

RECOVERY

The goal of recovery is to return to learning and restore the infrastructure of the school as quickly as possible. School staff can be trained to deal with the emotional impact of the crisis, as well as to initially assess the emotional needs of students and staff. During this process, it is extremely important to provide a caring, consistent, and supportive school environment.

Adopted from U.S. Department of Education, Office of Safe and Drug-Free Schools, Washington, D.C., 2003

INTRODUCTION

UNDERSTANDING EMOTIONAL TRAUMA

Trauma knows no bounds. Schools are confronted with putting the pieces back together following sudden, tragic events such as death or serious injury to students or staff, bus accidents, fires, violence and natural or manmade violence both close to home and far-away. According to the National Institute of Mental Health, research indicates that both adults and children demonstrate a wide-range of reactions following a catastrophic event. The range of human responses can include physical, cognitive and emotional symptoms including nausea, sleep disturbance, slowed thinking, bad memories, and regressed behavior, anxiety, guilt, depression, anger and a host of other responses.

The first step in the recovery phase actually begins in preparation. Roles and responsibilities of staff and others need to be determined prior to the crisis. Experience shows that after a crisis, many unsolicited offers of assistance from outside the school community are made. It is imperative that school resources are the primary source of assistance until it is determined what, if any, outside resources are necessary. With prior planning, those service providers in the community with appropriate skills may assist in the recovery phase.

OVERVIEW OF GOALS FOR RECOVERY

Adopted from U.S. Department of Education, Office of Safe and Drug-Free Schools, Washington, D.C., 2003

Return to the “business of learning” as quickly as possible. Experts agree that the first order of business following a crisis is to return to students learning as quickly as possible. Routines are important during these times.

Schools need to keep students, families, and the media informed. Be clear about what steps have been taken to attend to student and staff safety and emotional well-being. Let families, students and staff know what support services the school is providing and/or what community resources are available. Messages should communicate appropriate information. (Information regarding resources and sample letters are available at the end of this section)

Focus on the building, as well as people, during recovery. Following a crisis, buildings and their grounds may need repairing. Conduct safety audits (if necessary) and determine the parts of the building that can be used and plan for repairs.

OVERVIEW OF GOALS FOR RECOVERY (con't)

Provide assessment of emotional needs of staff, students and families. Teachers are an important resource in assessing the emotional needs of all students including baseline behavior. Referrals for individual/group support can be made to the school guidance counselor, social worker or school psychologist. Staff should be given opportunities to self-refer if they feel as though they need support. In addition, available services need to be identified for families who may want to seek treatment for their children.

Provide stress management during class time. Trauma experts emphasize the need to create a caring, warm and trusting environment for students following a crisis. The classroom is an important place to provide the support for students. Students who require more individualized support can be referred to the appropriate personnel.

Conduct daily debriefings for staff and others assisting in the recovery phase. Experts stress the importance of ensuring that those who are providing “psychological first aid” are supported with daily critical incident stress debriefings. Debriefings are meetings that help staff cope with their own feelings of vulnerability.

Take as much time as needed for recovery. An individual recovers from a crisis at his/her own pace. Recovery is not linear. After a crisis, healing is a process filled with ups and downs. Depending on the traumatic event and the individual, recovery may take months or even years.

Evaluate. Evaluations should be conducted on a regular basis (hourly, daily, weekly, etc.), as well as at the end of the recovery phase. Evaluating recovery efforts will help prepare for the next crisis. Use interviews and surveys to evaluate recovery efforts. Conduct brief interviews with families, staff and students.

ACTION CHECKLIST

- **Strive to return to learning as quickly as possible.**
- **Assist in assessing students for the emotional impact of the crisis.**
- **Identify what follow-up interventions are available for students and staff.**
- **Conduct debriefings with staff.**
- **Assess curricular activities that address the crisis.**
- **Allocate appropriate time for recovery.**
- **Assess “lessons learned” and incorporate them into revisions and trainings.**

U.S. Department of Education, Office of Safe and Drug-Free Schools, Washington, D.C., 2003

GENERAL STRATEGIES FOR FOLLOW-UP TO EMERGENCIES/CRITICAL INCIDENTS

The Day After: The first day back after an incident.

1. Convene the School Safety Team to update them on any additional information/procedures:
 - a. Prepare a statement/letter to faculty and staff, which provides them with the details of the incident, the proposed daily schedule, and plan of action. The information should be distributed in a faculty meeting format.
 - b. Distribute materials to faculty (i.e. letters to parents, handouts pertaining to students/staff reactions to crisis)
 - c. Work in conjunction with the Rapid Response Team (principal, school psychologists, social workers, nurse, and guidance counselors from the district) to determine what district-wide resources are needed.

