this manual, and the Duty to Warn link found on Sharepoint (<http://scs-sharepoint1/departments/pupilsupport/studentservices/Duty%20To%20Warn/Forms/AllItems.aspx>)

### ISSUES SURROUNDING NATIONAL AND COMMUNITY DISASTER SITUATIONS

National and community disasters (e.g., September 11<sup>th</sup>, Columbine, hurricanes, or the homicide of a prominent figure) may have a direct impact on our students and staff. It is important to maintain a sense of order to the highest degree possible. Return to the normal school routine as quickly as possible and provide assistance to individuals in overcoming the impact of the event to prevent unnecessary disruption. To assist in the grieving process, memorials are often beneficial. Examples could include a mural, tree planting, donation to charities, or a dedication page in the school yearbook. Please see Appendix III for additional considerations regarding memorials.

## RESPONSE GUIDE FOR ALL CRISES

### A. Assessment of Crisis

1. Complete Initial Crisis Information form as team convenes at onset of crisis (update as needed)
2. Determine if additional support is needed and appropriate: school or community
3. Determine need for schedule adjustments

### B. Intervention: Communication

1. Faculty meeting
  - a. Review facts of crisis and disseminate information as appropriate
  - b. Inform teachers of the referral process for students
2. Rumor control: use crisis intake form
3. Contact neighboring schools if appropriate
4. Refer media to Public Relations Director

### C. Intervention/Counseling

1. Room for group counseling
2. Room for individual counseling
3. Parent information center
4. Staff support center
5. Provide classroom counseling as needed
6. Refer to community agencies/ inform parents

### D. Intervention: Debriefing (daily)

1. Provide space to review actions of the day
2. Prioritize needs/personnel
3. Identify high risk students/staff
4. Plan for follow-up

## Mitigation and Prevention: Key Roles and Responsibilities

### Administrator (Principal or Designee)

#### Mitigation and Prevention:

- Establish a school-wide plan for crisis intervention and school-wide loss
- Review and update the plan yearly to reflect changes in school support staff and responsibilities
- Establish a “second in command” in case the administrator is not available
- Designate a school based contact person
- Establish and update a telephone tree
- Develop/update a school policy regarding memorials, plaques, etc.
- Establish a plan for student and staff attendance at memorial services and funerals
- Collaborate with school support staff on curriculum

### Student Support Staff

(School Counselor, ESE Liaison, Behavior Specialist, School Psychologist, School Social Worker, Home/School Liaison, etc.)

#### Mitigation and Prevention:

- Develop a list of community-based counseling resources (which provide services on a sliding fee scale) that may be given to parents/guardians.
- Obtain or create a list of possible interpreters available to the school.
- Prepare a box of supplies for use with groups of students and staff.
  - Tissues
  - Paper
  - Pencils and Crayons
  - Stamps
  - Ribbon
  - Pins
  - Books on grief and loss (various ages)
  - Counseling games or activities
- Prepare passes for teachers to provide to students for counseling
- Prepare handouts for teachers and parents on issues related to school-wide loss (e.g., suicide warning signs)
- Facilitate groups and classes for students on skill development
  - Positive Choices/Anger Management
  - Friendship skills
  - Grief and Loss (e.g. Rainbows)
  - Social Skills
  - Tolerance
  - Bullying
  - Etc.
- Facilitate workshops from community agencies on the stages of grief and loss, child abuse and reporting, etc. (e.g., Hospice, Department of Children and Families, Child Protection Team/Center)
- Team members who are trained in the National Association of School Psychologists (NASP) **PREPaRe** curriculum may wish to refer to that manual for further information and/or resources.

### Classroom Teachers

#### **Mitigation and Prevention:**

- Review information on grief reactions
- Assemble activities to help students process school-wide loss
- Think about and discuss with school-wide loss team how to address the issue of the student's personal belongings and school space (i.e., desk)

### School Resource Officer (SRO)

#### **Mitigation and Prevention:**

- Educate students and staff on:
  - Drinking and Driving
  - Drug Abuse
  - Seatbelt Safety
  - Domestic Violence
  - Homicide and Suicide Investigation

## **Crisis Response: Key Roles and Responsibilities**

### **Administrator** **(Principal or Designee)**

#### **Intervention**

- Verify facts of situation prior to notification
- Notify central administration (i.e., Director, Pupil Support Services or Supervisor, Student Services)
- Notification to staff prior to entering school
  - School phone tree
  - Faculty meeting before school that address the following:
    - Assess staff needs and capabilities
    - Provide staff with resources/handouts for parents
    - Discussion of possible team teaching for support
- Call to offer support to grieving family
- Prepare a factual statement to provide to school staff who may interact with public
- Notification to parents
  - Call or letter to parents/guardians
- Dispel myths and rumors
- Notify school based response team
  - Coordinate a designated location for school wide support staff to facilitate and coordinate counseling and support activities
  - Support school-wide support staff's basic needs
- Coordinate roles and communication
- Gather together the personal effects of the deceased. Determine the most appropriate manner to present these items to the family
- Throughout the day, follow up with school staff to continually assess the needs of staff and students
- Alter daily schedule to reflect the needs of the school
- Ask school staff to increase visibility during student transitions

### **Student Support Staff**

**(School Counselor, ESE Liaison, Behavior Specialist, School Psychologist, School Social Worker, Home/School Liaison, etc)**

#### **Intervention**

- Cancel non-emergency appointments and meetings to participate in crisis counseling.
- Notify school administration of your relationship with the family
- Notify school administration of specific family circumstances (transportation, guardianship, financial, religious beliefs, other family support)
- If siblings attend different schools, notify school of possible needed intervention
- Provide individual, small group, or classroom support services as needed
- Maintain a list of students needing and receiving counseling services
- Provide services to students identified as having a need
  - Notify parents of the needs of their students that may require additional support
- Assist staff who may be dealing with issues of loss
- Ensure that there is a liaison between the grieving family and school
- Notify staff of grieving family's needs and requests
- Assist in obtaining translators for Limited English Proficient (LEP) students and families

- Assist, as needed, in contacting community support agencies to provide services
- Assess school climate and consult with administration on actions to be taken
- Team members who are trained in the National Association of School Psychologists (NASP) **PREPaRe** curriculum may wish to refer to that manual for further information and/or resources.

### Classroom Teachers

#### **Intervention**

- Openly and honestly acknowledge the situation
- Provide students with facts of school wide-loss in age appropriate terms
- Allow students to express their feelings and validate those feelings
- Consult with school support staff (counselors, school psychologists, social workers) for additional resources and support
- Identify students who may need additional support services and refer to school support staff
  - For example:
    - Ask “Who was a close friend of \_\_\_\_\_?”
    - Ask “Who was an acquaintance of \_\_\_\_\_?”
    - Ask “Have you ever experienced a similar loss?”
- Provide opportunities for students to express thoughts and feelings through writing, discussion, and pictures
- Re-evaluate planned assignments and give consideration to modifying assignments
- Utilize assignments which help students express their feelings
- Postpone and reschedule tests as needed
- Monitor for students who may have unresolved grief and make appropriate referrals if necessary
- Monitor students’ time out of the classroom (e.g., time in bathroom, etc.)
- Share children’s books that deal with loss
- Provide student with the opportunity to remember “good times” and share with class

### School Resource Officer (SRO)

#### **Intervention:**

- Contact and help facilitate appropriate law enforcement
- Interview students and staff as needed
- Facilitate access to victim assistance services for families

## **Post-Crisis Considerations: Key Roles and Responsibilities**

### **Administrator** **(Principal or Designee)**

#### **Post-Crisis Responsibilities and Considerations**

- Meet with school-wide response team to debrief and plan follow-up services as needed
  - Review actions of the day
  - Identify strengths and weakness of intervention
  - Review status of referred students
  - Prioritize support staff needed for the next day
  - Allow time for emotional debriefing
    - Debrief and follow up with school staff to continually assess needs of staff and students
    - Assist in stopping any disciplinary, scholarship, testing, or special placement notifications that may inadvertently be sent to the family

### **Student Support Staff**

**(School Counselor, ESE Liaison, Behavior Specialist, School Psychologist, School Social Worker, Home/School Liaison, etc.)**

#### **Post-Crisis Responsibilities and Considerations**

- Monitor student's emotional state and discuss students at Intervention Assistance Team if appropriate
- Continue to monitor school climate to assess needs
- Follow up with students to assess need for further support services
- Continue with secondary responsibilities as needed
- Meet with administrator to debrief and plan follow-up services as needed
- Team members who are trained in the National Association of School Psychologists (NASP) **PREPaRe** curriculum may wish to refer to that manual for further information and/or resources.

### **Classroom Teachers**

#### **Post-Crisis Responsibilities and Considerations**

- Allow time for students to grieve
- Refer to secondary responsibilities as needed
- Continue to be sensitive to student reactions and needs throughout the year
- Maintain communication with parents of your students to continually assess needs
- Debrief your reactions with your team members or school support staff (Take care of yourself!)

### **School Resource Officer (SRO)**

#### **Post-Crisis Responsibilities and Considerations**

- Provide assistance to students and staff as needed
- Refer to secondary responsibilities as needed

## **Appendix I: Sample Forms/Letters/etc.**

This section includes a variety of sample letters and announcements that can be used in communication with parents, teachers, and students. Some letters and announcements may also be suitable to use via email communication. The following recommendations should be considered regardless of what letter is chosen or developed:

- 1) Name and contact number for your school based designated contact person should be included.
- 2) Description of the event should be factual and specific.
- 3) Include what services will be available at the school. This can vary depending upon the specific incident that occurred.
- 4) Administrators are encouraged to let parents, teachers, and students know what additional information will be shared (e.g., funeral services, donation information, memorials, etc.).

Current available community resources are also included in the next section. The school based designated contact person should share these with families when further assistance is needed.



## SAMPLE LETTER FROM PRINCIPAL TO PARENTS

(Date)

Dear Parents / Guardians,

The (school name) crisis intervention team has been asked to assist the students, faculty, and parents of (name of student) in coping with (identify/describe circumstances). The team includes school staff and district level personnel who have been specially trained to assist in crisis situations. In conjunction with school personnel, crisis intervention team members are available to help students deal with their reactions to the recent event(s).

Some students may request to talk with someone. Other students who could benefit from assistance are reluctant to seek help. We are asking you, therefore, as concerned parents, to let us know if you think your child could benefit from services. If you would like to talk to someone about these services, please call (give name and number of school-based designated contact person) and ask for services. Trained staff will be available to assist in this situation.

Sincerely,

Principal

## SAMPLE LETTER TO PARENTS REGARDING DEATH OF FACULTY MEMBER OR STUDENT

(Date)

Dear Parents / Guardians,

The students and staff of (school name) experienced a tragedy today with the death of one of our (year) grade (students/teachers), (name of student/teacher). All of us are grieving this tragic loss.

To assist the students and staff to handle this loss, a special crisis intervention team is serving the school. An increased level of individual and group counseling services has been made available. We will continue to provide these services to students as long as they are needed. You may contact the school directly to request these services for your son/daughter, if you feel they are needed.

Please be aware that your child may experience strong feelings in response to this tragedy, including sorrow and depression as well as anger and fear. Your child may have a special need at this time for your comfort and support; please try to be available to listen to them.

This is a very difficult time for all of us. We want to be sensitive to the needs of your son/daughter. Please contact (name of school-based designated contact person) at (phone number) if we can be of any assistance.

