
V – RECOVERY

5. Recovery

Recovery is the process of assisting people with the physical, psychological and emotional trauma associated with experiencing tragic events.

The following section contains follow-up measures and tools to effectively address the aftermath of an emergency situation. This collection of recovery measures is designed to assist teachers and other professionals as they help students and families begin the recovery and healing process.

A. INTRODUCTION TO RECOVERY & AFTERMATH PLANNING

Recovery is a long-term process of supporting students and staff who may have experienced abnormal stressors. Initially, individuals may be in shock and may require support to meet basic physical and social support needs. In the months and years that follow a critical incident, individuals may enter a grief phase and need continued support. Children and their parents, faculty, staff and administrators, public safety personnel and the larger community are all impacted by tragic events and will benefit from immediate and ongoing support.

Short Term vs. Long Term Recovery

It is essential to understand recovery at two levels: immediate and ongoing. *Immediate support* is needed from the first moments of a traumatic event through the first few days following it. Frequently, recent victims of major trauma are in a state of shock, and at this time basic human needs of food, shelter and clothing are often a primary focus. *Long-term recovery* needs may not be readily apparent, and for many, ongoing support will be needed. Ongoing recovery refers to support provided to some individuals for weeks, months, or years following a tragic event.

Who should provide recovery services?

For some traumatic events, your school's crisis response team (SCRT) may be adequate to provide immediate and ongoing recovery services. Emergencies that affect a small number of people, or certain district-level emergencies, may be well served by crisis counseling and recovery from other district employees, local community mental health providers, employee assistance programs and similar services.

For large-scale emergencies, however, services such as triage, assessment, outreach and crisis intervention are best delivered on a regional basis through a trained rapid response network. For large-scale disasters, site-based personnel normally

It is important to establish relationships and agreements with local mental health providers before a crisis occurs.

assigned these functions are now victims/survivors themselves. The regional network of trained professionals provides a structured immediate first response system to support the district in need. Once the immediate crisis has passed, site-based personnel will be called on to provide ongoing support services.

The SCRT should refer to the Preparedness section to develop a network of school-based, local and regional mental health providers to assist in the aftermath of an emergency.

Recovery Organization

Recovery actions follow the same five NIMS functions as Response, but during the Recovery phase, there will be more work for those performing in Administration/Finance and less for those in Operations. Below are typical recovery tasks by NIMS function:

Management

- MAKE policy decisions, e.g., who coordinates returning staff.
- CONTINUE public information activities.
- MANAGE safety considerations, e.g., assure facility is safe for re-entry.
- RE-ESTABLISH a sense of safety.
- SUPPORT immediate emotional recovery—staff and students.

Operations

- COORDINATE damage assessment and debris removal.
- RESTORE utilities.
- ARRANGE for building and safety inspections prior to re-entry.
- ARRANGE for repairs.

Planning/Intelligence

- DOCUMENT for use in applying for disaster relief.
- WRITE recovery after-action reports.
- DEVELOP a post-incident mitigation plan to reduce future hazards.

Logistics

- PROVIDE recovery-related supplies and replenish disaster cache at each site.
- COORDINATE availability of personnel, equipment and vehicles needed for recovery efforts.

Administration/Finance

- PREPARE and maintain budget.
- DEVELOP and maintain contracts.
- APPLY for financial relief grants.
- PROCESS staff injury claims.
- HANDLE insurance settlements.
- DOCUMENT employee time as Emergency Support Personnel; assure continuity of payroll.

B. DISASTERS AND THEIR EFFECTS

The impact of tragedies on individual children and adults is not simple to predict. The range of human responses can include physical, cognitive, behavioral, spiritual, and emotional symptoms including nausea, sleep disturbance, slowed thinking, bad memories, regressed behavior, anxiety, guilt, depression, anger and a host of other responses.