2. Identify students and staff in need of follow-up support and assign staff members to monitor at-risk students:
 - a. Coordinate counseling opportunities for students.
i.e. - Both in-class and out-of-class.
 - b. Announce ongoing support for students and staff with place, time and staff facilitator listed.
 - c. Provide parents with a list of community resources available to students and their families.
 - d. Determine what, if any, outside resources may be necessary to provide support in the school.
- Using outside personnel/agencies should only take place after the School Safety Team and Rapid Response Team has conducted an evaluation as to the impact the incident has had on the members of the school family.

3. Reconvene at close of school to provide staff the opportunity to discuss feelings and reactions of the day as well as to review and plan for the next day.

Long Term Follow-up and Evaluation:

1. Convene School Safety Team on a regular schedule (to be determined by the School Safety Team) to monitor recovery progress.
 - a. Consult with Rapid Response Team to assess the need for ongoing support.
 - b. Inform faculty, students and parents that ongoing support will be provided as long as needed.
2. Conduct and assessment of Emergency Management protocols if needed.

3. Write thank-you notes to people who have provided support during the emergency.
4. Be alert to anniversaries and holidays. Often students and staff will experience an anniversary trigger reaction the following month(s) or year(s) on the date of the emergency or when similar crises occur. The School Safety Team should be responsible for keeping track of anniversaries following a crisis.

How to help when the crisis occurs in another school:

When a crisis occurs in another school, the first reaction is to rush and help. Prior events have taught us that this action leads to confusion, can be counterproductive and can delay the recovery effort. When a crisis occurs in another school, the proper response is to convene the appropriate members of your School Safety Team and determine the physical and emotional safety of your school. The following are just a few samples of appropriate and effective ways for your staff to reach out:

- **Send Flowers**
- **Send a card**
- **Attend wake/visitation hours**
- **Offer to provide lunch, breakfast or coffee**
- **Make a donation to an appropriate charity**

Remembering that the goal of recovery is to return the school community to a safe and secure learning environment, it is important to remember that if other schools respond in a hasty manner they may unnecessarily spread/heighten the impact of a crisis.

Although the first reaction is often to reach out quickly and ease the pain of others, it is important to remember that recovery is an ongoing process. Those that have experienced a crisis often feel “forgotten” as time goes on and report that receiving support weeks or months after a tragedy help them feel “remembered”.

ROLES AND RESPONSIBILITIES IN RECOVERY

The role of the Principal:

- Assemble and direct the School Safety Team.
- Contact the Rapid Response Team (if necessary).
- Be visible, available, and supportive.
- Dispel rumors by giving everyone the facts.
- Communicate with Central Administration and the Rapid Response Team.
- Provide updated information to all concerned (parents, students and staff).

Psychologist’s / Counselor’s / Social Worker’s Role:

- Act as a crucial member of the School Safety Team.
- Locate counseling space.
- Assist in identifying at-risk students.
- Support the faculty.
- Be visible, available and supportive.
- Evaluate student and staff needs.
- Provide short-term counseling.
- Provide referrals to outside counseling.

ROLES AND RESPONSIBILITIES IN RECOVERY(cont.)

The role of the School Safety Team:

- Assess needs of school.
- Coordinate recovery effort.
- Conduct meetings to discuss progress of recovery.
- Evaluate response to intervention and discuss future changes.
- Provide Community Resource Guides and Teacher/Parent Handouts.

The role of the Rapid Response Team:

• The role of the Rapid Response Team is to assist the School Safety Team in their duties and to enlist the necessary and appropriate district (school psychologists, social workers, guidance counselors, nurses, secretaries, etc., as well as substitutes if necessary) and community resources in the recovery effort.

- The Rapid Response Team is crucial in providing an objective view of the recovery efforts.

The role of the Teacher:

Emergencies hit children hard. It can be difficult for children to understand and accept that there are events in their lives that can't be controlled or predicted. This resource was designed to help teachers assist children and is useful for general disasters as well as emergencies that occur in the lives of individual children.

Ways teachers can assist students:

- Identify and manage your own natural feelings of helplessness, fear, anger; until you do this; you won't be able to effectively help your students. If overwhelmed,
- Ask for help and remember the importance of self-care.
- Provide a warm, friendly, and supportive environment for your students.
- Learn to recognize the signs and symptoms of unusual distress and post-traumatic stress reactions.
- Put the emergency or critical incident in context; provide a perspective.
- Communicate a positive attitude.
- Start the healing process; help children feel safe.
- Identify the children who may need crisis intervention counseling and refer to school mental health professionals.
- Children take cues from adults. Basic needs must be met (food, shelter, and clothing).

INFORMATION FOR TEACHERS

As a result of traumatic events, some students will show a variety of symptoms of distress. As teachers, you know your students' baseline or "usual" behavior and are the best resource in helping to determine which student(s) are exhibiting "unusual" or problem behavior and may need to be referred for more intervention. Below is a list of possible problem behaviors exhibited by children after an incident.

