CRISIS MANAGEMENT STRATEGIES
FOR THE STUDENT SERVICES PROFESSIONAL

Randolph B. Alfred, M.Ed
Yvette Y. Berger, MSW, LCSW
Mercy Suarez, Ed.S.
Frank J. Zenere, Ed.S.

STUDENT SERVICES CRISIS TEAM
Division of Student Services
Miami-Dade County Public Schools
1500 Biscayne Boulevard, Suite 341
Miami, Florida 33132
October, 2007
ACKNOWLEDGMENTS

This manual was compiled by the Student Services Crisis Team within the Division of Student Services of Miami-Dade County Public Schools. Materials contributed by the following sources proved invaluable in the compilation of this resource guide.


Funding for the printing of this manual was made available through the Safe Schools, Healthy Students Grant.
# TABLE OF CONTENTS

## CONTENTS

**Preface** vii

**Mitigation and Prevention** 1

- Crisis in the School Community 3
- Programs that Support a Safe Learning Environment 4
- Bullying and Intimidation 9
- Warning Signs of Potentially Violent Behavior 10
- Suicidal Behavior: Prevention 11
- Suicide Prevention Fact Sheet 14
- Suicide: Risk Factors and Warning Signs 15
- Self-Injury: Information and Warning Signs 16

**Preparedness** 19

- Suicide Prevention and Intervention Procedures 21
- Culturally Competent Crisis Response: Preparation Tips 26

**Response** 27

- Psychological Trauma: Assessment 29
- Suicide Risk Screening: Student Interview 30
- Suicidal Behavior: Risk Assessment 32
- Responding to Self-Injurious Behavior 33
- Student Services Crisis Hotline Report Form 34
- Suicide Prevention Sample Letter to Parent/Guardian 36
# TABLE OF CONTENTS

## CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Behavior: Intervention Plan</td>
<td>39</td>
</tr>
<tr>
<td>Suicide Intervention Guidelines</td>
<td>40</td>
</tr>
<tr>
<td>Release of Records/Information Form</td>
<td>41</td>
</tr>
<tr>
<td>Responding to Aggression/Violent Threats or Actions</td>
<td>44</td>
</tr>
<tr>
<td>Responding to Bullying Behaviors: Assessment</td>
<td>45</td>
</tr>
<tr>
<td>Needs of Terminally Ill Students</td>
<td>46</td>
</tr>
<tr>
<td>Classroom Support for Students in Crisis</td>
<td>47</td>
</tr>
<tr>
<td>Crisis Intervention: Elementary Classroom Presentation</td>
<td>51</td>
</tr>
<tr>
<td>Crisis Intervention: Secondary Classroom Presentation</td>
<td>58</td>
</tr>
<tr>
<td>Psychological First Aid</td>
<td>65</td>
</tr>
<tr>
<td>Crisis Counseling Professionals’ Log</td>
<td>66</td>
</tr>
<tr>
<td>Crisis Counseling Students’ Log</td>
<td>67</td>
</tr>
<tr>
<td>Critical Incident Notification to Parents</td>
<td>68</td>
</tr>
<tr>
<td>Sample PA Announcements of Critical Incident</td>
<td>74</td>
</tr>
<tr>
<td>Day’s End Meeting for Crisis Response Team</td>
<td>75</td>
</tr>
<tr>
<td><strong>Recovery</strong></td>
<td></td>
</tr>
<tr>
<td>Crisis Reactions</td>
<td>79</td>
</tr>
<tr>
<td>Recovery From Immediate Trauma</td>
<td>83</td>
</tr>
<tr>
<td>Memorial Services/Activities</td>
<td>84</td>
</tr>
<tr>
<td>Long-Term Consequences of Trauma</td>
<td>85</td>
</tr>
<tr>
<td>Long-Term Stress Reactions</td>
<td>86</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

**CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Incident Support Activities: Elementary School</td>
<td>87</td>
</tr>
<tr>
<td>Critical Incident Support Activities: Secondary School</td>
<td>89</td>
</tr>
<tr>
<td>Classroom Activities For Dealing With Loss</td>
<td>91</td>
</tr>
<tr>
<td>Critical Incident Support Services For Faculty and Staff</td>
<td>92</td>
</tr>
<tr>
<td>Suicide Postvention</td>
<td>93</td>
</tr>
<tr>
<td>Culturally and Linguistically Competent Recovery Services: Recommendations</td>
<td>96</td>
</tr>
<tr>
<td>When Someone Has Died</td>
<td>97</td>
</tr>
<tr>
<td>Developmental Understanding of Death</td>
<td>98</td>
</tr>
<tr>
<td>Strategies for Coping with Trauma Victims/Survivors: Developmental Approach</td>
<td>99</td>
</tr>
<tr>
<td>Stages of Grief</td>
<td>100</td>
</tr>
<tr>
<td>How Trauma Differs from Grief</td>
<td>101</td>
</tr>
<tr>
<td>Recommendations for Helping Children Cope with Crises</td>
<td>102</td>
</tr>
<tr>
<td>Indications of High-Risk Grieving</td>
<td>103</td>
</tr>
<tr>
<td>Helping Children Deal With Trauma</td>
<td>104</td>
</tr>
<tr>
<td>Helping a Student After a Death in The Family</td>
<td>107</td>
</tr>
<tr>
<td>Helping a Grieving Friend: Guidelines for Students</td>
<td>108</td>
</tr>
<tr>
<td>When a Grieving Classmate Returns to School</td>
<td>110</td>
</tr>
<tr>
<td>Helping Grieving Parents: Suggestions for Students</td>
<td>112</td>
</tr>
<tr>
<td>Helping Students Affected by Disaster: Suggestions for Teachers</td>
<td>114</td>
</tr>
<tr>
<td>Post-Disaster Activities For The Classroom</td>
<td>116</td>
</tr>
<tr>
<td>Assisting Students Affected by Disaster: Sample Responses to Questions</td>
<td>117</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

## CONTENTS

- Coping with Disaster: Suggestions for Parents ................ 118
- After the Crisis: Recommendations for School Staff .......... 120
- Recovery: Long-term Focus ...................................... 121
- Cultural/Religious Observances Related to Death ............. 122
- **Local And National Help Resources** ......................... 129
PREFACE

An eighth grade student murders his classmate in a school’s restroom; a high school student hangs herself in the school’s stairwell; a beloved soccer coach dies suddenly at halftime; all unexpected, tragic events that have impacted the Miami-Dade County Public Schools community. These critical incidents engender far reaching reactions ranging from shock and disbelief, to fear, anger and resounding sadness. Further, such occurrences have the potential to disrupt the learning process, affect academic performance, impact behavioral and mental health and influence the overall school climate.

The Crisis Management Resource Manual is designed to support school administrators, student services personnel, teachers and members of the school-based Critical Incident Response Teams, in addressing the four phases of crisis management: Mitigation/Prevention, Preparedness, Response and Recovery. Information and guidelines included in this manual will enhance risk reduction, promote awareness, assist schools in returning to a state of functional safety and security; and support long term healing.
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
MITIGATION
AND
PREVENTION

What schools should do to reduce or eliminate risk of injury or loss of life
CRISIS IN THE SCHOOL COMMUNITY

A state of crisis is achieved through the occurrence of a sudden, generally unanticipated event that profoundly and negatively impacts an individual, institution or a community’s ability to function effectively. Crisis may also be a result of long term or chronic exposure to dysfunctional or threatening environments or situations; or attributed to temporary developmental challenges. Youths exposed to such critical situations are at increased risk for posttraumatic reactions that may impede cognitive, academic, social, behavioral and emotional functioning.

Examples Of School Crises

Events or circumstances, such as those listed below, may lead to serious and profound difficulties. Whether they occur on school campus, in the home, or in the community, they may have significant impact on the entire school community.

- Abduction
- Automobile Accident
- Chronic Illness: Cancer, Asthma, Diabetes
- Drowning
- Food Poisoning
- Homicide
- National or International Crisis
- Shooting
- Bullying/Harassment
- School Bus Accident
- Fire/Explosion
- Contagious Disease: Hepatitis, Meningitis, etc.
- Hostage Situation
- Natural Disaster
- School Invasion
- Suicide
- Terrorism
PROGRAMS THAT SUPPORT A SAFE LEARNING ENVIRONMENT

Miami-Dade County Public Schools offers a variety of services and activities created to improve student and staff safety by reducing the number of incidents of violence, suicide, weapons possession, drug use, vandalism, and truancy. A brief description of the programs and strategies designed to enhance the safe school environment is included in this section.

The Child Assault Prevention (CAP) Project of South Florida

The Child Assault Prevention (CAP) Project of South Florida, Inc., is a comprehensive, child abuse prevention program which works with school personnel, parents, and children (K-12) at school sites. CAP has trained children, classroom by classroom, and given abuse prevention workshops to their parents, faculty, and school administrators in schools since its inception in Miami-Dade County Public Schools in 1984. Our parent organization, the National Center for Assault Prevention, conceived in 1978, has over 250 international chapters.

Bullying, or being dominated by another child, seriously affects one out of ten children. In the U.S. 180,000 children stay home each day. Elementary students in the workshop have opportunities to join a role play and practice positive behavior eliciting peer support, to say “No” to a bully, deal with name calling, and to avoid becoming a victim.

Stranger abduction affects 2000 adults and children per day. Good safety practice is routinely required to protect children from strangers. Children learn a stranger is anyone they don’t know, and get to role play staying a safe distance, taking a description of a stranger and their vehicle, and in the process hear many tricks/lures cited by experts as being effective in abducting children. Emergency phone numbers & self defense are also covered.

One out of three girls and one in five boys will be sexually assaulted by the age of 18. The elementary workshop addresses power and control by caretakers in a role play that shows an uncle demanding a kiss from his niece who is clearly uncomfortable. He offers her a bribe to win her compliance, and tells her it’s “our little secret.” Children learn they have the right to say “NO”, get away, and tell a trusted adult.

Prior to the classroom training, two adult presentations will be given to pave the way for effective, knowledgeable support and reinforcement of workshop principles. In both the staff workshop for faculty/school administration and the parent presentation, dynamics of child abuse, its prevention, myths and realities illustrated through statistics, state law, local resources, and methods of intervention are covered.

Write to:  Numbers:  Website:
The C.A.P. Project  305 377-2277 – Office  www.capproject.org
801 SW 3rd Avenue, Suite 308  305 860-0080 – Fax
Miami, Florida 33130
Program: Character Education

Contact: Division of Social Sciences, 305 992-1982.

Description: As a result of School Board action in 1995, Miami-Dade County Public Schools adopted nine core values thought to be universally accepted by all segments of society, to serve as the basis of the district’s character education program. These values are Citizenship, Cooperation, Fairness, Honesty, Kindness, Integrity, Pursuit of Excellence, Respect, and Responsibility. In keeping with the Board’s action, the district’s Student Progression Plan was amended to require character education instruction for all students, K-12. Instructional materials were developed to support the district’s character education requirements, was provided to all schools. Workshops and special ethics-based programs have also been offered to schools through partnerships with organizations and community partners; e.g., Institute for Global Ethics, Living Values, Miami-Dade Commission on Ethics.

Current Status: Per State Statute 1003.42 (formerly 233.061) beginning in 2004-2005, each school district in the state must adopt or develop a character education program for grades K-12. The district’s character education requirement has preceded the state’s requirement by four years. As required by state directive, the district’s nine core values and the instructional materials used to support their implementation have been submitted to the Florida Department of Education for review and approval. It is anticipated that the district’s plan, one of the first in the state and the only locally written program, will exceed all requirements set forth by the state. To further support the state and district character education requirement, the Division of Social Sciences has applied for a 4-year federal grant in the amount of $1.8 million. If funded, the grant will provide for further curriculum development and comprehensive staff development.
Program: Good Samaritan Communities of Caring Program

Contact: Division of Student Services, 305-995-7321.

Description: The purpose of this program is to foster positive behavior and open communication in an environment that results in safe and nurturing schools. The Good Samaritan Communities of Caring Program is a campaign designed to encourage students to feel a sense of responsibility in alerting school administrators or responsible adults of any pending violent or destructive actions in the school community.

The program implementation will include sharing information regarding impending violent or disruptive actions with a trusted adult, in confidence. This information may be shared through face-to-face contact, a telephone hotline, or a crime prevention box located in an easily accessible and secure area.

Designated staff would then be responsible for following through with the appropriate action regarding the potential for the disruptive situation. The designated staff may include elementary counselors, secondary counselors, TRUST specialists, safe schools facilitators, school social workers, school Board police, student services crisis team, the intergroup relations team, and school site administrators.

The Good Samaritan Communities of Caring Program is a comprehensive program which will bring all existing services, targeted at violence prevention and disruptive behavior, under the supervision of the Division of Student Services. The Division of Student Services will oversee and coordinate program implementation with other departments in the district.

Current Status: Job titles that are expected to be involved with the implementation of this program have been trained on this initiative. The Division of Student Services and the Office of Public Information for M-DCPS will work collaboratively to provide a public service campaign on the Good Samaritan Communities of Caring Program.
<table>
<thead>
<tr>
<th><strong>Program:</strong></th>
<th>PROUD (Peacefully Resolving Our Unsettled Differences)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact:</strong></td>
<td>Division of Student Services, 305 995-7338.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>Since its inception in 1994, PROUD has been the umbrella under which many violence-reduction initiatives have been grouped. Under PROUD, each school in the district has received peer mediation and conflict resolution training. Anger management and bullying and harassment prevention components have been added. PIN (PROUDly Infusing Nonviolence), a PROUD component, calls for every student in Miami-Dade County Public Schools to receive anger management instruction. The institution of PIN is a result of the School Board’s action in November 1985. A supplemental document specifically addressing bullying and harassment has been written and is in the process of being printed. Special activities under the PROUD umbrella include:</td>
</tr>
<tr>
<td></td>
<td>1. the Mock Mediation Practicum, in collaboration with the 11th Judicial Court; and,</td>
</tr>
<tr>
<td></td>
<td>2. the PROUD Peace Awards which offers recognition to outstanding students, sponsors, and community agencies that collaborate in the implementation of the program.</td>
</tr>
<tr>
<td><strong>Current Status:</strong></td>
<td>PROUD is an ongoing project. Yearly, new teachers, counselors, and administrators are offered the opportunity to receive training in conflict resolution, peer mediation, anger management, as well as program implementation.</td>
</tr>
</tbody>
</table>
Program: **Comprehensive Student Services Program PK-Adult**

Contact: Division of Student Services, 305 995-7338.

Description: The Comprehensive Student Services Program, PK-Adult, established policy for the implementation of a program centered around student skill development and delivered by an integrated team of student services professionals who are uniquely trained to address the academic, personal/social, career/community awareness and health development needs of all students. This is a systemic approach which delivers services to students and their families. The program structure supports educational reform initiatives and takes into consideration current social climate and the unique issues faced by the multicultural/multilingual populations enrolled in Miami-Dade County Public Schools. It is an integral and central part of the district’s total educational program.

The Student Services team members available to schools as resources and program delivery agents are guidance counselors, career specialists, CAP advisors, TRUST specialists, school psychologists, school social workers, crisis management specialists, and safe schools specialists.

Current Status: The Comprehensive Student Services Program PK-Adult is an ongoing, operational program.

Program: **TRUST (To Reach Ultimate Success Together)**

Contact: Division of Student Services, 305 995-7338.

Description: \textit{TRUST} is a comprehensive program designed to provide prevention, intervention, referral, and follow-up services to students and their families who may be at risk of experiencing problems with substance abuse and maladaptive behaviors. A component of \textit{TRUST} is a curriculum for students for grades K-12.

\textit{TRUST} specialists have provided, and will continue to provide, school sites with information on community agencies to assist schools with students’ non-academic deficiencies. Each month, \textit{TRUST} specialists are trained on mental health issues in order to assist schools and students with issues of adjustment.

Current Status: \textit{TRUST} is an ongoing program. There are \textit{TRUST} specialists in every secondary school in the district. The \textit{TRUST} curriculum is available in all elementary and secondary schools.
BULLYING AND INTIMIDATION

Bullying continues to be a widespread problem in our schools and communities. Patterns of intimidation begin early in life and include teasing, harassment, threats and aggression.

- Victims of chronic bullying often develop emotional and social adjustment problems, perform poorly in school, and show lasting problems years later (NICH, 2001)
- Playground statistics – Every 7 minutes a child is bullied. Adult intervention – 4%. Peer intervention – 11%. No intervention – 85% (Craig & Pepler, 1997).
- Bullying is the most common form of violence in our society: between 15% and 30% of students are either bullies, victims, or both.
- A recent report from the American Medical Association on a study of over 15,000, 6th-10th graders, estimates that approximately 3.7 million youths engage in, and more than 3.2 million are victims of, moderate or serious bullying each year.
- Between 1994 and 1999, there were 253 violent deaths in schools, 51 casualties were the result of multiple death events. Bullying is often a factor in school related deaths.
- Membership in either bully or victim groups is associated with school dropout, poor psychosocial adjustment, criminal activity and other negative long-term consequences.
- Direct, physical bullying increases in elementary school, peaks in middle school and declines in high school. Verbal abuse, on the other hand, remains constant. The U.S. Department of Justice reports that younger students are more likely to be bullied than older students.
- Over two-thirds of students believe that schools respond poorly to bullying, with a high percentage of students believing that adult help is infrequent and ineffective.
- 25% of teachers see nothing wrong with bullying or putdowns and consequently intervene in only 4% of bullying incidents.


What Schools Can do to Prevent Bullying

When there is a school-wide commitment to end bullying, it can be reduced by up to 50%. One approach that has been shown to be effective focuses on changing school and classroom climates by: raising awareness about bullying, increasing teacher and parent involvement and supervision, forming clear rules and strong social norms against bullying, and providing support and protection for all students. This approach involves teachers, principals, students, and everyone associated with the school, including janitors, cafeteria workers, and crossing guards. Adults become aware of the extent of bullying, and they involve themselves in changing the situation, rather than looking the other way. Students pledge not to bully other students, to help students who are bullied, and to make a point to include students who are left out.

WARNING SIGNS OF POTENTIALLY VIOLENT BEHAVIOR

In accordance with the State of Florida, Department of Education, School Safety and Security Best Practices, each school is expected to have a system in place to identify students that exhibit early warning signs of, or pose a threat of, future violent behavior. The following indicators may increase a student’s risk of future violent behavior.

Very Early Warning Signs of Violent Behavior
- Temperamentally difficult
- Problems in socialization
- Severe or repeated emotional trauma
- Cruelty to animals
- Bedwetting (not in isolation)
- Fire starting


Early Warning Signs
- Social withdrawal
- Excessive feelings of isolation and being alone
- Being a victim of violence
- Feelings of being picked on and persecuted
- Low school interest/poor academic performance
- Uncontrolled anger
- Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors
- History of discipline problems
- Intolerance for differences
- Affiliation with gangs
- Serious threats of violence
- Drugs and/or alcohol abuse
- Expression of violence in writing/art work

Imminent Warning Signs
The following behavioral characteristics indicate that violent behavior may be imminent, suggesting an increased elevation of risk, and a need for immediate intervention.

- Physical fights with family/peers
- Severe destruction of property
- Severe unjustified rage
- Detailed threats of violence
- Possession/use of weapons
- Self-injurious behavior/threats
- Preoccupation with violence, weapons, military
- Talking/writing about violent, vengeful acts
- Narrow set of inappropriate responses to frustration
- General “leakage” of distorted, violent thinking
- Delusional thinking expressed in writings, other communication and actions

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
SUICIDE PREVENTION

Youth suicide is a serious public health problem. It is frequently the end result of unidentified, untreated risk factors that have overwhelmed an individual’s ability to cope with life. Included among these risk factors are genetic, neuro-biological, psychological, social, cultural and environmental components that act to influence self destructive behavior. Suicide is preventable. Actions taken to increase the awareness and identification of suicidal youth have and will continue to save lives. The following section is devoted toward this effort.

Youth Suicide Fact Sheet

Since 77% of teenage students state that if they were contemplating suicide they would first turn to a friend for help, peer assistance programs have been implemented throughout the nation.

Studies have shown that as much as 86% of parents were unaware of their child's suicidal behavior.

Adolescent females are 1.5 to 2 times more likely than adolescent males to report experiencing suicidal ideation and 3 to 4 times more likely to attempt suicide.

Adolescent males are 4 to 5.5 times more likely than adolescent females to take their life.

Guns account for 67% of adolescent suicides.

Adolescents who have attempted suicide are eight times more likely than adolescents who have not attempted suicide to attempt suicide again.

Youth who make threats of suicide should be taken seriously and provided the help that they need.

Nine out of ten adolescents who complete suicide give clues to others before their suicide attempt.

Most suicidal adolescents do not want to die. They are torn between wanting to end their psychological pain and wanting to continue living.

One of the most important things an individual can do to prevent suicide is to identify the warning signs of suicide and recognize an adolescent at increased risk for suicide.

SUICIDE PREVENTION FACT SHEET

In 2004, suicide ranked as the third leading cause of death for young people (ages 15-19 and 15-24); only accidents and homicides occurred more frequently.