In this section, you will find:

- **Potential experiences or feelings after a disaster**
- **Symptoms of Distress in Children**
- **Mental Health Checklist**

Trauma is an acute stress response that an individual experiences when confronted with sudden, unexpected, unusual human experience. Here are some common signals of a stress reaction to trauma:

PHYSICAL	MENTAL	EMOTIONAL	BEHAVIORAL
Chest pain	Confusion/blaming	Anxiety	Alcohol/drug use
Chills	Disturbed thinking	Depression	Change in speech
Difficulty breathing	Indecision	Fear	Helplessness
Dizziness	Insomnia	Grief	Increased appetite
Fainting	Loss of time/place	Guilt	Intense startle reflex
Grinding Teeth	Nightmares	Intense anger	Isolation
Headaches	Poor concentration	Irritability	Loss of appetite
Heart races	Poor memory	Mood swings	Misbehavior
Muscle shakes	Poor problem-solving	Nervousness	Outbursts
Nausea	Poor/hyper alertness	Overwhelmed	Pacing
Prolonged staring	Strange images	Panic	Restlessness
Severe sweating	Unable to identify	Shock	Suspicious
Thirst	familiar people/things	Uncertainty	Withdrawal
Twitches			
Vomiting			
Weakness			

Potential experiences or feelings after a disaster include:

- Sense of fear, worry
- Disruption of home, routine
- Feeling that one's life was or is threatened
- Feeling trapped and isolated
- Feeling out of control of life's basics: food, shelter, clothing, people, comfort...even life itself
- Having flashbacks to other catastrophes
- Feeling cut-off from services
- Being separated from loved ones
- Having a sense of mortality
- Feeling "survivor guilt"
- Children who are forced to become "parents" to adults who are scared or worried
- Problems sleeping (too much or too little)
- Loss of weight
- Poor hygiene

Adults must first know a child's baseline ("usual") behavior and cultural/ethnic responses before he/she can identify "unusual" or problem behavior in a child.

Symptoms of Distress in Children

As a result of traumatic experiences some children will show a variety of symptoms of distress. Adults must first know a child's baseline ("usual") behavior and cultural/ethnic responses before he/she can identify "unusual" or problem behavior in a child. In addition to teachers and school administrators, it is important to train bus drivers, foodservice workers and any other staff and/or community members to be alert for students who show signs of emotional distress.

Symptoms of distress in children include:

- Unusual complaints of illness
 - Keeping isolated from the rest of the group
 - Child seems pressured, anxious that he/she somehow dominates, has to distract others, or is otherwise "needy"
- Changed behavior/appearance
 - Resistant to opening up (however, child might just be shy, may have language or cultural barrier)
 - No eye contact (Note: In some cultures, making eye contact with adults is "defiant behavior")
 - Difficulty concentrating, can't focus
 - "Feisty" or hyperactive/silly, giddy
 - Any emotional display; crying, "regressed" behavior (less than age-appropriate)
 - Lack of emotional expression
 - Poor performance
 - Can't tolerate change; can't move to next task
 - Lethargic, apathetic
 - Easily startled, jumpy

Mental Health Checklist

This checklist, provided by FEMA, can assist parents and teachers in determining if a child is in need of professional counseling following a disaster or traumatic event. Add up the pluses and minuses to obtain a final score. If the child scores more than 35, it is suggested you seek a mental health consultation.

- | | |
|--|----|
| 1. Has the child had more than one major stress within a year BEFORE this disaster such as a death, molestation, major illness or divorce? If yes, +5. | 1. |
| 2. Does the child have a network of supportive, caring individuals who relate to him/her daily? If yes, -10. | 2. |
| 3. Has the child had to move out of his/her house because of this disaster? If yes, +5. | 3. |
| 4. Was there reliable housing within one week of the disaster with resumption of the usual household members living together? If yes, -10. | 4. |
| 5. Is the child showing severe disobedience or delinquency? If yes, +5. | 5. |

Has the child shown any of the following as a NEW behavior for more than three weeks after the disaster?

- | | |
|--|-----|
| 6. Nightly states of terror? +5 | 6. |
| 7. Waking from dreams confused or in a sweat? +5 | 7. |
| 8. Difficulty concentrating? +5 | 8. |
| 9. Extreme irritability? +5 | 9. |
| 10. Loss of previous abilities in toilet or speech? +5 | 10. |
| 11. Onset of stuttering or lipping? +5 | 11. |

Subtotal for this page _____

- 12. Persistent severe anxiety or phobias? +5
- 13. Obstinacy/stubbornness? +5
- 14. New or exaggerated fears? +5
- 15. Rituals or compulsions? +5
- 16. Severe clinging to adults? +5
- 17. Inability to fall asleep or stay asleep? +5
- 18. Startling at any reminder of the disaster? +5
- 19. Loss of ambition in the future? +5
- 20. Loss of pleasure in usual activities? +5
- 21. Loss of curiosity? +5
- 22. Persistent sadness or crying? +5
- 23. Persistent headaches or stomachaches? +5
- 24. Hypochondria? +5
- 25. Was anyone in the child's immediate family killed or severely injured in the disaster (including injury to the child)? If yes, +15.