- Any unusual complaints of illness
- Keeping isolated from the rest of the class
- Student seems so pressured, anxious that he/she dominates and/or distracts others
- Changed behavior/appearance
- Resistant to "opening up" (not related to being shy or having a language/cultural barrier)
- Poor eye-contact
- Difficulty concentrating, can't focus
- Hyperactive, silly, giddy
- Lack of emotional expression
- Extreme emotional display; crying, regressed behavior
- Lethargic, apathetic
- Easily startled, "on edge"

Again it is important to remember that these behaviors may be considered "usual" for a particular student. Typically, a child's response to a disaster will not last long. However, it is important to recognize that some problems may be present or recur for months afterward. Also, anniversaries of the event may trigger reactions.

Suicide

A school's general response to a suicide does not differ markedly from a response to any death emergency. However, some issues exclusive to suicide require specific attention.

School administrators must allow students and staff to grieve the loss without glorifying the method of death. Over emphasis on a suicide may be interpreted by vulnerable individuals as a glamorization of the suicidal act, which can assign legendary or idolized status to taking one's own life.

The following "DO's" and "DON'Ts" will help school staff limit glamorization of suicide:

- Do acknowledge the suicide as a tragic loss of life
- Do allow students and staff to attend funeral services
- Do provide support for students and staff profoundly affected by the death
- Don't organize school assemblies to honor the deceased
- Don't dedicate the yearbook or yearbook pages, newspaper articles, proms, athletic events, or advertisements to the deceased individual
- Don't pay tribute to a suicidal act by planting trees, hanging engraved plaques or holding other memorial activities

Suicide (cont.)

A suicide in the school community can heighten the likelihood, in the subsequent weeks, of “copycat” suicide attempts and threats among those especially vulnerable to the effects of a suicide. To prevent further tragedies, students considered to be especially susceptible to depression/suicide must be carefully monitored and appropriate action taken if they are identified as high risk. These efforts require a limited, rather than school-wide, response.

Memorials

When a member of the school dies, often people will want to find ways to memorialize the student or staff member. A word of caution, carefully think through the type of tribute you pay to a person who has died.

Consider these points and examples:

- In general, memorials should focus on the life lived, rather than on the method of death
- Yearbook memorials should be a regular sized picture with a simple statement such as “We’ll miss you”
- If a school were to create a permanent or lasting memorial for one person, it would be difficult to refuse a similar memorial for another person
- A school that planted a tree for a student, who died, realized this was needed also for a second death and then a third. The resulting group of trees came to be referred to as “the graveyard” by students
- Another school has a “memorial tree” die during one dry summer and had to address the hard feelings of the family who thought the tree had not been properly cared for
- There are many wonderful ways to support student’s and loved one’s need to remember, examples include: cards, food, kind words, work parties for relatives, scholarship funds, contributions to a favorite charity, flowers, or being remembered after the urgent time of the tragedy
- Parents and loved ones especially want to know people miss the person and there was great sadness at the loss; they also want to know people assisted the grieving friends

Permanent or lasting memorials should not be employed as a way for schools to remember someone who died as a result of suicide.

EXAMPLES OF CLASSROOM STRATEGIES/ACTIVITIES

Drawing Method:

The drawing method is a playful experience to express feelings.

First introduce drawing as:

- Another way of “talking,” but with pictures instead of words
- A means of expression used by many (point out that some people express themselves by talking, some by singing, some by dancing, and some by drawing)
- Remember when introducing drawing of any sort to clearly say that the goal is not to draw a “pretty picture” but rather, a picture of expression
- Drawing should be presented to the child as an option for expression, not as a required activity
- **REMEMBER:** Use previous questions to help lead these activities: A question can become a theme for a drawing

Drawing Method Activities:

- Draw/write a book together or make journals with pictures
- Do a collective drawing such as a mural (murals tell a “collective story,” develop/support teamwork, and feel “safer” for some children as opposed to individual art)
- Give the mural a “place of honor” in the classroom
- Make the mural accessible for everyday viewing
- Celebrate the mural: use it to demonstrate getting through something tough, or to facilitate discussions
- Take photos/slides of the mural when completed
- Draw aspects of the event (people, places, activities, etc.)
- Suggest lots of options, not specifics (e.g., rather than saying “draw a fireman, helping someone,” say, “draw a person you saw doing something helpful...”)
- Create a collage (a variety of materials) using a leading question such as
- “Where were you when the disaster happened?”
- The teacher/facilitator may draw/paste on the central image, then the children add photos, magazine pictures, articles, fabric pieces, etc.
- Collages are the “safest” form of “drawing” because the child is using others’ symbols. The child may feel he/she is “losing less of himself/herself”
- Collages provide “boundaries” for the child; this can act as a safety net (emotionally) for some children
- You may also want to look at other pictures (drawings, paintings) and talk about what they communicate
- Allow a full range of expression: some kids draw recognizable “things”, others draw “abstracts”; respect all varieties
- Emphasize to the children that their work will not be judged, graded or necessarily shown to others
- Only exhibit the artwork if a child desires to share with others.
- Reassure them that there is no “right way” to draw

Drawing Method (cont.):