Suicide rates for those between the ages of 10-14 increased 51% between 1981 and 2004.

Although their rates are lower than for Caucasian children, African American children (ages 10-14) showed the largest increase in suicide rates between 1980 and 1995 (233%). In 2004, the rate for African American males ages 10-14 was 1.61 per 100,000 in 2004 (the rate for Caucasian males was 1.69 per 100,000).

Research has shown that most adolescent suicides occur after school hours and in the teen’s home.

Although rates vary somewhat by geographic location, within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year.

Most adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior appears to be to influence change in the behaviors or attitudes of others.

How do you remember the Key Warning Signs of Potential Suicidal Behavior?

Here’s an Easy-to-Remember Mnemonic:

<table>
<thead>
<tr>
<th>I</th>
<th>S</th>
<th>P</th>
<th>A</th>
<th>T</th>
<th>H</th>
<th>W</th>
<th>A</th>
<th>R</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideation</td>
<td>Substance Abuse</td>
<td>Purposelessness</td>
<td>Anxiety</td>
<td>Trapped</td>
<td>Hopelessness</td>
<td>Withdrawal</td>
<td>Anger</td>
<td>Recklessness</td>
<td>Mood Change</td>
</tr>
</tbody>
</table>

American Association of Suicidology, 2004
SUICIDE: RISK FACTORS AND WARNING SIGNS

Students contemplating suicide may display one or more of the following warning signs or risk factors.

- Depressed mood
- Substance abuse
- Loss of interest in once pleasurable activities
- Decreased activity level
- Decreased attention
- Distractibility
- Withdrawing from others
- Sleep changes
- Appetite changes
- Morbid ideation
- Verbal cues (i.e., “I wish I were dead”)
- Written cues (i.e., notes, poems)
- Giving possessions away

Risk Factors for Suicidal Behavior

- Previous suicide attempt
- Recent relationship breakup
- Impulsivity
- Low self-esteem
- Being homosexual
- Coming from an abusive home
- Having easy access to a firearm
- Having low grades
- Being exposed to the suicide or suicidal behavior of another person

SELF-INJURY: INFORMATION AND WARNING SIGNS

Self-injury is commonly known as self-harm, self-mutilation, self-abuse, and self-inflicted violence. It is best defined as the as the deliberate harming or alteration of one’s body tissue without the conscious intent to commit suicide (Favazza and Rosenthal, 1993). Self-injury differs from suicide in that it is seen as a last resort that involves staying alive; it is the only way to remain in control, sane, and intact. Self-injury relieves unbearable emotional pain and many survivors regard it, paradoxically, as a form of self-preservation (Herman 1992).

Common Factors of Self-Injury: (Alderman, 1997)
- Onset: late childhood-early adolescence
- Lasts for five to ten years - can persist much longer without appropriate treatment
- Lack of skills to regulate moods by other methods
- Intense feelings of fear, hurt, anger, rejection or abandonment
- Feelings of loss and/or need for control
- Major change in teen’s life, i.e. parents divorce or death
- History of family violence, abuse or sexual abuse
- History or current problems of substance abuse, eating disorders, and compulsions
- History of psychological treatment through admissions to psychiatric hospital and/or in seeking therapy
- Borderline Personality Disorder
- Dissociative Identity Disorder

Purpose of Self-Injury (Alderman, 1997)
- To seek relief from overwhelming emotional pain, frustration, and other negative feelings by focusing on physical pain
- To feel something, to feel alive, or to feel real (instead of empty, numb, detached, depersonalized, or dissociated)
- To punish oneself or express self-loathing (more frequent among those who have been abused)
- To feel in control of one’s pain
- To express anger at others
- To communicate emotional pain to others and ask for help
- To self-nurture

Common Methods Of Self-Injury (Favazza, 1996)
- Cutting
- Burning
- Skin-picking
- Hair pulling (trichotillomania)
- Bone-breaking
- Hitting
- Interference with wound healing
Warning Signs and Symptoms (Conterio and Lader, 1998)

- Presence of a knife, lighter or matches in purse or book bag with no logical explanation for it being there
- Discovery of odd objects: bent paper clips, pieces of glass, and razor blades stored in unusual locations
- Presence of fresh, healing and/or scars from old injuries
- Unusually frequent complaints of accidental injury (e.g. a cat owner who frequently has scratches on their arms)
- Overly defensive when approached about the possibility of self-abusive behavior
- Locking self in bathroom for long period of time with water running and the presence of a new injury upon leaving bathroom
- Presence of blood or burn stains in the inside of clothing
- Wanting to do own laundry
- Preference for wearing concealing clothing at all times (e.g. long sleeves in hot weather)
- Making excuses for injuries
- Avoidance of situations where more revealing clothing might be expected (e.g. unexplained refusal to go to a party)
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
PREPAREDNESS

Focuses on the process of planning for potential critical incidents and disasters
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
SUICIDE PREVENTION AND INTERVENTION PROCEDURES

For your information and guidance, the following procedures have been established by the Division of Student Services, Student Services Crisis Team, in regard to the prevention of and response to potential suicides in Miami-Dade County Public Schools.

1. Notify Parents/Guardians Regarding Suicide Prevention and Intervention Program

Parents/guardians should be informed that Miami-Dade County Public Schools has established suicide prevention and intervention guidelines and that there are trained school-based Critical Incident Response Teams, and counseling professionals who can assist their child in times of crisis. Additionally, parents/guardians should be made aware of the warning signs of suicide and of the need to notify the child’s counselor if their child becomes depressed or suicidal at home. Every effort should be made to communicate with parents in their primary language or in the language in which they feel comfortable. The mode of transmission should also be adjusted, where necessary, to promote comprehension, acceptance, and trust. (School Board Rule 6Gx13-1B-1.011)

2. Review Student Intervention Profile

Counselors should review the Student Intervention Profiles every nine weeks. The students should be counseled regarding a change in three or more of the elements monitored. Parents/guardians should also be notified of the change in their child's performance, attendance, and/or behavior.

3. Promote Awareness of the Warning Signs Associated With Suicidal Behavior

Student services counseling professionals should review with the administration, faculty, and staff the following and other warning signs for a potential suicide:

a. changes in eating or sleeping habits
b. increasing isolation from friends and family
c. tendency to become more active and aggressive than usual
d. lower academic achievement
e. giving away a valued possession or increased interest in getting his/her "life in order"
f. talking about or threatening suicide
g. sudden and intense interest in religious beliefs and the afterlife
4. Refer Students Experiencing Emotional Stress

Any person, including, but not limited to, an administrator, a teacher, or any other staff member, who has reason to believe that a student is experiencing emotional stress should refer the student to his/her counselor. The counselor shall implement the procedures listed below:

a. counsel with the student to identify the problem and, if possible, resolve the problem or reduce the level of stress experienced
b. notify the parents, if the student is experiencing significant stress
c. consult with additional student services professionals when deemed appropriate
d. meet with the student counselee on a regularly scheduled basis to provide active support through follow-up counseling
e. provide group counseling to small groups of students who are experiencing stress
f. provide the family with a selection of community agencies/providers if mental health services are needed

5. Respond to Student’s Suicidal Threat

When a student threatens to harm himself/herself, e.g., a suicide gesture, a suicide threat, or suicidal ideation, the following actions should be taken:

a. inform the appropriate administrator and a student services counseling professional of the threat
b. call 911 and the Miami-Dade Schools Police Department: 305 995-2677, in a life-threatening emergency
c. provide and maintain constant professional supervision for the student until supervision is assumed by the police/fire department, the parent/guardian, or the emergency contact person
d. notify the parents/guardians immediately unless there is suspected or confirmed child abuse. If the parent(s)/guardian(s) cannot be contacted, appropriate authorities e.g., police, Florida Department of Children and Families, must be contacted

e. provide the student and his/her parent(s)/guardian(s) with a list of community mental health agencies/providers, such as:

   (1) Crisis Center
   (2) Mental Health Clinic
   (3) Hospital
   (4) Family Physician

f. request that the parent(s)/guardian(s) sign a release-of-information form with the community agency or private therapist so that the school and the provider can work together to assist the student

g. notify the Miami-Dade County Public Schools, Student Services Crisis Team: 305 995-2273, of all suicidal behavior

h. send the Suicide Prevention Sample Letter to Parents, if appropriate, as a follow-up to a conference with the parents

i. input the appropriate student services codes into ISIS (RS-Risk Assessment; RI-Risk Intervention; RP-Risk Post-Vention)

6. Respond to Student’s Suicide Attempt

When a student has made an attempt to take his/her life on campus the following action should be taken:

a. assess injury or condition
b. apply emergency first aid/CPR, if appropriate
c. call 911 and the Miami-Dade Schools Police Department: 305 995-2677, if emergency medical services are required
d. secure and stabilize the site of the event
e. isolate victim from others
f. do not tamper with any evidence, or clean area, until police have completed their investigation
g. if weapon must be carried or relocated, wrap in heavy cloth and point down at all times
h. school counseling professional and/or other appropriate staff members should remain with the student until parent(s)/guardian(s) arrives at school or hospital
i. notify Miami-Dade County Public Schools, Student Services Crisis Team: 305 995-2273
j. locate any witnesses who may have information about the event
k. provide necessary information and cooperation to investigating authorities
l. provide counseling services for witnesses and other students/staff impacted by the event
m. conduct staff meeting to discuss event, if appropriate
n. provide recommendations to parent(s)/guardian(s) for future care of student
o. input the appropriate student services codes into ISIS (i.e., RS, RI, RP)

7. **Return of Student to School Following Suicide Attempt**

When the student returns to school following a suicide attempt, assign a counselor or other appropriate student services professional to take the following actions:

a. meet with the student prior to his or her return to school and offer support
b. provide the student with direct access to an appropriate staff member; the most likely person is the counselor, but if the student indicates a preference for a different staff member, this request should be considered
c. confer with only the staff members who will be responsible for the student during the school day to sensitize them to the student’s need for support, and to familiarize them with appropriate ways to provide that support
d. ascertain if the student has received counseling services through a community agency or clinic
e. consult with the student’s current therapist for guidance, if written parental permission has been obtained to do so to ensure the student’s readjustment to the school environment
f. ensure that counseling services are available to the returning student
g. consult with other student services professionals to determine if additional psychological services should be provided

8. Implement suicide completion response procedures following the suicide of a student, faculty, or staff member. Refer to the **M-DCPS Critical Incident Response Plan** for further information on this topic.

In the event that the **suicide occurred on campus**, the response procedures are as follows:

a. call 911 and the Miami-Dade Schools Police Department: 305 995-2677
b. maintain and model a sense of calm and control
c. assess situation

d. mobilize school/work site Critical Incident Response Team

e. contact the Student Services Crisis Team: 305 995-2273

f. secure/contain incident site and affected area, and/or commence building/campus evacuation procedure

g. do not tamper with any evidence, or clean area, until police have completed their investigation

h. prioritize student and staff safety

i. assign campus security liaison to meet and direct emergency personnel to incident site

j. obtain all relevant information regarding the incident, including those involved

k. accompany police officer to personally inform parent/guardian/spouse of the deceased student/staff member

l. provide an opportunity for students and staff to process their reactions regarding the suicide. Students who are impacted by this incident should be given the opportunity to see a school counseling professional

m. discourage any “glorification” of a suicide; suicide death should not be announced over the public address system nor are school-sponsored memorial activities recommended

n. convene faculty and staff at the end of the day to review the day’s events and make additional plans

o. maintain ongoing contact with students, parent(s)/guardian(s), and staff, as necessary
For a **suicide occurring off campus**, the response procedures are as follows:

a. confirm that the incident has occurred

b. designate staff to respond to incident site and/or hospital, if deemed appropriate

c. make a home visit to offer condolences

d. mobilize school/work site Critical Incident Response Team

e. contact the Student Services Crisis Team: 305 995-2273

f. provide an opportunity for students and staff to process their reactions regarding the suicide. Students who are impacted by this incident should be given the opportunity to see a school counseling professional

g. discourage any “glorification” of a suicide; suicide death should not be announced over the public address system not are school-sponsored memorial activities recommended

h. convene faculty and staff at the end of the day to review the day’s events and make additional plans

**CULTURALLY COMPETENT CRISIS RESPONSE: PREPARATION TIPS**

- Develop a list of culturally/linguistically diverse resources able to assist following a critical incident or disaster.

- Identify potential solutions to cultural problems that may occur following or crisis event.

- Become aware of cultural perspectives regarding suffering, death and bereavement practices of local residents.

RESPONSE

Steps to take during and immediately following a critical incident or disaster
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
### Checklist for Determining Levels of Risk for Psychological Trauma

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Proximity</strong></td>
<td><strong>Physical Proximity</strong></td>
<td><strong>Physical Proximity</strong></td>
</tr>
<tr>
<td>□ Out of vicinity of crisis site</td>
<td>□ Present on crisis site</td>
<td>□ Crisis victim or eyewitness</td>
</tr>
<tr>
<td><strong>Emotional Proximity</strong></td>
<td><strong>Emotional Proximity</strong></td>
<td><strong>Emotional Proximity</strong></td>
</tr>
<tr>
<td>□ Did not know victim(s)</td>
<td>□ Friend of victim(s)</td>
<td>□ Relative of victim(s)</td>
</tr>
<tr>
<td>□ Acquaintance of victim(s)</td>
<td>□</td>
<td>□ Best friend of victim(s)</td>
</tr>
<tr>
<td><strong>Internal Vulnerabilities</strong></td>
<td><strong>Internal Vulnerabilities</strong></td>
<td><strong>Internal Vulnerabilities</strong></td>
</tr>
<tr>
<td>□ Active coping style</td>
<td>□ No clear coping style</td>
<td>□ Avoidance coping style</td>
</tr>
<tr>
<td>□ Mentally healthy</td>
<td>□ Questions exist about precrisis mental health</td>
<td>□ Pre-existing mental illness</td>
</tr>
<tr>
<td>□ Good self-regulation of emotion</td>
<td>□ Some difficulties with self-regulation of emotion</td>
<td>□ Poor self-regulation of emotion</td>
</tr>
<tr>
<td>□ High development level</td>
<td>□ At times appears immature</td>
<td>□ Low developmental level</td>
</tr>
<tr>
<td>□ No prior trauma history</td>
<td>□ Prior trauma history</td>
<td>□ Significant prior trauma history</td>
</tr>
<tr>
<td><strong>External Vulnerabilities</strong></td>
<td><strong>External Vulnerabilities</strong></td>
<td><strong>External Vulnerabilities</strong></td>
</tr>
<tr>
<td>□ Living with intact nuclear family members</td>
<td>□ Living with some nuclear members</td>
<td>□ Not living with any nuclear family members</td>
</tr>
<tr>
<td>□ Good parent/child relationship</td>
<td>□ Parent/child relationship at times stressed</td>
<td>□ Poor parent/child relationship</td>
</tr>
<tr>
<td>□ Good family functioning</td>
<td>□ Family functioning at times stressed</td>
<td>□ Poor family functioning</td>
</tr>
<tr>
<td>□ No parental traumatic stress</td>
<td>□ Some parental traumatic stress</td>
<td>□ Significant parental traumatic stress</td>
</tr>
<tr>
<td>□ Adequate financial resources</td>
<td>□ Financial resources at times challenged</td>
<td>□ Inadequate financial resources</td>
</tr>
<tr>
<td>□ Good social resources</td>
<td>□ Social resources/relations at times challenged</td>
<td></td>
</tr>
<tr>
<td><strong>Threat Perceptions</strong></td>
<td><strong>Threat Perceptions</strong></td>
<td><strong>Threat Perceptions</strong></td>
</tr>
<tr>
<td>□ Crisis not viewed as threatening</td>
<td>□ Crisis viewed as dangerous, but not a life threat</td>
<td>□ Crisis viewed as life threatening</td>
</tr>
<tr>
<td><strong>Crisis Reactions</strong></td>
<td><strong>Crisis Reactions</strong></td>
<td><strong>Crisis Reactions</strong></td>
</tr>
<tr>
<td>□ Only a few common crisis reactions displayed</td>
<td>□ Many common crisis reactions displayed</td>
<td>□ Mental health referral indicators displayed</td>
</tr>
<tr>
<td>□ Coping is adaptive</td>
<td>□ Coping is tentative</td>
<td>□ Coping is absent or maladaptive</td>
</tr>
</tbody>
</table>

**Total**

**Total**

**Total**

**Comments:**

 próp

STUDENT INTERVIEW MODEL FOR SUICIDE RISK SCREENING

- It seems that things haven't been going well for you lately. Your____have said that____. Most children/teens would find that upsetting.

- Have you had some sad or angry feelings you've had trouble talking about?

- Do you feel like things can get better, or are you concerned that things will stay the same or get worse?

- Are you feeling unhappy most of the time?

- Is the feeling of unhappiness and/or anger so strong that you sometimes wish you were dead?

- Do you sometimes feel like you want to take your own life?

- How often do you have these thoughts? How long do they stay with you?

- What problems or situations have led you to feel this way?

- What has led you to see killing yourself as a solution?

- What do you think it would feel like to be dead?

- How do you think your parents would feel if you were dead?

- Have you thought about how you might make yourself die?

- Do you have a plan?

- On a scale of 1-10, how likely is it that you will kill yourself?

- When and where are you planning to do this?

- Have you written a note?

- Have you put things in order?

- Has anyone you know of killed or attempted to kill themselves? Do you know why?

- Have you thought about/threatened to kill yourself before? When? What stopped you?
• Have you ever tried to kill yourself before? How did you attempt to do so?

• Is there anyone or anything that would stop you?

• Is there someone you can talk to about these feelings?

• Have you or can you talk to your family or friends about suicide?

## SUICIDAL BEHAVIOR RISK ASSESSMENT

<table>
<thead>
<tr>
<th>Immediate Predictors</th>
<th>Low Risk</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method</td>
<td>Undecided</td>
<td>Decided</td>
<td>Decided</td>
</tr>
<tr>
<td>Means</td>
<td>Not Present</td>
<td>Easy Access</td>
<td>In Possession</td>
</tr>
<tr>
<td>Time/Place</td>
<td>Not Chosen</td>
<td>Tentative</td>
<td>Chosen</td>
</tr>
<tr>
<td>Lethality</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Preparation</td>
<td>None</td>
<td>Some</td>
<td>Steps Taken</td>
</tr>
<tr>
<td>Prior Attempts</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Predictors

<table>
<thead>
<tr>
<th>Life Events/Conditions</th>
<th>Low Stress</th>
<th>Moderate Stress</th>
<th>Severe Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma History</td>
<td>None</td>
<td>One</td>
<td>Several</td>
</tr>
<tr>
<td>Psychiatric history/Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td>No</td>
<td>One</td>
<td>Several</td>
</tr>
<tr>
<td>Severity</td>
<td>None</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Hospital Discharge</td>
<td>&gt;Than 12 Months</td>
<td>&gt; Than 3, Less than 12 Months</td>
<td>Within 3 Months</td>
</tr>
<tr>
<td>Substance Use</td>
<td>None</td>
<td>History of Intermittent Use</td>
<td>Currently Using</td>
</tr>
<tr>
<td>Physical Illness/Pain</td>
<td>Mild/None</td>
<td>Chronic/Moderate</td>
<td>Chronic/Severe</td>
</tr>
<tr>
<td>Loss</td>
<td>None</td>
<td>One</td>
<td>Multiple</td>
</tr>
<tr>
<td>Family Suicide History</td>
<td>No</td>
<td>One Member</td>
<td>Multiple/Close/Recent</td>
</tr>
<tr>
<td>Emotional/Behavioral Factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Impulsiveness</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td>Generally Good</td>
<td>Adequate</td>
<td>Impaired</td>
</tr>
<tr>
<td>Future Plans</td>
<td>Yes</td>
<td>Unclear</td>
<td>No</td>
</tr>
<tr>
<td>Social Supports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number Available/Identifiable</td>
<td>Adequate Resources</td>
<td>Limited Resources</td>
<td>No Resources</td>
</tr>
<tr>
<td>Willingness To Use</td>
<td>Willing</td>
<td>Limited Willingness</td>
<td>Unwilling</td>
</tr>
<tr>
<td>Connection with Others</td>
<td>Regular Social Contacts</td>
<td>Some Social Contacts</td>
<td>Isolated and Withdrawn</td>
</tr>
</tbody>
</table>
RESPONDING TO SELF-INJURIOUS BEHAVIOR

The following actions should be taken if any person, including, but not limited to, an administrator, a teacher, or any other staff member, who has reason to believe that a student is self-injuring:

- inform the appropriate administrator and a student services counseling professional
- provide and maintain constant professional supervision for the student until supervision is assumed by the police/fire department, the parent/guardian, or the emergency contact person
- ask student for permission to search personal belongings for sharp objects, lighters, etc. - administrator/security
- notify the parents/guardians immediately unless there is suspected or confirmed child abuse. If the parent(s)/guardians cannot be contacted, appropriate authorities e.g., police, Florida Department of Children and Families, must be contacted.
- provide the student and his/her parent(s)/guardian(s) with a list of community mental health agencies/providers, such as:
  1. Crisis Center
  2. Mental Health Clinic
  3. Hospital
  4. Family Physician
- request that the parent(s)/guardian(s) sign a release of information form with the community agency or private therapist so that the school and the provider can work together to assist the student
- notify the Miami-Dade County Public Schools, Student Services Crisis Team: 305-995-2273, of all self-injurious/risk behaviors.
- Send the Suicide Prevention Sample Letter to Parents, if appropriate, as a follow-up to a conference with the parents (See pages 45-47)
- input the appropriate student services codes into ISIS (RS-Risk Assessment; RI-Risk Intervention; RP-Risk Post-vention)

*Although most self-injurious behavior (SIB) is not initially attributed to suicidal intent; left untreated, (SIB) has the potential to become life-threatening over time.
MIAMI-DADE COUNTY PUBLIC SCHOOLS
STUDENT SERVICES CRISIS HOTLINE REPORT FORM
305 995-CARE (2273)

THE FOLLOWING INFORMATION IS REQUIRED WHEN MAKING A REPORT TO THE STUDENT SERVICES CRISIS HOTLINE
Confidential information: DO NOT place this completed form in the student's cumulative folder. Either place in a
counseling professional’s private file for future reference, or destroy this document.