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Subtotal for this page _____

+ Subtotal from previous page _____

Total _____

NOTE: Any child presenting a preoccupation with death, unusual accident proneness, or suicidal threats should be referred for immediate consultations. It is also recommended that any child who has been seriously injured or who has lost a parent, sibling or caregiver to death be referred to a mental health professional.

This student has been referred to:

Referral made by: _____ On this date: _____

C. Documenting Emergency Outcomes

Once the safety and status of staff and students have been assured and emergency conditions have abated, assemble staff to support the restoration of the school's educational programs. Defining district mission-critical operations and staffing will be a starting point for the recovery process.

- ❑ CONDUCT a comprehensive assessment of the emergency's physical and operational effects. Assess physical security, data access, and all other critical services (e.g., plumbing, electrical).
- ❑ PERFORM impact analysis. Examine critical information technology assets and personnel resources, and determine the impact on the school for each asset and resource that is unavailable.
- ❑ DOCUMENT damaged facilities, lost equipment and resources, and special personnel expenses that will be required for Insurance and FEMA assistance claims.
- ❑ PROVIDE detailed facilities data to the school district office so that it can estimate temporary space reallocation needs and strategies.
- ❑ ADMINISTER Workers' Compensation that claims may arise if there are on-the-job injuries
- ❑ ARRANGE for ongoing status reports during the emergency to: a) estimate when the educational program can be fully operational; and b) identify special facility, equipment, and personnel issues or resources that will speed resumption of classes.
- ❑ CONDUCT a hotwash to discuss how the plan worked, and After Action Report.

The following items are district-level responsibilities. An individual school site might want to check with its district to determine the procedures that will be followed.

- IDENTIFY record keeping requirements and sources of financial aid for disaster relief.
- ESTABLISH absentee policies for teachers/students after a disaster.
- ESTABLISH an agreement with mental health organizations to provide counseling to students and their families after the disaster.
- DEVELOP alternative teaching methods for students unable to return immediately to classes: correspondence classes, videoconferencing, tele-group tutoring, etc.
- CREATE a plan for conducting classes when facilities are damaged, e.g., alternative sites, half-day sessions, portable classrooms.

A local, state, or federal Disaster Declaration may be issued after an emergency has occurred. In the event one is, documentation is crucial to have been captured for reimbursement. The declaration can bring money that can be give out to eligible applicants. For more information in reimbursements, go to FEMA at 800-621-FEMA or online at <http://www.fema.gov/assistance/register.shtm>.

General Emergency Recovery Checklist

Recovery activities, such as the restoration of the physical spaces and psychological first aid, are of tremendous value in helping people come to terms with a crisis.

- ❑ DOCUMENT activities.
- ❑ ACKNOWLEDGE the event. The return to school will be one of coming together and identifying experiences and, possibly, losses
- ❑ IDENTIFY those affected. It may take time to understand the full impact on the school community.
- ❑ ASSESS students and staff directly for the emotional impact of the crisis. Student and staff reactions may be immediate or delayed.
- ❑ EMPHASIZE resiliency. Re-instituting control and predictability for the school community enhances equilibrium and coping skills. Routine is reassuring.
- ❑ RESTORE the physical facility.
- ❑ REQUEST assistance as needed from local public safety agencies and providers.
- ❑ IDENTIFY what follow up interventions are available to students and staff.
 - Conduct debriefings with staff; support their concerns and emotions.
 - Provide classroom assistance, if needed.
 - Outline schedule for the day; modify day's schedule if needed.
 - Identify resources available to teachers and students.
 - Provide access to these support resources.
- ❑ COORDINATE announcements, press releases and other communications to the school community, media and local community. Distribute information releases to all school staff.
- ❑ ESTABLISH contact with parents/family members of affected students to offer support, determine assistance needed, and acquire information regarding hospital visitation and/ or funeral arrangements.
- ❑ CONTROL rumors, provide regular updates of information to various groups.
- ❑ DEVELOP a long term recovery plan.
- ❑ CONSIDER curricular activities that address the crisis.
- ❑ ALLOCATE appropriate time for recovery.
- ❑ PREPARE a post-incident after action report that includes recommended improvements to emergency plans. CAPTURE "lessons learned" and incorporate them into revisions and trainings.
- ❑ PLAN how anniversaries of events will be commemorated.