- Allow the use of various mediums (pastels, crayons, pencils, markers, etc.)
- It's preferable to do the drawing method with more than one adult present
- Exercise as little control as possible over the artwork

Concluding Drawing Activities:

- A key element of the Drawing Method is the follow-up discussion. This discussion can help to bring closure to the experience, an important step in the process of expressing feelings.
- Allow those who want to, to talk about their drawings
- Others will "close" by listening to others
- Use open-ended questions in this process
- Sometimes a child's artwork may be especially expressive of his/her feelings; a drawing can give "clues" to some deeper problems or feelings within the child
- Try to "read" the picture in the same way you might read words; what might it be telling you
- Look at it as a piece of communication, not just fantasy

Keep in mind:

- Colors, forms, etc. have a different meaning to children of various cultural backgrounds and to different children within each culture
- Regard the artwork as just a part of what's going on with a child; look at the child with a holistic view
- The best source for what's going on behind the drawing is the child. . Ask him/her

Discussion Method

Classmate Tragedy:

The following section is designed to assist teachers and staff in preparing the class to help a student who has experienced a tragedy prior to their return to class.

Example: Death of a friend or family member

- Explain what is known of the loss
- Ask if other students have experienced the death of a friend or family member?
- Are there things that people said or did that made you feel better?
- How do you think (name) might be feeling?
- What might you say or do that might make (name) feel better?
- It is important to guide students' responses to helpful comments as you guide them away from less helpful ones
- What would you want someone to say to you if you experienced the death of someone
- We can take our cues from the person that will guide our actions.

Discussion Method (cont.):

When a grieving classmate returns:

First Words

- At least say, “hello”, “welcome back”, or “I’m glad to see you”
- Others might say, “I missed you” or “I’m sorry to hear about your _____’s death”
- Other ideas: write a brief note or card, etc.
- Inform students that if their classmate cries, that’s OK; you did not cause the grief

Some Don’ts

- Don’t shun the student
- Don’t expect the student to “snap back”
- Don’t be surprised if (name) seems unaffected by the loss, everybody deals with loss differently
- Just because (name) may appear “fine”, don’t assume the grieving has stopped, nor the need for comfort and support

If You Have Concerns:

When working with your students, you might notice a child exhibiting more serious problems. If you have concerns, refer those children to your school counselor/social worker/psychologist or designated support personnel.

NOTE: One sign of successful defusing of your students is that they feel better. Another sign of success might be that the defusing process surfaced other problems that will come to your attention. These problems might take a variety of forms.

- The teacher must know the child’s baseline behavior and cultural/ethnic responses before identifying “serious problems” in that child
- The teacher is not meant to be in the role of “diagnostician”; refer those children you are concerned about
- Student is not able to “let go” of a memory
- The degree of emotionality and the degree of silence are both clues (be sure to talk with the child and simply ask them quietly, how they are feeling and coping)
- Make note of other physical manifestations of stress
- Be aware of different forms of adjustment in each child
- Some children may be predisposed to adverse reactions following a critical incident (generally, these are children who have experienced other loss, relocation, death, abuse, crime, etc.)
- An anniversary date of a disaster or death is a predictable time when memories and associated problems may resurface

Refer the student if you are unsure:

- Contact your school counselor/social worker/psychologist or designated support personnel.
- Refer the student to the School Safety Team (if applicable)

In closing: Through using the methods and techniques in this guide and adding your own unique perspective, expertise and energy, you will help students, and perhaps yourself, recover from trauma.

HELPING STUDENTS AND STAFF RECOVER

Children and adults may experience a number of powerful feelings following a crisis. This outline describes the Critical Incident Stress Debriefing (CISD, Everly & Mitchell, 1999), an interactive process to facilitate a person's expression of these feelings. The School Safety Team or Rapid Response Team can assist individuals to process their feelings and reactions following a crisis. The process is most effective when you focus on the events in this sequence:

1. Introductory Phase

2. Fact Phase

3. Feeling Phase

4. Reaction/Teaching

5. Closure Phase

1. Introductory Phase

- Introduce team members to discuss why we are here and what we hope to accomplish
- Stress the need for confidentiality and ask for a verbal agreement to keep what is said confidential

2. Fact Phase

- Give all known relevant facts about the death/incident
- Question others' understanding of the event
- Ask if there is other information known
- Ask if there are any other questions
- Other possible questions to ask:
 - 1) How did you find out?
 - 2) Where were you when you first heard?
 - 3) What were your first thoughts?
 - 4) Is there anyone not here that perhaps needs to be?
 - 5) Who are you worried/concerned about?

3. Feeling Phase (make an effort to include everyone in the discussion)

- How did you feel when you first heard? Explore feelings (shock, denial, anger, fear, etc.)
- How are you feeling now?
- We did not know (name), could anyone tell us about him/her?
- What was he/she like?
- When do you think that the reality of this event will hit you?
- What are some of your memories of (name)?

HELPING STUDENTS AND STAFF RECOVER (cont.)