Date of Incident: ____________________ Date Act Occurred: ____________________

Name: ___________________________ Mail Code: ___________________________

Phone: ___________________________ Regional Center: _______________________

School Type: EL K8 MID SR AD/VOC AE SPC CH

EL Elementary AD/VOC Adult Education/Vocational CH Charter School
K-8 K-8 Center AE Alternative Education
MID Middle School SPC Specialized Center
SR Senior High School

Student’s Name: ________________ ________________ ID#: ________________

Last First

Age: ________ Gender: M F Grade: ________ Ethnicity: B H M O W

ages 5-22 Male Female PreK K 1 2 3 4 5 6 7 8 9 10 11 12 Black Hispanic Mixed Other White

Caller: __________________________ Title: __________________________

AD Administrator TRU TRUST SW Social Worker PSY Psychologist

COU Counselor BMT Behavior Management Specialist TE Teacher

Referral Source: SF PR PG FS

SF Self PR Peer PG Parent/Guardian FS Faculty/Staff

Exceptionally: A B C D E F G H I J K L M N O P Q S T U V X Z

A Educable Mentally Handicapped I Visually Impaired S Traumatic Brain Injured
B Trainable Mentally Handicapped J Emotionally/Behavioral Disorders T Developmentally Delayed (Age:0-5)
C Orthopedically Impaired K Specified Learning Disabled U Established Conditions (Age:0-2)
D Occupational Therapy L Gifted V Other Health Impaired
E Physical Therapy M Hospital/Homebound W Varying Exceptionalities
F Speech Impaired N Profoundly Mentally Handicapped X No Exceptionality
G Language Impaired O Dual-Sensory Impaired P Autistic Spectrum Disorders
H Deaf or Hard of Hearing
**ESOL:**

<table>
<thead>
<tr>
<th>Act Report</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SI</td>
<td>ST</td>
</tr>
<tr>
<td>Suicide Ideation</td>
<td>Suicidal Threat</td>
</tr>
<tr>
<td>SA</td>
<td>SG</td>
</tr>
<tr>
<td>Suicide Attempt</td>
<td>Gesture</td>
</tr>
</tbody>
</table>

**Reason for Act:**

<table>
<thead>
<tr>
<th>Reason for Act</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>BH</td>
</tr>
<tr>
<td>Acculturation Issues</td>
<td>Bullying/Harassment</td>
</tr>
<tr>
<td>CA</td>
<td>CE</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>Criminal Event</td>
</tr>
<tr>
<td>CULT</td>
<td>DU</td>
</tr>
<tr>
<td>Cults</td>
<td>Drug</td>
</tr>
<tr>
<td>ED</td>
<td>FP</td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>Family Problems</td>
</tr>
</tbody>
</table>

**Method or Weapon:**

<table>
<thead>
<tr>
<th>Method or Weapon</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>AX</td>
</tr>
<tr>
<td>Anorexia/Bulimia</td>
<td>Asphyxiation</td>
</tr>
<tr>
<td>CR</td>
<td>DR</td>
</tr>
<tr>
<td>Car</td>
<td>Drug</td>
</tr>
<tr>
<td>DG</td>
<td>DR</td>
</tr>
<tr>
<td>Drowning</td>
<td>FI</td>
</tr>
<tr>
<td>GL</td>
<td>GU</td>
</tr>
<tr>
<td>Glass</td>
<td>Gun</td>
</tr>
<tr>
<td>HD</td>
<td>HD</td>
</tr>
<tr>
<td>IH</td>
<td>Inhalent</td>
</tr>
<tr>
<td>JM</td>
<td>KN</td>
</tr>
<tr>
<td>Jumping</td>
<td>Knife</td>
</tr>
<tr>
<td>PE</td>
<td>PI</td>
</tr>
<tr>
<td>Pencil/Pen</td>
<td>Pill</td>
</tr>
<tr>
<td>RZ</td>
<td>SC</td>
</tr>
<tr>
<td>Razor</td>
<td>Scratching</td>
</tr>
<tr>
<td>SO</td>
<td>SZ</td>
</tr>
<tr>
<td>Suicide of Other</td>
<td>Scissors</td>
</tr>
<tr>
<td>SP</td>
<td>V</td>
</tr>
<tr>
<td>School Problems</td>
<td>Hearing Voices</td>
</tr>
<tr>
<td>SS</td>
<td>X</td>
</tr>
<tr>
<td>Unknown</td>
<td>Other</td>
</tr>
</tbody>
</table>

**Description:**

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Action Taken:**

<table>
<thead>
<tr>
<th>Action Taken</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PG</td>
<td>CMHAR</td>
</tr>
<tr>
<td>Parent/Guardian Notified</td>
<td>Community Mental Health Agency Recommendation</td>
</tr>
<tr>
<td>BA</td>
<td>CRMHS</td>
</tr>
<tr>
<td>Baker Act</td>
<td>DCFR</td>
</tr>
<tr>
<td>CRMHS</td>
<td>DCFR</td>
</tr>
<tr>
<td>Currently Receiving Mental Health Service</td>
<td>DCF Referral</td>
</tr>
</tbody>
</table>

**Additional Comments:**

<table>
<thead>
<tr>
<th>Additional Comments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Follow-up Action:**

<table>
<thead>
<tr>
<th>Follow-up Action</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Report taken by:** ____________________________
Dear (Parent/Guardian),

After our recent conference, I want you to know that I am very concerned for your child’s welfare. The implied or actual threats by your child to harm himself/herself are indicators of possible serious problems.

Because of my concern, I again want to strongly recommend that you seek immediate professional treatment for your child. If you would like help in locating community mental health services for you and your child, please call (school contact person) at (phone number).

Student Services personnel will continue to be available to provide follow-up counseling for your child while he/she is under professional treatment. There is a possibility that your child may not be able to participate fully in his/her classes while he/she may still be experiencing the pressures that might have influenced self-destructive behavior. I urge you to take action immediately and hope the action you choose will result in a speedy adjustment for your child.

If I can be of further assistance, please telephone me at (school’s phone).

Sincerely,

Principal’s Name
Fecha

Estimado (padre o tutor):

Después de nuestra reciente reunión, me es preciso informarle que me preocupa el bienestar de su hijo. Las supuestas o tangibles intenciones de su hijo de hacerse daño son señales de posibles problemas serios.

Debido a ésta acción, quiero recomendarle firmemente que busque ayuda profesional para su hijo. En caso que necesite ayuda de una agencia o de un profesional, comuníquese con (nombre de la persona en la escuela) al (teléfono).

El consejero escolar continuará disponible para su hijo mientras el mismo se encuentre bajo tratamiento profesional. Es de esperar que su hijo no podrá participar de las clases en su totalidad mientras se encuentre bajo las presiones de una conducta autodestructiva. Le ruego tome acción cuanto antes y sepá usted que es mi deseo que su gestión resulte en un rápido restablecimiento de su hijo.

En caso de alguna otra ayuda, tenga la bondad de llamarme al (teléfono de la escuela).

Atentamente,

Nombre del director
SUICIDE PREVENTION SAMPLE LETTER TO PARENT/GUARDIAN
Haitian-Creole Version

[Put on School Letterhead]

Chè paran/gadyen:
Apre dènye konferans nou te genyen an, mwen vle fè w konprann jan m te reflechi sou sa ki pi bon pou pitit ou. Mensas pitit ou te fè fè tèt li mal ak enplikasyon sa li te di sou sa, se siy li kapab genyen kèk pwoblèm trè serye.

Problèm sa yo tèlman konsène m, m ap rekòmande w ankò pou w ale wè yon ak timoun nan. Si w ta vle chèn ajans pou ede pitit ou, fè nou knonnen tousuit. Souple kontakte (Name of person), Nan Nimewo (Telephone #).

Konseye ki nan lekòl la ap kontinye travay avèk li pou I pandan I ap wè dokitè a. Nou pandan period sa a timoun nan pap kabap vini lekòl pou li patisipe nan tout aktivite yo. Se yon moman ki difisil pou timoun nan. M ap mande w pou w pran pwoblèm sa yo oserye, epi nou espere desizyon sa a, va kontribye a gerizon timoun nan.

Si m kab ede q nenpòt lòt jan souple, kontakte-m rele m nan nimewo telefòn lekòl la.

Ak tout respè,

Direktè (tris)
# SUICIDAL BEHAVIOR: INTERVENTION PLAN

The counseling professional is advised to keep a copy of this document in a personal file. It should not be placed in the student’s cumulative record folder.

<table>
<thead>
<tr>
<th>Action to be taken:</th>
<th>Yes</th>
<th>No</th>
<th>Person Responsible</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of suicide risk (see Suicide Assessment form)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt to reassure and stabilize student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact parent/guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Dept. of Children &amp; Families (if necessary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify school administrator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify police (if necessary)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Baker Act” initiated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify Student Services Crisis Team: 305 995-2273</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a list of community mental health resources to parent/guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop school support strategies with parent/guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide clerical staff with SCM codes for input (RS, RI, RP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct post-treatment/school re-entry meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitor student progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GUIDELINES AND PROCEDURES FOR SCHOOL INTERVENTIONS WITH SUICIDAL STUDENTS

QUESTIONS AND ANSWERS

Question: In a case where a law enforcement officer (school resource officer, patrol deputy, or other representative of law enforcement) believes that Baker Act criteria have NOT been met and will not transport a student to a receiving facility, what are the next steps for school staff who believe the student is at a high level of risk?

Answer: Since a Baker Act commitment is of such a serious nature, please make sure that all relevant information has been verbally reported to the officer. If there is still an impasse, please contact the Student Services chairperson, who will then in turn consult with the School Resource Officer to resolve the issue.

Questions: What are the steps to follow if Baker Act criteria for involuntary examination are NOT met, but voluntary criteria are?

Answer: If parent(s)/guardian(s) are cooperative, they may transport their child to a psychiatric emergency center, or a private provider/facility. If parent(s) are not cooperative or in agreement, the Abuse Registry Hotline (1-800-96-ABUSE) may be called. A Child Protective Investigator may or may not be able to intervene in these cases.

Question: Who is responsible for paying for crisis services and/or hospitalization for a student who has met Baker Act criteria?

Answer: The parent/legal guardian is responsible for paying all or part of the cost of treatment based upon ability to pay. Medicaid generally will not pay expenses for crisis stabilization. Parent insurance may cover some or all costs. Families can work out payment plans with the facility based on their income and expenses.

Question: What does the school do if the child going to the psychiatric emergency center does not result in a Baker Act commitment and the student returns to the school?

Answer: Counseling staff at the school should closely monitor the student’s behavior. This information should be shared with the outpatient therapist working with the child (Release of Information Form is needed). Supportive counseling, individual, or group at school, may be considered (consult with the primary therapist).

Question: Do the psychiatric emergency centers provide follow-up out-patient services to students who do not meet Baker Act criteria?

Answer: Yes. However, you may also recommend to parents/guardians other mental health providers.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student’s Name: _______________________________ DOB: __________________

Records to be released: [Please check appropriate item(s)].

_____ Psychological Report  _____ Test Scores  _____ Attendance Information

_____ Grades  _____ Health/Medical Records  _____ Other (Specify)

The record(s) indicated above is/are to be released to:

Agency _______________________________ Contact Person __________________

Address _______________________________

The purpose for this release is: ____________________________________________

I hereby grant permission for the release of the above record(s) and this release is to be in effect until ____________ ________________________(Date).

__________________________________________
Signature of Parent or Eligible Student (Date)

__________________________________________
School/Agency Releasing/Requesting Records Signature of Authorized Personnel

__________________________________________
Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student’s educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL
Miami-Dade County Public Schools
LEKÔL LETA MIAMI-DADE COUNTY
Pèveisyon Pou Bay Dosye e/oubyen Enfômasyon ki nan Dosye Lekôl la

Non Elev ___________________________________________ Dat Li fèt: _______________________

Dosye Nou Kapab Bay: (Tanpri tcheke sa k apwopriye yo)

_____ Rapò Sikolojik

_____ Rezilta Tès

_____ Prezans/absans

_____ Ane Eskolè

_____ Dosye sante/medikal

_____ Lòt dosye

Dosye sa a/yo nou gen dwa pase li yo bay:

Ajans __________________________ Reprezantan __________________________

Adrès __________________________________________________

Rezon pou pèveisyon sa a: _________________________________________

Sa a se pèveisyon m ki pèmèt yo bay dosye sa a/yo - Pèveisyon sa a/yo valab jiska

__________________________________________________________ (Dat la)

Siyati paran ou byen eleliv elijib la (Dat la)

Lekôl /ajans k ap bay/Resevwa dosye a

Siyati anplwaye ki gen otorizasyon

_________________________________________ (Dat la)

Tit ______________________________________

Sistèm Lekôl (Leta) Miami-Dade County opere sou baz yon lwa ki pwoteje dwa ak vi prive
fanmi. Kidonk, tout dokiman ki nan dosye yon eleliv, eleliv sa a oubyen paran li gen dwa wè li.
Amwenske li te siyen pou aksepte li pèdi dwa sa a.

Enfômasyon pèsonèl sou yon eleliv, pèsonn pa andwa wè yo, amwenske li resevwa
konsantman eleliv la oubyen paran li.

KOPI OTORIZASYON SA A AP VALAB MENM JAN AK ORIJINAL LA

FM-1867H Rev. (11-02)
Miami-Dade County Public Schools
Escuelas Públicas del Condado Miami-Dade
Autorización de entrega de expedientes e Información

Nombre del/de la alumno/a: __________________________________________ Fecha de nacimiento: __________________

Documentos requeridos: (por favor marque el espacio apropiado)

_____ Informe Sicológico    _____ Asistencia escolar
_____ Resultado de las pruebas  _____ Boletín de calificaciones
_____ Expediente Médico    _____ Otro (especifique)

El/los documento/os señalado/os serán entregados a:

Agencia _____________________________________________ Personal Autorizado ____________________________

Dirección ____________________________________________________________

La información será suministrada con el objetivo de: ____________________________

Por este medio autorizo que los documentos o las copias de los mismos sean entregados. Esta autorización será válida hasta ____________________________ (fecha).

_________________________________________________________________________

Firma del padre/madre, tutor o estudiante elegible (fecha)

_________________________________________________________________________

Escuela/Agencia que emite/recibe los documentos Firma del personal autorizado

_________________________________________________________________________

Cargo (fecha)

Las Escuelas Públicas del Condado de Miami-Dade cumplen con la ley pública del Derecho de Familia y la Privacidad, de 1974 Codificado en 20 U.S.C. §1232 g. Por lo tanto, todos los documentos incluidos en el expediente escolar del estudiante, con la excepción de aquellos documentos a los cuales se ha renunciado, pueden ser revisados por los padres, tutores o estudiantes elegibles.

UNA COPIA DE ESTA AUTORIZACIÓN SERÁ TAN VÁLIDA COMO LA ORIGINAL

FM-18675 Rev. (11-02)
RESPONDING TO AGGRESSION/VIOLENT THREATS OR ACTIONS

The process of identifying how hurt feelings progress into violent actions is paramount to prevention efforts. The development of anger generally moves along the following continuum:

- Hurt Feelings - frustration, shame, rejection → Angry Feelings → Angry Thoughts - crystallized and personally focused, → Angry Threatening Words/Statements, → Violent Plans/Pre-Violent Acts → Violent Acts - toward self or others

Once a potential threat has been identified, the following actions should occur:

- Refer to administrator
- Convene Threat Assessment Team and secure student, if necessary
- Gather information
- Determine level of risk
- Develop action plan (immediate, intermediate, & long term components)
- Notify/involve parent/guardian
- Refer to Code of Student Conduct for disciplinary actions
- Monitor progress

When faced with an aggressive student the following guidelines are advised:

- Focus on the behavior, NOT the student
- Take charge of your negative emotions
- Avoid escalating the situation
- Discuss misbehavior later
- Allow student(s) to save face
- Model non-aggressive behaviors

On occasion, school staff may confront students involved in a physical altercation. The following intervention tips provide a safe method of defusing such altercations:

- Don’t rush in
- Get help
- Announce your presence
- Call students by name
- Ask them to stop
- Try humor
- Give choices
- Don’t invade personal space
- Remove audience
RESPONDING TO BULLYING BEHAVIORS: ASSESSMENT

A school-wide assessment of bullying behaviors is crucial for determining the most efficient response. The following factors should be considered in such an assessment.

- Prevalence of incidents
- Types of bullying behaviors
- Time and location of incidents
- Student attitudes on bullies and victims
- Student perspective on school’s response to bullying
- Staff perception and attitudes on bullying
- Student ideas on solving the problem

Responding to Bullying Behaviors: Intervention

- Adults should separate the victim and the bully.
- Meet with the victim first, then the bully, then the bystanders.
- Determine if this is an isolated incident or part of a pattern of events.
- When meeting with the bully, identify and name the inappropriate behaviors, reiterate the schools’ rule violation, and discuss expected behaviors.
- Reinforce alternative behavior/skills.
- Follow Code of Student Conduct recommendations.
- Offer bystanders information on how to assist in intervening or getting help when witnessing bullying behavior.
- Provide appropriate counseling services.
- Notify and involve parents/guardians.
RESPONDING TO THE NEEDS OF TERMINALLY ILL STUDENTS

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

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

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

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

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

Timely and efficient response services are key to providing a safe and secure learning environment. The following recommendations are offered to assist in this process.

1. Share the information printed on the Incident Fact Sheet, obtainable from school administrator, with students. Lead a classroom discussion to assist students in processing their concerns regarding the incident/disaster, avoiding unnecessary details.

2. Provide an opportunity and activities for students to express their reactions and concerns; i.e., letter writing, condolence cards, drawings, memory book.

3. Discuss with students (if applicable) visitation/funeral procedures and customs.

4. Identify and inform the main office of students you feel are in need of counseling services, or are at risk.

5. Notify the main office if you would like a counseling professional to assist in the classroom.

6. Modify/set aside regularly scheduled activity (especially tests) in order to address the event.

7. Gradually guide students toward the resumption of normal class routine and expectations. Note: Children tend to deal with loss in a spasmodic fashion. Remain flexible to return to supportive activities, as deemed necessary.

8. Notify a school counseling professional and parent regarding concerns over a student’s post-incident/disaster behavior or performance.

Counseling Services

1. Make yourself visible and available.

2. Maintain sign-in log of counseling professionals coming from the Regional Center and neighboring schools to offer support services. Screen and assign these individuals, as appropriate.

3. Organize and prioritize delivery of counseling services in the following manner: 1) those who were victimized or injured in the event, (2) those who witnessed the
event, (3) those emotionally close to the victim(s) and (4) those who have suffered a recent loss or are judged to be at risk.

4. Follow the class schedule of the victim(s)/survivor(s) to assess needs and offer support.

5. Staff and monitor **Safe Space Locations** (room set aside for counseling) and the **Family Assistance Center**.

6. Establish a self-referral procedure for students and staff. Make referral forms available.

7. Maintain records of students receiving counseling and provide follow-up services.

8. Participate in death/critical injury notification(s) to parent(s)/guardian(s).

9. Contact parent(s)/guardian(s) of traumatized students, offering recommendations for support and information regarding available community-based mental health services. Additionally, provide handout resources that offer recommendations for post-trauma recovery.

10. Review the daily absentee list to identify all students/staff who are absent, particularly those at risk. Follow up with these individuals.

11. Evaluate services provided and assess need for follow-up support.

12. Provide an opportunity for counseling professionals who participated in the critical incident response to discuss their experiences.

13. Support and assist in the planning of on-campus memorial services and activities.

14. Provide ongoing services to classroom teachers, students and parents in order to support post-trauma recovery, i.e., weekly bereavement counseling groups, lunchtime drop-in support sessions, and classroom lessons.
CRISIS INTERVENTION CLASSROOM PRESENTATION

When a student or teacher dies, students may feel confused, depressed, or anxious. The classroom presentation provides an opportunity to share accurate information about the death; identify and assist students with their emotional/behavioral reactions; enhance peer and staff coping support; and to normalize grief and/or trauma reactions. The typical presentation will include the following topics:

1. **Introduction:** The presenter will acknowledge the difficulty of the situation and express hope that the presentation will help students to explore their reactions in a safe environment.