Repairs and Restoration

- **Repairs or Construction on Disaster Sites.** Any repairs and rebuilding of damage wrought by school violence or natural disaster must carefully consider the input and feelings of the victims and their families. There is a strong and significant psychological connection to death sites that must run its full course and should never be discounted or ignored. Making changes and reconstruction in and around death and injury sites requires a delicate balance with the need to resume normal activities. The construction must be the result of careful and deliberate consultation with students, parents and school staff. Action should never be rushed. Families may not be ready for change and pressure may only delay or impair healing.
- **Post-Disaster Mitigation.** To break the repetitive loss cycle and create a higher level of disaster resistance, a recovery plan should specify mitigation projects that could be completed in the process of incident recovery, repair and restoration. This may mean adapting the facility for seismic retrofitting (e.g., bolting shelves and TVs to walls, file cabinets to each other, security light fixtures, etc). It also may mean changes to the social, economic and environmental factors that can affect a school's vulnerability to the impact of hazards. Damages and injuries that occurred during the most recent crisis should be reviewed to identify preventive measures that could be taken now to mitigate the recurrence of similar damage or injuries in future incidents. Prioritize mitigation measures by degree of life safety, cost, frequency of identified potential hazard and potential number of people exposed.

D. STRATEGIES FOR FOLLOW-UP TO EMERGENCIES

For some trauma victims, adverse effects fade with emotional support and the passage of time. Others are more deeply affected and experience long-term consequences. These reactions are normal responses to an abnormal event. Although no one can predict who will experience the most severe reaction to trauma, the more direct the exposure to the event, the higher the risk for emotional harm.

In general, schools can help children by:

- Restoring a learning environment;
- Modeling how to recover from the event; and
- Maintaining basic educational goals.

Administrative staff, counselors and teachers can help their school community by:

- Reducing conflict among groups,
- Creating working partnerships among groups inside and outside of the school,
- Following familiar school routines,
- Acknowledging the trauma through shared activities and observances,
- Representing safety and security,
- Supporting children and their families,
- Creating opportunities to support caregivers,
- Having trained crisis intervention personnel be highly visible in the schools following a crisis, and
- Remembering that children and their communities are resilient when supported adequately.

General Strategies for Follow-Up

Short-Term Follow-Up:

1. Convene Crisis Response Team and faculty/staff members to update them on any additional information/procedures.
2. In case of death, provide funeral/visitation information.
3. Identify students and staff in need of follow-up support and assign staff members to monitor vulnerable students:
 - a) Coordinate stress management/crisis intervention strategies for students.
 - b) Announce what the school is doing for students, including ongoing support for students with place, time, and staff facilitator.
 - c) Provide parents with a list of community resources available to students and their families.
4. Designate a comfort room for counseling.
4. Convene district-wide support team to assist with crisis management.
 - a) Assess district-wide support needs, and develop planned intervention strategies.
 - b) Schedule and provide student, family and staff Critical Incident Stress Management services.
 - c) Discuss successes and problems.
 - d) Discuss things to do differently next time.
5. Allow staff opportunities to discuss feelings and reactions and provide list of suggested readings to teachers, parents and students.

Long-Term Follow-Up and Evaluation:

1. Amend School Crisis Response Procedures if needed.
2. Write thank-you notes to people who provided support during the emergency.
3. 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.

Critical Incident Stress Management (CISM)

Critical Incident Stress Management is a comprehensive, integrated multi-component crisis intervention system. CISM services provide a framework for education and crisis intervention immediately following a critical incident. These services complement the delivery of traditional mental health services and include:

1. **Pre-crisis preparation:** Set expectations for what to do when a critical incident occurs.
2. **Individual consultation:** A structured one-to-one technique used by a trained peer counselor or professional after a critical incident.
3. **Briefing:** A presentation to groups following a crisis or critical incident to share information, reduce and dispel rumors, and provide details of action plans.
4. **Parent/family/organization consultation:** A group process conducted to provide ongoing education and support to families, parent groups or organizations following a critical incident.
5. **Referral/follow-up:** A process to assure that individuals experiencing intense symptoms and who need ongoing support will be referred for appropriate mental health services.