Sincerely,

Principal

## SAMPLE LETTER FROM PRINCIPAL TO FACULTY

DATE:

TO: Faculty

FROM: Principal

I understand that this is a very difficult time for faculty and students. It may be particularly difficult for some of you most directly related to this crisis. I would like to offer my condolences and my assistance in any way possible. As you may know, a crisis intervention team is available to assist us. The individuals on the team are available to the faculty and students who would like to talk about their reactions to the recent event(s).

The team has requested that you watch for students needing special assistance. These might be students displaying behaviors that are unusual for them. For example, they might be distraught, tearful, excessively quiet for long periods, excessively talkative, agitated, or disruptive. In some cases, students may approach you and request help. If such students come to your attention, please notify (name of school-based designated contact person).

\* Attached you will find a list of reactions common to the grieving process. These are considered a normal part of grieving and should not be viewed as alarming unless they continue for an excessive length of time (e.g., more than 6 months) or significantly interfere with the student's ability to perform in the classroom.

If there is anything that can be done to help you or someone else, please let me know.

\* See page 52—Stages of Grief

## SAMPLE LETTER FROM CRISIS RESPONSE TEAM MEMBER TO TEACHERS

(DATE)

Dear Staff,

I met with the following students today to conduct grief counseling:

(list student name(s) here)

Please watch out for intense, prolonged, or unhealthy grief reactions. Children may be distracted, tired, impatient, forgetful, or have difficulty concentrating in the classroom setting. These reactions, and others such as recurring headaches or stomachaches, should be viewed as a natural part of the grieving process and children should not be punished for them. However, if symptoms do not subside over time, please send the student to his school counselor who can provide the student with additional support and resources. I will be touching base with these students tomorrow and again next week. I will also be providing Hospice counselor information for future needs.

It is important that these students feel supported as they progress through the stages of grief. Please provide suitable academic accommodations to support the students' efforts to manage their emotions and workload. I have attached a handout on death and grief for your reference. Please let me know if you have any questions or concerns.

Thank you,

(Name, Title)

## **Sample letter from school crisis team**

(Date)

Dear Parent(s)/Guardian(s),

The students and staff of (Your School's Name) experienced a tragedy today with the death of one of our (X) grade students, (name). (He/she) died (state manner of death). All of us are grieving this tragic loss. To assist the students and staff in handling this loss, the School Crisis Team is serving our school.

The school crisis team at (school name) worked with your child today to help in coping with this loss. The team includes school staff and district level personnel who have been specially trained to assist in crisis situations. During a crisis, it is not unusual for children to have strong reactions. Your child dealt with some of these reactions during a crisis intervention session. Your child may benefit from further support at home or at school. Attached is a helpful guideline when talking with your child.

Attached are handouts on some behaviors a grieving child may display and people in the community that are available if you believe your child needs more help than is available at school. If you would like to talk to someone about these services, please call (give name and number of school-based designated contact person).

Sincerely,

School Crisis Team

## **Sample Connect-Ed Message**

(date)

Good Evening. This is (your principal's name), your child's principal at (name of school). The students and staff of (your school's name) experienced a tragedy today with the death of one of our (subject of teacher) teachers, (name of teacher). (He/she) died (state manner of death). All of us are grieving this tragic loss. To assist the students and staff in handling this loss, the School Crisis Team is serving our school.

Losing a good friend is never easy. (His/Her) passing has been hard on our faculty and I am sure will be difficult on the students who knew (him/her). Counselors will be in guidance tomorrow, (date) for anyone who feels the need to talk to a friendly face. We will also be visiting (teacher name's) classes. Monitoring Facebook and other social media sites is always a good idea. As funeral plans are finalized, we will keep everyone informed.

In honor of what this special teacher stood for and believed in, let us rededicate ourselves to the love of learning that (he/she) embraced every day

## SAMPLE ANNOUNCEMENTS

### **In Classroom: (Individual Loss)**

Johnny will not be in school today. His mother was killed in an automobile crash last night. Her car was struck by a truck on I-95. Johnny will be very sad for a long time. Perhaps we can discuss some ways Johnny might be feeling and how we can all help.

### **In Classroom: (School-Wide Loss)**

We have something very sad to tell you today. Johnny was driving home in the rain last night. His car swerved into an oncoming lane, was struck by a car and went off the road. Johnny died in the crash. It was sudden and he did not suffer.

(Remain silent a moment or two to allow information to be realized).

I know this is a very shocking to all of us and we have planned several things to help you.

### **Over P.A.: (School-Wide Loss)**

Our school has suffered a great, great loss. Mrs. (name), the science teacher, has been ill with cancer for many months now. We just received word that her suffering has come to an end and Mrs. (name) has died. We will be commemorating Mrs. (name)'s contribution to our school community. At this time, I'd like each class to discuss the ways they would like to commemorate the life of Mrs. (name).

### **In Classroom: (Suicide)**

An unfortunate tragedy occurred to one of our students, (name of student). He/she took his/her own life on (date).

It is sad that this has occurred, because suicide is a permanent solution to a temporary problem.

**INITIAL CRISIS INFORMATION**

Date: \_\_\_\_\_

Administrator: \_\_\_\_\_

School: \_\_\_\_\_

School Crisis Contact Person: \_\_\_\_\_

**Victim Information:**

Victim's Name: \_\_\_\_\_

Age/Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Language: \_\_\_\_\_

Special Placement: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Other: \_\_\_\_\_

**Type of Crisis:**

\_\_\_\_\_ Death of Student: \_\_\_\_\_ Illness \_\_\_\_\_ Suicide \_\_\_\_\_ Homicide \_\_\_\_\_ Accident

\_\_\_\_\_ Death of Faculty Member: \_\_\_\_\_ Illness \_\_\_\_\_ Suicide \_\_\_\_\_ Homicide \_\_\_\_\_ Accident

\_\_\_\_\_ Disaster: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Impact on School:**

Who: The students and staff affected by the person who has died.

\_\_\_\_\_

How: The circumstances of the death.

\_\_\_\_\_

Where: Location of incident.

\_\_\_\_\_

**Information for the Crisis Team on Site:**

\_\_\_\_\_ Medical Information

\_\_\_\_\_ Police Report

\_\_\_\_\_ Newspaper clippings

\_\_\_\_\_ Person(s) most knowledgeable about incident

## LETTERHEAD

DATE

### **DUTY TO WARN NOTIFICATION**

**The school takes a report of self-harm and/or suicidal ideation very seriously. The Duty To Warn Notification is intended to warn parents/guardians that their child has made statements about wanting to cause harm to him/herself.**

**[PROVIDE A DETAILED ACCOUNT OF THE CONVERSATION WITH THE STUDENT]**

**The interview conducted with your child by the school personnel should not be viewed or interpreted as a thorough assessment of suicide risk. Only a trained clinician can provide a complete assessment of suicide risk.**

Listed below is an agency than can provide further assessment and recommendations for your child (at the parents'/guardians' expense).

**[Check and update a list of the mental health providers in your area]**

**In case of emergency**, you may contact the local police department or dial 911.

The following agency provides crisis stabilization services (at the parents'/guardians' expense).

Bayside Center for Behavioral Health at  
Sarasota Memorial Hospital  
South Osprey Ave., Sarasota  
(941) 917-7760

Please contact me at the phone number below for additional information or if you have any questions.

School Contact  
Title  
Phone Number

ABC Middle School  
Sarasota, Florida

January 26, 2006

## **DUTY TO WARN NOTIFICATION**

**The school takes a report of self-harm and/or suicidal ideation very seriously. The Duty To Warn Notification is intended to warn parents/guardians that their child has made statements about wanting to cause harm to him/herself.**

On January 19th, your daughter, Jane Doe, stated that she wanted to cause harm to herself. More specifically, Jane wrote in her journal that she wanted to die (See attached copy). Jane met with the guidance counselor, Ms. Jones, to discuss the journal entry. Upon further discussion with Jane about how she planned to harm herself, Jane stated that she didn't know how she was going to hurt herself. Jane also stated that she was angry towards her friends for calling her names and she really did not want to hurt herself. When asked if Jane had tried hurting herself in the past, she stated that when she gets angry she sometimes scratches her arm with her fingernails.

**The interview conducted with your child by the school personnel should not be viewed or interpreted as a thorough assessment of suicide risk. Only a trained clinician can provide a complete assessment of suicide risk.**

Listed below are agencies that can provide further assessment and recommendations for your child (at the parents'/guardians' expense).

**[Check and update a list of the mental health providers in your area]**

**In case of emergency**, you may contact the local police department or dial 911.

The following agencies provide crisis stabilization services (at the parents'/guardians' expense).

Bayside Center for Behavioral Health at  
Sarasota Memorial Hospital  
South Osprey Ave., Sarasota  
(941) 917-7760

Please contact me at the phone number below for additional information or if you have any questions.

Ms. Jones  
Guidance Counselor  
Phone Number: 555-5555

## SCHOOL CRISIS TEAM SUMMARY SHEET

(Confidential, for School Crisis Team use only)

Date	Name	Homeroom Teacher	Crisis Intervener (e.g. name and title)	Parental Contact (e.g. phone call, letter, in-person, etc.)	Follow-up (e.g. date of follow-up meeting, no follow-up judged to be needed, receiving outside, community-based support etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Note. Adapted from PREPaRE: School Crisis Prevention and Intervention Training Curriculum (2<sup>nd</sup> Edition) by S. E. Brock, 2011, Bethesda, MD: NASP.

## **Appendix II: Community Resources for Mental Health Counseling**

## COMMUNITY CONTACT INFORMATION

For specific and most current information on community agencies providing counseling / mental health services, contact United Way 2-1-1 of Manasota, Inc. by dialing 211 or (941) 308-4357. Find them online at <https://211suncoast.communityos.org>

### **Bayside Center for Behavioral Health**

**(941) 917-7760**

1650 S. Osprey Avenue, Sarasota 34239

*Bayside is the only crisis unit for children and adolescents in Sarasota County. Emergency services as well as inpatient and outpatient mental health services are provided.*

### **Centerstone**

**(941) 782-4150**

4010 Sawyer Road. Sarasota 34233

*Centerstone offers outpatient counseling and psychiatric services for children and adults.*

### **Behavioral Health Access Center**

**(941) 552-1950**

1451 10<sup>th</sup> Street, Sarasota 34236

*This center provides immediate counseling and referral services to those in need of mental health and/or substance abuse services. Walk-ins welcome. Open 7 days a week.*

### **The Florida Center for Early Childhood**

**(941) 371-8820**

North County 4620 17<sup>th</sup> Street, Sarasota 34235

South County 6929 Outreach Way North Port, FL 34287

*The Florida Center provides behavioral health services for children ages 0-8 and their families.*

### **Tidewell Hospice Palliative Care**

Sarasota 5955 Rand Blvd., Sarasota, FL 34238

**(941) 894-1794**

*Services are available throughout the county for children with a life limiting disease and their families, as well as for children in families where someone else is ill. The children's program also provides support for children in bereavement.*

### **Jewish Family & Children's Services**

North County 2688 Fruitville Road, Sarasota, FL 34237

**(941) 366-2224**

South County 7810 Tamiami Trail South, Venice 34293

*JFCS provides counseling services for individuals, couples and families, as well as support groups.*

# **Appendix III: Professional Reference Materials**

# HELPING CHILDREN COPE WITH LOSS, DEATH, AND GRIEF

## Tips for Teachers and Parents

### National Association of School Psychologists

#### Expressions of Grief

Talking to children about death must be geared to their developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Children will be aware of the reactions of significant adults as they interpret and react to information about death and tragedy. In fact, for primary grade children, adult reactions will play an especially important role in shaping their perceptions of the situation. The range of reactions that children display in response to the death of significant others may include:

- **Emotional shock** and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment;
- **Regressive (immature) behaviors**, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent's bed or an apparent difficulty completing tasks well within the child's ability level;
- **Explosive emotions and acting out behavior** that reflect the child's internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control;
- **Asking the same questions over and over**, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event.