2. **Provide facts:** Current, accurate information is provided. Reactions are listened to and rumors are dispelled. Students are asked not to spread rumors. Students are asked to share any pertinent information they may have with school staff and their parents. Students are told that school staff will share new, relevant information as it is learned.

3. **Normalize reactions:** Reactions may differ for different kinds of losses. A suicide may give rise to anger, guilt and may surface suicidal feelings in other students. Violent deaths may lead to fear or anxiety. It should be emphasized that these types of death are rare. Reactions for the different situations are described so students know what to expect and feel more comfortable should they experience them. Students are advised that people cope with loss in different ways and they may hear comments that are disturbing to them, e.g., morbid jokes. These behaviors may help some people cope with a situation they find difficult to handle.

4. **Identify destructive reactions:** Certain circumstances may produce potentially destructive reactions which require immediate help and intervention. In the case of suicidal thoughts or feelings of revenge or violence, students need to know that it is imperative to discuss their feelings/thoughts with a trusted adult and seek help immediately. Students experiencing suicidal or homicidal thoughts should be escorted to the Student Services department for support/assistance.

5. **Coping strategies:** Student suggestions are solicited as to coping strategies that have worked for them in the past. Additional strategies are suggested and a list of coping tips may be provided.
6. **Referral information provided:** Students are reassured that additional help is available and are advised to go to the Student Services department for services and/or to obtain a referral for community agencies.

7. **Memorial/funeral services:** Students may wish to contact the family or set up a memorial in school. Students may write letters to the family. They are informed that all letters need to be unsealed so they can be checked for appropriateness. Ideas for a memorial will be solicited and shared with family and administration. In case of a suicide, any campus memorial should be considered with a great degree of caution.

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
CRISIS INTERVENTION
ELEMENTARY CLASSROOM PRESENTATION

The classroom scripts included are to be used with a class of students “one to three days” after a death or crisis event. Classroom presentations are most effective and well received by students when jointly presented by (1) a school-based staff member (guidance counselor or itinerant Student Services team member) and (2) a Student Services Crisis Team member. The scripts include a general introductory phase followed by a section that is specific to the crisis event (e.g., natural death, suicide, homicide, etc.).

Note: It is recommended that separate, small group sessions be offered to “more or most exposed” students, i.e., students who witnessed and/or were personally connected to the student or staff member who died. A separate list of questions is included for these students.

The Overall Process:

1. Introduction:
   * Introduce yourselves and explain why you are here.
   * Explain rules for sharing and give permission to express feelings.

2. “Normalize” and Identify Appropriate Behavior/Reactions:

   Share Facts and Ask FOUR (4) Questions:

   Share: “This is what happened…..” (Give facts known/verified about death/crisis event in age appropriate language)

   ASK: 1. “What did you do when you heard about ….?”
        2. “How did you feel when you heard about….?”
        3. “What was the saddest or scariest part for you?”
        4. “What will help you feel better or safer?”

   Next: Summarize what has been shared and review coping techniques.

3. Summarize:

   * Normalize feelings and reactions shared by students.
   * Review referral procedures for receiving additional support. Answer any questions.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
4. Drawing Activity:

This is an **optional activity** that may be done in a classroom setting for less traumatic events; the small group or individual setting is more appropriate for “more or most exposed” students or more traumatic events.

For “More or Most Exposed” Students, the following questions may be asked as a part of a “separate small group process.”

“When this happened: What did you see? What did you hear? What did you do?”
“What scares you the most about what happened?”
“How many of you have had bad, scary dreams since this happened?”
“During the day, do you see pictures of what happened in your mind?”
“During the day, do you think about the things that happened?”

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
ELEMENTARY CLASSROOM PRESENTATION

The classroom scripts included are to be used with a class of students “one to three days” after a death or crisis event. Classroom presentations are most effective and well received by students when jointly presented by (1) a school-based staff member (guidance counselor or itinerant Student Services team member) and (2) a Student Services Crisis Team member. The scripts include a general introductory phase followed by a section that is specific to the crisis event (e.g., natural death, suicide, homicide, etc.).

Note: It is recommended that separate, small group programs be offered to “more or most exposed” students, i.e., students who witnessed and/or were personally connected to the student or staff member who died. A separate list of questions is included for these students.

Goals:
1) To introduce crisis intervention team members, give factual information about the death/crisis event and answer students’ questions.
2) To normalize reactions and reassure students.
3) To encourage students to ask for help when needed.
4) To discuss healthy coping skills and resources available to help.

1. Introduction

“Hello. Our names are ____ and _____. We are here because of ______________ (give known/verified facts about the crisis event, as appropriate for the age/grade level).”

“When these kind of things happen to people we know, all kinds of new feelings and thoughts can happen inside of us. Some of these are new feelings we’ve never felt. Maybe we have bad dreams or feel sad. Maybe we feel mad or afraid, or we just don’t want to think about what happened. You probably also have questions about what happened.”

“We have met with other children who have experienced similar kinds of situations. They talked with us about what happened and helped us understand how things like this made them feel and think. They felt much better and not so upset after talking.”

“We are going to start by asking you some questions but first we need to ask you to follow these simple rules:

- When you want to say something or ask something, raise your hand just like you do for your teacher.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
• When one person is talking, the rest of us just listen. No one else will start talking or interrupting.

• It is okay to feel sad, to cry, to be afraid, and to talk about what happened because talking will help all of us feel better. It is not okay to make fun of anyone who is sad, scared or who cries. We all have different feelings and they should be respected.

Note: Keep rules to a minimum but add any others you feel are needed.

2. “Normalize” and Identify Appropriate Behavior/Reactions

“This is what happened ______________.” Give facts known (as verified by the school administrator, parents/family and/or police); communicate honestly and in age appropriate language.

“You might have felt really scared or upset when this happened or when you heard about it. What happened to ______________ might make you feel very sad.”

Next, select the appropriate situation from the scenarios below and continue with your normalizing comments/questions:

**Grief or Loss (Natural Death):** “Sometimes when people get sick they get better. People don’t always die when they get sick. It is nobody’s fault and no one could stop it from happening. If appropriate …say the family and doctors did all they could to help. It is okay to feel sad and to cry. One day, you will feel better even though you will continue to miss the person.”

1. What did you do when you heard this happened?
2. How did you feel when you heard about_______?
3. What was the saddest or scariest part for you?
4. What are some things you do that help you feel better?

**Suicide:** “We might feel sad or we might even feel mad that this could happen. It is very hard to understand why someone would end his/her life. We know that there are other options, ways to get help. We might not understand how or why this happened to ________, but we know it’s nobody else’s fault. It is okay to feel sad or mad about what happened.”

1. What did you do when you heard this happened?
2. How did you feel when you heard about_______?
3. What was the saddest or scariest part for you?
4. What are some things you do that help you feel better?

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
**Accident:** “What happened to __________ was an accident. Accidents do not always kill people. People do not always die from accidents. Some accidents hurt really bad and other accidents are real small and don’t hurt at all. Some accidents are small like falling off our bikes or spilling our milk. Others are big like when a house catches fire and burns down or when someone is in a car and gets hit by another car. Sometimes accidents just happen and are nobody’s fault.

It is very sad when someone dies as a result of an accident. Sometimes people aren’t paying attention and cause accidents to happen. We can’t tell when an accident is going to happen. It just happens real quick.”

1. How many of you have had a small or big accident? (You may ask some students to “briefly” share about their accident.)
2. What did you do when you heard this accident happened?
3. How did you feel when you heard about ________?
4. What was the saddest or scariest part for you?
5. What are some things you do that help you feel better?

**Violence-Murder-Trauma:** “What happened today (or yesterday) was very violent and scary. Violence is what happens when someone gets so mad or so upset that they don’t care who they hurt (or even kill). Violent people don’t always kill people. Sometimes they just hurt them very badly. Sometimes people yell and scream and call people very bad names but never act physically violent and harm someone. It’s okay to get mad sometimes, isn’t it? But it is not okay to be violent and try to hurt people.”

“In the last week, what was the most violent thing you saw on television or at the movies? Ask for examples (but limit the time spend on this sharing). How many of you know someone who had something very violent happen to them?”

“Sometimes scary things aren’t so scary the next day. Sometimes we stay scared for awhile. Other than what happened to _____________, what is the scariest thing that ever happened to you or someone you know?”

“We are all very sad (and maybe even scared) about what happened to _____________. It is very rare for something like this to happen.”

1. What did you do when you heard ____________?  
2. How did you feel when you heard about _____?  
3. What was the saddest or scariest part about ____?  
4. What are some things you do that help you feel better?

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
Natural Disaster: "What happened today or yesterday with the ____________ (hurricane, tornado, etc.) was very scary. Sometimes when scary things happen people lose special things/possessions, or even their homes, or they may get hurt/injured. Sometimes scary things aren’t so scary the next day. But sometimes we stay scared awhile. Sometimes, it takes awhile to get life back to normal. But, remember that you will."

1. What did you do when you heard this happened (or when it happened)?
2. How did you feel when you heard it happened (or when it happened)?
3. What was the saddest or scariest part?
4. What will help you feel better?

Summarize the feelings you’ve heard mentioned, provide reassurance, and review age appropriate coping strategies.

3. **Summary Stage:**

This is the time to normalize all reactions the children have expressed: fear, hurt, worry, sadness and anger. This is also the time to correct misinformation/rumors and magical thinking.

You might say, “When something like this happens you sometimes might feel afraid to go to sleep because you have bad dreams. Sometimes things like this might make you worry, even during the day, that something bad will happen to you or someone you love. Sometimes it makes you really mad. You might want to do something bad to the person who did this to someone you knew and cared about.”

“Having nightmares, being worried, thinking about it all the time or being mad are normal feelings and reactions to have after ____________(a traumatic death or accident, etc.). You are not alone. Many of you have some of the same reactions, haven’t you? It’s really okay to feel/think this way. It is a normal human reaction to a sad and/or scary event. What happened to _______ was very __________ (…scary, tragic, etc.).”

**Note:** It is important to follow the summary stage with another activity, including refreshments, having the students write cards to the family or do a mural/pictures. It is also very important to identify students who are in need of additional counseling and/or referral services. Referrals should be made to the school counseling staff and appropriate follow up contact with the parents.

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
4. Drawing Activity

This is an “optional” activity that may be done in a classroom setting for less traumatic events; the small group or individual setting is more appropriate for “more or most exposed” students or more traumatic events.

“I would like you to draw a picture of what happened that you can tell us a story about. You can draw whatever you’d like in whatever way you’d like. It is your picture and your story.”

Give each child an opportunity to tell the story about his/her drawing. If they have trouble telling the story, ask questions about the different parts of it; for example, “Tell me about this person, this object, what is happening, what they are doing, where are they, what do you see, sell, hear, etc.” Do not reflect on its meaning or normalize at this point. This activity is just to allow them to externalize their experience by drawing and telling their story, as brief or long as it may be. You merely become a “witness to their story.” Often we do not let children “tell their story” because we think it is too painful or upsetting. We express a lot of sympathy and provide comfort. However, part of the healing process is telling the story of what they witnessed and/or experienced. Drawing is an effective strategy for the telling process. This telling, of course, must be followed by strong support and appropriate follow-up/counseling services.

Once each child has told his/her story, move on to the summary stage.

Questions for use with the “more or most exposed” students:

When this happened: What did you see? What did you hear? What did you do? What happened to you? What do you think about what happened? What scares you the most about what happened? What is the hardest (worst) part of what happened? How many of you have had bad, scary dreams since this happened? During the day, how many of you see pictures of what happened in your mind? During the day, how many of you think about the things that happened?

Note: These students would be identified through the classroom presentation process and/or from referrals and considered for a small group process.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
CRISIS INTERVENTION
SECONDARY CLASSROOM PRESENTATION

The classroom scripts included are to be used with a class of students "one to three days" after a death or crisis event. Classroom presentations are most effective and well received by students when jointly presented by (1) a school-based staff member (guidance counselor or itinerant Student Services team member) and (2) a Student Services Crisis Team member. The scripts include a general introductory phase followed by a section that is specific to the crisis event (e.g., natural death, suicide, homicide, etc.).

Note: It is recommended that STEP 5 be used with separate, small groups of “more or most exposed” students, i.e., students who witnessed and/or were personally connected to the student or staff member who died. These groups might also include students who are part of smaller, intact teams/classes, such as athletic teams, or Exceptional Student Education (ESE) classes.

The Overall Process:

1. Introduction:
   * Introduce yourselves and explain why you are here.
   * Explain basic “rules” for sharing, such as respecting the feelings of others, only one person talking at a time, listening to others, etc.

2. Beginning
   * Share the facts known/verified for the crisis situation and ask for any questions concerning the death/crisis. Be honest and use age appropriate language.
   * Ask: “What would help you feel safer or better now?”

3. Normalize Reactions and Identify Appropriate Behavior:
   * This stage identifies and normalizes reactions, feelings and thinking about the death/crisis event.
   * See scripts for details for the various crisis events (e.g., natural death, suicide, homicide, natural disaster).

4. Summarize:
   * Open for student questions.
   * Dispel rumors and talk about the negative effect of spreading rumors.
   * Review healthy coping strategies and referral procedures for seeing a school counselor.
5. Guided Discussion for “More or Most exposed Students:”

This is an optional activity for small groups of “more or most exposed” students as noted above). This “group within a group” technique is useful and effective with these students. See full script for Step 5 procedures and rules in this document.

The classroom scripts included are to be used with a class of students “one to three days” after a death or crisis event. Classroom presentations are most effective and well received by students when jointly presented by (1) a school-based staff member (guidance counselor or itinerant Student Services team member) and (2) a Student Services Crisis Team member. The scripts include a general introductory phase followed by a section that is specific to the crisis event (e.g., natural death, suicide, homicide, etc.).

Note: It is recommended that STEP 5 be used with separate, small groups of “more or most exposed” students, i.e., students who witnessed and/or were personally connected to the student or staff member who died. These groups might also include students who were part of smaller, intact teams/classes, such as athletic teams, dropout prevention or Exceptional Student education classes, etc.

Goals: 1) To give factual information and answer student questions.  
2) To normalize reactions and reassure students. 
3) To encourage students to ask for help when needed. 
4) To discuss healthy coping skills and resources available to help.

1. Introduction

“Hello. We are _________ and _______ (names) and we are here because of ____________ (describe death or crisis event). This is very difficult and sad time for all of us. It is not easy to know what to say or how to act. Sometimes our own reactions confuse or frighten us because they are so new to us or because they are so strong and/or scary.”

“We are here with your teacher to talk with you about _____________, to answer your questions if we can, and to tell you some of the reactions you may have that are very normal.”

“We would ask that you follow some basic rules for sharing and discussion, such as listening with respect, not interrupting others, etc.”

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
2. Beginning

“This is what we know so far ____________.” (Be honest and tell them what you know to be the verified facts.)

“Have any of you heard anything different about __________?”

“Have any of you had a similar incident happen to a family member or friend?”

“What upset you most about ________?”

“What questions do you have about what happened or about what will be happening over the next few days?”

“What would help you feel okay or safer now?”

3. Normalize and Identify Appropriate Behavior

“Let us describe the kinds of reactions (feelings and thoughts) that most people have following this kind of crisis. You may already have experienced some of these reactions or you may experience them weeks, even months, from now. They are very normal reactions, so do not be alarmed. It will help, however, if you can talk to someone about your feelings/thoughts/grief.”

Select the appropriate situation from those listed below:

**Grief/Loss:** “You may feel a sense of disbelief or even deny that this could have happened. Your system is somewhat shocked with the news. You may find it hard to sleep or some of you may want to sleep a lot and feel you have no energy. Of course, you may feel a sense of sadness and sorrow—tears and crying are very normal. If you feel you can’t cry that’s okay too. We all deal with grief in our own way. There may be some angry feelings, (e.g., “How could he have left me? How could something like this happen to someone so young or someone I care about? It’s not fair!”) These are all very normal feelings and are part of healing and being able to move on. There may be times in the next few days or even hours that you want to laugh and joke and that’s okay too. Doing so doesn’t mean you didn’t care about________. And it’s important to try to be understanding of one another. Reaching out to friends, family and your support system can be very helpful.”

**Suicide:** “You may be feeling a variety of things right now: confusion, asking yourself the “why” questions that can never be fully answered, maybe feeling angry that this person/your friend ended his/her life, or guilty or scared because of something you thought or heard. Depending on your relationship with ________, some of you may be feeling a lot of grief and some of you may even feel somewhat indifferent or unaffected by the death. For some, there may be a real sense of
disbelief. How could this have happened? Why did he/she choose death? What was really happening in his/her life. Could I have prevented it? Should I have known? Did anyone know? Could I have stopped him or her? You may be thinking of a time in your own life when you’ve actually had these same thoughts. It is not uncommon for teenagers to think about this as a possibility at some time, but almost all of them reach out to others and find that there are many more options for dealing with their pain or loss. “Remember that suicide is never the answer.”

“Suicide is a tragedy that leaves many victims behind—family and friends. Most people who are suicidal really do not want to die. They just want to end the pain and they lose sight of the choices available to them. There are always choices, ways to deal with and accept loss. Also, nothing ever remains the same forever; life changes. When people talk about suicide, it is hard to believe that they are serious. But with help, many times that can see there are other choices, other alternatives—that suicide is never an acceptable choice. Ultimately, the decision is theirs, but as friends we can be alert to signs when we see them in others. We can help prevent future tragedies like this by realizing we have the power to at least attempt to get help for someone who is talking about suicide. In our school, help is available through ________. In our community, help is available through _________. We are available to talk with anyone who wants more information or needs help or knows someone else who needs help.”

**Murder:** “In these situations (…which are very rare; murder is a rare event and most of us are not directly impacted by a murder in our lifetimes), it is very normal; to have feelings of fear for our own safety or for the safety of those we love. We may want to distance ourselves or get away from the event and persons involved. We may feel “numb,” especially if we’ve had other bad things happen in our lives.”

“You may hear other students make rude comments or react insensitively. This may be an effort on their part to try to gain some control over their lives or to block out what is happening. Murder is a unique situation; it is hard for everyone to deal with. We cannot predict how others will cope or react. It is best not to react to comments or behaviors that you see as insensitive.”

“There may be a sense of “What the heck, if this can happen, I might as well do anything I want—sort of a “what is in the future for me?” attitude. It is very normal to feel a sense of despair or lack of hope for the future. Sometimes we want to blame others. This is normal, but it is not helpful. It can, in fact, cause the person(s) being blamed to retaliate and that doesn’t help anyone.”

“Although it is very normal to feel angry, it is not acceptable to seek revenge on those we think may have caused ________’s death. We simply will not accept anyone going after anyone else.”

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
“As a school community, you or your friends may find yourselves faced with tough choices. Sometimes, we have knowledge about potentially dangerous situations on campus, such as weapons or threats of violence. What would you do in these situations? Who would you tell? It is important to think about breaking the silence and realize that, as students you have the power to help in the job of making our school community a safe place. These are some of the people on campus you could tell___________.

**Accident:** “When an accident occurs, it may seem unreal and shocking. You may feel a sense of disbelief. You may think about the last time you saw or talked to ____________. It may have been just hours or days before. It doesn’t seem real to you. You may find it hard to sleep or some of you may want to sleep a lot and you may feel you have no energy. Of course, you may feel a sense of sadness and sorrow—tears and crying are normal reactions. If you feel you can’t cry, that’s okay too. We all deal with news like this in our own ways. You may have a thought like; could something like this happen to someone so young or someone I care about?) These are all very normal feelings and are part of healing and being able to move on. There may be times in the next few days or even hours that you want to laugh and joke and that’s okay too. Doing so does not mean that you didn't care about __________. And it’s important to try to be understanding of one another. Reaching out to friends, family, and your support system can be very helpful.”

**Violence/Trauma:** “When something like this happens, we may feel a wide range of feelings. At first, we may feel shocked or numb. Even though we are here giving you the factual information, you may not remember it or have trouble hearing what is being said. Some may have an ‘out of control’ feeling, such as shaking or crying.”

“Some people may experience intrusive or distressing thoughts, images, sounds, or even smells. This can happen when you’re awake, without any notice, and they may seem very real. Others of you may have disturbing dreams. You may find yourself retelling the event, as a way for you to accept as reality what has happened. Sometimes people may experience a startle reaction, which is a trigger or sensory memory that your body responds to. For example, upon hearing a loud noise, you may duck and want to seek cover. You may have the feeling that you need to know what’s going on around you at all times. This is called hypervigilence.”

“There might be feelings of anger and wanting to blame someone or something for all of this. This is a normal response but this isn’t the time to blame, since all facts aren’t available. Plus, blame and anger will only cause bigger problems. Some people may feel guilty. They may think they could have done something to prevent this from happening. We might like to think that magically we could have done something, but we know this isn’t true.”
“These feelings and reactions may not be present at all, or they may last weeks. This is a very normal response as our minds try to rearrange and make some sense out of this tragic event.”

