GCSC Crisis Intervention

# Goals of Crisis Intervention

The goals of crisis intervention are:

1. to provide immediate assistance to students and staff
2. to restore normalcy to the school
3. to minimize the debilitating lasting effects

Crisis Plan for

Death of

a Student

**Crisis Checklist for Death of a Student**

Preplan

\_\_\_\_\_ 1. Principal verifies death

\_\_\_\_\_ 2. Principal contacts GMS Crisis Support Team and arranges a meeting

\_\_\_\_\_ 3. Principal contacts GCSC Superintendent

\_\_\_\_\_ 4. GMS Crisis Support Team meets

1. \_\_\_\_\_ Staff calling tree is started (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   1. \_\_\_\_\_ Inform them of any special meeting
2. \_\_\_\_\_ Complete student data sheet (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
3. \_\_\_\_\_ Student data sheet typed and duplicated (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. \_\_\_\_\_ Decision made whether or not to contact other school

counselors and/or ministers (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

i. \_\_\_\_\_ Call School Counselors (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

ii. \_\_\_\_\_ Call ministers (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

iii. \_\_\_\_\_ Arrange for name tags for these and any other

volunteers (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_ Develop announcement for teachers to read to students (\_\_\_\_\_\_)

i. \_\_\_\_\_ Type and duplicate announcement(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Decide who will contact parents about locker and belongings at

school (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Develop list of potential at-risk students (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

i. \_\_\_\_\_ Type and duplicate list of at-risk students (\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Develop a response for phone calls inquiring about death (\_\_\_)
2. \_\_\_\_\_ Consider the following in preparing letters:

i. \_\_\_\_\_ Develop a letter to be sent home with students in the

deceased student’s REACH group (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

ii. \_\_\_\_ Decide if a general letter needs to go home with other

students

1. If needed, develop a general letter (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. If needed, develop a grade level letter (\_\_\_\_\_\_\_\_\_\_\_\_)

iii. \_\_\_\_ Duplicate all letters (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

iv.\_\_\_\_ Address letters if appropriate and seal (\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Buy supply of tissues (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. \_\_\_\_\_ Make arrangements for ice water, coffee, and snacks for the

counseling center (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Review extracurricular activities and discuss cancellations if

appropriate (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_\_\_ Remove information from student database (\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. \_\_\_\_\_ Discuss who will visit the home (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

First Day After Student Death

1. Staff will meet in the media center at 7:30 a.m.
2. Principal will share information and the plan for the day.
3. Crisis support team will assess emotional stability of staff and offer assistance. If any teacher is not comfortable discussing the death with his/her class or emotionally unable, he/she should ask for assistance. A counselor/minister can be assigned to their class.
4. Staff has a chance to ask questions.
5. Student data sheet is passed out to all staff members.
6. Teachers are expected to be sympathetic and helpful.
7. Try to get things on a regular schedule as much as possible.
8. A list of potential at-risk students will be shared with staff.
9. If a teacher believes that a student needs to talk to a parent or needs to go home,

that teacher may allow the student to call or may make the call himself/herself. Parents picking up students will report to the office and sign the student out. The office will page the teacher when the parent arrives.

1. TZ’s counselor and the GCSC primary counselor will spend as much time as necessary in the classroom of the deceased student. Additional help will be requested, if necessary. Special classes of the affected class may be cancelled if it is in the best interest of the students.
2. The Media Center will be used to meet with students/staff who are in need of assistance. A staff member will be assigned to the Media Center and classroom teachers should call the media center (#306) before sending a student. This will help insure that the student does in fact make it to the Media Center. Water, coffee and Kleenex will be available in the Media Center for students and guests.
3. A staff member will be assigned to monitor the halls in case students need assistance getting to the Media Center.
4. Normal routine will continue as much as possible.
5. Any teacher on prep period should check with the office and go to a class being taught by a substitute to provide support throughout the day.
6. Principal verifies information about visitation/funeral, if possible.
7. All staff will meet in the Media Center at the end of the day for a short staff meeting for mutual support and updates.

# First Day After Student Death

\_\_\_\_\_1. Staff meets in the media center at 7:30 a.m.

\_\_\_\_\_a. Principal shares information

\_\_\_\_\_b. Staff asks for assistance in their room if they are not

comfortable discussing the death or are emotionally

unable.