One common way to organize the above interventions is to set up a “Drop in Room.” A Drop in Room is a safe, welcoming place for students or staff to gather during the school day for group or individual support from trained SCRT members.

Teachers Helping Children After a Critical Incident

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.

Emergencies hit children hard. It's difficult for them to understand and accept that there are events in their lives that can't be controlled or predicted. Worst of all, adults can't "fix" a disaster, and can't keep it from happening again.

Ways Teachers Can Assist Students:

- Cope with your own natural feelings of helplessness, fear, and anger. Until you do this, you won't be able to effectively help the children.
- Learn to recognize the signs and symptoms of distress and post traumatic stress reactions.
- Put the emergency or critical incident in context; provide a perspective.
- Communicate a positive "I'm not helpless" attitude.
- Start the healing process; help children to feel relieved and soothed.
- Identify children who may need crisis intervention and referral to mental health professionals or other helpers.

The Talking Method and the Drawing Method

The Talking Method and the Drawing Method are two suggested methods/techniques to use in the classroom after a critical incident. Following are suggested questions or themes, and specific techniques to help students understand and process the critical incident.

Suggested questions to ask/themes to represent:

- Where were you when it (the disaster/event) happened?
- What were you doing?
- Where were your friends? Where was your family?
- What was your first thought when it happened?
- What did you see? What did you hear?
- What sound did it make? What did you smell?
- Was anyone you know killed or injured?
- What can you do now to help others to feel better?
- How did you feel?
- What did other people around you do (during, after)?
- What was the silliest thing you did?
- Were you or anyone else you know injured?
- What happened to pets or other animals around you?
- What dreams did you have after it?
- What reminds you of it? When do you think about it?
- What do you do differently since the event?
- How do you feel now? What makes you feel better?
- How have you gotten through rough times before?
- What would you do differently if it happened again?
- How did you help others? How would you help next time?
- What can you do now to help others?

Special Considerations:

- Allow for silence for those with low language skills, shyness, discomfort, etc. Encourage peer support for these children.
- Observe the child's body language.
- The teacher should accommodate the child:
 - If a child has limited English skills, consider asking for a translator or a peer to help the child express in words
 - Create a chance for verbal expression in any language

NOTE: As the teacher, you might think of more questions to ask the children. Be sure your questions are "open-ended," which means they cannot be answered with a "Yes" or "No." Open-ended questions facilitate discussion.

Talking Method Activities:

- Child tells a story (allow metaphors)
- Puppets “tell” or “live” a story
- Have an open discussion - using previous questions, ask for volunteers to begin with...talk general to specific.
- Use photos, drawings, etc. to facilitate discussions.
- Use video if appropriate prior to discussion to get it going.
- Create a skit, play or do role-playing, related to the critical incident (provide “dress-up” clothes if available, including uniforms if possible to represent emergency workers seen during the disaster, etc.).
- Do “show and tell” related to the event.
- Inform/educate the children about the event to make it less threatening to talk about or act out.
- When people understand that their feelings and experiences are normal and can be predicted (even if they are scary feelings), they begin to regain control.

Note: Remember to keep yourself in a facilitative/guiding role, not in a role of “control” of the discussions/stories etc. This will be most helpful to the children. Reassure the children by verbally acknowledging and “normalizing” their experiences.

For some children, the talking method is not helpful:

- In some cultures, talking openly is not comfortable, appropriate (or even “polite”).
- Some children have been raised in families where “talking-out one’s feelings” was not possible or supported.
- Some children have been raised in situations where talking openly was not practiced or encouraged.
- Some children simply prefer not to discuss their feelings openly due to personality type, privacy concerns or lack of trust in the process.
- All these reasons should be respected as valid.