**Natural Disaster:** “When events like this happen, it is very common to say to yourself, ‘I can’t believe this happened. How could this have happened?’ We may even find ourselves reliving parts of the _________(event) or even find that we have dreams that are disturbing. Our sense of safety may have been shaken and we may feel that we need to be close to those we care about-family and friends. We may experience a startle reaction, which is a trigger or sensory memory that your body responds to.”

“It is important to realize that you are not alone. You can turn to and rely on others, because we are all in this together and we will get through it together.”

4. **Summary**

“Sometimes situations like this cause us to ask many questions we never thought of before. It is important that you ask the questions. Some of your questions may be personal. You can certainly feel free to ask your teacher, counselor, parent, or any of us.”

“This is a time when it is not unusual for us to look for reasons why this happened. Many rumors can get started that are not at all helpful to the family or close friends. Please do your part to stop rumors and correct any formation which is being spread.”

“Are there any questions? If at any time over the next several days or weeks you want to talk with someone, let your teacher know and we’ll be contacted or come see us directly. This is how you can reach us ______________. Here are the names of other staff who can help you ______________.

5. **Guided Discussion for “More or Most exposed” Group (optional activity)**

This structured group discussion can be very effective with identified groups of students who are “more or most exposed” to the death or crisis situation. For example, it may be useful with members of an athletic team, self-contained class, group of friends, ESE class, etc. It may be used with an entire class when time and support allow. Because the discussion is very structured, it provides a very safe environment for the students to share and process their reactions to the death or crisis event…

*Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida*
Process:

- Allow 45 minutes to an hour to complete the discussion/group process.
- Divide students into groups of four-six (the number of groups will be determined by the number of facilitators available).
- The facilitator for each group explains the rules (listed below).
- One student in each group is chosen to respond first each time, and then the process moves in the same direction.
- The groups follow the structured format, answering four key questions in a round robin fashion.

Rules:

a. Each group member is given an opportunity to speak
b. Only one person speaks at a time. There is no cross-talking or casual comments

Question 1: “What is your name (optional and where were you…”

Grief: “…when you heard about _________?”
Suicide: “…when you heard about _________?”
Murder: “…when this tragedy occurred?”
Accident: “…when you heard about the accident?”
Violence/Trauma: “…when this tragedy occurred?”
Natural Disaster: “…When this _________ happened?”

Question 2: “What was your first thought?”

Question 3: “What was your worst feeling?”

Question 4: “What would help you feel safer now?”

The group processing should be followed by the facilitator normalizing the shared thoughts and feelings of students, making summarizing comments and discussing follow-up and referral services available.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
PSYCHOLOGICAL FIRST AID

Psychological First Aid (PFA) (Raphael, 1977, 1986) responses are recommended to assist children in the immediate and intermediate aftermath of a critical incident. Intervention objectives and goals are listed below. PFA should yield improvements in social support, reduced stigma, increased help seeking, understanding and acceptance of experience (Litz & Gray, 2004).

PSYCHOLOGICAL FIRST AID

GOALS:
1. Respond to the acute need that arises in many to share their experience (Litz et al, 2002)
2. Respect those that do not wish to discuss what happened (Litz et al., 2002)
3. Provide information to individuals about what they can reasonably expect in the days and weeks ahead (U.S. Consensus Workshop on Mass Violence and Early Intervention, 2001)
4. Provide brief respectful inquiry about known risk factors for chronic PTSD (Litz & Gray, 2004)
5. Focus on what symptoms/behaviors should trigger help seeking

OBJECTIVES:
- provide soothing comfort, reassurance & support
- provide respectful & well timed touch
- project calm
- accurately convey the person’s experiences
- be accepting and validating
- emphasize that the person is not alone
- state that we are available to help
- provide information relevant to recovery
- assist with problem solving
- work toward reducing stigma & shame
- do not be intrusive or pressure person to disclose what happened
- deal with fears & anxieties in an honest manner
CRISIS COUNSELING PROFESSIONALS’ LOG

Student Services Chairperson/Counselor: Complete this form if any M-DCPS counseling professionals respond to assist your school. Provide your administrator with a completed copy of this form.

School: ___________________________ Date: _____________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Regional Center/School</th>
<th>Mail Code</th>
<th>Administrator</th>
<th>Room Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CRISIS COUNSELING STUDENTS’ LOG

School __________________________ Date __________

Counseling Professional __________________________ Phone __________

Maintain a record of students receiving crisis counseling services. Use * to indicate students needing additional individual counseling or follow-up.

<table>
<thead>
<tr>
<th></th>
<th>Name (Last)</th>
<th>Grade</th>
<th>Student ID</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PARENT/GUARDIAN NOTIFICATION OF CRITICAL INCIDENT: SAMPLE LETTER

Dear Parent(s)/ Guardian(s),

We the staff of (Ocean View Elementary School) sadly announce the death of (Johnny Doe), a student in (Mrs. Smith’s fourth grade class). (Johnny) [state the cause of death.] (Johnny) will be greatly missed by his family, friends and teachers.

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

In an effort to assist you in helping your child during this difficult period, we have prepared the attached list of guidelines. If you should have any further questions or concerns, please contact your child’s school counselor.

Respectfully,

Principal

Attachment: Guidelines for Parents
GUIDELINES FOR PARENT/GUARDIAN TO HELP THEIR CHILD THROUGH GRIEF

- As soon as possible after the death, set time aside to talk to the child.

- Give the child the facts in a simple manner; be truthful but avoid unnecessary and graphic details, especially with younger children. The child might ask more questions later as they come to mind.

- Use the correct language e.g., “dead” or “died”. Do not use phrases such as: “He’s sleeping” or “God took her,” or “He went away.” Younger children may be frightened by such references.

- Explain your feelings to your child, especially if you are crying. Give him/her permission to cry too. You are the role model for your child and it is good for your child to see your sadness and for you to share your feelings with him/her.

- Reassure the child that you will be available to support them.

- Read an age-appropriate book about “death” to your child.

- Watch for behavioral changes in your child. If the child’s reaction to the death concerns you, seek some professional help from a school counselor or therapist.

- Sudden death, violent death, and the death of a young person are especially hard to grieve. Disruption of sleep and daily activities, as well as loss of appetite, are normal responses to an abnormal or traumatic event.

- Give children special and directed support by keeping things fairly structured.

- Make adjustments for anxieties and fears, especially at bed time, and times of separation.

- Discuss opportunities to attend or participate in the funeral service and/or memorial activities.
PARENT/GUARDIAN NOTIFICATION OF CRITICAL INCIDENT: SAMPLE LETTER

Spanish Version

Estimados padres:

La administración, los maestros y todo el personal de (nombre de la escuela), muy tristemente, anunciamos la muerte de (nombre del alumno), un alumno de (grado) del aula de (nombre del maestro/a). (La causa de la muerte fué....). La familia, los amigos y maestros de (nombre del alumno) le echarán mucho de menos.

Como adultos estamos concientes del profundísimo impacto emocional que produce la muerte de un ser querido o un amigo. Los niños que enfrentan por primera vez la muerte de un ser querido o un amigo, sienten miedo, horror, espanto; o puede ser, que un hecho de ésta naturaleza los abrume u oprima. Por todo esto, es muy probable que los niños se acerquen a ustedes buscando apoyo, fortaleza y orientación.

Nosotros hemos preparado una lista de “recommendaciones” con el propósito de ayudarlos a orientar a su niño/a en este período difícil. Si ustedes tiene aún alguna inquietud y desean obtener información adicional, por favor, llame al consejero/a de la escuela de su niño/a.

Atentamente,

(Nombre del Director/a)
RECOMENDACIONES A LOS PADRES PARA AYUDAR A ORIENTAR A SU HIJO/A EN LA PERDIDA DE UN SER QUERIDO O UN AMIGO/A

- Después de una muerte, tan pronto como le sea posible, disponga de un tiempo para hablarle a su hijo/a.

- Dígale la verdad, pero sea cuidadoso y no ofrezca muchos detalles en ese momento, especialmente con los niños pequeños. El niño, en un futuro, podrá hacer más preguntas, si es necesario.

- Use el lenguaje apropiado. Emplee la palabra “muerto”, “murió”, etc. No use frases tales como: “Él está durmiendo”, “Dios se lo llevó”, “Se fué lejos”, etc. Los niños pequeños pueden asustarse con tales referencias.

- Explíquele su dolor al respecto, especialmente si usted está llorando. Permítale a su hijo/a llorar también. Usted es el ejemplo que sus hijos imitan y sería de gran ayuda para ellos observar su tristeza y compartir juntos este sentimiento.

- Asegurele a su hijo/a que usted estará a su lado brindándole apoyo.

- Léale a su hijo/a un libro apropiado para su edad que esté relacionado con la pérdida similar a la que el niño/a ha sufrido.

- Háblele acerca del velorio y del entierro. Explíquele como son estas ceremonias y averígüe si su hijo/a quiere asistir.

- Ofrézcale la oportunidad a su hijo/a para que le pueda decir “adiós” a la persona que ha muerto. Por ejemplo, trate que el niño redacte una carta o un poema en honor del fallecido.

- Observe la conducta posterior al acontecimiento. Si esta cambia en su hijo/a y esto le preocupa, solicite ayuda con el consejero/a escolar o su médico.

- La muerte repentina y violenta, especialmente la de una persona joven son las más tristes y las más dolorosas. En una situación tan difícil y traumática, pueden presentarse desórdenes del sueño y de las actividades diarias, así como pérdida del apetito. Estas son reacciones normales.

- Ofrézcale todo su apoyo a su hijo/a de una forma especial. Debe mantener las rutinas estructuradas de cada día.

- Su hijo/a puede sentir “miedo” y ansiedad especialmente a la hora de dormir y cuando se tiene que separar de ud. Ya que usted sabe que esto puede ocurrir, esté preparado para darle apoyo a su hijo/a.
PARENT/GUARDIAN NOTIFICATION OF CRITICAL INCIDENT:
SAMPLE LETTER

Haitian-Creole Version

Chè Paran/Gadyen,

Nou menm anplwaye nan (Lekòl Elemnatè Ocean View) se avèk anpil lapèn n ap
anonse lanmò (Johnny Doe), yon élèv, (nan klas 4èm ane Mrs. Smith la). (Johnny) [Sa
ki te tiye l la]. Fanmi Johnny, zanmi l ak pwofesè l yo ap sonje anpil.

Kòm granmoun, nou konsekans efè emosyonèl ki kab genyen apre lanmò yon moun
ou te renmen anpil oubyen yon zanmi. Timoun kab fè elsjeruams sa a pou premye
fwa, pèdi yon moun yo te renmen anpil, plisouvan chòk la konn rann yo pè e
emosyonèl ak siveyans.

Nan efò pou n assiste w ede pitit ou nan period difisil sa a , gen yon ti lis ki tache ak sa
a nou prepare pou wou pou ede w nan moman sa a . Si w ta genyen nenpòt keksyon
ak nenpòt bagay ou ta renmen konnen, silbouplè kontakte konseye lekòl timoun nan.
GUID POU ÉDÉ PARAN YO LE GEN PROBLEM SÉZISMAN LAN MO

- Pi vite ké posib apré lan mò-a, pran ti pou pale avèk ti moun nan.
- Eskplikè ti moun nan sa ki pasè-a byen senp. Di la vèrité; èviti bay dètay ki pa nècèsè, espècialman avèk ti moun ki piti yo. Ti moun nan ka pozè plis kèsyon aprè lè yo vin nan tèt yo.
- Fè ti moun santi ke ouap la pou sipòtè yo.
- Esèyè li you liv ki pale dè lan pou sipòtè yo.
- Pansè ki jan ti moun nan ka di “orévoua” a moun ki mouri-a è ou ka é ou ka ékri yon poem pou onoré moun nan lan mò.
- Suiv ti moun-n nan pou ouè si konpòtèman li change si lap panes de moun ki mouri-a, chèché èd nan min you moun nan lékèl la ou byen you pwofésionèl pou bay ti moun nan konsèy.
- Yon mò subit, mò violan, é youn moun ki mouri jèn sa toujou fè moun mal anpil. Pa dòmi byen, pa gin apéti, sé you répons nòmal pou yon séaisman.
- Bay ti moun-n nan sipò ké ou kapab pou ou ka kinbé-1 fèm.
- Fè aranjman pou si ti moun nan pè lé li pral dòmi, é lè ou pap avèk ti moun nan.
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 him.

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, he did not suffer.

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

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

Over P.A.:(Classroom-wide loss)

Our school has suffered a great loss. (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 (Name) has died. We will be commemorating (Name) 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 (Name).
END OF THE DAY MEETING
FOR CRISIS RESPONSE TEAM (CRT)

Purpose:
1. To identify procedural or systemic issues, both positive and negative, that impact staff, students, team members.
2. To help team members process difficult personal reactions.
3. To self-assess, commend, and improve CRT performance.

Process:
1. Recommend that all CRT members involved in the crisis participate.
2. Have one CRT member facilitate and follow a structured question and answer format with everyone participating/sharing. Provide collaborative support and engage in nonjudgmental problem solving.
3. Time allocated: approximately 30 minutes.
4. To occur at end of first day and/or when team is ready to exit the school.

1. What were the most positive/successful services provided by our team today?
2. What could we have done differently or better?
3. What could we do to be more effective/successful with future interventions?
4. Does anything stand out as particularly significant to you about this crisis/death (e.g., staff reactions/involvement, facility use, media presence, etc.). Any details/situations that need to be shared with the full team and/or the principal?
5. What was the hardest or most difficult part of the day for you? Are there any additional personal reactions that you would like to share? What will help you to unwind and calm from the day’s events?
6. Are there any students (or staff) that will require follow-up services by the Team and/or school based Student Services staff? If yes, a list needs to be left with a designated school based Student Services staff member.
7. Are any further services needed/required by this school? If yes, specify plans and responsibilities.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
RECOVERY

Promoting the restoration of a caring, supportive and emotionally secure learning environment, following a critical incident or disaster
CRISIS REACTIONS

Most students and staff members will exhibit some reactions after exposure to a crisis event, although there is no one "normal" or expected crisis reaction or set of reactions. Different students will have different reactions to the same event. Factors contributing to an individual's reactions can include age, degree of exposure to the event, pre-existing risk factors, and family and culture. Common crisis reactions include:

Common Crisis Reactions

<table>
<thead>
<tr>
<th>Emotional Effects</th>
<th>Cognitive Effects</th>
<th>Physical Effects</th>
<th>Interpersonal/Behavioral Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock</td>
<td>Depression or sadness</td>
<td>Fatigue</td>
<td>Avoiding reminders</td>
</tr>
<tr>
<td>Anger</td>
<td>Grief</td>
<td>Insomnia</td>
<td>Crying easily</td>
</tr>
<tr>
<td>Despair</td>
<td>Irritability</td>
<td>Sleep disturbance</td>
<td>Change in eating pattern</td>
</tr>
<tr>
<td>Emotional numbing</td>
<td>Hypersensitivity</td>
<td>Hyperarousal</td>
<td>Tantrums</td>
</tr>
<tr>
<td>Terror/Fear</td>
<td>Helplessness/ Hopelessness</td>
<td>Somatic complaints</td>
<td>Regression in behavior</td>
</tr>
<tr>
<td>Guilt</td>
<td>Loss of pleasure from activities</td>
<td>Decreased appetite</td>
<td>Risk Taking</td>
</tr>
<tr>
<td>Phobias</td>
<td>Dissociation</td>
<td>Decreased libido</td>
<td>Aggression</td>
</tr>
</tbody>
</table>

Notes: a Examples include perceptual experience like seems "dreamlike," "tunnel vision," "spacey," or on "automatic pilot." b Reenactment play among children.

Developmental Factors in Crisis Reactions

Preschool. In general, the crisis reactions of preschool-aged youth are not as clearly connected to the crisis event as might be observed among older children. For example, in this age group re-experiencing the trauma might be expressed as generalized nightmares. Crisis reactions also tend to be expressed nonverbally and may include clingingness, tantrums, crying and screaming more readily, and often, trembling and frightened facial expressions. The temporary loss of recently achieved developmental milestones (e.g., loss of bowel and/or bladder control, bedwetting, thumb-sucking, fear of the dark, fear of parental separation, etc.) might be observed. Finally, the young child may re-experience the crisis event via trauma-related play (which does not relieve accompanying anxiety), which may be compulsive and repetitive in nature.

Younger School Aged. Reactions among youth in this age group tend to be more directly connected to the crisis event and event-specific fears may be displayed. However, to a significant degree the crisis reactions of young school-aged children continue to be expressed behaviorally (e.g., behavioral regression, clinging and anxious attachment behaviors, refusing to go to school, irritability, anxiety). Diminished emotional regulation (e.g., irrational fears) and increased behavior problems may be observed (e.g., outbursts of anger and fighting with peers). In addition, feelings associated with traumatic stress reactions are often expressed in terms of concrete physical symptoms (e.g., stomach- and headaches). Older children may continue to "re-experience" the trauma through play but such play will be more complex and elaborate, and often includes writing, drawing, and pretending. Repetitive verbal descriptions of the event (without appropriate affect) may also be observed. Given these reactions it is not surprising that problems paying attention and poor schoolwork may also be noted.

Adolescents. As youth begin to develop abstract reasoning abilities, crisis reactions become more and more like those of adults. Sense of a foreshortened future may be reported. This age group is more prone to using oppositional and aggressive behaviors as coping strategies as they strive to regain a sense of control. Other maladaptive coping behaviors reported in this age group include school avoidance, self-injurious behaviors, suicidal ideation, revenge fantasies, and substance abuse. Again, given these reactions it is not surprising that older school-aged youth and adolescents may have particular difficulty concentrating and/or be moodier (which may cause learning problems).

Other important determinants of crisis reactions in general, and grief in particular, are family, cultural, and religious beliefs. Providers of crisis intervention assistance should inform themselves about cultural norms with the assistance of community cultural leaders who best understand local customs.

Risks and Symptoms of More Serious Crisis Reactions
In most cases, crisis reactions displayed by students are normal reactions to unusual circumstances and can be expected to subside with the support of family, teachers, and friends. Some students, however, will be more vulnerable and should be given special attention. *Specifically, if the crisis event caused a physical injury, the death of a family member or significant other, and/or the student had a pre-existing psychological problem, the student(s) should be considered at risk for crisis reactions that may require referral to a mental health professional.* Regardless of perceived risk level, if crisis reactions do not begin to lessen after several weeks, then referral to a mental health professional is warranted. In addition, some students (typically a minority of those exposed to a crisis event) will demonstrate more severe crisis reactions that signal the need for an immediate referral to a mental health professional. These reactions include the following:

Crisis Reactions That Indicate the Need for an Immediate Mental Health Referral

Peritraumatic Dissociation
1. Derealization (e.g., feeling as if in a dream world).
2. Depersonalization (e.g., feeling as if your body is not really yours).
3. Reduced awareness of surroundings (e.g., being in a daze).
4. Emotional numbness (e.g., feeling emotionally detached/estranged; lacking typical range of emotional reactions; reduced interest in previously important/enjoyed activities; feeling as if there is no future career, marriage, children, or normal lifespan).
5. Amnesia (e.g., failure to remember significant crisis event experiences).

Peritraumatic Hyperarousal
1. Panic attacks.
2. Disturbed memory and difficulty concentrating.
3. Hypervigilance and exaggerated startle reactions (e.g., unusually alert and easily startled).
4. Increased irritability (e.g., fighting or temper problems) and motor restlessness.
5. Difficulty falling and/or staying asleep (sometimes a result of the re-experiencing symptom of disturbing dreams).

Persistent Re-Experiencing of the Crisis Event
1. Behaving and/or feeling as if the trauma was happening again (among children this may manifest as repetitive and automatic re-enactment play\(^a\)).
2. Extremely terrifying and reoccurring nightmares about the event (among children this may manifest as frightening dreams not specifically tied to the crisis).
3. Reoccurring intrusive/distressing thoughts, images, or feelings associated with the event (among children this may manifest as repetitive play expressing crisis themes).
4. Intense distress (both psychological and physiological) when presented with reminders (e.g., locations, sensations, symbols, etc.) of the trauma.

Avoidance of Crisis Reminders
1. Deliberate efforts to avoid thoughts, feelings, discussions, activities, places, or people that are associated with and/or bring back memories of the crisis event.
2. Agoraphobic-like social withdrawal (e.g., refusal to leave one’s home)
3. Virtually complete isolation from significant others.

Source: PREPare: Crisis Prevention and Intervention Training Curriculum, NASP, 2006.
Crisis Reactions That Indicate the Need for an Immediate Mental Health Referral
(continued)

**Depression**
1. Significant feelings of hopelessness and worthlessness
2. Significant loss of interest in most activities
3. Wakening early
4. Persistent fatigue
5. Virtually complete lack of motivation

**Psychotic Symptoms**
1. Delusions
2. Hallucinations
3. Bizarre thoughts or images
4. Catatonia

*Notes.* Among younger children symptoms of re-experiencing the trauma may be primarily displayed through re-enacting play and is considered pathological only when it appears to be repetitive and automatic.