\_\_\_\_\_c. Staff asks questions

\_\_\_\_\_d. Student data sheet is distributed

\_\_\_\_\_e. List of potential at-risk students is distributed

\_\_\_\_\_f. Discussion of what staff wants to do in memory, for example

send flowers, etc.

\_\_\_\_\_g. Discussion with classroom teachers about what students may

do for memorials

\_\_\_\_\_h. Principal reminds teachers about sending students to the

Media Center for assistance and about students making

phone calls home.

\_\_\_\_\_2. Any teacher on prep period should check with the office and go

to a class being taught by a substitute to provide support

throughout the day.

\_\_\_\_\_3. Media Center is equipped with water, coffee and Kleenex.

\_\_\_\_\_4. A staff member is assigned to monitor the halls.

\_\_\_\_ 5. A staff member is assigned to answer the phone in the Media

Center.

\_\_\_\_\_6. TZ counselor and Jones/Ridpath counselors go to the deceased’s

homeroom.

\_\_\_\_\_7. Principal verifies information about visitation and funeral, if

available.

\_\_\_\_\_8. Staff meets in the Media Center at 3:00 p.m. for mutual support

and updates.

Second Day After Student Death

1. Staff meeting in the Media Center at 7:30 a.m. Staff will be updated about funeral arrangements and given any updated information. Students will be released to go to the funeral if their parents make the appropriate plans. Students will be released only if their parents are taking them to the funeral.
2. GMS counselors will be at the funeral home during the entire visitation to be of assistance to GMS students.
3. Classroom teachers may refer individual students needing assistance to the counselor, principal, or assistant principal. Additional help may be called in, if needed.
4. When appropriate, the school will send thank you notes to those that

provided services.

Appendix A

GMS Crisis Support Team

Name Phone Position

# Tamra Walker M: 317-847-0536 Principal

H: 317-731-4622

# Scott Weltz M: 765-721-7662 Asst. Principal

H: 765-653-4257

# Kathi Asbell M: 765-720-4427 Director of Guidance

# H: 765-653-7337

Jennifer Brodar M: 765-404-5612 Counselor

Polly Shuee H: 765-653-7456 Nurse

M: 765-720-1771

Karen Birt M: 765-653-4667 Secretary

Toni Smith M: 765-777-6089 Secretary

H: 765-653-5930

Additional GMS Staff that may be used to assist where needed at school include:

Troy Greenlee M: 765-720-4315 Teacher

H: 765-653-1585

Helen Dunn M: 413-695-0864 Intern/Counseling Student

H: 413-303-1633

**G.M.S. Emergency Closing Phone Chain**

**2012-2013**

If the automated calling system fails or we have another reason to personally contact staff, the following list will be used. The person whose name is underlined will assume responsibility for calling each name on his/her list. **Any number with no area code shown is a “765” area code.**

**Tamra Walker** M: 317-847-0536 **Scott Weltz** (# to left under Tamra)

Scott Weltz H: 765-653-4257 Kathi Asbell H: 765- 653-7337

M: 765-721-7662 M: 765-720-4427

Mary Traub David Stephens H: 812-272-8525

Jane Roberson H: 765-795-3648 Amy Berry H: 812-442-1841

M: 765-721-7822 Debby Zaring\* H: 765-246-6145

Shelley Minor H: 812-443-2213 Kyle Shirk H: 765-866-8081

M: 812-239-0179 Molly/Ande Warren H: 812-236-5113   
**Kathi Asbell** **Jennifer Brodar**