#### Helping Children Cope

The following tips will help teachers, parents, and other caregivers support children who have experienced the loss of parents, friends, or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

- **Allow children to be the teachers about their grief experiences:** Give children the opportunity to tell their story and be a good listener.
- **Don't assume that every child in a certain age group understands death in the same way or with the same feelings:** All children are different and their view of the world is unique and shaped by different experiences. (Developmental information is provided below.)
- **Grieving is a process, not an event:** Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume "normal" activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.

- ***Don't lie or tell half-truths to children about the tragic event:*** Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life's future tragedies or losses.
- ***Help all children, regardless of age, to understand loss and death:*** Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.
- ***Encourage children to ask questions about loss and death:*** Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.
- ***Don't assume that children always grieve in an orderly or predictable way:*** We all grieve in different ways and there is no one "correct" way for people to move through the grieving process.
- ***Let children know that you really want to understand what they are feeling or what they need:*** Sometimes children are upset but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.
- ***Children will need long-lasting support:*** The more losses the child or adolescent suffers, the more difficult it will be to recover. This is especially true if they have lost a parent who was their major source of support. Try to develop multiple supports for children who suffer significant losses.
- ***Keep in mind that grief work is hard:*** It is hard work for adults and hard for children as well.
- ***Understand that grief work is complicated:*** Deaths that result from a terrorist act or war can bring forth many issues that are difficult, if not impossible, to comprehend. Grieving may also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: the conflict may continue and the nation may still feel at risk. The sudden or violent nature of the death or the fact that some individuals may be considered missing rather than dead can further complicate the grieving process.
- ***Be aware of your own need to grieve:*** Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counseling, as well as individual sources of support.

## Developmental Phases in Understanding Death

It is important to recognize that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

- **Infants and Toddlers:** The youngest children may perceive that adults are sad, but have no real understanding of the meaning or significance of death.
- **Preschoolers:** Young children may deny death as a formal event and may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death. For instance, as a result of the World Trade Center disaster, some children may imagine that going into tall buildings may cause someone's death.
- **Early Elementary School:** Children at this age (approximately 5-9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that, if large planes crash into buildings, people in the planes and buildings will be killed. In case of war images, young children may not be able to differentiate between what they see on television, and what might happen in their own neighborhood. However, they may over-generalize, particularly at ages 5-6—if jet planes don't fly, then people don't die. At this age, death is perceived as something that happens to others, not to oneself or one's family.
- **Middle School:** Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news but are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviors as a means of coping with their anger, vengeance and despair.
- **High School:** Most teens will fully grasp the meaning of death in circumstances such as an automobile accident, illness and even the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behavior and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.

## Tips for Children and Teens with Grieving Friends and Classmates

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Following are some suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss.

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under “helping children cope.”
- Seeing their classmates’ reactions to loss may bring about some fears of losing their own parents or siblings, particularly for students who have family in the military or other risk related professions. Children need reassurance from caregivers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
- Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route....”) and what to expect (see “expressions of grief” above).
- Help children anticipate some changes in friends’ behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.
- Explain to children that their “regular” friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.
- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.
- Parents and teachers need to be alert to children in their care who may be reacting to a friend’s loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

## Resources for Grieving and Traumatized Children

At times of severe stress, such as the trauma of war or terrorist attacks, both children and adults need extra support. Children who are physically and emotionally closest to this tragedy may very well experience the most dramatic feelings of fear, anxiety and loss. They may have personally lost a loved one or know of friends and schoolmates who have been devastated by these treacherous acts. Adults need to carefully observe these children for signs of traumatic stress, depression or even suicidal thinking, and seek professional help when necessary.

Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologists website—[www.nasponline.org](http://www.nasponline.org). See also:

### For Caregivers

- Deaton, R.L. & Berkan, W.A. (1995). *Planning and managing death issues in the schools: A handbook*. Westport, CT: Greenwood Publishing Group.
- Mister Rogers Website: [www.misterrogers.org](http://www.misterrogers.org) (see booklet on Grieving for children 4-10 years)
- Webb, N.B. (1993). *Helping bereaved children: A handbook for practitioners*. New York: Guilford Press.
- Wolfelt, A. (1983). *Helping children cope with grief*. Bristol, PA: Accelerated Development.
- Wolfelt, A (1997). *Healing the bereaved child: Grief gardening, growth through grief and other touchstones for caregivers*. Ft. Collins, CO: Companion.
- Worden, J.W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press
- Helping Children Cope With Death, The Dougy Center for Grieving Children, [www.dougy.org](http://www.dougy.org).

### For Children

- Gootman, M.E. (1994). *When a friend dies: A book for teens about grieving and healing*. Minneapolis: Free Spirit Publishing.
- Greenlee, S. (1992). *When someone dies*. Atlanta: Peachtree Publishing. (Ages 9-12).
- Wolfelt, A. (2001). *Healing your grieving heart for kids*. Ft. Collins, CO: Companion. (See also similar titles for teens and adults)

Adapted from material first posted on the NASP website after September 11, 2001.

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## **Three Myths of Children's Grief**

### **Myth 1. Children Don't Grieve**

1. Children grieve all losses in spurts, several times a day.
2. They re-grieve throughout all developmental stages.
3. Children don't know they're grieving or understand their feelings.

### **Myth 2. Children Experience Few Losses**

1. Children experiences losses on a daily basis:
  - ❑ At School: sports, grades competitions, self-esteem, relationships
  - ❑ At Home: control, understanding, dysfunctional family losses
2. 1 of 7 loses a parent to death before age 10

### **Myth 3. Childhood is the Happiest Time of One's Life**

1. A child will go through 6 developmental stages between birth and age 21.
2. Each stage is marked by a period of continuous change in cognition, feelings, and physical development.
3. Almost every area of life through each developmental stage is totally controlled by circumstances outside of the influence of the child.

# **Helping Children After a Natural Disaster: Information for Parents and Teachers**

*Philip J. Lazarus, NCSP, Florida International University*

*Shane R. Jimerson, NCSP, University of California, Santa Barbara*

*Stephen E. Brock, NCSP, California State University, Sacramento*

Natural disasters can be especially traumatic for children and youth. Experiencing a dangerous or violent flood, storm, or earthquake is frightening even for adults, and the devastation to the familiar environment (i.e., home and community) can be long lasting and distressing. Often an entire community is impacted, further undermining a child's sense of security and normalcy. These factors present a variety of unique issues and coping challenges, including issues associated with specific types of natural disasters, the need to relocate when home and/or community have been destroyed, the role of the family in lessening or exacerbating the trauma, emotional reactions, and coping techniques.

Children look to the significant adults in their lives for guidance on how to manage their reactions after the immediate threat is over. Parents, teachers, and other caregivers can help children and youth cope in the aftermath of a natural disaster by remaining calm and reassuring children that they will be all right. Immediate response efforts should emphasize teaching effective coping strategies, fostering supportive relationships, and helping children understand their reactions.

Schools can help play an important role in this process by providing a stable and familiar environment. Through the support of caring adults school personnel can help children return to normal activities and routines (to the extent possible), and provide an opportunity to transform a frightening event into a learning experience.

## **Issues Associated With Specific Disasters**

**Hurricanes.** Usually hurricanes are predicted days to weeks in advance, giving communities time to prepare. These predictions give families time to gather supplies and prepare. At the same time, however, these activities may generate fear and anxiety. Although communities can be made aware of potential danger, there is always uncertainty about the exact location of where the hurricane will impact. When a hurricane strikes, victims experience intense thunder, rain, lightning, and wind. Consequently, startle reactions to sounds may be acute in the months that follow. Among a few children subsequent storms may trigger panic reactions. Immediate reactions to hurricanes can include emotional and physical exhaustion. In some instances children may experience survivor guilt (e.g., that they were not harmed, while others were injured or killed).

**Earthquakes.** Aftershocks differentiate earthquakes from other natural disasters. Since there is no clearly defined endpoint, the disruptions caused by continued tremors may increase psychological distress. Unlike other natural disasters (e.g., hurricanes and certain types of floods), earthquakes occur with virtually no warning. This fact limits the ability of disaster victims to make the psychological adjustments that can facilitate coping. This relative lack of predictability also significantly lessens feelings of control. While one can climb to higher ground during a flood, or install storm shutters before a hurricane, there is usually no advance warning or immediate preparation with earthquakes. Survivors may have to cope with reminders of the destruction (e.g., sounds of explosions, and the rumbling of aftershocks; smells of toxic fumes and smoke; and tastes of soot, rubber, and smoke).

**Tornadoes.** Like earthquakes, tornadoes can bring mass destruction in a matter of minutes, and individuals typically have little time to prepare. Confusion and frustration often follow. Similar to a hurricane, people experience sensations during tornadoes that may generate coping challenges. It can be difficult to cope with the sights and smells of destruction. Given the capricious nature of tornadoes, survivor guilt has been observed to be an especially common coping challenge. For instance, some children may express guilt that they still have a house to live in while their friend next door does not.

**Floods.** These events are one of the most common natural disasters. Flash floods are the most dangerous as they occur without warning; move at intense speeds; and can tear out trees, destroy roads and bridges, and wreck buildings. In cases of dam failure the water can be especially destructive. Sensations that may generate coping challenges include desolation of the landscape, the smell of sludge and sodden property, coldness and wetness, and vast amounts of mud. Most floods do not recede overnight, and many residents have to wait days or weeks before they can begin the cleanup.

### **Recovery Can Take Time**

Although the natural disasters may only last a short period, survivors can be involved with the disaster aftermath for months or even years. Collaboration between the school crisis response team and an assortment of community, state, and federal organizations and agencies is necessary to respond to the many needs of children, families, and communities following a natural disaster. Families are often required to deal with multiple people and agencies (e.g., insurance adjusters, contractors, electricians, roofers, the Red Cross, the Federal Emergency Management Agency (FEMA), and the Salvation Army). Healing in the aftermath of a natural disaster takes time; however, advanced preparation and immediate response will facilitate subsequent coping and healing.

### **Possible Reactions of Children and Youth to Natural Disasters**

The severity of children's reactions will depend on their specific risk factors. These include exposure to the actual event, personal injury or loss of a loved one, level of parental support, dislocation from their home or community, the level of physical destruction, and pre-existing risks, such as a previous traumatic experience or mental illness. Adults should contact a professional if children exhibit significant changes in behavior or any of the following symptoms over an extended period of time.

- **Preschoolers**—thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, and withdrawal from friends and routines.
- **Elementary School Children**—irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from activities and friends.
- **Adolescents**—sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior, and poor concentration.

A minority of children may be at risk of post-traumatic stress disorder (PTSD). Symptoms can include those listed above as well as re-experiencing the disaster during play and/or dreams; anticipating or feeling that the disaster is happening again; avoiding reminders of the disaster; general numbness to emotional topics; and increased arousal symptoms such as inability to concentrate and startle reactions. Although rare, some adolescents may also be at increased risk of suicide if they suffer from serious mental health problems like

PTSD or depression. Again, adults should seek professional mental health help for children exhibiting these symptoms.

### **Immediately Following a Natural Disaster: Information for Parents and Teachers**

**Remain calm and reassuring.** Children take their cues from you, especially young children. Acknowledge the loss or destruction, but emphasize the community's efforts to cleanup and rebuild. To the extent it is possible to do so, assure them that family and friends will take care of them and that life will return to normal.