4. Reaction/Teaching Phase

- Explore the physical, emotional and cognitive stress reactions of group members
- What are some things that you usually do when you are really upset or down?
- Has anyone lost anyone close recently? What were some of your reactions to his/her death?
- Does anyone remember feeling this way before?
- Take this opportunity to talk about the grief process
- Talk about effective coping techniques
- Determine if there are others' that the group members can talk to and feel supported by

5. Closure Phase

- Give information about wake/funeral if available
- Students/staff will often make comments about wanting to take-up a collection, plant a tree, dedicate a page in the yearbook; let them talk, then refer the ideas to the School

Safety Team

- Encourage group members to support one another
- Remind them that it may take a long time before they will feel settled and that's normal
- Encourage them to talk with someone in their family about their feelings
- Remind them about the resources that are available in an out of school
- **NOTE:** This process needs to conclude with quiet, reflective time

Caring for the Care Provider

General Reactions to Emergencies or Critical Incidents in Adults:

First Reactions May Include:

- Numbness, shock, difficulty believing what has occurred or is in the process of occurring
- Physical and mental reactions may be very slow or confused
- Difficulty in decision making; uncertainty about things; it may be difficult to choose a course of action or to make even small judgment calls

Ongoing Reactions May Include:

- Loss of appetite, difficulty sleeping, loss of interest or pleasure in everyday activities
- Desire to get away from everyone - even family/friends
- Emotional liability; becoming irritable or upset more quickly than usual
- Feelings of fatigue, hopelessness, helplessness
- Digestive problems, headaches or backaches
- Difficulty accepting that the emergency has had an impact or difficulty accepting support from friends and the community

Caring for the Care Provider (cont.)

Some Things That Can Be Helpful:

- Take time to relax and do things you find pleasant; getting away for a few hours with close friends can be helpful
- Stick with your regular routine for a while; avoid making changes, even if it appears to be a positive change
- Get regular exercise or participate in a regular sport; activity soothes anxiety and helps you relax
- Keep your days as simple as possible; avoid taking on any additional responsibilities or new projects
- Tap sources of assistance with your workload
- If symptoms of stress persist beyond a few weeks or are severe, seek professional help

Resources & Handouts

Information to share with parents:

Parents often contact their child's teacher for advice after a crisis. The school psychologist, social worker or guidance counselor should be used to consult with these parents. The following information may be shared with a parent through a psychologist, social worker or guidance counselor.

Helping Children after a crisis:

Children may be especially upset and express intense feelings in response to a critical incident. These reactions are normal and usually will not last long. Listed below are some problems you may see in children:

- Excessive fear of darkness, separation or being alone
- Clinging to parents, fear of strangers
- Worry
- Increase in immature behaviors
- School refusal
- Changes in eating/sleeping behaviors
- Increase in either aggressive behavior or shyness
- Bedwetting or thumb sucking
- Persistent nightmares
- Headaches or other physical complaints

Information to share with parents (cont.)

The following strategies may be helpful to share with parents:

- Talk with your child about his/her feelings about the incident; share your feelings, too
- Limit TV exposure to the incident
- Talk about what happened; give your child information in language he/she can understand
- Reassure your child that you are safe and together; you may need to repeat this reassurance often
- Hold and comfort your child often
- Spend extra time with your child at bedtime
- If you feel your child is having problems at school or at home, please contact school so we can work together.

CAUTIONARY STATEMENT: When composing a letter about the death of a student or staff member **do not** mention the cause of death. This could be confidential information and is not for public consumption. Remember to consider HIPAA and FERPA regulations when filling in the blanks.

Preferred First Letter Home (Sample only, copy in Forms Sections)

Dear Parents/Guardians,

As you may or may not be aware, our school has recently experienced _____ which has deeply affected us. Let me briefly review the facts. _____

We have implemented our school's Safety Plan to respond to the situation and to help our students and their families. Students and staff will react in different ways to emergencies of this nature, so it will be important to have support available to assist students in need. Counselors are available in the school setting to assist students as they express their feelings related to the _____

If you feel your child is in need of special assistance or is having a great deal of difficulty coping with this situation, please do not hesitate to call _____

While it is important to deal with grief, loss, anger and fear reactions, we believe it is essential to resume as normal a routine as possible regarding school activities. For that reason, school will continue on a normal schedule as much as possible.

Please observe your child closely over the next several days and weeks for signs of distress, which may indicate a need for additional support and guidance. Please feel free to call our main office if you have any concerns or questions regarding your child and a staff member will return your call as soon as possible.

Thank you for your support of our school as we work together to cope with _____

Sincerely,
Principal

Preferred Letter to Parents Who Call School: (Sample only, use letter in Forms Sections)

Dear Parents,

Experiencing, witnessing, or even hearing of a traumatic incident may affect a child or adult in a variety of ways; therefore, it is very important that children be given ample opportunities to ask questions and to talk about their reactions. For some students a death of someone they know may remind them of some other loss in their lives. For other children this may be their first encounter with death.