**Extreme Maladaptive Coping Behaviors**
In addition to the reactions described above, maladaptive coping strategies that present a risk of harm to self or others sometimes emerge as a consequence of exposure to crisis events. The presence of the following behaviors (typically displayed in an attempt to cope with the crisis) also signals the need for an immediate referral to a mental health professional: (a) extreme substance abuse and self-medication, (b) suicidal and homicidal thinking, (c) extreme inappropriate anger toward and/or (d) abuse of others. It is important for all caregivers to be aware of when such a referral is indicated.

RECOVERY FROM IMMEDIATE TRAUMA

Many people live through a trauma and are able to reconstruct their lives without outside help. Most people find some type of benign outside intervention useful in dealing with trauma. In some cases the trauma is so devastating that it results in complete immobilization. Recovery from immediate trauma is often affected by:

- Severity of the crisis reaction
- Developmental stage of growth
- Ability to understand in retrospect what had happened
- History of prior life trauma event(s)
- Pre-crisis functioning level
- Stability of victim’s/survivor’s equilibrium after the event
- Supportive environment
- Validation of experience

Recovery issues when assisting survivors may include:

- Getting control of the event in the victim’s/survivor’s mind
- Working out an understanding of the event and, as needed, a redefinition of values
- Re-establishing a new equilibrium/life
- Re-establishing trust
- Re-establishing a future
- Re-establishing meaning

MEMORIAL SERVICES/ACTIVITIES

1. Establish a committee through which staff and students can get involved in the planning of memorial activities, if deemed appropriate. **Warning:** Avoid conducting school-based ceremonies or large-scale memorial assemblies focusing on suicide victims.

2. Take the time to plan an appropriate memorial service.

3. Offer a supervised alternative activity for students/staff who do not wish to attend the memorial service.

4. Prepare students for the memorial service, explaining what occurred and provide expectations for appropriate behavior.

5. Exercise sensitivity toward the rights and well being of all students, regarding memorial activities and displays. Certain activities and displays may be very disturbing to some students, parents and staff.

6. Keep the memorial service short (e.g., 15-20 minutes for elementary students and 30-40 minutes for secondary students).

7. Invite family members to attend a school-based memorial service.

8. Provide scholarships, letters to family, memory album or other tangible remembrance of the deceased to the parents/family.

9. If you decide to erect a permanent memorial, place them in less visible locations, where students, staff and parents do not have to visibly confront the site on a daily basis.

10. Ideally, school-based memorials should be temporary and removed in a timely manner.
LONG-TERM CONSEQUENCES OF TRAUMA

Not all victims/survivors suffer from long-term stress reactions; however, many victims may continue to re-experience physiological, psychological and emotional reactions over long periods of time. These post trauma responses are often precipitated by trigger events that remind victims of the initial trauma.

Trigger events will vary with different victims but may include:

- Identification of the assailant
- Sensing (seeing, hearing, touching, smelling, tasting) something similar to what one was acutely aware of during the trauma
- “Anniversaries” of the event
- The proximity of holidays or significant “life events”
- Court hearings, trials, appeals or other critical phases of the criminal justice proceeding
- Media coverage about a similar event

Long-term stress or crisis reactions may be exacerbated or mitigated by the actions of others. When such reactions are exacerbated, the actions of others are called the “second assault” or secondary victimization, and the feelings are often described as a “second injury.”

Sources of the second assault may include:

- The criminal justice system
- The media
- Family, friends, or acquaintances
- Clergy
- Hospital and emergency room personnel
- Social service workers
- Victim service workers
- Schools or educators
- Victim compensation system

The intensity of long-term stress reactions usually decreases over time, as does the frequency of the re-experienced crisis. However, the effects of the catastrophic trauma cannot be “cured.” Even survivors of trauma who reconstruct new lives and who have achieved a degree of normality and happiness in their lives, will find that new life events may indeed trigger traumatic memories and associated reactions in the future.

LONG-TERM STRESS REACTIONS

Unresolved and untreated trauma may in some cases lead to the development of the following reactions/disorders:

- Post-trauma character changes
- Post-trauma stress reactions
- Post-traumatic Stress Disorder
- Acute Stress Disorder
- Depression
- Simple phobias
- Panic Disorder
- Anxiety Disorder

Children characterized by the following traits are at elevated risk of experiencing long-term trauma-related reactions:

- Shyness and lack of social network
- Pessimistic and/or apathetic attitude
- Lower levels of intelligence and education
- Poor physical health
- Lack of spiritual faith
CRITICAL INCIDENT SUPPORT ACTIVITIES:  
ELEMENTARY SCHOOL

Classroom activities that relate the traumatic event to a course of study can be a good way to help students integrate their experiences and observations, while providing a specific learning opportunity. In implementing the following suggestions (or ideas of your own), IT IS IMPORTANT TO ALLOW TIME FOR THE STUDENTS TO DISCUSS FEELINGS THAT ARE STIMULATED BY THE PROJECTS OR ISSUES COVERED. IT IS IMPORTANT TO STRUCTURE THE TIME.

You’re the Teacher, not the Therapist

There is a big difference between being a therapist and being a therapeutic friend. A therapist is responsible for providing treatment, while a therapeutic friend is either a peer or an adult, who offers support and friendship. Listening, showing that you care, and assisting a person in getting appropriate help, are the most effective ways you can help students cope with crisis.

Play Re-enactment

For younger children, availability of toys that encourage play re-enactment of their experiences and observations during the traumatic event can be helpful in integrating these experiences. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

Puppets

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

Art and Discussion Groups

Create a group mural on butcher paper with topics such as, “What happened in your neighborhood (school name, or more) when ________________?.” This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help them feel less isolated with their fears and provides the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note, e.g., a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis, in addition to providing the opportunity to talk about their feelings about what took place.
Disaster Plans
Have the children brainstorm regarding their own classroom or family disaster plan. What would they do if they had to evacuate? How would you contact parents? How should the family be prepared? How could they help the family? (This activity helps children regain control over their environment).

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

Creative Writing or Discussion Topics
In a discussion or writing assignment, have the children make up a “happy ending” to a traumatic event/disaster. Have children make up a disaster in which their favorite super-heroes “save the day.” Have the children describe in detail a very scary, intense moment in time, and a very happy moment. For example, create a group story, recorded by the teacher, about a dog or cat that was in a hurricane, flood, etc. What happened to him? What did he do? How did he feel? You can help the students by providing connective elements, emphasizing creative problem solving and positive resolution.

Play Acting
In small groups, play the game, “if you were an animal, what would you be?” You might adapt discussion questions such as, “if you were that animal, what would you do when?” Have the children take turns acting out an emotion in front of the class (without talking) and have the rest of the class guess what the feeling is and why he/she might have that feeling. (Pleasant as well as unpleasant feelings).

Other Disasters
Have the children bring in newspaper clippings on disasters that have happened in other parts of the world. Ask the students how they imagine the survivors might have felt or what they might have experienced. “Have you ever had a similar experience or feeling?”

Tension Breakers
A good tension breaker when the children are restless is a “co-listening” exercise. Have the children quickly pair up with a partner. Child #1 takes a turn talking about anything he/she wants to, while child #2 simply listens. After three minutes they switch roles and child #2 talks while child #1 listens. When the children are anxious and restless, any activities that involve muscle movements are helpful. You might try doing your own version of jazzercise (doing exercise to music); skipping, jumping, etc.

Establish Partnerships
Establish a “buddy system” by pairing students for routine school events such as running errands to and from the office, trips to the bathroom and traveling to and from the classroom. This activity can help to relieve students of their concerns regarding being alone.
CRITICAL INCIDENT SUPPORT ACTIVITIES: SECONDARY SCHOOL

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

You’re the Teacher, not the Therapist

There is a big difference between a therapist and being a therapeutic friend. A therapist is responsible for providing treatment, while a therapeutic friend, either a peer or an adult, offers support, friendship and facilitates the involvement of a therapist, if appropriate. Listening, showing that you care, and assisting a person in getting appropriate help are the effective ways to help students cope with crisis.

Home Room Class

Group discussion centering around their experiences with the event is particularly important among adolescents.

- They need the opportunity to vent, as well as to normalize the extreme emotions that they may be experiencing.
- The students may need considerable reassurance that even extreme emotions and “crazy thoughts” are normal in traumatic events/disasters. It is important to end such discussions on a positive note.

Creative Writing

Ask the students to write about an intense moment that they remember very clearly. (Not a day or an hour, but a short period of time lasting no more than three minutes). Make a funny disaster. Pretend they are a “super-person” and have the opportunity to save the world from a terrible calamity. Write a story about a person who is in a disaster and give it a happy ending.

Literature or Reading

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

Have the students portray their experiences or observations of the event in various art media. Have the students create a group project such as a mural, demonstrating the community recovery efforts following a disaster.

Health Class

Discuss emotional reactions to the event and the importance of taking care of one’s emotional well being. Discuss health hazards in a disaster, e.g., water contamination, food that may have gone bad due to lack of refrigeration; discuss health precautions and safety measures. Experts with a background in public or mental health issues might be invited to the class. Invite someone from the Fire Department to speak to the class about home safety.

Social Studies/Government

Study governmental agencies responsible for aid to victims. Assess how they work and their effectiveness. Write letters or petitions to local or federal agencies responsible for changing the way disasters or victims are handled. Discuss the political and economic implications of the event within the community.

History Class

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

Physical Education Class

Discuss the relationship between physical health, well being and coping with disasters/tragedies. Emphasize relaxation and stress management skills. Team games which permit some degree of socialization may help students to feel a heightened sense of group belonging and emotional support. Review CPR and First Aid skills.

Peer Counseling

Provide special information on common responses to traumatic events. Use structured exercises utilizing skills they are learning in class, to help each other integrate their experiences. Point out that victims need to repeat their stories many times. They can help family and friends affected by the event by using the listening skills they are developing in class.
CLASSROOM ACTIVITIES FOR DEALING WITH LOSS

Supporting Others

• Discuss and prepare for funeral (what to expect, people’s reactions, what to do, what to say)
• Encourage mutual support
• Discuss ways to cope with traumatic situations
• Encourage students to keep a journal of events and of their reactions especially in an ongoing situation

Honoring the Deceased

• Write a eulogy
• Write stories about the victim
• Place a collection box in school for notes to the family
• Design a yearbook page commemorating the deceased
• Compose and practicing a song in memory of the deceased
• Support a cause the deceased supported
• Collect and display memorabilia
• Plant a tree, build a sculpture or paint a mural
• Start a new school club such as, Students Against Destructive Decisions (SADD), if a child was killed by a drunk driver

Learning Activities

• Write a reaction paper
• Discuss historical precedents about issues related to crisis
• Write a “where I was when it happened” report
• Investigate laws governing similar incidents
• Conduct a mock trial if laws were broken
• Debate controversial issues
• Read books about loss
CRITICAL INCIDENT SUPPORT
SERVICES FOR FACULTY AND STAFF

The Student Services Crisis Team provides assistance to faculty and staff, as well as to students, following any major event which may be affecting the school community. In the aftermath of a crisis impacting a school, the District and Regional Center crisis teams are available to provide consultation and emotional support to school administrators, faculty and staff. When administrators, faculty, staff members, or their families are personally affected by a crisis situation, the services of the Employee Assistance Program (EAP) should be recommended.

The EAP is designed to provide confidential assistance to individuals whose personal problems are affecting their ability to function at home, in their social life or on their job. When the employee contacts EAP, a counselor will meet with the individual, including family members, and identify alternatives and resources which may solve the problem.

Some of the other areas in which EAP can provide assistance to faculty and staff members are as follows:

- Alcoholism or drug abuse
- Family or marital problems
- Stress
- Grief
- Financial Concerns
- Domestic Violence
- Conflicts on the job

There is no cost to the Miami-Dade County Public Schools (M-DCPS) employees for any of these services. If the M-DCPS employee and the EAP counselor decide that the particular problem warrants outside professional help, confidential services provided by community-based organizations are covered either by the employee’s insurance or may be accessed on a sliding scale basis.

For further information regarding the EAP and its services, dial 305 995-7111.

For emergency calls to EAP, dial 305 379-7715. This service line is available 24 hours a day.
SUICIDE POSTVENTION

Mourning the death of a loved one or friend is one of life’s most difficult challenges. When a death occurs as a result of suicide, the psychological and emotional impact can be devastating. Confusion and questions surrounding such a traumatic loss serve to compound and complicate the grieving process. Further, the risk of a single suicide event influencing others to attempt or complete the act (contagion effect) presents a special concern for the school community.

Responding appropriately to a suicide death of a student or staff member is critical (refer to Procedures for Promoting and Maintaining a Safe Learning Environment, Guideline #34: Suicide Prevention and Intervention Procedures and the M-DCPS Critical Incident Response Plan, Suicide Completion). Ultimately, the goals of suicide postvention for schools are to prevent future suicides and suicidal behavior; effectively respond to those grieving the loss of the deceased; identify and support those most at risk of self-harm; and promote the healthy readjustment of the school community.

The following section presents “best practices” guidelines for assisting schools in responding to the suicide of a student or staff member.

Post-Suicide Guidelines: Do’s and Don’ts

In the aftermath of a suicide completion:

- **Do** verify the facts and treat the death as a suicide.
- **Do** give the facts to the students (while downplaying the method).
- **Do** emphasize prevention and everyone’s role in preventing suicides.
- **Do** provide individual and group counseling.
- **Do** emphasize that no one else is to blame for the suicide.
- **Do** emphasize that help is available, that suicides can be prevented, and that everyone has a role to play in prevention.
- **Do** contact the family of the deceased.
- **Do** consider the wishes and concerns of family members.
- **Do** identify and support those who were friends or teachers of the deceased, or others who may be at risk for suicide themselves.
- **Don’t** dismiss school or encourage funeral attendance during school hours.
- **Don’t** dedicate a memorial to the deceased.
- **Don’t** hold a large assembly to notify students of the suicide.

American Association of Suicidology (as cited in Poland and McCormick, 1999)
Recommendations for Discussing a Suicide Death With Students

- Avoid trying to determine why the deceased took his or her life. Most likely, we will never be able to determine why the individual chose to complete suicide.

- Emphasize that no one except the deceased should be blamed for the suicide. Communicate that the deceased made a choice, a bad and avoidable choice to end his/her life.

- Confront any attempts to glorify or romanticize the suicide.

- Empower students to believe that they can play a major role in preventing future suicides by communicating awareness of any threatening statements or writings shared by peers.

- Inform students of the numerous mental health resources which are available in the school and community.

Complicated Grief Following Suicide

1. The act itself is accompanied by social stigma and shame.

2. The intense search for “why?” or reasons for the suicide can lead to scapegoat or blaming.

3. The suddenness of the event allows no time for anticipatory mourning which may temper the initial shock.

4. Investigations by police, etc., can heighten guilt and stigma.

5. Guilt is exacerbated by the fact that the death might have been prevented.

6.Feelings of rejection and desertion affect survivor’s self-esteem.

7. Survivors may fear their own self-destructive impulses.

8. Questions about the inheritability of suicide are raised by family members.

High Risk Students Following a SuicideCompletion:

1. Any student who participated in any way with the completed suicide; e.g., helped write the suicide note, provided the means, was involved in a suicide pact, etc.

2. Any student who knew of the suicide plans and kept it a secret.

3. Siblings, other relatives or best friends.
4. Any students who were self-appointed “therapists” to the deceased student and who had made it their responsibility to keep the student alive.

5. Any student with a history of suicidal threats and attempts.

6. Any student who identified with the victim’s situation.

7. Any student who had prior reason to feel guilty about things they had said or done to the student prior to the student’s death.

8. Other students desperate for any reason, who now see suicide as a viable alternative.

9. Any student who observed signs or behaviors which they later learned were indicative of the victim’s suicidal intent.

**Probable High Risk Times:**

1. Anniversary of the suicide.

2. Birthday of the deceased.

3. For the family members of the deceased: birthdays, holidays, expected graduation date, etc.
CULTURALLY AND LINGUISTICALLY COMPETENT RECOVERY SERVICES: RECOMMENDATIONS

- Be aware of cultural social status gender expectations.
- Assist in the restoration of customs, rituals, and relationships that promote coping.
- Acknowledge your limitations in language comprehension and cultural awareness.
- Direct parents to culturally/linguistically appropriate services and materials.
- Organize and/or assist in the production of culturally appropriate memorial and anniversary commemorations.
- Utilize cross-cultural interventions in providing assistance.

WHEN SOMEONE HAS DIED

Loss

A family member, friend, neighbor, schoolmate or teacher has recently died. You are being flooded with a variety of emotional reactions including disbelief, sadness, fear and anger. You may wonder “Will I ever feel happy again? When will I be able to sleep restfully and eat appropriately? Am I going crazy? What can I do?,” You may have many questions, but few answers.

Emotional and Physiological Responses To Loss

When confronted with a death of a familiar person, you will likely experience some degree of emotional and physiological discomfort. The level of discomfort experienced is dependent upon factors such as length of relationship with the deceased, closeness of relationship with the deceased, type of death (e.g. prolonged illness vs. sudden violent death), and whether or not you were an eyewitness to the death.

Common emotional reactions in responses to loss include extreme sadness, frequent crying episodes, fear, shock, and anger. These responses, combined with physiological reactions such as loss of appetite, sleep disturbances, fatigue, anxiety and mental flashbacks, can create a sense of bodily disequilibrium.

The Road To Recovery

The passing of time is certainly nature’s first aid, however, there are positive actions one may undertake to enhance the healing process after experiencing a loss. The following suggestions have proven to be useful to other survivors.

- Participate in a “loss” support group.
- Share your feelings with trusted friends, school personnel, and community caregivers.
- Participate in organizing a memorial for the deceased.
- Involve yourself in fun activities with family and friends.
- Increase your level of physical exercise.

If you continue to experience intense emotional and physiological symptoms for more than a two-week period following the loss, express your concerns to your family, teacher, school counselor, clergy of your choice, or call Switchboard of Miami at 305 358-HELP.
DEVELOPMENTAL UNDERSTANDING OF DEATH

**Ages 3 - 5**
Children from ages three to five tend to deny death as a regular and final process. They associate death with sleep or a journey. The finality of death is not yet recognized.

**Ages 5 - 9**
Children from ages five to nine begin to understand the reality of death, yet have difficulty with the thought that they or any of their loved ones could die. They realize that death exists, but it will not happen to someone that they know.

**Ages 9 - 12**
Children from nine to twelve, begin to realize the irreversible nature of death and view death as personal. They need reassurance that they or their actions may not be responsible for the death.

**Ages 12 - 18**
Adolescents may sometimes think that they are invincible to death. Experimentation and life-threatening risk-taking behavior may be common. Adolescence is a time of heightened and intense emotions. Death and grief add to their emotionality.

When children do not deal with their feelings of grief, these feelings fester within the individual and often cause great emotional pain and distress.

When reviewing the history of “difficult” children, it is often found that unresolved grief, may be the root cause of their “acting out” behaviors.
STRATEGIES FOR COPING WITH TRAUMA VICTIMS/SURVIVORS: DEVELOPMENTAL APPROACH

For Children Two-Six Years of Age
1. Avoid exposure to harsh music, intense conversations, and over-exposure to news.
2. Allow for play with soft natural objects, such as soft balls, wooden rattles, blocks, rings.
3. Provide a chance for “fresh air” along with gross motor activities, such as outdoor, sand/water play.
4. As much as possible provide for the child’s regular “routine” along with nutrition.

For Children Six-Eleven Years of Age
1. Allow for retelling of the story or event. You may even see them play acting the event.
2. Be patient. You may see a “tuning out” or a decline of school performance for a time.
3. Your child may seem more withdrawn, and develop fears (of the dark, of being alone). Create a predictable, low key “routine” schedule.
4. Limit the amount of intense conversations and highly intense TV, videos, music.
5. Ensure ample rest, good nutrition and avoid over-stimulation.
6. Give yourself a “back up” support of family or friends as care givers so your child can begin to trust again.

For Adolescents and Adults
1. For trouble sleeping, take “cat” naps during the day.
2. Exercise of some kind will help relieve the tension.
3. Avoid too much caffeine, alcohol, or other stimulants.
4. Expect that new memories and reactions may emerge. This is a way to heal and is absolutely normal, even four-six weeks following the event.
5. Be protective and nurturing of self. Eat the foods that provide comfort; do those things that relax and give pleasure, even if it’s being around home, being with people who can provide comfort or being alone.
6. Just as children watch the same horror movie to master the fear and terror, understand that the trauma reactions you have may need to be expressed and experienced by you in order to heal.
7. Each person reacts somewhat differently. Don’t panic if the reactions are different than they’ve ever been before. Dreams, thoughts and images may repeat themselves and may be upsetting or frightening. After four-six weeks, they generally occur less and less.
8. There may be a reevaluation of how life and how the future is viewed. It may take four-six weeks to feel stable, even perhaps “reorder” priorities. Avoid making big decisions or taking on additional responsibilities during this time.
9. If these reactions continue beyond six weeks, consider talking with a specialist or consultant in the area of trauma.