**Acknowledge and normalize their feelings.** Allow children to discuss their feelings and concerns, and address any questions they may have regarding the event. Listen and empathize. An empathetic listener is very important. Let them know that their reactions are normal and expected.

**Encourage children to talk about disaster-related events.** Children need an opportunity to discuss their experiences in a safe, accepting environment. Provide activities that enable children to discuss their experiences. This may include a range of methods (both verbal and nonverbal) and incorporate varying projects (e.g., drawing, stories, music, drama, audio and video recording). Seek the help of the school psychologist, counselor, or social worker if you need help with ideas or managing the conversation.

**Promote positive coping and problem-solving skills.** Activities should teach children how to apply problem-solving skills to disaster-related stressors. Encourage children to develop realistic and positive methods of coping that increase their ability to manage their anxiety and to identify which strategies fit with each situation.

**Emphasize children's resiliency.** Focus on their competencies. Help children identify what they have done in the past that helped them cope when they were frightened or upset. Bring their attention to other communities that have experienced natural disasters and recovered (e.g., Miami, FL and Charleston, SC).

**Strengthen children's friendship and peer support.** Children with strong emotional support from others are better able to cope with adversity. Children's relationships with peers can provide suggestions for how to cope and can help decrease isolation. In many disaster situations, friendships may be disrupted because of family relocations. In some cases, parents may be less available to provide support to their children because of their own distress and feelings of being overwhelmed. Activities such as asking children to work cooperatively in small groups can help children strengthen supportive relationships with their peers.

**Take care of your own needs.** Take time for yourself and try to deal with your own reactions to the situation as fully as possible. You will be better able to help your children if you are coping well. If you are anxious or upset, your children are more likely to feel the same way. Talk to other adults such as family, friends, faith leaders, or counselors. It is important not to dwell on your fears or anxiety by yourself. Sharing feelings with others often makes people feel more connected and secure. Take care of your physical health. Make time, however small, to do things you enjoy. **Avoid using drugs or alcohol to feel better.**

### **Immediately Following a Natural Disaster: Specific Information for Schools**

**Identify children and youth who are high risk and plan interventions.** Risk factors are outlined in the above section on children's reactions. Interventions may include classroom discussions, individual counseling, small group counseling, or family therapy. From classroom discussions, and by maintaining close contact with teachers and parents, the school crisis response team can help determine which students need counseling services. A mechanism also needs to be in place for self-referral and parent-referral of students.

**Provide time for students to discuss the disaster.** Depending on the situation, teachers may be able to guide this discussion in class, or students can meet with the school psychologist or other mental health professional for a group crisis intervention. Classroom discussions help children to make some sense of the disaster. They also encourage students to develop effective means of coping, discover that their classmates share similar questions, and develop peer support networks. **Teachers should not be expected to conduct such discussions if children are severely impacted or if they themselves are distressed.**

**Allow time for staff to discuss their feelings and share their experiences.** Members of your crisis team should also have the opportunity to receive support from a trained mental health professional. Providing crisis intervention is emotionally draining and caregivers will need an opportunity to process their crisis response. This could include teachers and other school staff if they have been serving as crisis caregivers for students.

**Secure additional mental health support.** Although many caregivers are often willing to provide support during the immediate aftermath of a natural disaster, long-term services may be lacking. School mental health professionals can help provide and coordinate mental health services, but it is important to connect with community resources as well in order to provide such long-term assistance. Ideally these relationships would be established in advance.

### **Helping Children Adjust to Relocation After a Natural Disaster**

The frequent need to relocate after a disaster creates unique coping challenges. It may contribute to the social, environmental, and psychological stress experienced by children and their families. Children will be most impacted by the reactions of their parents and other family members, the duration of the relocation, their natural coping style and emotional reactivity, and their ability to stay connected with friends and other familiar people and activities. To the extent possible parents and other caregivers should:

- Provide opportunities for children to see friends.
- Bring personal items that the child values when staying in temporary housing.
- Establish some daily routines so that the child is able to have a sense of what to expect (including returning to school as soon as possible).
- Provide opportunities for children to share their ideas and listen carefully to their concerns or fears.
- Be sensitive to the disruption that relocation may cause and be responsive to the child's needs.
- Consider the developmental level and unique experiences of each child; it is important to remember that as children vary, so will their responses to the disruption of relocation,

In addition, school personnel should:

- Determine the status of every child in the school. Contact each child who is absent and keep a record. Identify the needs of children whose home was destroyed or damaged.
- Find out the phone numbers and addresses of every student that had to relocate. Encourage classmates to write notes or make phone calls.
- Develop an advisory committee of students to report back to school staff about what resources and changes in routines will help students cope.
- Listen to and observe students' behavior. It takes time for children to understand and adjust to disasters. It is perfectly normal for them to discuss the event over and over again. Provide opportunities for children to discuss how they are coping. Use creative arts (e.g., drama, art, music, photography) to help them express their emotions.
- Help connect families to community resources. Bring agencies into the school that can deal with needs related to housing, finances, and insurance. Ensure that children get any necessary medical and emotional assistance.
- Increase staffing for before and after school care. If possible, extend the service for additional hours and even on weekends.
- Incorporate information about the disaster into related subject areas, as appropriate. Science, math, history, and language arts are especially relevant.

*Adapted from Lazarus, P. J., & Jimerson, S. R., Brock, S. E. (2002). Natural Disasters. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), Best Practices in School Crisis Prevention and Intervention (pp. 435-450), Bethesda, MD: National Association of School Psychologists and other crisis information posted on the NASP website at [www.nasponline.org](http://www.nasponline.org).*

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## Managing Strong Emotional Reactions to Traumatic Events: Tips for Parents and Teachers

Our society has been plagued by a number of traumatic events in recent years—schoolyard shootings, the Oklahoma City bombing, floods and tornadoes, and the terrorist attacks of September 2001. When a large-scale tragedy occurs, it can cause strong and deeply felt reactions in adults and children. ***How adults express their emotions will influence the reactions of children and youth.*** Parents and teachers can help youngsters manage their feelings by both modeling healthy coping strategies themselves and closely monitoring their own emotional state and that of the children in their care.

### **Common Reactions to Trauma**

It is not uncommon to feel any or all of the following:

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

These reactions are often closely linked and can be difficult to separate, (e.g., where does grief end and outrage begin). Children, in particular, may have trouble understanding and talking about their feelings. Emotional reactions take place over a period of time and may not happen in any particular order. They can affect our behavior, our ability to function, and our overall sense of well-being. The intensity and ways we express our reactions will vary depending on our personal experience, general mental health, other stress factors in our lives, our coping style, our ability to self-monitor our emotional state, and our support network. This is true for both adults and children. Children of all ages may need guidance and support from the significant adults in their lives (parents, teachers, coaches, etc.) as they work through their thoughts and emotional reactions to the event.

### **Anger: A Natural Reaction**

For many people, adults and children alike, anger will be a natural extension of other emotions because it is a defensive mechanism that makes us *feel* more in control. As well, anger with the perpetrators of these horrible acts is, in many ways, justified. The desire to “retaliate” can be strong—but quite harmful if not redirected to a positive outlet. In some situations, a significant factor in the expression of anger is the lack of a concrete “enemy” on which to focus our feelings. As long as there is doubt about the identity of the perpetrators and a lack of closure, or when the trauma is a natural disaster, anger and other strong emotions have no specific target. Such situations can lead to more inappropriate expressions. Adults must ensure that children do not “take out” their anger in inappropriate ways, such as lashing out at classmates or neighbors who might be unfairly associated with the perpetrators of violence because of their ethnicity or other affiliations. The key is to direct anger and other strong emotions in socially and psychologically healthy ways.

### **Recognizing Anger**

The first step in helping children manage their anger is getting your anger under control. Be aware of cues in your own behavior. If necessary, ask someone you trust (a family member, friend or colleague) to give you feedback on your

anger reaction. Observe the behavior of other adults around you and your child(ren) and be supportive if they show signs of increased anger.

### **Signs of Anger in Adults**

- Short temper/impatience.
- Sleep problems.
- Eating problems.
- Restlessness and agitation.
- Hitting and slamming objects, pets, or people.
- Desire to inflict harm.
- Verbal outbursts toward family, friends, or fellow workers.
- A sense of losing control over your life.
- Poor concentration or attention span.
- Obsessing about the event.
- Physical health affected; increase in blood pressure, dizzy, headaches, heart rate elevated, clenched jaw, knot in the stomach, and tight muscles, etc.
- You feel life should be fair, but it is not; and things are not how you want them to be.

### **Signs of Anger in Children**

- Behavioral outbursts, many times without an obvious cause.
- Sleep problems.
- Fights at school or home.
- Physical attacks on others or animals, even among pre-schoolers.
- Disobedience from otherwise well behaved child(ren).
- Child state he/she is really sad and does not know why.
- Complaints of stomachaches and headaches; or vague aches and pains.
- Other reactions similar to those of adults.

### **Dealing with Anger**

Some people have more problems than others dealing with anger. They either try to deny or ignore their feelings and keep them inside, or overreact and “blow-up.” These negative coping strategies can be physically and emotionally unhealthy. Pretending we don’t feel badly can have long-term effects that may eventually cause us to “lose it.” Conversely, psychological research shows that acting out your anger will not relieve it, but instead will make it more intense. We can learn to control or diffuse anger by how we think about the event or people involved and by finding other ways to regain our sense of control and security. Anger can also mask other emotions, such as grief, loss, or fear. It is important to address these related emotions as a way to deal with angry feelings.

## **Controlling Your Anger**

- Admit you are angry.
- Recognize this is a common reaction to an overwhelming event. It is how you control and manage your reaction that makes the difference.
- Try to identify the related emotions that may be fueling your anger, (e.g., sorrow, fear.)
- Find appropriate outlets for these related and equally important emotions, (e.g., talk with family members or friends, seek grief counseling, get involved in activities to help victims, etc.)
- Understand that it not just the actual event that drives your anger, but how you think about it.
- Develop a “positive” outlook and look for what can be done to help rather than harm.
- Stop, take a deep breath, visualize something peaceful or enjoyable, and try to relax for a few minutes.
- Avoid/decrease negative ways to cope, such as misuse of alcohol or drugs.
- Find an acceptable outlet, such as exercise, getting involved with your favorite hobby, sports.
- Distract yourself from continuing to think about the event -- call a friend, go to a movie.
- Keep a sense of humor.
- Turn off the TV and radio; play your favorite music.
- Keep to your daily routines.
- Consult your doctor or a mental health specialist if your reactions continue to intensify, or you feel like doing harm to yourself or others.
- If you are seeing a mental health professional, be sure to share your angry feelings with him or her.

## **Helping Children Control Anger**

- Realize they will imitate your responses and reactions.
- Let them understand anger is a normal emotion under these circumstances that can even include feelings of revenge. However, acting out anger, hurting others, and uncontrolled anger is not okay.
- Answer their questions honestly and openly; but always consider their developmental age.
- Make family time to talk to the child(ren) about their reaction to the events.
- Have child(ren) come up with ideas on how to help those who have been injured, left homeless, or otherwise effected by the tragedy.
- Teach them to stop, take a deep breath, and imagine a restful scene or enjoyable activity for a few minutes as a way to relax.
- Turn off the TV and make sure violence in the media is restricted or monitored.
- Try to understand and encourage children to talk about their fears/sense of loss.
- Try to help them see how they would feel if someone hurt, yelled at, or hit them.

- Sports, exercise, or other physical activity can be quite helpful.
- Be flexible in discipline and monitor your reactions to their misbehaviors.
- Seek mental health or physician consultation if these reactions do not clear up after 30 days.
- Keep family and school routines; get back to a normal life schedule as soon as possible.
- If age permits, get the child involved in volunteer work or community service, such as the Red Cross or Animal Shelter, where a child can feel that he/she is making a difference.