When reacting to a traumatic incident, a child may display behaviors such as the following:

- Clings close to adults
- Displays regressive behaviors
- Appears not to be affected
- Thinks about it privately
- Asks a lot of questions
- Appears frightened
- Appears agitated and angry
- Appears sad and withdrawn
- Displays difficulty sleeping
- Stomachaches and/or headaches

We suggest you listen to your children. It is important that you deal honestly and directly with their questions. Below are some other suggestions that parents may find useful in helping your child:

- Be a good listener. Listen carefully for any misconceptions or distortions your child may have.
- Provide physical closeness.
- Spend extra time with your child.
- Talk with and offer reassurance.
- Encourage children to ask questions and to discuss, write or draw their feelings.
- Provide positive and diverse experiences to help relieve tensions.

Thank you for your understanding in these matters. You and your child are important to our school community and we want to do what we hope and believe is best for children. If you feel your child needs more support, please contact me at school and I will arrange for a member of our support team to contact you.

Sincerely,
Principal

Sample letter for natural disasters (Sample only, use letter in Forms Sections)

Dear (SCHOOL) parents, (DATE)

The recent (STATE NATURAL DISASTER) which affected (NAME REGION) has deeply saddened everyone here at (SCHOOL) School. Experiencing the tremendous destructive power of a (NAME DISASTER) can be frightening even for adults, and the devastation to the familiar environment (i.e., home and community) can be long lasting and distressing.

We have asked the assistance of the crisis team to help our school community deal with this natural disaster. We are doing everything we can to help your child and our staff through this tragic experience. If after speaking with a member of the crisis team, your child is still experiencing difficulty with this terrible event please contact their teacher for information concerning available resource to help them.

Yours Sincerely,

(PRINCIPAL'S NAME)

Sample Letters/Memos to Staff (Sample only, use letter in Forms Sections)

Included is an example of information that can be distributed to staff only. It is not to be sent to parents, given to the students or the media.

Use interoffice correspondence letterhead

To: Faculty & Staff

From:

Date:

Re: Accident on Campus

One of our staff (name) was injured this morning in an automobile accident.

(Name) has been transported to _____ hospital. We will keep you informed as information becomes available.

We will update you as soon as possible as to any schedule changes and support staff services available.

We appreciate your assistance at this difficult time.

(The follow-up letter will include information regarding a faculty meeting)

Online Resources on district website middle of main page as a part of Sparks MS incident response

Talking to your children following a tragedy can be difficult. The links below are a collection of resources to assist parents and staff in facilitating these discussions.

- **Talking to Your Children about Violence: Tips for Parents and Teachers**
- **Navigating Children's Grief: How to Help Following a Death**
- **Helping Your Children Manage the Distress in the Aftermath of a Shooting**
- **More Information from the National Association of School Psychologists**
- **Information about school violence from the National Parent Teacher Association**
- **PBS, Talking with Kids about the News**
- **Teach Your Children to Prepare for Emergencies**
- **WCSD Guidance and Counseling**

Spanish

- **Después del trauma: Cómo ayudar a mi hijo a superar la situación**
- **Sugerencias para hablar con niños y jóvenes y ayudarlos a hacer frente después de un desastre o un evento traumático**
- **Conversando con Niños Sobre la Violencia: Sugerencias para Padres y Maestros**
- **15 Consejos para hablar con los niños sobre la violencia escolar**

Contact/Resources

- Crisis Call Center: 784-8090
- Children's Cabinet: 856-6200
- Solace Tree: 324-7723
- Northern NV Mental Health Services: 688-2001

Commonly Resources

- American Academy of Child and Adolescent Psychiatry, <http://aacap.org>
- American Academy of Pediatrics, www.aap.org/terrorism/index.html
- American Red Cross, www.redcross.org
- American School Counselors Association, www.schoolcounselor.org
- American Psychiatric Association, www.psych.org/publicinfo
- American Psychological Association, www.apa.org
- Center for Disease Control, www.cdc.gov
- Department of Health and Human Services, [www.mentalhealth.org/cmhs/Emergency Services/after.asp](http://www.mentalhealth.org/cmhs/EmergencyServices/after.asp)

- Emergency Planning-Office of Safe and Drug-Free Schools, www.ed.gov/emergencyplan/
- Family and Home Network, Helping, Active Duty: Helping military Families Cope, www.familyandhome.org/features/duty.html
- Federal Emergency Management Agency, www.fema.org
- National Association of School Psychologists, www.nasponline.org
- National Center for Post-Traumatic Stress Disorder, [www.ncptsd.org/facts/specific/fs children.html](http://www.ncptsd.org/facts/specific/fschildren.html)
- National Mental Health Association, www.nmha.org
- Office of Homeland Security, www.whitehouse.gov/homeland
- Project Cope, www.nymc.edu/eihd/projectcope/pc/guide1.html20