Adapted from Crisis Intervention Team Packet (2003), District School Board of Pasco County, Florida
# STAGES OF GRIEF

Expressions of grief differ with each individual. The behaviors are not necessarily in a particular order. Individuals may flow back and forth between stages. How long a person grieves may also vary.

<table>
<thead>
<tr>
<th>Shock</th>
<th>Fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Appears inactive, numb</td>
<td>- Panics in absence of parents</td>
</tr>
<tr>
<td>- Exhibits denial, disbelief</td>
<td>- Feels helpless</td>
</tr>
<tr>
<td>- Loses appetite</td>
<td>- Seeks attention</td>
</tr>
<tr>
<td>- Acts indifferent</td>
<td>- Feels fearful</td>
</tr>
<tr>
<td>- Responds by “clowning”</td>
<td>- Fears something will happen to loved one or self</td>
</tr>
<tr>
<td>- Feels disorganized</td>
<td>- Develops physical symptoms, sleep disturbances</td>
</tr>
<tr>
<td>(e.g. unable to concentrate)</td>
<td>- Impulsive behavior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anger</th>
<th>Guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Resents others and self</td>
<td>- Blames self for loss</td>
</tr>
<tr>
<td>- Exhibits uncooperative and rude behavior</td>
<td>- Lowered self-esteem</td>
</tr>
<tr>
<td>- May lose control</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Depression</th>
<th>Reconciliation/Reconstruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Feels empty</td>
<td>- Comes to terms with loss</td>
</tr>
<tr>
<td>- Lacks motivation</td>
<td>- Learns to cope with loss</td>
</tr>
<tr>
<td>- Appears unhappy, excessive crying</td>
<td>- Feels hopeful, has future goals</td>
</tr>
<tr>
<td>- Withdraws, inability to concentrate</td>
<td>- Love of life, focuses on the present</td>
</tr>
<tr>
<td>- Drop in school grades, increased absenteeism</td>
<td></td>
</tr>
</tbody>
</table>
## HOW TRAUMA DIFFERS FROM GRIEF*

<table>
<thead>
<tr>
<th>GRIEF</th>
<th>TRAUMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling is SADNESS</td>
<td>Feelings are TERROR and FEAR</td>
</tr>
<tr>
<td>ANGER is expressed as non-destructive, non-assaultive</td>
<td>ANGER is expressed as assaultive, with tones of revenge</td>
</tr>
<tr>
<td>GUILT is expressed as regrets, magical thinking, “I wish/I would/ I would not have”</td>
<td>GUILT is expressed as powerlessness. “It was my fault, it should have been me”</td>
</tr>
<tr>
<td>DREAMS are of the deceased</td>
<td>DREAMS are about self as a victim</td>
</tr>
<tr>
<td>GRIEF does not attack our self image</td>
<td>TRAUMA distorts our self image</td>
</tr>
<tr>
<td>GRIEF reactions stand alone</td>
<td>TRAUMA reactions include grief</td>
</tr>
<tr>
<td>PAIN is the acknowledgement of loss</td>
<td>PAIN is terror and overwhelming sense of powerlessness and loss of safety</td>
</tr>
<tr>
<td>GRIEF reactions don’t generally involve reactions like flashbacks, startle reactions, hypervigilance, numbing, etc.</td>
<td>TRAUMA reactions involve grief reactions in addition to trauma specific reactions</td>
</tr>
<tr>
<td>In GRIEF most can talk about it</td>
<td>In TRAUMA most do not want to talk about what happened. Children may act out incident repeatedly</td>
</tr>
<tr>
<td>In GRIEF, there may be overreacting or loss of appetite, school avoidance, clinging, headaches, stomach aches</td>
<td>In TRAUMA, sensory reactions and memories are intensified, including hypervigilance, difficulty with memory and concentration, intrusive thoughts, flashbacks</td>
</tr>
</tbody>
</table>

*Adapted from Trauma Debriefing, William Steele (1998).
RECOMMENDATIONS FOR HELPING CHILDREN COPE WITH CRIZES

1. Give yourself a bit of time to come to terms with the event before you attempt to reassure children.

2. Take care of yourself so that you can take care of children.

3. Explain the episode of violence or disaster. Replace crisis rumors with crisis facts. At the same time, however, do not volunteer details that might increase children's threat perceptions.

4. Encourage children to express their feelings and listen without passing judgment.

5. Let children know that it is normal to feel upset.

6. Allow time for children to experience and talk about their feelings.

7. Don't try to rush back to ordinary routines too soon. However, a gradual return to routine can be reassuring.

8. If children are fearful, reassure them that you will take care of them.

9. Stay together as much as possible.

10. If behavior at bedtime is a problem, give children extra time and reassurance. Let him or her sleep with a light on or in your room for a limited time if necessary.

11. Reassure children that the traumatic event was not their fault.

12. Do not criticize regressive behavior or shame children with words like "babyish."

13. Do your best to let children know that you understand their perception of the crisis event. Try to put yourself in their shoes.

14. While it is important to understand children's crisis event perceptions, it is also important to correct misperceptions.

15. Allow children to cry or be sad.

16. Encourage children to feel in control. Let them make some decisions about meals, what to wear, etc.

17. Encourage children to develop coping and problem-solving skills and age-appropriate methods for managing anxiety.

INDICATIONS OF HIGH-RISK GRIEVING

While normal reactions to grief vary, be alert to the following extreme behaviors which may indicate the presence of high-risk grief, requiring a higher level of intervention.

- Dangerous risk-taking, not being afraid.
- Threatening to hurt self or others. Discussion about wanting to die.
- Self-destructive behaviors such as drug use, promiscuity, hurting self, violent play.
- Total withdrawal from people and environment. Isolation and dropping out of clubs or sports or canceling events with friends.
- Dramatic change in personality or functioning over a long period of time.
- Any of the “normal” behaviors listed under grief reactions, happening over a very long time or to an extreme.
- Identity change- appearing to assume the identity of the person who died.
HELPING CHILDREN DEAL WITH TRAUMA

Suggestions for Parents

One of the jobs of being a parent is to help children deal with their feelings in situations of trauma. This can be especially hard when parents have not had the time to sort out their own feelings. The first step in helping children is to take some time for yourself, making sure that you have some support as well.

Every child will have different feelings in response to traumatic events, but those feelings will probably include emotions related to a sense of loss of control, loss of stability, and/or fears. These feelings can include:

- **Denial:** Children may not want to admit the importance of what is happening. A child may say, “What's the big deal? This doesn't affect me.”
- **Anger:** Angry statements and actions may increase. Tantrums, outbursts, arguing, and fighting may be more common.
- **Depression:** Children may cry more often or seem more sad or withdrawn than usual.
- **Bargaining:** Children may want to make “deals” with God or with parents, such as “If I'm really good, then Uncle Dave won't die from cancer.” “If I get good grades, then I won't get sick and die.”
- **Acceptance:** A sense that even though events are bad, life goes on, or still has some good parts.

Not every child, or adult, will experience all of these reactions, and the responses will not always occur in this order.

**What to say to Children:**

- What to say can be difficult. Offering a hug and saying, “This is really hard for us,” will often work for younger children. Acknowledging that it is difficult with secondary-aged children is also important.

- Try to recognize the feeling your child is having and put it into words. Sometimes saying, “It can make us angry and sad to think of people being hurt,” can help, regardless of age.

- Sometimes children may have difficulty expressing their fear into words, regardless of age. You may need to help them find the right words. For example, “Hearing about the war might make you worry that bombs might fall here. We are safe here; the war is in a place far away.” Be honest with your child. Try to control rumors.
HELPING CHILDREN DEAL WITH TRAUMA

- Don’t deny the seriousness of the situation. “Don’t cry, or don’t worry, it doesn’t affect you,” fails to recognize that while the child may be safe, his her fears are real to him or her.

- If a death has occurred, the child, regardless of age, may feel overwhelmed about what to say to others at the memorial service or funeral home. You may need to help by suggesting some appropriate words. Secondary age students may even be embarrassed by some of their feelings. Let them know they’re “O.K.” and encourage their expression of feelings where they feel safe.

Ways to Help Children Cope:

- Your child may need to be near you more than usual. When this is not possible, try to find another person with whom the child feels secure, who can be available for the child. A phone call from work, or a visit with a favorite family member can help the child feel more secure. Secondary age children may want to spend more time with friends for support. You may want to provide a place in the home where they can meet and maybe interact with you. When you have to leave, reassure the child that you will return. Give the secondary age child a time to expect you back.

- Prepare for night time problems:

  Continue normal night time routines, such as story telling, to provide a sense of security. You may need to sit with the child until he or she falls asleep for a few nights. You can gradually withdraw this support by telling the child you will check back in two minutes, and then continue to lengthen this time until your child feels safe again. Make sure your child has his/her special stuffed animal or pillow if you have to sleep in a strange place, a light may need to be left on in the child’s room. Brothers and sisters may want to sleep in the same room until they feel safe again. Secondary age students may need a family circle activity to tell about events of the day and special concerns.

- Plan something practical that your child can do:

  Your child can write letters to absent family members, or members of the Armed Services. Younger children may need your help. Children can also write to members of Congress or the President. Your child may want to write a poem, draw a picture, plant a tree or flower, or take flowers to the funeral as a social activity to memorialize the person who
HELPING CHILDREN DEAL WITH TRAUMA

died. Your child may choose the activity according to what feels best to him/her. Your child may want to develop a home plan with you and want to share the school’s disaster plan.

- Plan to spend extra time with your child:

Reading children’s books about similar incidents can provide a good beginning for discussing feelings. Your school or local librarian can assist in finding books. Spending more time with the secondary-age student, doing something they really want to do, can help your child feel more secure. Taking time to talk about the crisis and share information from newspapers, radio, TV, etc., would be helpful in keeping communication open. It is possible that you and your child may disagree. Acknowledge this, and continue to encourage open communication. Playing an extra game or just sitting with your child during playtime can give your child an extra sense of security.

- Expect that resolving all of the feelings related to the events may take your child and you quite a while. It is normal for a child of any age to bring up the events long after they have happened or when you least expect it. Make sure your child’s reactions are not more severe than other children’s. If you think your child’s response is extreme, seek help. Your school counselor, school psychologist, or school social worker can assist you in this process.

Signs of an Extreme Reaction Include:

- continued fear related to the events, including dreams, flashbacks and hallucinations
- continued loss of interest in regular activities
- extreme withdrawal
- continued crying or weeping
- sleep difficulties, irritability, inability to concentrate, easily frightened
- talk of suicide
- change in eating habits
- change in circle of friends
HELPING A STUDENT AFTER A DEATH IN THE FAMILY

A review of the literature indicates that during childhood, one in every 25 children in the United States of America, will lose a parent to death. By age 16, one in every five children will have lost at least one parent.

The following are some suggestions for helping students face such losses:

1. Give the students an opportunity to discuss the facts and circumstances that caused the death.

2. Listen and sympathize. Make sure you hear what is said.

3. Maintain a sympathetic never-shaming attitude toward the student's responses.

4. Respond with real feelings. The manner in which you express them is irrelevant.

5. Allow student to cry by giving permission: “Go ahead and cry, it’s all right.” Permission may be necessary, since so many strong feelings are labeled as being publicly unacceptable and some students are taught to demonstrate a stoic face in public.

6. Remember that ignoring grief does not cause it to go away. Research shows a relationship between antisocial behavior in adolescents and unresolved grief over the death of a loved one.

7. Assure siblings that they are not responsible for the person’s death because they might have had negative feelings about him or her at some time.

8. Refer students for help when necessary. Note behaviors such as regressive changes in bowel and bladder control, persistent sleep problems, excessive aggression, hyperactivity, loss of concentration, extended withdrawal, wild swings in emotion or thoughts that indicate a loss with reality.

9. Recognize that grief may last an extended period of time. When grief is openly and deeply expressed, the first six months often constitute the most stressful period; however, it is important not to place time or calendar restrictions upon the grieving process. Grieving is unique to each and every individual.
HELPING A GRIEVING FRIEND: GUIDELINES FOR STUDENTS

First Steps

- If you learn of a grieving friend outside of school hours, call and go over as quickly as you can, if possible, or at least call.

- If you learn of a grieving friend during school, try to see the friend or send a note until you are able to talk.

- Your presence is all that is needed; if you wish to take a flower or anything meaningful, that's all right, too.

- Offer physical comfort.

- Don’t be afraid to cry with your friend.

- Do not try to take away the pain from your grieving friend.

Communication

- Talk about the deceased person (grieving people really like telling stories about the deceased, “Do you remember the time…”).

- Don’t use cliché statements (e.g., “He’s better off now since he has no pain”).

- Don’t be afraid you will upset your friend by asking or talking about the deceased; they are already very upset and should be.

- Just sitting with your friend may be all that’s needed at times; don’t be afraid of silence.

- Offer suggestions only when advice is asked.

- Listen, no matter what the topic.

- Do not tell the griever to feel better since there are other loved ones still alive.

- Call to check on.
HELPING A GRIEVING FRIEND: GUIDELINES FOR STUDENTS

Attending a Visitation at the Funeral Home or Attending a Funeral

- If you have not ever been to a funeral home or a funeral, speak to someone who has experienced the event.

- Go with a friend or ask a parent to accompany you, if you wish.

- If this is the first time you’ve seen the grieving friend, simply offer your condolences; just saying “I am so sorry about _____’s death” will open a conversation, or simply point out something special about the deceased.

- If the visitation or funeral includes the display of an open casket, you may view the physical remains if you want; however, you do not have to.

Later Involvement

- Ask your grieving friend to go places; do activities together (it’s all right if he/she initially resists).

- If invitations are turned down, keep inviting.

- Call to check on your friend.

- Continue to talk about the deceased from time to time.

WHEN A GRIEVING CLASSMATE RETURNS TO SCHOOL

First Words

• The classmate probably feels like he/she is from a different planet when returning to school.

• There is very little you can say wrong, so talk to the classmate.

• At least say, “hello,” “welcome back,” “I’m glad to see you,” or something similar.

• The brave might even say: “I missed you,” “I’m so sorry to hear about your ______’s death.”

• Even braver friends might even make statements like “It must be incredibly tough to have your ______ die.”

• Another option: write a brief note.

• If your classmate cries, that is okay; you did not cause the grief and you can’t make the person feel worse. Offer comfort.

Helping the Classmate Adjust to the Class

• Offer to provide past notes and assignments.

• Offer to provide notes for comparison for the next week or so (your classmate’s attention span will probably vary for several weeks).

• Give the classmate your phone number to call if having problems with homework.

• Ask your classmate if you can call to check on how homework is going.

• Ask the teacher if you can be the student’s helper for a week.

• Offer to study together in person or over the phone; this might help with both motivation (grieving students frequently do not feel like doing school work) and with concentration.
WHEN A GRIEVING CLASSMATE RETURNS TO SCHOOL

Some Don’ts

• Don’t shun. Speak to the student.

• No cliché statements (e.g. “I know how you feel,” when nobody knows the unique relationship the classmate had with the deceased).

• Don’t expect the person to snap back to his/her “old self.”

• Don’t be surprised if the classmate seems unaffected by the loss, everybody has his/her own way of grieving.

• Don’t be afraid to ask appropriate questions about the deceased, like “what did you and your ___________ enjoy together?” (people never tire of talking about the people they grieve).

• Just because the classmate may seem to be adjusting to school again, don’t assume the grieving has stopped, nor the need for comfort and friendship.

HELPING GRIEVING PARENTS: SUGGESTIONS FOR STUDENTS

This information should be helpful when interacting with the parents of a deceased classmate. Always respect the wishes of grieving parents. These suggestions must fit the parents’ needs and requests.

First Steps

- In the vast majority of cases parents want to see the friends of their deceased child; they find it comforting.
- If you were a close friend of the deceased and you know the parents, go visit them at their home.
- If you were a friend but had not met the parents (yet they know who you are), you might still visit the home.
- Other friends might wait until the visitation, held at a funeral home, or wait until the funeral.
- Regardless of the depth of your relationship with the parents, let them hear from you either by a call or a note.

Communication

- When you visit, do not worry about what to say; your presence is all that is needed. If you wish to take flowers or anything meaningful, that’s all right too.
- Don’t be afraid to cry with the parents.
- Just sitting with the parents may be all that’s needed at times; don’t be afraid of silence, the parents will most likely fill the silence talking about their deceased child.
- Offer physical comfort.
- Listen, no matter what the topic.
- If you were a really close friend, the parents might be pleased for you to even visit the deceased friend’s room.
HELPING GRIEVING PARENTS: SUGGESTIONS FOR STUDENTS

- Ask what you can do for them; ask other relatives what you might do to help.
- Do not try to take away the pain from the grieving parents.
- No cliche statements (e.g., “he’s better off now since he now has no pain.”)
- Talk about the deceased person (grieving people really like telling stories about the deceased, “do you remember the time…”).
- Offer suggestions only when advice is asked.
- Do not tell the parents to feel better since there are other children and loved ones still alive.

Attending a Visitation at a Funeral Home or Attending a Funeral

- You may feel anxious when going to a funeral home or a funeral.
- Go with a friend or ask a parent to accompany you.
- If this is the first time you’ve seen the parents, simply offer your condolences; just say, “I am so sorry about ______’s death” probably will open a conversation; or maybe better, simply point out something special about the deceased.
- If the visitation or funeral includes the display of an open casket, view the physical remains if you want; you do not have to.

Later Involvement

- After the funeral, continue to visit the parents; they probably will continue to want to see the friends of their deceased child.
- Call regularly to let them know you’re thinking of them.
- Continue to talk about their deceased child from time to time.

HELPING STUDENTS AFFECTED BY DISASTER: SUGGESTIONS FOR TEACHERS

Returning to school following a disaster presents teachers with special challenges. The need to provide an atmosphere of understanding and care is essential in establishing a safe and secure learning environment. The following information and suggestions are provided to assist you during the first days of school after the disaster.

Creating a Welcoming and Secure Environment

- Be calm; remember that children tend to model their teacher’s response to a traumatic event
- Encourage an atmosphere of mutual caring and concern among classroom members; set a tone of belonging
- Prepare students to include and support each other, e.g., establish and encourage a buddy system
- Provide extra assistance in learning and in adjusting to the event
- End the day/class by reassuring students that they are members of the school family
- Establish and maintain a basic classroom routine
- Be realistic in expectations for the completion of homework and other assignments

Facilitating Open Discussion

- Allow students ample time to talk about their recent traumatic experiences
- Provide factual information to help allay fears and stop rumors
- Encourage students to verbalize their feelings; reassure students that all their feelings are accepted (e.g., anger, sadness, fear, confusion)
- Elicit drawings, poems, short stories, videos, etc. from students, allowing them an opportunity to tell their stories
- Acknowledge and share your own feelings, as you feel comfortable
Behavioral Issues

- Be aware that students may experience fatigue due to stress and disrupted sleep patterns
- Share with students that traumatic experiences may trigger symptoms of physical discomfort which vary in length and intensity
- Be aware that students under stress may exhibit inappropriate behavior in the course of adjusting to school situations
- Be aware that some students may overreact to commonplace occurrences (e.g., loud noises, thunderstorm, sirens)
- Be aware that the most common reaction in children may be unexpected aggressive behavior which may be exhibited in the classroom
- Listen for evidence of abuse and neglect and discuss this with your guidance counselor for an appropriate referral
POST-DISASTER ACTIVITIES FOR THE CLASSROOM

Classroom discussion can be a useful tool for allowing children to share their feelings and concerns related to their disaster experiences. The following questions may be useful for eliciting responses:

- Where were you during the disaster?
- Who was with you during the disaster?
- What do you remember about the disaster?
- What was the worst part of the disaster?
- How did you feel before, during and after the disaster?
- Do you know anyone who was injured during the disaster?
- What did you learn from this experience?
- What would you do differently if another disaster was to strike?
- What can you do to help others who were affected by the disaster?
- How will the disaster change you, your family, and your community?

Additionally, teachers have a unique opportunity to incorporate the disaster into a learning experience. In the event that the disaster was a hurricane, the following examples illustrate how this can be accomplished:

Mathematics: Have the students plot the coordinates of the hurricane’s path. This would introduce map skills, graphing, and longitude and latitude concepts.

Language Arts: Have the student create stories about their hurricane experiences.

History: Have the student research past hurricanes that have impacted their area.

Science: The student could explore aspects of hurricane formation.

Social Studies: The student may discuss how people of many cultures and backgrounds were impacted by this disaster.

Art: The student may be asked to draw pictures of his or her hurricane experiences.

School-wide activities may include tree planting, neighborhood clean-up, food drives, clothing and toy collection, and fund raising.
ASSISTING STUDENTS AFFECTED BY DISASTER:
SAMPLE RESPONSES TO QUESTIONS

How do I respond to students when they ask questions like “Why did this happen?”

It is important to focus on the reactions that students are expressing rather than trying to provide answers to questions like this. They need the opportunity to express their reactions and feel that someone is listening to them. Although they are asking questions, they are not looking for specific answers. They are, instead, trying to clarify their thoughts and receive support that their feelings and thoughts are normal.