### **Warning Signs of Serious Emotional Trauma**

While strong emotional reactions to tragic events are normal, most will fade over the following weeks and most children soon will be able to resume normal activities with minimal displays of anger or anxiety. However, if any of the following symptoms or behaviors continue beyond a few weeks, or if any of these symptoms are exhibited to such a degree that it severely impacts the child's ability to participate in school or home activities, parents and teachers should seek mental health services for evaluation and possible treatment.

- Disruption in peer relationships (little or no interactions with friends, significant increase in conflict with classmates or friend).
- Strained family relationships (high degree of misbehavior, lashing out against family members, refusal to participate in normal family routines).
- Significant decrease in school performance.
- Ongoing physical complaints with no apparent cause.
- Use of chemicals, alcohol (or increase in comparison to previous behavior).
- Repeated nightmares and reporting strong fears of death, violence, etc.
- Repetitive play re-enacting the traumatic events.
- Low self esteem, negative talk about self (if this was not apparent prior to the trauma).
- General lack of energy and lack of interest in previously enjoyed activities.

Parents and teachers can help children overcome traumatic effects of a tragedy or disaster and use the process as an opportunity to teach them how to cope more effectively and deal with new challenges. (Interestingly, the Chinese sign for "crisis" is two symbols – "Danger" and "Opportunity.") Depending on the scope of the event, the process may take time and patience and the willingness to reach out to friends, neighbors, and co-workers to lend mutual support.

For further information on managing anger or other strong emotions following a crisis or disaster event, contact NASP at (301) 657-0270 or visit NASP's website at [www.nasponline.org](http://www.nasponline.org)

## Children and Fear of War and Terrorism:

### Tips for Parents and Teachers

#### National Association of School Psychologists

Terrorist attacks in our country and threats or realities of war are frightening experiences for all Americans. Children may be especially fearful that threatened or actual military action overseas will result in more personal loss and violence here at home. Because repeated scenes of destruction of lives and property are featured in the news media, they understand that “enemies of the United States” can cause harm in this country.

Adults need to help children feel safe at a time when the world seems to be a more dangerous place. Parents and teachers in particular must help youngsters understand current events factually, how events do or do not impact their lives, and how to handle their emotional reactions. The degree to which children are affected will vary depending on personal circumstances. Children who have suffered a personal loss from, or had firsthand exposure to, terrorist acts or military actions will be much more vulnerable. Also at greater risk are children whose parents are in the military or in active duty in the reserve forces, and those children whose parents are involved in emergency response or public safety.

All children, however, are likely to be affected in some way by war or terrorism involving our country. For many, the guidance of caring adults will make the difference between being overwhelmed and developing life-long emotional and psychological coping skills. Teachers and caretakers can help restore children’s sense of security by modeling calm and in-control behavior. It is crucial to provide opportunity for children to discuss their concerns and to help them separate real from imagined fears. It is also important to limit exposure to media coverage of violence.

#### Emotional Responses

Emotional responses vary in nature and severity from child to child. Nonetheless, there are some similarities in how children (and adults) feel when their lives are impacted by war or the threat of war:

- **Fear:** Fear may be the predominant reaction--fear for the safety of those in the military as well as fear for their own safety. Children's fantasies of war may include a mental picture of a bomb being dropped on their home. While their worries are probably exaggerated, they are often based on real images of terrorist attacks or war scenes. When children hear rumors at school and pick up bits of information from television, their imaginations may run wild. They may think the worst, however unrealistic it may be. Any publicized threat of war or terrorism close to home may also add to their fear.
- **Loss of control:** Military actions are something over which children--and most adults--have no control. Lack of control can be overwhelming and confusing. These feelings were experienced by most people in the immediate aftermath of the terrorist attacks. Children may grasp at any control that they have, including refusing to cooperate, go to school, part with favorite toys, or leave their parents.
- **Anger:** Anger is a common reaction. Unfortunately, anger is often expressed at those to whom children are closest. Children may direct anger toward classmates and neighbors because they can't express their anger toward terrorists or countries with whom we are at war. Some children may show anger toward parents who are in the military, even to the extent that they do not want to write letters. Knowing that those who are involved in the military are volunteers only helps to justify anger. Patriotism and duty are abstract concepts, especially for younger children who are experiencing the concrete reality of separation from a loved one.
- **Loss of stability:** War or military deployment interrupts routines. It is unsettling. Children can feel insecure when their usual schedules and activities are disrupted, increasing their level of stress and need for reassurance.

- **Isolation:** Children who have a family member in the military, but who don't live near a military base, may feel isolated. Children of reserve members called to active duty may not know others in the same situation. Such children may feel jealous of friends' undisturbed families and may strike out at signs of normalcy around them. Another group of children who may feel isolated are dependents of military families who have accompanied a remaining parent back to a hometown or who are staying with relatives while both parents are gone. Not only do these children experience separation from parents, but they also experience the loss of familiar faces and surroundings.
- **Confusion:** This can occur on two levels. First, children may feel confused about terrorist attacks and war, what further dangers might arise, and when the violence will stop. Second, children may have trouble understanding the difference between violence as entertainment and the real events taking place on the news. Today's children live in the world of *Armageddon*, *Independence Day*, *Air Force One*, and cartoon Super Heroes. Some of the modern media violence is unnervingly real. Youngsters may have difficulty separating reality from fantasy, cartoon heroes and villains from the government soldiers and real terrorists. Separating the realities of war from media fantasy may require adult help.

### What Can Parents and Teachers Do?

Everyone, including adults, feels stressed during times of crisis and uncertainty. If your children or students seem to need help beyond what is normally available at home or school, seek mental health services in your community. School psychologists, counselors and social workers can help identify appropriate services and help with the referral process. For most children, adults can provide adequate support by the following actions:

#### **Acknowledge children's feelings:**

- Knowing what to say is often difficult. When no other words come to mind, a hug and saying "This is really hard for you/us" will work. Acknowledge that you don't like war either, but we hope that our military can stop the terrorists or help bring peace to other countries.
- Try to recognize the feelings underlying children's actions and put them into words. Say something like, "I can see you are feeling really scared about this," or "It is hard to think that your dad had to go so far away to help our country," or "I know it will feel great when your mom comes home."
- Sometimes children may voice concern about what will happen to them if a parent does not return. If this occurs, try saying, "You will be well taken care of. You won't be alone. Let me tell you our plan."
- Some children will be afraid that the United States will be attacked. Tell them this is a real concern and life offers no absolute promises. Nonetheless, reassure them that our government has taken many steps to prevent attacks from terrorists and that the military conflict is very far away. For younger children, saying that you love them and will keep them safe is often sufficient. For older children, you can discuss specifics such as heightened security in airports and significant public buildings.
- At times when your children or students are most upset, don't deny the seriousness of the situation. Saying to children, "Don't cry, everything will be okay," does not reflect how the child feels and does not make them feel better. Nevertheless, don't forget to express hope and faith that things will be okay.

- Older children, in particular, may need help clarifying what they believe about war and the role of the United States in the specific conflict. Questions such as, "Could my parent shoot someone?" and "Are we killing innocent people in other countries?" are issues which may need discussion.
- Always be honest with children. Share your fears and concerns while reassuring them that responsible adults are in charge.

***Help children to feel personally safe:***

- Differentiate between terrorism and war. Our homes and schools are not at risk. Only a very few people in the world are terrorists. The war itself will be carried out far away.
- Help children understand that precautions are being taken to prevent terrorism (e.g., bomb-sniffing dogs, passport checks, heightened airport security) or attacks on the United States. While these efforts might seem scary or frustrating to children, explain that these precautions might actually make them safer now than they were before.
- Deal with fears such as the end of the world. Discuss what is realistic modern technology of war versus science fiction. If children are imagining Star Wars-type battles, help them to understand that even the most sophisticated weapons available are not capable of reaching distant targets as seen in the movies. Let children share their fears regarding war in our own country, most of which are unrealistic and a result of rumor and anxiety. Put these fears in perspective as to what is realistic.
- Let children who are worried about a loved one know that the chance of returning from a war against terrorism is very high. Advances in medicine and technology have greatly reduced potential losses from military actions. Our military is very powerful and many other countries are helping us as they did in the Gulf War, during which the U.S. lost very few lives. Acknowledge that the loss of any life is sad, but that their individual family member is likely to be fine.
- If participation in a faith community is part of your family life, talk to your faith leader about how to help your child think about the concepts of death and killing, in age-appropriate terms. This can be very important to calming children's fears for their own safety and that of loved ones.
- Try to maintain normal routines and schedules to provide a sense of stability and security.
- Stop children from stereotyping people from specific cultures or countries. Children can easily generalize negative statements. Adding tolerance curriculum to school lessons during this time can help prevent harassment of students and improve their sense of safety.

***Help children maintain a sense of control by taking some action:***

- Send letters, cookies or magazines to those in the military and public safety jobs.
- Help older children find a family who has a parent on active duty and arrange some volunteer babysitting times for that family or offer to provide meals occasionally.

***If a family member is away, make plans for some special activities:***

- Gatherings with other families who have a loved one on active duty can help provide support for you as well as for your children.
- Special parent and child times can provide an extra sense of security, which might be needed. Let your child know that you will set aside a particular half hour each day to play. Make the time as pleasant and child centered as possible. Return phone calls later and make your child the real focus of that special time.
- Involve children in planning how to cope. Control and ownership are fostered when children help to plan strategies for dealing with a situation. Children often have practical and creative ideas for coping.

***Pay special attention to children who may feel isolated:***

- Children who are new in school due to relocation may benefit from a special network of “friends” to help orient the student to new school routines and encourage participation in school activities.
- Children who are one of a few with parents involved in the military may need extra attention to their feelings of separation and fear of loss.

***Expect and respond to changes in behavior:***

- All children will likely display some signs of stress. Some immature, aggressive, oppositional behaviors are normal reactions to the uncertainty of this situation.
- It is important to maintain consistent expectations for behavior. Be sure children understand that the same rules apply.
- Some children may have difficulty at bedtime, particularly those whose parents are on active duty. Maintain a regular bedtime routine. Be flexible about nightlights, siblings sharing a room, sleeping with special toys, and sitting with your child as they fall asleep. Doing so typically does not cause life-long habits.
- Children may play “war,” pretend to blow things up, or include images of violence in artwork and writing. This may be upsetting to adults under current circumstances, but it is a normal way for children to express their awareness of events around them. Gently redirect children away from violent play or efforts to “replay” the terrorist attacks, but don’t be overly disapproving unless the play is genuinely aggressive. Talk with children about their art or written images and how they feel. Share your reactions. Help them to consider the consequences of war or terrorist acts—what happens if a building blows up or a bomb explodes? For children who seek pretend play as an outlet, encourage role playing of the doctors, firemen, policemen, etc. who have helped to save lives. If a child seems obsessed with violent thoughts or images for more than a few days, talk to a mental health professional.
- Some children may be at increased risk of suicide because of their emotional reaction to increased stress and any pre-existing mental health problems. Consult a mental health professional immediately if your child shows signs of suicidal thinking or talk, or other self-destructive behaviors. (See [www.nasponline.org](http://www.nasponline.org) for information about helping suicidal children.)

- Extra support, consistency, and patience will help children return to routines and their more usual behavior patterns. If children show extreme reactions (aggression, withdrawal, sleeping problems, etc.), talk to your school psychologist regarding the symptoms of severe stress disorders and the possible need for a referral to a mental health agency.