Jennifer Brodar M: 765-404-5612 Lori Gillespie H: 812-446-7062

Dawn Tucker M: 765-721-1178 CJ Shields H: 765-969-0481

Toni Smith H: 765-653-5930 Kyle Faletic M: 765-719-1210

Ashley Allred M: 765-720-9711 Elizabeth Barnett M: 765-721-4293

**Toni Smith** **CJ Shields**

Karen Birt M: 765-653-4667 Amy Weliever H: 765-653-3216

Polly Shuee M: 765-720-1771 Troy Greenlee H: 765-653-1585

Ashley McAmis M: 765-376-8103 Laurie Bodeker H: 317-539-5885

M: 317-919-1252

**Karen Birt** **Troy Greenlee**

Suzanne Funk H: 765-653-5723 Veronica Bryant H: 765-653-0703

M: 317-513-5617 M: 765-721-0304

Denise Meyer H: 765-301-4411 Hope Sutherlin H: 765-653-1288

M: 765-246-1616 M: 765-720-7350

Scheduled subs??? Kathryn Dory H: 765-653-8017

**Suzanne Funk** **Dawn Tucker**

Stacie Stoffregen H: 765-653-2133 Amy Howard H: 765-301-4081

Lisa Toole H: 765-341-0353 M: 765-720-4326

M: 317-341-0353 Paige Tesmer M: 765-720-5464

Kathy Sibbitt H: 765-246-6554 Courtney Dickey H: 765-653-5905

M: 765-894-0494

**Hope Sutherlin** **Shelley Minor**

Kim Pieper\* M: 765-721-0078 Deb Rode: H: 812-448-3782

Betty Chandler H: 765-653-8029 M: 812-878-9319

Deanna Sanchez M: 317-313-4643 Ben Wells H: 317-435-3129 Allysa Lovett H: 812-239-7300

M: 812-239-1679

**Stacie Stoffregen**  **Amy Howard**

Kara Jedele M: 765-720-5280 Shannon Cash M: 765-720-0260

Charles Fletcher M: 319-431-8919 Stacy Robinson H: 765-653-1633

Brittany Labhart H: 812-719-8685 M: 765-720-9349

\*Pieper calls custodian staff \*Zaring calls cafeteria staff

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| --- |
|  |

Appendix C

Student Data Sheet

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents name if different from above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers and sisters (names, ages & schools)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funeral Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Close friends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Schedule:

**Appendix D**

**Area Crisis Response Personnel**

**This page should now reflect having the school safety specialist contact other specialists in the county to request additional support from counselors if needed.**

**Local agencies and ministers may also assist if they call the school and offer.**

Appendix E

Sample Classroom Announcement

Yesterday, one of our fellow GMS students, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ died. \_\_\_\_\_\_\_\_ was a

\_\_\_th grader in \_\_\_\_\_\_\_\_\_\_\_\_\_\_’s room. (Put in details of death here). We are all very sad about \_\_\_\_\_\_\_\_’s death. For some of us, today will be a very difficult day to get through. Many of us may experience confused feelings. We all react to news like this in our own personal way. You may feel sad, upset, frustrated, angry or if you did not know \_\_\_\_\_\_ well, you may just be numb. There is no one way anyone should feel.

I am concerned and will do all I can to help you today. There are some people here at GMS today who have experience talking to people in situations like this. If you would like to talk to someone, just let me know. We’re going to continue our normal routine today as much as possible. Remember, if you feel like you need to talk to someone, just let me know.

**Appendix F**

**Sample Response to Telephone Calls/Media Inquiries**

\*Be sure we have parent permission before giving out any information.

\_\_\_\_\_\_\_\_(Student Name)\_\_\_\_\_\_\_\_\_, one of our \_\_\_\_\_ th grade students, died \_\_\_\_\_\_\_\_(when)\_\_\_\_\_\_\_\_\_ as the result of \_\_\_\_\_\_\_\_(how)\_\_\_\_\_\_\_\_. We have a team of professionals in our building today to assist staff and students. We extend our sincere sympathy to the family.

Special notes:

FOR PAREN T CALLS: Parents can come pick children up if they parent believes the child is at high risk. Remind the parents they need to check in at the office to sign children out.

Any other additional specific information or instructions unique to this situation:

**Appendix G**

(Sample letter to be sent home to parents when a death of a classmate occurs.)

Date

Dear Parents,

\_\_\_\_\_(when)\_\_ (child’s name), a member of your child’s class, died as the result of \_\_\_\_\_\_\_\_\_\_\_(how) . We talked with the children and explained about (his/her) death. During the next few weeks your child may ask you several times or tell you about \_\_\_\_\_\_\_\_\_\_’s death. He/she may cry. Reflect your child’s feelings by saying something like, “It sounds like you’re feeling sad. Tell me about it.” Be concrete with your words. It is important to reinforce the reality of what happened. You can also ask your child what helps him/her to feel better when he/she is sad.

Reassure your child that most people live a long time and that it is unusual for people to die in a car accident. If you hear your child talking about death, encourage him/her to talk with you. You might ask if there are things about death that puzzle him/her. By talking with your child, you can clear up any misconceptions. You are also teaching your child to cope with his/her feelings.

Your child may want to do something special to show how much he/she cared for \_\_\_\_\_\_\_\_\_\_\_\_. You can help your child draw a picture to send to \_\_\_\_\_\_\_\_\_\_’s family, make a card, or in some other way be creative. The important thing is to encourage your child’s expression and to help him/her develop coping skills.