National Association of
School Psychologists
Childhood Responses to Trauma
Adapted by Ted Feinberg, Ph.D., NCSP
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Feelings and Symptoms

- The National Center for Post-Traumatic Stress Disorder suggests that children who go through traumatic episodes may show a variety of psychological problems, including:
 - poor peer relationships
 - strained relationships within the family
 - low self-esteem
 - decrease in school activities and performance
 - sexualized behavior (in cases of sexual abuse)
 - delayed emotional development
 - depression and anger
 - decline in physical health
 - substance abuse
 - fears
 - anger
 - guilt
 - feeling ashamed
 - disturbing memories or flashbacks
 - repeated nightmares and dreams of death
 - belief in omens and prediction of disastrous future events
 - pessimism about the future and expectation of early death
 - avoiding reminders of traumatic experiences
 - fear of re-experiencing traumatic anxiety
 - behavioral re-enactment (expressed as repetitive play)
 - emotional numbness (seeming to have no feelings, except perhaps anger)
 - diminished interest in significant activities
 - physical symptoms, such as stomachaches and headaches
 - feeling constantly on guard, nervous and jumpy

Surviving or witnessing traumatic events may intensify symptoms of other pre-existing disorders, such as:

- attention disorders (ADD, ADHD)
- oppositional defiant disorder
- dissociative disorders
- panic disorder
- eating disorders
- phobias
- major depression
- separation anxiety disorder

National Association of School Psychologists

Trauma and Children

A Parent Handout for Helping
Children Heal

By: Philip J. Lazarus, Ph.D.

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Background

Every parent at one time has worried about harm befalling their children. When trauma to children occurs, the territory of everyday life becomes frightening and unfamiliar not only for children but parents as well. Parents may find themselves overcome with anxiety and fear. Trauma may send a shockwave to the system and parents may respond with a wide range of feelings. These feelings may include a sense of disbelief, helplessness, isolation, despair, or horror. Parents may try to make sense out of a senseless act. Who can prepare for their children being physically or sexually assaulted, kidnapped, mugged, robbed, or involved in a severe automobile accident? Who can prepare for children being diagnosed with a life threatening illness or experiencing a natural or man-made disaster?

- Traumas typically occur suddenly, often leaving children little or no time to prepare physically or emotionally. Traumas are unpredictable and outside what are to be expected in children's lives. During a trauma, children experience intense fear, horror or helplessness. Typical methods of coping no longer work. Following trauma, children require extra support and need to learn new coping strategies.
- Parents can be instrumental in their children's recovery. Therefore, helping children recover from a trauma is a family matter. Parents need to take the lead and model positive coping. Yet parents themselves may require extra information, support and resources to assist their children. Some first steps that parents can take are to understand the impact and symptoms of trauma and how to help in the aftermath. This handout provides this information.

The Impact of Trauma

- Trauma can change the way children view their world. Assumptions about safety and security are now challenged. Children's reactions will depend upon the severity of the trauma, their personality makeup, their characteristic coping style and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. A constructive way to view the situation is that they are normal children in an abnormal circumstance.
- It is natural for children to first experience some sort of denial. For example, children may insist upon returning to a house that has been destroyed. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also children may begin to regress emotionally or act younger than their chronological age. They also may become more clinging unhappy and needy of parental attention and comfort. Feelings of irritability, anger, sadness or guilt may often emerge. Somatic complaints such as headaches, stomachaches or sweating are not unusual. Some loss of interest in school and poor concentration are some other common reactions.

What Can I Do as a Parent Following a Trauma?

- **Establish a sense of safety and security.** It is essential that children feel protected, safe and secure in the aftermath of a trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them. Children will need a lot of comforting and reassurance.

- **Listen actively to your children.** Seek first to understand before trying to be understood. Parents may underestimate the extent of the trauma experienced by their children. It is often not as important what you say, but that you listen with empathy and patience. In some instances your children may be reluctant to initiate conversations about trauma. If so, it may be helpful to ask them what they think other children felt or thought about the event. Also, it may be easier for children to tell what happened (e.g. what they saw, heard, smelled, physically felt) before they can discuss their feelings about the trauma. In other instances, children will want to tell their parents the story of the trauma over and over. Retelling is part of the healing process. Children need to tell their stories and have their parents listen, again and again to each and every agonizing detail.
- **Help your children express all of their emotions.** It is important to talk to your children about the tragedy – to address the suddenness and irrationality of the disaster. Reenactment and play about the trauma should be encouraged. It is helpful to ensure that children have time to paint, draw or write about the event. Provide toys that may enable children to work through the trauma. Examples may include such items as a toy fire engine, ambulances, fire extinguisher, doctor kit, etc. for a girl injured in a fire. Imagining alternate endings to the disaster may help empower your children and allow them to feel less helpless in the aftermath of a tragedy.
- **Validate your children’s’ feelings.** Help children understand that following a trauma all feelings are acceptable. Children will probably experience a myriad of feelings that could include shame, rage, anger, sadness, guilt, pain, isolation, loneliness, and fear. Help your children understand that what they are experiencing is normal and to be expected.
- **Allow your children the opportunity to regress as necessary.** This is important so that they may “emotionally regroup.” For example, your children may request to sleep in your bed with the lights on or you may need to drive your children to school. Previously developed skills may seem to disappear or deteriorate. Bed-wetting or thumb sucking may occur. Aggression and anger may emerge in a previously non-aggressive child. Be patient and tolerant and never ridicule. Remember that most regression following a trauma is temporary.
- **Help children clear up misconceptions.** Help correct misunderstandings regarding the cause or nature of the trauma, especially those that relate to inappropriate guilt, shame, embarrassment or fear. (Examples may be “I should have been able to save my brother from the car wreck.” God struck my sister dead because God was angry with her. My father died of cancer and I will catch it from him.”
- **Educate yourself about trauma and crisis.** The more you know about trauma, the more empowered you may feel. To help educate yourself, consider setting up a conference with the school psychologist or mental health professional in your school. A good place to start is by reading the text listed below under “Resources for Parents.”
- **Help predict and prepare.** If your children need to go to a funeral or deal with surgery, carefully explain what happens each step of the way. Allow your children to ask all kinds of questions. If they need to appear in court, explain what they will see, hear, do, etc.