***Keep adult issues from overwhelming children:***

- Don't let your children focus too much of their time and energy on this crisis. If children are choosing to watch the news for hours each evening, find other activities for them. You may also need to watch the news less intensely and spend more time in alternative family activities.
- Know the facts about developments in the war and protections against terrorism at home. Don't speculate. Be prepared to answer your children's questions factually and take time to think about how you want to frame events and your reactions to them.
- Try not to let financial strains be a major concern of children. Although the economic impact of the terrorist attacks and resulting military action may result in job cutbacks, or going from a civilian job to active duty in the military may cut family income, children are not capable of dealing with this issue on an ongoing basis. Telling children that you need to be more careful with spending is appropriate, but be cautious about placing major burdens on children.
- Take time for yourself and try to deal with your own reactions to the situation as fully as possible. This, too, will help your children and students.

***Coordinate between school and home:***

- Parents and other caregivers need to let school personnel know if a family member is being called to active duty or sent overseas. Tell your child's teacher if he or she is having difficulties and what strategies make your child feel better. If necessary, seek the help of your school psychologist, counselor or social worker.
- Teachers should let parents know if their child is exhibiting stress in school. Provide parents with helpful suggestions or information on community resources. Maintain general academic and behavioral expectations, but be realistic about an individual child's coping skills.
- Teachers should share with parents information about social studies/history lessons and other relevant discussions that take place in the classroom. This will help parents understand what their children are learning and can foster thoughtful discussion at home.
- Invite parents with relevant professional experience to come to school to talk about their jobs, in age appropriate terms, and how their skills contribute to the war effort or safety at home.
- Create a sense of collective security between home and school. This will help children feel safe and provide a sense of protection.

**Resources**

There are many organizations and agencies with helpful information about helping children and families cope with the stress of war, terrorism and other crises:

American Psychological Association [www.apa.org](http://www.apa.org) National Association of School Psychologists [www.nasponline.org](http://www.nasponline.org) National Center for Post Traumatic Stress Disorder [www.ncptsd.org/facts/specific/fs\\_children.html](http://www.ncptsd.org/facts/specific/fs_children.html)

*Adapted from Children and War—Responding to Operation Desert Storm by Debby Waddell and Alex Thomas (Helping Children Grow Up in the 90s, National Association of School Psychologists, 1992) and modified from material posted on the NASP website following the September 2001 terrorist attacks.*

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## **Death and Grief:** **Supporting Children and Youth**

Death and loss within a school community can affect anyone, particularly children and adolescents. Whether the death of a classmate, family member, or staff member, students may need support in coping with their grief. Reactions will vary depending on the circumstances of the death and how well-known the deceased is both to individual students and to the school community at-large. Students who have lost a family member or someone close to them will need particular attention. It is important for adults to understand the reactions they may observe and to be able to identify children or adolescents who require support. Parents, teachers, and other caregivers should also understand how their own grief reactions and responses to a loss may impact the experience of a child.

### **GRIEF REACTIONS**

There is no right or wrong way to react to a loss. No two individuals will react in exactly the same way. Grief reactions among children and adolescents are influenced by their developmental level, personal characteristics, mental health, family and cultural influences, and previous exposure to crisis, death, and loss. However, some general trends exist that can help adults understand typical and atypical reactions of bereaved children. Sadness, confusion, and anxiety are among the most common grief responses and are likely to occur for children of all ages.

### **The Grief Process**

Although grief does not follow a specified pattern, there are common stages that children and adolescents may experience with varying sequencing and intensity. The general stages of the grief process are:

- Denial (unwillingness to discuss the loss)
- Anger or guilt (blaming others for the loss)
- Sorrow or depression (loss of energy, appetite, or interest in activities)
- Bargaining (attempts to regain control by making promises or changes in one's life)
- Acceptance or admission (acceptance that loss is final, real, significant, and painful)

### **Grief Reactions of Concern**

The above behaviors are expected and natural reactions to a loss. However, the following behaviors may warrant further attention:

#### ***Preschool Level:***

- Decreased verbalization
- Increased anxiety (e.g., clinginess, fear of separation)
- Regressive behaviors (e.g., bedwetting, thumb sucking)

#### ***Elementary school level:***

- Difficulty concentrating or inattention
- Somatic complaints (e.g., headaches, stomach problems)
- Sleep disturbances (e.g., nightmares, fear of the dark)
- Repeated telling and acting out of the event
- Withdrawal

- Increased irritability, disruptive behavior, or aggressive behavior
- Increased anxiety (e.g., clinging, whining)
- Depression, guilt, or anger<sup>2</sup>

***Middle and high school level:***

- Flashbacks
- Emotional numbing or depression
- Nightmares
- Avoidance or withdrawal
- Peer relationship problems
- Substance abuse or other high-risk behavior

***Signs That Additional Help Is Needed***

Adults should be particularly alert to any of the following as indicators that trained mental health professional (school psychologist or counselor) should be consulted for intervention and possible referral:

- Severe loss of interest in daily activities (e.g., extracurricular activities and friends)
- Disruption in ability to eat or sleep
- School refusal
- Fear of being alone
- Repeated wish to join the deceased
- Severe drop in school achievement
- Suicidal references or behavior

**Risk Factors for Increased Reactions**

Some students (and adults) may be a greater risk for grief reactions that require professional intervention.

This includes individuals who:

- Were very close to the person(s) who died
- Were present when the person died
- Have suffered a recent loss
- Have experienced a traumatic event
- Are isolated or lack a personal support network
- Suffer from depression, Posttraumatic Stress Disorder, or other mental illness

Keep in mind that groups, particularly adolescents, can experience collective or even vicarious grief. Students may feel grief, anxiety or stress because they see classmates who were directly affected by a loss, even if they didn't personally know the deceased. Additional risk factors include the deceased being popular or well-known, extensive media coverage, a sudden or traumatic death, homicides or suicides.

**SUPPORTING GRIEVING CHILDREN AND YOUTH**

How adults in a family or school community grieve following a loss will influence how children and youth grieve. When adults are able to talk about the loss, express their feelings, and provide support for children and youth in the aftermath of a loss, they are better able to develop healthy coping strategies. Adults are encouraged to:

- Talk about the loss. This gives children permission to talk about it, too.
- Ask questions to determine how children understand the loss, and gauge their physical and emotional reactions.
- Listen patiently. Remember that each person is unique and will grieve in his or her own way.
- Be prepared to discuss the loss repeatedly. Children should be encouraged to talk about, act out, or express through writing or art the details of the loss as well as their feelings about it, about the deceased person, and about other changes that have occurred in their lives as a result of the loss.
- Give children important facts about the event at an appropriate developmental level. This may include helping children accurately understand what death is. For younger children, this explanation might include helping them to understand that the person's body has stopped working and will never again work.
- Help children understand the death and intervene to correct false perceptions about the cause of the event, ensuring that they do not blame themselves or others for the situation.
- Provide a model of healthy mourning by being open about your own feelings of sadness and grief.
- Create structure and routine for children so they experience predictability and stability.
- Take care of yourself so you can assist the children and adolescents in your care. Prolonged, intense grieving or unhealthy grief reactions (such as substance abuse) will inhibit your ability to provide adequate support.
- Acknowledge that it will take time to mourn and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than six months, depending on the type of loss and proximity to the child.
- Take advantage of school and community resources such as counseling, especially if children and youth do not seem to be coping well with grief and loss.

### **TIPS FOR CHILDREN AND TEENS WITH GRIEVING FRIENDS AND CLASSMATES**

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Some suggestions teachers and parents can provide to children and youth to deal with this "secondary" loss:

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under "helping children cope."
- Seeing their classmates' reactions to loss may bring about some fears of losing their own parents or siblings. Children need reassurance from caretakers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
- Children (and many adults) need help in communicating condolence or comfort messages.
- Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., "Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route...") and what to expect (see "expressions of grief" above).

- Help children anticipate some changes in friends' behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.
- Explain to children that their "regular" friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.
- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.
- Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Adapted from "Death and Grief in the Family: Tips for Parents" in *Helping Children at Home and School III*, NASP, 2010 and from materials posted on the NASP website after September 11, 2001.

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## Talking to Children About Violence: Tips for Parents and Teachers

High profile acts of violence, particularly in schools, can confuse and frighten children who may feel in danger or worry that their friends or loved-ones are at risk. They will look to adults for information and guidance on how to react. Parents and school personnel can help children feel safe by establishing a sense of normalcy and security and talking with them about their fears.

1. **Reassure children that they are safe.** Emphasize that schools are very safe. Validate their feelings. Explain that all feelings are okay when a tragedy occurs. Let children talk about their feelings, help put them into perspective, and assist them in expressing these feelings appropriately.
  
2. **Make time to talk.** Let their questions be your guide as to how much information to provide. Be patient. Children and youth do not always talk about their feelings readily. Watch for clues that they may want to talk, such as hovering around while you do the dishes or yard work. Some children prefer writing, playing music, or doing an art project as an outlet. Young children may need concrete activities (such as drawing, looking at picture books, or imaginative play) to help them identify and express their feelings.
  
3. **Keep your explanations developmentally appropriate.**
  - Early elementary school children need brief, simple information that should be balanced with reassurances that their school and homes are safe and that adults are there to protect them. Give simple examples of school safety like reminding children about exterior doors being locked, child monitoring efforts on the playground, and emergency drills practiced during the school day.
  - Upper elementary and early middle school children will be more vocal in asking questions about whether they truly are safe and what is being done at their school. They may need assistance separating reality from fantasy. Discuss efforts of school and community leaders to provide safe schools.
  - Upper middle school and high school students will have strong and varying opinions about the causes of violence in schools and society. They will share concrete suggestions about how to make school safer and how to prevent tragedies in society. Emphasize the role that students have in maintaining safe schools by following school safety guidelines (e.g. not providing building access to strangers, reporting strangers on campus, reporting threats to the school safety made by students or community members, etc.), communicating any personal safety concerns to school administrators, and accessing support for emotional needs.
  
4. **Review safety procedures.** This should include procedures and safeguards at school and at home. Help children identify at least one adult at school and in the community to whom they go if they feel threatened or at risk.
  
5. **Observe children's emotional state.** Some children may not express their concerns verbally. Changes in behavior, appetite, and sleep patterns can indicate a child's level of anxiety or discomfort. In most children, these symptoms will ease with reassurance and 2 time. However, some children may be at risk for more intense reactions. Children who have had a past traumatic experience or personal loss, suffer from depression or other mental illness, or with special needs may be at greater risk for severe reactions than others. Seek the help of mental health professional if you are at all concerned.

**6. Limit television viewing of these events.** Limit television viewing and be aware if the television is on in common areas. Developmentally inappropriate information can cause anxiety or confusion, particularly in young children. Adults also need to be mindful of the content of conversations that they have with each other in front of children, even teenagers, and limit their exposure to vengeful, hateful, and angry comments that might be misunderstood.

**7. Maintain a normal routine.** Keeping to a regular schedule can be reassuring and promote physical health. Ensure that children get plenty of sleep, regular meals, and exercise. Encourage them to keep up with their schoolwork and extracurricular activities but don't push them if they seem overwhelmed.