How can I help my students with their lessons?

Adults help best by remaining calm and reassuring. Maintaining an atmosphere of routine and structure will help ease the burden for the students, and increase the likelihood that they will recover psychologically from the event.

How can I help students when I feel a need for help myself?

Students need to know that adults also feel confused, angry, or scared. Sharing your humanness with them in an appropriate and positive way will help them and yourself. Seeking professional counseling is one way in which people deal with life’s crises.

How do I assist students in understanding why some families experienced losses while others did not?

It is normal for students to feel guilt or anger whether or not they were affected by tangible loss. They need to express these emotions and have them validated. Encourage an atmosphere of acceptance and support for each other in the classroom setting.

How do I help students without losses understand how they can support other students with losses?

All students should be encouraged to be sensitive to the feelings of others. This can be accomplished by establishing an atmosphere of mutual concern and caring for each other. Students should be encouraged to share material possessions, if they desire.

How do I help students deal with anxieties they have about the future?

Students, too, can feel hopeless about the future. In classroom discussions, students can speak about the changes which have occurred in their lives and how they have managed to deal with them. Positive responses should be identified and highlighted. Instilling a sense of hope that the future will be better is essential.
COPING WITH DISASTER: SUGGESTIONS FOR PARENTS

A disaster such as a hurricane, tornado, fire, or act of terrorism is frightening to children and adults alike.

A child’s reaction to such a catastrophe depends on his/her age, as well as how much loss/destruction he or she witnesses during or after the disaster. If a friend or family member has been killed or seriously injured, or if the child’s school or home has been severely damaged, there is a greater chance that the child will experience difficulties.

Following a disaster, people might develop post-traumatic stress symptomology, which can result from experiencing, witnessing, or participating in an overwhelming traumatic (frightening) event. Although such symptoms can occur soon after the event, symptoms may surface several months or even years later.

**Post-Traumatic Stress Symptomology**

- Refusal to return to school, clinging behavior, shadowing parents around the home
- Persistent fears related to the catastrophe (i.e., fear about being permanently separated from parents)
- Sleep disturbances, such as nightmares, and behavioral regression occur
- Loss of concentration and irritability
- Behavioral problems, e.g., misbehavior that is not typical for the child
- Physical complaints (stomachache, headache, dizziness) for which a physical cause cannot be found
- Withdrawal from family and friends, listlessness, decreased activity, preoccupation with the events of the disaster

**Suggestions for Parents**

Professional advice or treatment for children affected by the disaster, especially those who have experienced or witnessed destruction, injury or death, can help prevent or minimize the development of post-trauma difficulties. Parents who are concerned about their child’s behavior can ask their pediatrician or family doctor for a referral to a child psychiatrist or child psychologist.

- Limit your child’s exposure to graphic visual accounts of the traumatic incident.
- Listen to your child’s concerns and fears- validate their feelings.
- Offer realistic reassurances of safety and comfort.
- Provide structure and routine in the home environment.
- Encourage a realistic level of responsibility, don’t encourage helplessness.
Be aware of abrupt changes in your child’s behavior, including the following:

- concentration difficulties
- limited attention span
- lower academic functioning
- anger
- aggressiveness
- disruptiveness
- withdrawal
- fatigue
- separation anxiety
- vigilance
- irritability
- physical complaints-headaches, stomach, disorders.
- heightened vigilance
- numerous fears (e.g., fear of the dark, rain, lighting, fear of loud noises-wind, thunder, sirens, airplanes, helicopters).
- sleep disturbance
- nightmares
- difficulty handling change
- confusion
- regression (e.g., bed-wetting, clinging, not wanting to sleep in their own room, thumb sucking).
- guilt

NOTE: If you have concerns regarding your child's behavior please contact your school counselor, family physician, or community-based mental health professional.

AFTER THE CRISIS: RECOMMENDATIONS FOR SCHOOL STAFF

1. Recognize that you are in stress and that this time may be a painful period of adjustment for you.

2. Admit you are hurting. It is normal to hurt when you are in stress (especially if you have experienced a loss.)

3. When your emotions are in turmoil, try to keep your life as orderly as possible. Make schedules, lists, plans, etc., and try to stick to them.

4. Don't get upset when people tell you how you "should" feel or "ought" to act. Remember, these are YOUR feelings and they are important.

5. Self-doubts are symptoms of stress, so is an inability to concentrate. When everything seems to be going wrong, it's hard to think about anything else.

6. It is natural for your judgment to be hampered by stress. Try to avoid as many decisions as possible, especially major ones. Deal only with those that require immediate attention.

7. Deal with one thing at a time---one day at a time. Don't get caught up in "if-onlys" and "what-ifs."

8. Accept the help of others. Understanding and support are important when you are in stress, so don't deny yourself any assistance that may be available to you.

9. If possible, surround yourself with things that require nurturing (children, plants, pets, etc.).

10. Schedule as much activity into the weekends as possible.

11. Accept that to get through your crisis there will be good days and bad days. Don't be discouraged when your feelings seem to overwhelm you just when you thought you were getting it altogether again. Don't deny your feelings but don't dwell on them. In other words, acknowledge them but don't encourage them.

12. In stress, your health is vulnerable. Counter stress with adequate rest, proper diet, and moderate exercise.

13. This is NOT a good time to over-indulge in alcohol, drugs, eating or smoking.

14. It is a goodtime, however, to be nice to yourself. Make a list of good things to do for yourself and USE IT to "treat" yourself from time to time.

15. Remember that emotional wounds take time to heal and that it is important to heal at your own pace. After all, you are unique!
RECOVERY: LONG-TERM FOCUS

• Be attentive to the presence of emerging emotional/behavioral reactions of students and staff.

• Refer at-risk students to the school-based counseling professional.

• Notify parent/guardian of your concern and offer recommendations for community-based counseling services.

• Refer at-risk staff members to the Employee Assistance Program.
CULTURAL/RELIGIOUS OBSERVANCES RELATED TO DEATH

Living, working and learning in an expanding multicultural community offers many challenges. The blending of cultural, ethnic and religious practices and traditions enriches us tremendously. Further, the diversity of our people is also expressed in their perspectives on death and related ceremonial practices.

It is important to convey the message that we should respect the diverse nature of such traditions within our school community. Although not comprehensive, the following section describes some of the funeral/mourning practices present within our region.

1. American-Indian observances vary considerably in their traditions, religions and rituals, but there is a strong commonality among many tribes that centers on the natural world - the earth, the animals, the trees, the natural spirit. Even among those who have been converted to Christianity, there is an emphasis on the reunion with nature that occurs with death.
   
a. The Medicine Man or spiritual leader usually moderates the funeral or death service. It may or may not follow a particular order since each individual is unique. In some tribes or clans, burial, is not traditional.
   
b. Some tribes call on their ancestors to come to join the deceased and, in effect, help in his or her transition.
   
c. Most Indian cultures are not concerned about preserving the body and so embalming is not common. However, dismemberment and mutilation outside the natural deterioration of the body is taboo.
   
d. There is a belief that the spirit of the person never dies; therefore, sometimes sentimental items and gifts are buried with the deceased as a symbolic gesture that the person still lives. The spirit of the person may be associated with a particular facet of nature-animal, bird, plant, water and so forth. Symbols of such spirits may be a part of the ritual in the death ceremony.
   
e. It is important to ensure that the burial of the person takes place in their native homeland, so that they may join their ancestors, and so that they may also inhabit the land to which their loved ones will also return.
   
f. In some tribal cultures pipes are smoked at the grave sites.
   
g. In some tribal cultures, there is significance to burying people with symbolic reference to a circle.
   
h. In some, there is significance in non-burial, but allowing the deceased to pass on to the other world in a natural way.

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

3. Black/African-Americans have traditions concerning death that draw from many cultures, ethnic and religious backgrounds. Some common patterns include:

a. High involvement of a funeral director in preparations for mourning and burial;
b. A gathering of friends and family at the home of the deceased to offer support and share in the common grief;
c. A wake during which music, songs and hymns are played or sung; some may hold a service known as a “Home-Going”;
d. A shared meal among grieving loved ones after the wake and funeral;
e. A funeral service followed by a burial (cremation is less accepted);
f. Memorial services and commemorative gifts;
g. Dressing in white as a sign of resurrection and celebrate with music and hope;
h. Often express grief with the physical manifestation of great emotion;
i. May believe in the concept of the “living dead” (This concept refers to people who have died but whose spirits live in the memories and thoughts of those still living; they are the ones who will help others who die move to the next world)

4. Although there is great diversity in religious practices among the Haitian/Haitian-American population, they tend to share the following common patterns in the aftermath of death:

a. Close family members and relatives make arrangements for the funeral and church services.
b. A gathering of family members and close friends is held at the home of the deceased to pray and to offer support.
c. A wake is held at the home of the deceased every night from the time of the death to the time of the burial. At the wake, they chat, eat, drink and share jokes.
d. A viewing is followed by the funeral service and burial.
e. Close family members mourn by dressing in black or white. The wearing of bright colors such as red is not considered an expression of mourning. It is preferable to wear dark colors such as blue, purple and brown to attend a funeral.
f. Many Haitians express grief with the physical manifestation of great emotion.
g. After the burial, family members and friends usually gather at the home of the deceased for a reception, where flaky pastries, black coffee, tea and other foods are served.

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

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

6. European-Americans follow various cultural, ethnic and religious traditions regarding post-death ceremonial and bereavement practices. General tendencies include:

a. Friends and family gather at the home of the deceased or family member to support and share in the common grief. This practice usually occurs following the announcement of the death.
b. High dependence upon a funeral director and/or person of the clergy in preparations for mourning and burial.
c. A visitation and/or viewing at a funeral home is typically followed by a religious and/or graveside/cryptside service.
d. Funeral services tend to be rather subdued.
Traditionally, dark clothing tends to be worn during ceremonial services; although this trend has shifted in recent years to a more color-based wardrobe focused on creating an atmosphere of celebration and hope.

Interment is followed by a gathering at the home of the deceased or family member, where food and refreshments are provided.

Religious Observances of Death

1. The role of religion is important for most victims/survivors because their answers to religious questions form their view of life, death and meaning.
2. Many people do not know their position on religion until disaster strikes. It is at this time that their religious faith and beliefs are formed.
3. Some religions give individuals more power over life than others. Some religions give collections of individuals power over life. Some religions give spirits more power over life than the living. Some give free will. Some give fatalism. All have defined ways of dealing with death.
4. Some religious differences:

   a. Islamic Observances
      i. Death is considered as an act of Allah, so it is not questioned.
      ii. There is a belief that all the events of one's life, including the time and manner of one's death is pre-written by Allah.
      iii. Individuals are encouraged to openly express their feelings; crying is viewed as cleansing the soul.
      iv. Friends visit the house of the deceased to talk with family members and also bring them food.
      v. For seven days following the death, the family members are never left alone.
      vi. No access to television, radio or other musical devices is permitted for 40 days following the death.
      vii. There are prayer ceremonies held on the 40th and 52nd days following the death.
      viii. Prior to the funeral ceremony, the body must be washed/bathed in a manner consistent with certain ritual practices.
      ix. The ceremony is performed by a Moslem and includes ceremonial prayers.
      x. The body is buried wrapped in white clothing, without a coffin. It is believed that the body should touch the earth.
      xi. Bereaved family members are greeted by others with the saying, “May you be alive and may Allah’s blessings be on the (name of deceased).”

   b. Jewish Observances
      i. All customs are designed to treat the body with respect, therefore, autopsies and embalming are generally prohibited. Viewing the corpse is also considered disrespectful.
      ii. The emotional needs of the survivors are very important.
iii. There is variance among Reform, Conservative, and Orthodox Jewish practices.

iv. No funeral is allowed on Saturday (the Sabbath) or on major religious holidays.

v. Music and flowers are not encouraged.

vi. Eulogies are given by rabbis, family and friends. When the deceased person is held in high regard, there are usually several eulogies.

vii. Family members and others accompany the casket to the grave and are encouraged to place a shovel of earth on the casket, as a sign of the finality of death.

viii. The period of mourning lasts for one year. The mourner’s “Kaddish” or declaration of faith is said at the gravesite: “Blessed, praised, glorified and exalted; extolled, honored, magnified and lauded be the name of the Holy One. May abundant peace from the heavens descend upon us, and may life be renewed for us and all Israel, and let us say Amen.”

ix. “Sitting shiva” refers to the seven-day mourning period immediately following burial. No food is cooked by the family. A candle or lamp is kept burning in the memory of the deceased. The Kaddish is said every day during this time.

x. Some people observe a period of three days following the burial during which visitors are not received and the time is devoted to lamentation.

xi. After the first seven days, survivors are encouraged to rejoin society but still maintain mourning by reciting the Kaddish twice daily for thirty days.

xii. Many mourners may wear a black pin with a torn ribbon during the funeral and for the next week as a symbol of grief. Others may wear a torn garment.

xiii. Newborn babies may be named after the deceased. (This is important to remember since many cultures believe it improper to name people after the dead and, in fact, adults may change their names to avoid being named after someone who has died).

xiv. The first anniversary is marked by the unveiling of a tombstone at a special ceremony.

c. Protestant Observances

i. There are a wide range of Protestant observances.

ii. For many, after death, there is a family gathering at the home or funeral home.

iii. Caskets, open or closed, are part of passage. Memorial items may be placed in the casket.

iv. Cremation is an accepted option for some.

v. Black dress is a part of mourning.

vi. Funeral services include music and testimonials. Music may include traditional hymns and/or songs of praise celebrating the Christian experience and the hope of everlasting life.
vii. Gravesite visits may be made.
viii. Memorial services are common, and sometimes replace funerals and other immediate observances of death.
ix. Flowers and donations are preferred ways to express condolences.
x. Church members and friends will usually provide for the food needs of the family. The period of time will vary according to the needs of the family.

There is no formal structure to observe the death, month after month or year after year.

d. Roman Catholic Observances
i. Since the Second Vatican Council, the terms “last rites” and “extreme unction” are no longer used by the Catholic Church.
ii. The Sacraments of the Sick are prayers that are said as the person is dying, and involve confession and communion. If a person dies before the sacraments are given, the priest will anoint the deceased conditionally within three hours of the time of death.
iii. There is often a wake and, if so, the priest will conduct the service or say the rosary.
iv. There are distinct phases to “The Mass of Christian Burial”
   • Prayers at the funeral home.
   • Welcoming the body to the church.
   • Covering the casket with a white cloth.
   • Sprinkling the casket with holy water.
   • The Eucharist is celebrated.
   • Prayers are said after the Mass.
   • Casket is escorted to back of church.
   • At the cemetery, the grave is blessed.
   • Consecration is a reaffirmation that the person will rise again. Prayers address not only the dead but the survivors— their faith in eternal life is encouraged.

v. The one-month anniversary of the death is often celebrated by a Mass, as are those of other anniversaries.
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
LOCAL AND NATIONAL HELP RESOURCES
THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY
LOCAL AND NATIONAL HELP RESOURCES

EMERGENCY SERVICES

American Red Cross (Greater Miami and Florida Keys Chapter) 305-326-8888

Miami Bridge-Shelter for Teenagers
North 305-635-8953
South 305-246-8956

Miami Rescue Women’s and Children’s Center 305-571-2250

Child Abuse Hotline 1-800-96-ABUSE

Citrus Health Network, Inc. (Psychiatric Emergencies) 305-823-0080

Rape Treatment Center 305-585-RAPE

Safespace (Abused Women/Children) 305-758-2546

Salvation Army 305-637-6700

Salvation Army (Women and Children’s Lodge) 305-637-6720

Switchboard of Miami (Crisis Hotline) 305-358-HELP

United Way 305-579-2200

CRISIS STABILIZATION UNITS

Bayview Center for Mental Health 305-691-4357

CHI South Dade Community Mental Health Center 305-252-4800

Citrus Health Network, Inc. 305-823-0080

Jackson Mental Health Emergency Services 305-585-6487

Jackson South Mental Health 305-256-5309

Jackson North Community Mental Health Center 305-681-2631

Miami Behavioral Mental Health Center 305-774-3300

New Horizons Community Mental Health Center 305-635-0366
LOCAL AND NATIONAL HELP RESOURCES
INTERNET WEBSITE RESOURCES

MIAMI-DADE COUNTY WEBSITES

United Way of Miami-Dade

NATIONAL WEBSITES

American Academy of Child and Adolescent Psychiatry
American Academy of Experts in Traumatic Stress
American Association of Suicidology
American Counseling Association (ACA)
American Foundation for Suicide Prevention
American Psychological Association
American Red Cross
American School Counselor Association (ASCA)
Centers for Disease Control and Prevention (CDC)
Center for Effective Collaboration and Practice
Center for the Study and Prevention of Violence
Community Policing Consortium
Division of Adolescent and School Health (DASH)
Department of Homeland Security
Division of Violence Prevention
Early Warning, Timely Response: A Guide to Safe Schools
Emergency Planning: Office of Safe and Drug –Free schools

http://www.unitedwaymiami.org
http://www.aacap.org/
http://www.aaets.org/
http://www.suicidology.org/
http://www.counseling.org/
http://www.afsp.org/index-1.htm
http://www.apa.org/
http://www.redcross.org/
http://www.schoolcounselor.org/
http://www.cdc.gov/
http://www.air-dc.org/cecp
www.colorado.edu/cspv
www.communitypolicing.org
http://www.cdc.gov/nccdphp/dash
http://www.dhs.gov/dhspublic/
www.cdc.gov/ncipc/dvp/dvp.htm
http://www.ed.gov/about/offices/osep/qtss/html
<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMA (Federal Emergency Management Agency)</td>
<td><a href="http://www.fema.gov">www.fema.gov</a></td>
</tr>
<tr>
<td>K-20 Education Safety Partnership</td>
<td><a href="http://www.k20safetypartnership.org/resources.htm">http://www.k20safetypartnership.org/resources.htm</a></td>
</tr>
<tr>
<td>Mental Help Net</td>
<td><a href="http://mentalhelp.net">http://mentalhelp.net</a></td>
</tr>
<tr>
<td>National Association of Elementary School Principals</td>
<td><a href="http://www.naesp.org">www.naesp.org</a></td>
</tr>
<tr>
<td>National Association of School Psychologists</td>
<td><a href="http://www.naspweb.org">http://www.naspweb.org</a></td>
</tr>
<tr>
<td>National Institute of Mental Health</td>
<td><a href="http://www.nimh.nih.gov">http://www.nimh.nih.gov</a></td>
</tr>
<tr>
<td>National Organization for Victim Assistance (NOVA)</td>
<td><a href="http://www.try-nova.org/">http://www.try-nova.org/</a></td>
</tr>
<tr>
<td>National PTA</td>
<td><a href="http://www.pta.org">www.pta.org</a></td>
</tr>
<tr>
<td>National Safe Schools Resource Center</td>
<td><a href="http://www.safetyzone.org/">http://www.safetyzone.org/</a></td>
</tr>
<tr>
<td>National Safety Council</td>
<td><a href="http://www.nsc.org">http://www.nsc.org</a></td>
</tr>
<tr>
<td>National School Safety Center</td>
<td><a href="http://www.nssc1.org">http://www.nssc1.org</a></td>
</tr>
<tr>
<td>National Strategy for Suicide Prevention: Goals and Objectives for Action</td>
<td><a href="http://www.mentalhealth.org/suicideprevention">http://www.mentalhealth.org/suicideprevention</a></td>
</tr>
<tr>
<td>National Youth Gang Center</td>
<td><a href="http://www.iir.com/nygc">http://www.iir.com/nygc</a></td>
</tr>
<tr>
<td>National Youth Violence Prevention Resource Center</td>
<td><a href="http://www.safeyouth.org/">http://www.safeyouth.org/</a></td>
</tr>
<tr>
<td>Safe Schools/Healthy Students Action Center</td>
<td><a href="http://www.sshsac.org/">http://www.sshsac.org/</a></td>
</tr>
<tr>
<td>School Social Work Association of America</td>
<td><a href="http://www.sswaa.org/">http://www.sswaa.org/</a></td>
</tr>
<tr>
<td>Substance Abuse and Mental Health Administration</td>
<td><a href="http://www.samhsa.gov/">http://www.samhsa.gov/</a></td>
</tr>
<tr>
<td>Suicide Prevention Advocacy Network</td>
<td><a href="http://www.spanusa.org">http://www.spanusa.org</a></td>
</tr>
<tr>
<td>U.S. Committee for Refugee Services</td>
<td><a href="http://www.refugees.org">http://www.refugees.org</a></td>
</tr>
</tbody>
</table>
LOCAL AND NATIONAL HELP RESOURCES

SURGEON GENERAL REPORTS

Youth Violence: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/youthviolence

Mental Health: A Report of the Surgeon General
http://www.surgeongeneral.gov/library/mentalhealth/home.html

The Surgeon General's Call to Action to Prevent Suicide
http://www.surgeongeneral.gov/library/calltoaction

U.S. Department of Education, Safe and Drug-Free Schools Program
http://www.ed.gov/offices/OESE/SDFS

US Department of Health and Human Services
http://www.os.dhhs.gov/