- **Arrange support for yourself and your family as necessary.** Consult with your clergy, rabbi, physician and friends as necessary. You may need extra emotional, religious, medical and/or psychological support. If possible take appropriate time for recreational or pleasurable experiences with your children to establish a sense of normalcy and continuity.
- **Communicate with the school and staff about what occurred.** Most teachers will be understanding and helpful if they know that children had a traumatic experience. Teachers may be able to provide additional support both educationally and emotionally. They can also provide information to doctors or therapists or alert you to troublesome behaviors they observe.
- **Affirm that your children are capable of coping and healing in the aftermath of a trauma.** Plant “emotional seeds” that express confidence in your children’s ability to heal. Remember the messages that you give your children have incredible power.
- **Seek professional assistance for your children and family as necessary.** When seeking help, make sure the professional has experience with children and has treated crisis and trauma. Feel free to discuss with the therapist all your concerns and all aspects of treatment. If your children are experiencing the symptoms of PTSD, then therapy may be warranted.
- **What Can I Say as a Parent Following a Trauma?**
- Sometimes knowing exactly what to say is difficult. However, your emotional expression of love and concern is more important than words. Just saying “This is very hard for us” can lead to emotional relief and understanding.
- Always be honest with your children about what has happened and what may occur. Remember that following a trauma; children may lose a sense of trust about the safety and security of the world. Therefore, honesty is essential so your children can maintain a sense of trust.
- Respect your children’s fears. Children cannot be helped by trying to argue them out of their fears by appeals to bravery or reason. What is most helpful is an approach that says “I know you are feeling frightened of _____ now.” This can be followed by an offer of assistance and support by saying, “Let’s see what we can do to make this less scary for you.”
- Make sure that your children know that you are aware of the seriousness of the situation. Allow your children to cry. Saying to your children “Don’t cry, everything will be fine” denies the seriousness of the situation.
- Try to recognize your children’s feelings and put them into words. For example, if a child’s close friend died in an automobile accident, you might say to your child “You are sad and angry that your friend was killed. I know that you must miss him very much.” Of if a child feels overwhelmed by fears in the aftermath of a hurricane, you may say, “I know that you are frightened, but we have a plan to protect us if another hurricane occurs.”

Crisis Prevention and Response: A collection of NASP Resources

Emotional After-Shocks

You may have experienced a traumatic event or critical incident. A critical incident is any incident that causes one to experience unusually strong emotional reactions that have the potential to interfere with their ability to function either at the scene or later. Even though the event may be over, you may now be experiencing or may experience later, some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional aftershocks when they have passed through a horrible event.

Sometimes the emotional aftershocks (stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. In some cases, weeks or months may pass before they appear.

Symptoms of Stress Reaction

<p>The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by themselves.</p> <p>Symptoms: Physical</p> <ul style="list-style-type: none"> • fatigue • nausea • muscle cramps • twitches • chest pain • difficulty breathing * • elevated BP • rapid heart beat • thirst • headaches • visual difficulties • vomiting • grinding of 	<p>Cognitive</p> <ul style="list-style-type: none"> • blaming someone • confusion • poor attention • poor decisions • heightened or lowered alertness • poor concentration • memory problems • hypervigilance • difficulty identifying familiar objects or people 	<p>Emotional</p> <ul style="list-style-type: none"> • anxiety • guilt • grief • denial • severe panic • emotional shock • fear • uncertainty • loss of emotional control • depression • inappropriate emotional response • apprehension 	<p>Behavioral</p> <ul style="list-style-type: none"> • change in activity • change in speech patterns • withdrawal • emotional outbursts • suspiciousness • change in usual communications • loss or increase of appetite • alcohol consumption
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