Drawing Method Activities:

The drawing method is a playful experience to express feelings. Remember, this **is not** art therapy

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, 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 not be judged or analyzed. If a child’s artwork is concerning, refer the child for mental health services (see “If you have concerns” section following).
- 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 may draw/paste on the central image, then the children add photos, magazine pictures, articles, fabric pieces, etc. around theme, or may draw directly onto it.
- Collages are the “safest” form of “drawing” because 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.
- You may also want to look at other pictures (drawings, paintings) and talk about what they communicate.
- Avoid the use of paint in this method as it is too “loose” of a medium for a traumatized child; the child might use it to bring up things not easily handled in a classroom.

- Allow a full range of expression: some kids draw recognizable “things,” others draw “abstracts;” respect all varieties.
- Allow children to discard their artwork or decide what to do with it.
- 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.
- 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” the session 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 different meanings 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.

If You Have Concerns:

In both methods (Talking and Drawing), you might notice a child exhibiting more serious problems. If you have concerns, refer those children to your school counselor.

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 on a variety of forms.

- Symptoms might be the same as those for anxiety or depression (physical symptoms, persistent avoidance of being alone, unrealistic worries about harm).
- Child 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, confidentiality, how they are feeling and coping).
- Make note of other physical manifestations of stress (as a result of the impact of the event).
- Be aware of different forms of adjustment in each child.
- 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.
- 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:

- Alert parent/guardians of your concerns
- Contact your school counselor/social worker/school psychologist
- Consider a referral to mental health professionals in the community

Assisting Children When Someone at School Dies

Children may experience a number of powerful feelings when confronted with the death of a classmate or another individual. The school's Crisis Response Team can assist students individually and in groups to process and defuse their feelings and reactions following a death that affects the school community.

The following outline describes Critical Incident Stress Debriefing, an interactive process to facilitate students' expression of these feelings. If your SCRT determines that CISM may be necessary, contact local mental health partners to coordinate its implementation. *CISM should only be implemented with the inclusion of your SCRT mental health members.* CISM usually follows this sequence:

1. Introductory Phase
2. Fact Phase
3. Feeling Phase
4. Reaction/Teaching Phase
5. Closure Phase

1. Introductory Phase

- Introduce team members or helpers 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

Ask the following questions:

- Is this your understanding of what happened?
- Does anyone have any other information?
- Is there any other information you want to have about his/her death?
- How did you find out?
- Where were you when you first heard?
- What were your first thoughts?
- Is there anyone not here that perhaps needs to be? 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? (all feelings are okay)
- We did not know _____ (name), could anyone tell us about him/her? What was he/she like?
- When do you think it will hit you that he/she is really gone or when do you think you'll miss him/her?
- Does anyone have a photo of him/her? (pass around)
- What are some of your memories of _____?
- How do you think he/she would like to be remembered?

4. Reaction/Teaching Phase

- Explore the physical, emotional and cognitive stress reactions of the group members.
- What are some things 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?
- Take this opportunity to teach a little about the grief process, if appropriate.
- Talk about effective coping techniques.
- Determine if students have someone they can talk to.

5. Closure Phase

- Give information about wake/funeral if available.
- Students will often make comments about wanting to take a collection, plant a tree, or dedicate a page in the yearbook. Let them talk, then refer them to school staff without either encouraging or discouraging them.
- Encourage students 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 sadness.
- NOTE: This process should conclude with quiet, reflective time.

Schools should carefully assess their involvement in the activities surrounding a death in the school community. For example, schools may want to consider the following:

- Will the school close after a death has occurred? If so, for how long?
- If the school is closed, will students be able to access counseling at the school during its closure?
- What role, if any, should the school play regarding transporting students to the funeral or memorial service?

Suggestions for Handling a Classmate Tragedy

This section is designed to assist the teacher or counselor in preparing the class to help a student who has experienced a tragedy prior to their return to the 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 people said or did that made you feel better?
- How do you think our classmate might be feeling?
- What could you say that might help him/her know you care? This is your chance to guide students responses to helpful comments as you guide them away from less helpful comments.
- What would you want someone to say to you if you experienced the death of someone close?
- Are there things you could do that may help them feel better?
- We can take our cues from the person that will guide our actions. What might some of those cues be?

When A Grieving Classmate Returns:

First Words

- The classmate probably feels like he/she is from a different planet when returning to school.
- 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 make statements like, “It must be incredibly tough to have your ____ die.”
- Other options include: write a brief note or card, call, etc.
- If your classmate cries, that is okay; you did not cause the grief; offer comfort and a tissue.