### **Suggested Points to Emphasize When Talking to Children**

- **Schools are safe places.** School staff work with parents and public safety providers (local police and fire departments, emergency responders, hospitals, etc.) to keep you safe.
- **The school building is safe because ...** (cite specific school procedures).
- **We all play a role in the school safety.** Be observant and let an adult know if you see or hear something that makes you feel uncomfortable, nervous or frightened.
- **There is a difference between reporting, tattling or gossiping.** You can provide important information that may prevent harm either directly or anonymously by telling a trusted adult what you know or hear.
- **Don't dwell on the worst possibilities.** Although there is no absolute guarantee that something bad will never happen, it is important to understand the difference between the **possibility** of something happening and the **probability** that it will affect our school.
- **Senseless violence is hard for everyone to understand.** Doing things that you enjoy, sticking to your normal routine, and being with friends and family help make us feel better and keep us from worrying about the event.
- **Sometimes people do bad things that hurt others.** They may be unable to handle their anger, under the influence of drugs or alcohol, or suffering from mental illness. Adults (parents, teachers, police officers, doctors, faith leaders) work very hard to get those people help and keep them from hurting others. It is important for all of us to know how to get help if we feel really upset or angry and to stay away from drugs and alcohol.
- **Stay away from guns and other weapons.** Tell an adult if you know someone has a gun. Access to guns is one of the leading risk factors for deadly violence.
- Students can be part of the positive solution by participating in anti-violence programs at school  
**Violence is never a solution to personal problems,** learning conflict mediation skills, and seeking help from an adult if they or a peer is struggling with anger, depression, or other emotions they cannot control.

NASP has additional information for parents and educators on school safety, violence prevention, children's trauma reactions, and crisis response at [www.nasponline.org](http://www.nasponline.org).

# Talking to Children About Violence: Tips for Parents and Teachers

## Conversando con Niños Sobre la Violencia: Sugerencias para Padres y Maestros

Actos de violencia que reciben mucha publicidad, particularmente los que ocurren en las escuelas, pueden confundir y asustar a niños que tal vez pueden sentir que ellos o sus amigos y seres queridos corren peligro. Se dirigirán a los adultos para información y para saber como reaccionar. Los padres y el personal de las escuelas pueden ayudar a que los niños sientan seguros al establecer un ambiente de normalidad y seguridad y conversar con ellos sobre sus temores.

- 1. Reasegurarles que están a salvo.** Enfaticé que las escuelas son lugares seguros. Dar validez a los sentimientos de ellos. Explicar que toda clase de sentimiento es aceptable cuando ocurre una tragedia. Dejar a los niños que hablen sobre sus sentimientos, ayudarles poner esos sentimientos en perspectiva, ayudarles a expresar apropiadamente estos sentimientos
- 2. Acomodar y dar tiempo para hablar.** Deje que las preguntas del niño le guíe en cuanto a que tanta información proporciona. Sea paciente. No siempre quieren hablar de sus sentimientos libremente. Mantenga la vigilancia para que note los indicios de que quieran hablar, tales como el rondarle cuando lava los platos o hace los quehaceres del jardín. Algunos niños prefieren expresarse por escrito, tocar música, o completar un proyecto de arte. Pueden necesitar los niños mas pequeños actividades concretas para ayudarles a identificar y expresar sus sentimientos (tales como dibujar, ver libros con imagines, o juegos imaginarios).
- 3. Mantenga las explicaciones apropiadas para el nivel de desarrollo.**
  - Primeros Grados de Escuela primaria estos estudiantes necesitan información sencilla, breve, que sea balanceada y que asegure que las casas y las escuelas son lugares seguros y que los adultos los van a proteger.
  - Grados Últimos de Primaria y Primeros del Intermedio estos estudiantes serán más verbales, harán preguntas sobre si realmente están a salvo y precisamente lo que están pasando en sus escuelas. Pueden necesitar ayuda para separar las fantasías de la realidad. Hable con ellos de los esfuerzos para proporcionar escuelas seguras por parte de los líderes escolares y comunitarios.
  - Grados Últimos del Intermedio y Secundario estos estudiantes tendrán opiniones fuertes y variadas acerca de las causas de la violencia en las escuelas y en la sociedad. Compartirán sugerencias concretas de cómo mejorar la seguridad escolar y prevenir tragedias en la sociedad. Enfaticé el papel que juega el estudiante en la manutención de la seguridad escolar al seguir las directivas de seguridad (por ejemplo, no dar acceso a la escuela a los desconocidos, reportar a los desconocidos en la escuela, reportar amenazas a la seguridad de la escuela hecho por estudiantes o miembros de la comunidad, etc.). Deben comunicar inquietudes de la seguridad personal de uno a los administradores y aprovechar de los apoyos para necesidades emocionales.
- 4. Revisar los procedimientos de seguridad.** Se deben incluir reglamentos y protecciones en la escuela y los hogares. Ayude a los niños a identificar al menos un adulto en la escuela y en la comunidad a quien podría recurrir en el caso de que sienten amenazados o en peligro.
- 5. Observar el estado emocional de los niños.** Algunos niños no expresarán sus inquietudes verbalmente. Pueden ser indicios del nivel de ansiedad o preocupación de los niños los cambios en el comportamiento, apetito, y hábitos de dormir. En la mayoría de niños, disminuirán estos síntomas aldarles seguridad y con el paso de tiempo. No obstante, pueden correr el riesgo de intensas reacciones en algunos niños. Pueden corren mayor riesgo de reacciones severas los niños quienes han experimentado previas experiencias traumáticas o perdidas personales, los que sufren de depresión u otras enfermedades mentales, o los que tienen necesidades especiales. Si tiene cualquier inquietud se debe buscar la ayuda de un profesional de salud mental.

**6. Limitar la observación de estos eventos en la televisión.** Limite lo que ven en la televisión y sea consciente de la televisión prendida en algunos lugares comunales. Puede causar ansiedad y confusión la información que es inapropiada por el nivel de desarrollo del niño, especialmente para los niños pequeños. Los adultos también necesitan estar conscientes del contenido de las conversaciones que conducen con niños presentes, aun en frente de adolescentes, y limitar que escuchen los comentarios vengativos, odiosos y enfadados porque los pueden malentender.

**7. Mantener una rutina normal.** Puede asegurales y promover la salud física el mantener una rutina normal. Asegure que los niños duerman lo suficiente, que coman con regularidad, y hagan ejercicio. Aliénteles a mantenerse al tanto de las tareas y las actividades extra curriculares, pero no a la fuerza, por que se sentirán agobiados. Sugerencias de Puntos de Énfasis al Conversar con los niños:

- Las escuelas son lugares seguros. Trabajan junto con los padres para mantenerlos seguros. todos se unen, los empleados de la escuela y los de la seguridad pública (policía local, departamentos de bomberos, trabajadores de emergencia, hospitales, etc.).
- El edificio de la escuela es seguro porque... (referirse a los reglamentos específicos de la escuela).
- Todos jugamos un papel en la seguridad escolar. Ponga atención y comunique con un adulto si ve o escucha algo que le inquieta o provoca nervios o miedo.
- No es lo mismo reportar que chismear o ser soplón. Puede proveer información importante que ha escuchado o visto, lo cual que puede prevenir al darnos, o comunicándose directamente o anónimamente con un adulto de confianza
- No se fijen en las peores posibilidades. Aunque no existe una garantía absoluta de que nunca sucederá nada malo, es importante distinguir entre la posibilidad de que algo pase y la probabilidad de que afectará a nuestra escuela.
- Es difícil para todos entender la violencia sin sentido. Nos puede ayudar sentir mejor y alejarnos de las preocupaciones del acontecimiento el hacer cosas que disfrutamos, mantener la rutina normal, y estar con amigos y familia.
- A veces personas hacen malas cosas que hieren a los demás. Tal vez no podían manejar los enojos, estaban bajo la influencia de las drogas o alcohol o tal vez sufrían de una enfermedad mental. Muchos adultos (padres, maestros, policías, doctores, líderes espirituales etc.) se esfuerzan mucho en conseguirles ayuda para prevenir que hagan daño a los demás. Es importante que sepamos todos cómo buscar ayuda si nos sentimos muy alterados o con iras y que no alejemos de las drogas y alcohol.
- Aléjense de las pistolas u otras armas. Si sabes que alguien tiene una pistola, notifiqué a un adulto. Uno de los más importantes factores de riesgo para la violencia mortal es acceso a las armas.
- La violencia nunca es una solución para los problemas personales. Los estudiantes puede formar parte de una solución positiva al participar en programas contra la violencia en las escuelas, aprender las destrezas de mediación de conflicto, y al buscar la ayuda de un adulto si ellos o un compañero experimentan dificultades con las iras, depresión, u otras emociones que no pueden controlar.

NASP tiene información adicional sobre la seguridad escolar, prevención de violencia y reacciones de trauma infantiles, reacción a crisis, para los educadores y los padres en [www.nasponline.org](http://www.nasponline.org)

# Responding to Natural Disasters: Helping Children and Families: Information for School Crisis Teams

*Philip J. Lazarus, NCSP, Florida International University*

*Shane R. Jimerson, NCSP, University of California, Santa Barbara*

*Stephen E. Brock, NCSP, California State University, Sacramento*

Natural disasters can be especially traumatic for children and youth. Experiencing a dangerous or violent flood, storm, wildfire, or earthquake is frightening even for adults, and the devastation to the familiar environment (i.e., home and community) can be long lasting and distressing. Often an entire community is impacted, further undermining a child's sense of security and normalcy. These factors present a variety of unique issues and coping challenges, including issues associated with specific types of natural disasters, the need to relocate when home and/or community have been destroyed, the role of the family in lessening or exacerbating the trauma, emotional reactions, and coping techniques.

Children look to the significant adults in their lives for guidance on how to manage their reactions after the immediate threat is over. Schools can help play an important role in this process by providing a stable, familiar environment. Through the support of caring adults school personnel can help children return to normal activities and routines (to the extent possible), and provide an opportunity to transform a frightening event into a learning experience.

Immediate response efforts should emphasize teaching effective coping strategies, fostering supportive relationships, and helping children understand the disaster event. Collaboration between the school crisis response team and an assortment of community, state, and federal organizations and agencies is necessary to respond to the many needs of children, families, and communities following a natural disaster. Healing in the aftermath of a natural disaster takes time; however, advanced preparation and immediate response will facilitate subsequent coping and healing.

## **Issues Associated with Specific Disasters**

**Hurricanes.** Usually hurricanes are predicted days to weeks in advance, giving communities time to prepare. These predictions give families time to gather supplies and prepare. At the same time, however, these activities may generate fear and anxiety. Although communities can be made aware of potential danger, there is always uncertainty about the exact location of where the hurricane will impact. When a hurricane strikes, victims experience intense thunder, rain, lightning, and wind. Consequently, startle reactions to sounds may be acute in the months that follow. Among a few children subsequent storms may trigger panic reactions. Immediate reactions to hurricanes can include emotional and physical exhaustion. In some instances children may experience survivor guilt (e.g., that they were not harmed, while others were killed or injured). Research indicates that greater symptomatology in children is associated with more frightening experiences during the storm and with greater levels of damage to their homes.

**Earthquakes.** Aftershocks differentiate earthquakes from other natural disasters. Since there is no clearly defined endpoint, the disruptions caused by continued tremors may increase psychological distress. Unlike other natural disasters (e.g., hurricanes and certain types of floods), earthquakes occur with virtually no warning. This fact limits the ability of disaster victims to make the psychological adjustments that can facilitate coping. This relative lack of predictability also significantly lessens feelings of controllability. While one can climb to higher ground during a flood, or install storm shutters before a hurricane, there is usually no advance warning or immediate preparation with earthquakes. Survivors may have to cope with reminders of the destruction (e.g., sounds of explosions, and the rumbling of aftershocks; smells of toxic fumes and smoke; and tastes of soot, rubber, and smoke).