We will send home information concerning the visitation and the funeral as soon as it is available. If you decide to allow your child to attend the visitation and/or funeral, due to the emotional nature of the situation we strongly suggest parents accompany their child to these difficult events.

If you feel your child is having difficulty dealing with \_\_\_\_\_\_\_\_\_\_\_\_\_’s death or if you have any questions, please feel free to contact us.

Sincerely,

Kathi Asbell and Jennifer Brodar

GMS Counselors

Appendix H

**(Sample letter that might be sent home to the student body or particular students/classes when there is the death of a student.)**

Date

Dear Parents,

Yesterday, \_\_\_\_\_\_\_\_\_\_\_, one of our \_\_\_th grade students died as a result of \_\_\_\_\_\_\_\_\_\_\_\_. Classroom teachers and/or other professionals have shared this information with all students. We felt that it was important to inform you of this death. We know that all children will not react in the same manner. Some guidelines for helping children through a loss include the following:

\*Help your child express their thoughts and feelings. Let him/her know it’s alright to cry and talk about the death.

\*Reminisce. Let your child share memories of the deceased.

\*Give honest explanations of death. Be truthful and open.

\*Openly express your love. Some children may need extra reassurance that something won’t happen to them.

If you feel your child is having difficulty dealing with this situation or if you have any questions, please feel free to contact Mrs. Asbell or Ms. Brodar, our school counselors.

Sincerely,

Tamra Walker

Principal

Crisis Plan

for Death

of a

Staff

Member

**Crisis Plan for Death of a Staff Member**

**Preplan**

1. The GMS Principal or designee is contacted immediately upon the death of a staff member and he/she will verify the death.
2. The principal will contact the deceased’s family as soon as possible.
3. The principal contacts all members of the GMS Crisis Support Team and arranges a meeting. (See Appendix A in this section of the plan.)
4. The principal contacts the superintendent of GCSC.
5. The Crisis Support Team meets to determine what actions should be taken. The following should be discussed by the Crisis Support Team:
6. When to start the staff calling tree requesting all staff arrive at 7:30 a.m. the following morning for a meeting to review the death and make plans for the day. (See Appendix B in this section of the plan.)
7. Complete a staff data sheet. This will be typed and duplicated for all staff and outside support staff (if used). (See Appendix C in this section of the plan.)
8. To decide whether or not to contact other school counselors and/or local ministers for assistance. (See Appendix D in this section of the plan.)
9. To develop an announcement that teachers can read to their class explaining the death. (See Appendix E in this section of the plan.)
10. To decide whom will be responsible for taking care of the staff member’s personal items.
11. To discuss potentially at-risk staff members that may need additional support.
12. To develop a response for phone calls inquiring about the death. (See Appendix F in this section of the plan.)
13. To develop a letter that will be sent home in a sealed envelope to all students in the deceased staff member’s classroom and to decide if a letter needs to go home with any other groups of students. (See Appendix G and H in this section of the plan.)
14. Take care of administrative clerical issues related to the death of a staff member.

**Crisis Checklist for Death of a Staff Member**

**Preplan Checklist:** These items do not have to be done in this order. This is just a checklist of things to consider and discuss.

\_\_\_\_\_ 1. Principal verifies death

\_\_\_\_\_ 2. Principal contacts family of deceased

\_\_\_\_\_ 3. Principal contacts GMS Crisis Support Team and arranges meeting

\_\_\_\_\_ 4. Principal contacts the GCSC superintendent

\_\_\_\_\_ 5. GMS Crisis Support Team meets

\_\_\_\_\_ Staff calling tree started (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(1) \_\_\_\_\_Inform staff members of staff meeting

\_\_\_\_\_Complete staff data sheet (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Staff data sheet typed and duplicated (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Decision made whether or not to contact other school counselors and/or ministers

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_Call counselors (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_Call ministers (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Develop announcement for teachers to read to students (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(1) \_\_\_\_\_ Type and duplicate (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Contact family to make decision about the staff member’s personal possessions

and how they would like them removed (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Develop a list of potentially at-risk staff member or students

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Develop a response for phone calls inquiring about the death

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Develop a letter to be sent home with students in the deceased’s classroom

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Decide if a general letter needs to go home with students who are not in the

deceased’s class.