Helping the Classmate Adjust to the Class:

- Offer to provide past notes from missed classes.
- 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.
- Offer to study together in person or over the phone; this might help with both motivation and with concentration; grieving students frequently do not feel like doing school work.

Some Don'ts:

- Don't shun the student. Speak to them.
- Don't make 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 into the "old self."
- Don't be surprised if the classmate seems unaffected by the loss, since 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?" Grieving people often like to talk about the deceased.
- 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.

Suggestions for Students Attending a Visitation or a Funeral for a Classmate

Keep in mind:

- Expect to feel nervous 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" (this may open a conversation).
- Point out something special to you about the deceased.
- If the visitation or funeral is open casket, view the body if you want; you do not have to.

Later Involvement:

- After the funeral you may choose to continue to visit the parents; they may continue to want to see the friends of their deceased child.
- Continue to talk about their deceased child from time to time.

Suggestions for Students When Visiting Grieving Parents

This information should be helpful to students when interacting with the parents of a deceased friend. Always respect the wishes of grieving parents. These suggestions must fit the parents' needs and requests, as well as the student's own comfort level.

First Steps:

- In the vast majority of cases, the parents find it comforting to see friends of their deceased child.
- If you were a close friend of the deceased and you know the parents, then 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 or funeral.
- Send the parents a note or card.

Communication:

- When you visit, do not worry about what to say; your presence is all that is needed; if you wish to take a flower or anything meaningful, that's all right too.
- Don't be afraid you will upset the parents by asking or talking about the deceased; they are already upset.
- Just sitting with the parents will most likely fill the silence.
- Listen, no matter what the topic.
- If you were a really close friend, the parents might be pleased for you to visit the deceased friend's room (if you are comfortable doing so).
- You might ask what you can do for them; ask other relatives what you might do to help.
- Do not try to take away the grieving parent's pain.
- Talk about the deceased person (grieving people often 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.

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 cause 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 had 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, or flowers.
- 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 are not encouraged as a way for schools to remember someone who died as a result of suicide.

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 to grieve the loss of a peer without glorifying the method of death. Over-emphasis on a suicide may be interpreted by vulnerable students 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:

- Do acknowledge the suicide as a tragic loss of life.
- Do allow students to attend funeral services.
- Do provide support for students profoundly affected by the death.

DON'T:

- Don't organize school assemblies to honor the deceased student.
- 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.

A suicide in the school community can heighten the likelihood, in 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.

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.

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 - have students, instructional assistants, or volunteers help grade papers, take care of copying, or help with other time-consuming tasks.
- If symptoms of stress persist beyond a few weeks or are severe, seek professional help.

Recovery Information to Share with Parents

Helping Your Child or Teen After a Disaster

Children may be especially upset and express feelings about the disaster. These reactions are normal and usually will not last long. Listed below are some problems you may see in your child:

- Excessive fear of darkness, separation, or being alone
- Clinging to parents, fear of strangers
- Worry
- Increase in immature behaviors
- Not wanting to go to school
- Changes in eating/sleeping behaviors
- Increase in either aggressive behavior or shyness
- Bedwetting or thumb sucking
- Persistent nightmares
- Headaches or other physical complaints

The following will help your child or teen:

- Talk with your child about his/her feelings about the disaster; share your feelings, too.
- Talk about what happened; give your child information 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.
- Allow your child to mourn or grieve over lost belongings (a toy, a lost blanket).
- If you feel your child is having problems at school, talk to his/her teacher or counselor so you can work together to help him/her.

Ongoing recovery:

Please reread this information from time to time in the coming months. Usually a child's emotional response to a disaster will not last long, but some problems may be present or recur for many months afterward. Professionals skilled in talking with people experiencing disaster-related problems are on staff at your community mental health center.

E. The “New Normal”

Victims of a crisis experience a real need to return to normal. However, “normal” as they once experienced it is forever gone and changed. For many, the recognition that such a “normal” is unattainable can be debilitating.

As a result, counselors and crisis survivors find the concept of a “New Normal” to be very reassuring and accurate. While they recognize that things will never be the same, they also come to realize that a new stasis or equilibrium has arrived to replace the former “normal.” For students and staff alike, the sooner this is recognized, the better.