**Tornadoes.** Like earthquakes, tornadoes can bring mass destruction in a matter of minutes, and individuals typically have little time to prepare. Confusion and frustration often follow. Similar to a hurricane, people experience sensations during tornadoes that may generate coping challenges. It can be difficult to cope with the sights and smells of destruction. Given the capricious nature of tornadoes, survivor guilt has been observed to be an especially common coping challenge. For instance, some children may express guilt that they still have a house to live in while their friend

next door does not. In addition, a study following a tornado that caused considerable damage and loss of life revealed significant associations between children’s disturbances and having been in the impact zone, been injured, and having experienced the death of relatives.

**Floods.** These events are one of the most common natural disasters. Flash floods are the most dangerous as they occur without warning; move at intense speeds; and can tear out trees, destroy roads and bridges, and wreck buildings. In cases of dam failure the water can be especially destructive. Research has reported that many children who survive a destructive flood experience psychological distress. The two most significant predictors of impairment are the degree of disaster exposure and perceptions of family reactions. Sensations that may generate coping challenges include desolation of the landscape, the smell of sludge and sodden property, coldness and wetness, and vast amounts of mud. Most floods do not recede overnight, and many residents have to wait days or weeks before they can begin the cleanup.

**Wildfires.** Unlike other natural disasters such as earthquakes, there is often some warning of an advancing wildfire. However, depending upon the wind and terrain the direction and spread of a wildfire can change abruptly. The amount of warning can vary from one neighborhood to the next. While some people may have hours (or even days) to evacuate, others will have only a few minutes to gather their belongings and leave their homes. Even if evacuation is not ultimately necessary, preparing for the possibility can be frightening for children, particularly if they are seeing images of homes burning nearby on television.

Reactions immediately following a wildfire may include emotional and physical exhaustion. In some instances children may experience survivor guilt (e.g., that their home was left unharmed, while others were completely destroyed). In general it might be expected that greater symptomatology in children will be associated with more frightening experiences during the wildfire and with greater levels of damage to their community and homes. The sights, sounds, and smells of a wildfire often generate fear and anxiety. Consequently, similar sensations (e.g., the smell of smoke) may generate distress among children in the months that follow. Given the scale of most wildfires, individuals living outside the ravages of the fires may still feel exposed to the danger from drifting clouds of smoke, flames on the horizon, and television reports. Some children may also react to follow-up news coverage, and even weather reports that talk about dry fire conditions after the fact.

It is important to acknowledge that although a given natural disaster may last for only a short period, survivors can be involved with the disaster aftermath for months or even years. In attempts to reconstruct their lives following such a natural disaster, families are often required to deal with multiple people and agencies (e.g., insurance adjustors, contractors, electricians, roofers, the Red Cross, the Federal Emergency Management Agency (FEMA), and the Salvation Army).

### **Possible Reactions of Children and Youth to Natural Disasters**

Most children will be able to cope over time with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions. The severity of children’s reactions will depend on their specific risk factors. These include exposure to the actual event, personal injury or loss of a loved one, dislocation from their home or community, level of parental support, the level of physical destruction, and pre-existing risks, such as a previous traumatic experience or mental illness. Symptoms may differ depending on age but can include:

- **Preschoolers**—thumb sucking, bedwetting, clinging to parents, sleep disturbances, loss of appetite, fear of the dark, regression in behavior, and withdrawal from friends and routines.
- **Elementary School Children**—irritability, aggressiveness, clinginess, nightmares, school avoidance, poor concentration, and withdrawal from activities and friends.

- **Adolescents**—sleeping and eating disturbances, agitation, increase in conflicts, physical complaints, delinquent behavior, and poor concentration.

A minority of children may be at risk of post-traumatic stress disorder (PTSD). Symptoms can include those listed above, exhibited over an extended period of time. Other symptoms may include re-experiencing the disaster during play and/or dreams; anticipating or feeling that the disaster is happening again; avoiding reminders of the disaster; general numbness to emotional topics; and increased arousal symptoms such as inability to concentrate and startle reactions. Although rare, some adolescents may also be at increased risk of suicide if they suffer from serious mental health problems like PTSD or depression. Students who exhibit these symptoms should be referred for appropriate mental health evaluation and intervention.

### **Immediately Following a Natural Disaster: Information for School Crisis Teams**

**Identify children and youth who are high risk and plan interventions.** Risk factors are outlined in the above section on children’s reactions. Interventions may include individual counseling, small group counseling, or family therapy. From group crisis interventions, and by maintaining close contact with teachers and parents, the school crisis response team can determine which students need supportive crisis intervention and counseling services. A mechanism also needs to be in place for self-referral and parental-referral of students.

**Support teachers and other school staff.** Provide staff members with information on the symptoms of children’s stress reactions and guidance on how to handle class discussions and answer children’s question. As indicated, offer to help conduct a group discussion. Reinforce that teachers should pay attention to their own needs and not feel compelled to do anything they are not comfortable doing. Suggest that administrators provide time for staff to share their feelings and reactions on a voluntary basis as well as help staff develop support groups. In addition, teachers who had property damage or personal injury to themselves or family members will need leave time to attend to their needs.

**Engage in post-disaster activities that facilitate healing.** La Greca and colleagues have developed a manual for professionals working with elementary school children following a natural disaster. Activities in this manual emphasize three key components supported by the empirical literature: (a) exposure to discussion of disaster-related events, (b) promotion of positive coping and problem-solving skills, and (c) strengthening of children’s friendship and peer support. Specifically:

- **Encourage children to talk about disaster-related events.** Children need an opportunity to discuss their experiences in a safe, accepting environment. Provide activities that enable children to discuss their experiences. These may include a range of methods (both verbal and nonverbal) and incorporate varying projects (e.g., drawing, stories, audio and video recording). Again provide teachers specific suggestions or offer to help with an activity.
- **Promote positive coping and problem-solving skills.** Activities should teach children how to apply problem-solving skills to disaster-related stressors. Children should be encouraged to develop realistic and positive methods of coping that increase their ability to manage their anxiety and to identify which strategies fit with each situation.
- **Strengthen children’s friendship and peer support.** Children with strong emotional support from others are better able to cope with adversity. Children’s relationships with peers can provide suggestions for how to cope with difficulties and can help decrease isolation. In many disaster situations, friendships may be disrupted because of family relocations. In some cases parents may be less available to provide support to their children because of their own distress and their feelings of being overwhelmed. It is important for children to develop supportive relationships with their teachers and classmates. Activities may include asking children to work cooperatively in small groups in order to enhance peer support.

**Emphasize children’s resiliency.** 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 students about other communities that have experienced natural disasters and recovered (e.g., Miami, FL and Charleston, SC).

**Support all members of the crisis response team.** All crisis response team members need an opportunity to process the crisis response. Providing crisis intervention is emotionally draining. This is likely to include teachers and other school staff if they have been serving as crisis caregivers for students.

**Secure additional mental health support.** Although more than enough caregivers are often willing to provide support during the immediate aftermath of a natural disaster, long-term services may be lacking. School psychologists and other school mental health professionals can help provide and coordinate mental health services, but it is important to connect with community resources in order to provide such long-term assistance. Ideally these relationships would be established in advance.

### **Important Influences on Coping Following a Natural Disaster**

**Relocation.** The frequent need for disaster survivors to relocate creates unique crisis problems. For example, it may contribute to the social, environmental, and psychological stress experienced by disaster survivors. Research suggests that relocation is associated with higher levels of ecological stress, crowding, isolation, and social disruption.

**Parent’s Reactions and Family Support.** Parents’ adjustment is an important factor in children’s adjustment, and the adjustment of the child in turn contributes to the overall adjustment of the family. Altered family functions, separation from parents after natural disaster, and ongoing maternal preoccupation with the trauma are more predictive of trauma symptomatology in children than is the level of exposure. Thus, parents’ reactions and family support following a natural disaster are important considerations in helping children’s cope.

**Emotional Reactivity.** Preliminary findings suggest that children who tend to be anxious are those most likely to develop post-trauma symptomatology following a natural disaster. Research suggests that children who had a preexisting anxiety disorder prior to a natural disaster are at greater risk of developing PTSD symptoms.

**Coping Style.** It is important to examine children’s coping following a natural disaster because coping responses appear to influence the process of adapting to traumatic events. Research suggests that the use of blame and anger as a way of coping may create more distress for children following disasters.

### **Long-Term Effects**

Research suggests that long term difficulties following a natural disaster (e.g., PTSD), are most likely to be seen among children who experienced any of the following:

- Had threats to their physical safety.
- Thought they might die during the disaster.
- Report that they were very upset during the disaster.
- Lost their belongings or house as a result of the disaster.
- Had to relocate in the aftermath.

- Attended schools following the disaster that had multiple schedule changes, double sessions or a lot of disruptions.

Consequently, crisis response team members need to identify students who experience these risk factors and closely monitor their status. These students may require long-term coping assistance.

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- For further information on helping children cope with crises, visit [www.nasponline.org](http://www.nasponline.org).



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## MEMORIAL ACTIVITIES AT SCHOOL: A LIST OF "DO'S" AND "DON'TS"

*Memorial activities can be a valuable way for schools to help students and staff deal with trauma and loss. How a school approaches a memorial can make the difference in the healing nature of the process. Following are a few Do's and Don'ts to avoid further traumatizing students and promote a positive experience. For more information on memorials and helping children cope, go to [www.nasponline.org](http://www.nasponline.org)*

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### **DO**

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**Do** prepare for the needs of youth both preceding and following memorial activities in the community or school.

**Do** keep parents and staff informed of all upcoming activities related to the memorial plan, and allow any student, with parental permission, to attend a memorial activity.

**Do** provide staff and parents with information regarding possible related behaviors and emotions that students may display.

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

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

**Do** develop living memorials (e.g., tolerance programs) that address the problems that lead to the crisis event.

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

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

**Do** allow students to discuss, in small group settings, such as classrooms, how they feel about their memorial experiences.

**Do** encourage communication (e.g., writing letters and exchange of ideas) related to memorial activities.

**Do** provide a referral system (school and community based) to identify youth who display complicated grief reactions and ensure appropriate support services are available.

**Do** establish an infrastructure (plans and processes) to provide assistance and support to students in immediate need.

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### **DON'T**

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**Don't** underestimate the resurfacing of intense common grief reactions, including sadness and anger.

**Don't** require all students or staff to attend a memorial activity.

**Don't** pathologize normal grief reactions. Conversely, do not minimize serious, atypical grief reactions that may require closer clinical investigation.

**Don't** try to accomplish all things in the school context; there are multiple forums to which the school staff, administration, and faculty may contribute that do not occur at school.

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

**Don't** allow the memorial to be a forum for expressions of hatred and anger toward the perpetrators of crises.

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

**Don't** allow a memorial to simply recount tales of the traumatic stressor.

**Don't** schedule a memorial at such a time that it will not allow students to discuss or process their experiences.

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

**Don't** expect that staff and faculty will be able to independently identify individuals in need of mental health assistance.

**Don't** anticipate that students will independently seek out the appropriate professional assistance.

Adapted from J. Sandoval & S. E. Brock, 1995, The school psychologist's role in suicide prevention. *School Psychology Quarterly*. © 2002, National Association of School Psychologists, 4340 East West Hwy #402; Bethesda, MD 20814, [www.nasponline.org](http://www.nasponline.org), phone (301) 657-0270, fax (301) 657-0275, TTY (301) 657-4155

Web Sites

[www.NASPonline.org](http://www.NASPonline.org)

[www.nea.org](http://www.nea.org)

[www.connectforkids.org](http://www.connectforkids.org)

[www.childrengrief.net](http://www.childrengrief.net)

**School Wide-Loss Committee Members**

Krista Loge  
Gina Portnowitz  
Aimee Villemure

Special thanks to previous Committee Members for their valued work and input