\_\_\_\_\_ If needed, develop a general letter (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ If needed, develop a grade level letter (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Type and duplicate letters (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Address letters for students and seal (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Buy supply of Kleenex and snacks for counseling center (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_Make arrangements for ice water and coffee for counseling center

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ As soon as appropriate, perform administrative clerical actions necessary (i.e.:

remove teacher’s name from school database, email lists that are distributed to

parents, etc.) (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Determine the need for substitute teachers for the deceased , as well as for other

staff members (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_ Review extracurricular activities and discuss cancellations if appropriate

**First Day after Staff Death**

(Guidelines for Discussions with Staff Members)

Staff will meet in the media center at 7:30 a.m.

Principal will share information and the plan for the day.

Crisis support team will assess emotional stability of staff and offer assistance. If any teacher is not comfortable discussing the death with his/her class or is emotionally unable, he/she should ask for assistance. A counselor/minister can be assigned to their class

Staff has a chance to ask questions.

Staff data sheet is pass out to all staff members

Teachers are expected to be sympathetic and helpful.

Try to get things on a regular schedule as much as possible.

A list of potential at-risk students will be shared with staff. Ask staff for names of other at-risk students.

Discuss what the staff would like to do in memory of the fellow staff member such as send flowers, etc.

Discuss with the teachers what the student may do for memorials.

GMS’s counselors will spend as much time as necessary in the classroom of the deceased staff member. Additional help will be requested if necessary.

The media center will be used to meet with students/staff who are in need of assistance. A staff member will be assigned to the media center, and classroom teachers can send students to the media center if students request to talk to someone or if the teacher believes a student needs to talk to a counselor. Water, coffee, snacks and Kleenex will be available in the media center for students and guests.

Staff members or parent volunteers will be assigned to monitor the halls in case students need assistance getting to the media center.

Normal routine will continue as much as possible.

Any teacher on prep period should check with the office and go to a class being taught by a substitute to provide support throughout the day.

Principal verifies information about visitation/funeral, if possible.

All staff will meet in the media center at the end of the day for a short staff meeting for mutual support and updates.

\*\*See checklist on the following page.\*\*

**First Day after Staff Death Checklist**

\_\_\_\_\_1. Staff meets in the media center at 7:30 a.m.

\_\_\_\_\_ a. Principal shares information

\_\_\_\_\_ b. Staff asks for assistance in their room if they are not comfortable discussing the death or are emotionally unstable.

\_\_\_\_\_ c. Staff asks questions

\_\_\_\_\_ d. Staff member data sheet is distributed

\_\_\_\_\_ e. List of potential at-risk students is distributed. Ask staff for names of other at-risk students.

\_\_\_\_\_ f. Discussion of what staff wants to do in memory, for example send flowers, etc.

\_\_\_\_\_ g. Discussion with classroom teachers about what students may do for memorials.

\_\_\_\_\_ h. Principal reminds teachers about sending students to the media center for assistance and about students making phone calls home.

\_\_\_\_\_\_\_2. Any teacher on prep period should check with the office and go to a class being taught by a substitute to provide support throughout the day.

\_\_\_\_\_\_\_3. Media Center is equipped with water, coffee, snacks and Kleenex.

\_\_\_\_\_\_\_4. Staff members or parent volunteers are assigned to monitor the halls.

\_\_\_\_\_\_\_5. A staff member or parent volunteer is assigned to answer the phone in the media center.

\_\_\_\_\_\_\_6. GMS counselors and/or additional staff will go to the deceased member’s classes.

\_\_\_\_\_\_\_7. Principal verifies information about visitation and funeral if possible.

\_\_\_\_\_\_\_8. Staff meets in the media center at dismissal for mutual support and updates.

**Second Day after Staff Death**

1. Staff meeting in the Media Center at 7:30 a.m. Staff will be updated about funeral arrangements and given any updated information. Students will be released to go to the funeral only if their parents make the appropriate plans. Students will be released only if their parents are taking them to the funeral.
2. GMS counselors will be at the funeral home during the visitation to be of assistance to students and staff.
3. Classroom teachers may refer individual students needing assistance to the counselor, principal or assistant principal. Additional help may be called in if needed.
4. At a later date, the school will send thank-you notes to those that provided services.
5. Staff meets in the Media Center at dismissal for mutual support and updates.

Appendix A

GMS Crisis Support Team

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# Tamra Walker M: 317-847-0536 Principal

H: 317-731-4622

# Scott Weltz M: 765-721-7662 Asst. Principal

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**2012-2013**

If the automated calling system fails or we have another reason to personally contact staff, the following list will be used. The person whose name is underlined will assume responsibility for calling each name on his/her list. **Any number with no area code shown is a “765” area code.**

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Scott Weltz H: 765-653-4257 Kathi Asbell H: 765- 653-7337

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Jane Roberson H: 765-795-3648 Amy Berry H: 812-442-1841

M: 765-721-7822 Debby Zaring\* H: 765-246-6145

Shelley Minor H: 812-443-2213 Kyle Shirk H: 765-866-8081

M: 812-239-0179 Molly/Ande Warren H: 812-236-5113   
**Kathi Asbell** **Jennifer Brodar**

Jennifer Brodar M: 765-404-5612 Lori Gillespie H: 812-446-7062

Dawn Tucker M: 765-721-1178 CJ Shields H: 765-969-0481

Toni Smith H: 765-653-5930 Kyle Faletic M: 765-719-1210

Ashley Allred M: 765-720-9711 Elizabeth Barnett M: 765-721-4293

**Toni Smith** **CJ Shields**

Karen Birt M: 765-653-4667 Amy Weliever H: 765-653-3216

Polly Shuee M: 765-720-1771 Troy Greenlee H: 765-653-1585

Ashley McAmis M: 765-376-8103 Laurie Bodeker H: 317-539-5885

M: 317-919-1252

**Karen Birt** **Troy Greenlee**

Suzanne Funk H: 765-653-5723 Veronica Bryant H: 765-653-0703

M: 317-513-5617 M: 765-721-0304

Denise Meyer H: 765-301-4411 Hope Sutherlin H: 765-653-1288

M: 765-246-1616 M: 765-720-7350

Scheduled subs??? Kathryn Dory H: 765-653-8017

**Suzanne Funk** **Dawn Tucker**

Stacie Stoffregen H: 765-653-2133 Amy Howard H: 765-301-4081

Lisa Toole H: 765-341-0353 M: 765-720-4326

M: 317-341-0353 Paige Tesmer M: 765-720-5464

Kathy Sibbitt H: 765-246-6554 Courtney Dickey H: 765-653-5905

M: 765-894-0494

**Hope Sutherlin** **Shelley Minor**

Kim Pieper\* M: 765-721-0078 Deb Rode: H: 812-448-3782

Betty Chandler H: 765-653-8029 M: 812-878-9319

Deanna Sanchez M: 317-313-4643 Ben Wells H: 317-435-3129 Allysa Lovett H: 812-239-7300

M: 812-239-1679

**Stacie Stoffregen**  **Amy Howard**

Kara Jedele M: 765-720-5280 Shannon Cash M: 765-720-0260

Charles Fletcher M: 319-431-8919 Stacy Robinson H: 765-653-1633

Brittany Labhart H: 812-719-8685 M: 765-720-9349

\*Pieper calls custodian staff \*Zaring calls cafeteria staff

**Appendix C**

**Staff Data Sheet**

Staff member name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teaching Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children (names and ages, if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Religious preference (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funeral Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activities within the school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Details of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Appendix D**

**Area Crisis Response Personnel**

**This page should now reflect having the school safety specialist contact other specialists in the county to request additional support from counselors if needed.**

**Local agencies and ministers may also assist if they call the school and offer.**

### **Appendix E**

#### Sample Classroom Announcement

Yesterday, one of our GMS staff members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ died. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taught \_\_\_\_\_\_\_\_\_\_\_\_\_. (Put in details of death here). We are all very sad about \_\_\_\_\_\_\_\_\_’s death. For some of us, today will be a very difficult day to get through. Many of us may experience confused feelings. We all react to news like this in our own personal way. You may feel sad, upset, frustrated, angry, or if you did not know \_\_\_\_\_ well, you may just be numb. There is no one way anyone should feel.

I am concerned and will do all I can to help you today. There are some people at school today who have experience talking to people in situations like this. If you would like to talk to someone, just let me know. We’re going to continue our normal routine today as much as possible. Remember, if you feel like you need to talk to someone, just let me know.

**Appendix F**

**Sample Telephone Calls/Media Interviews**

\*Be sure we have family permission before giving out any information.

\_\_\_\_\_\_\_\_\_\_, one of our staff members died (when) as a result of (how). We have a team of professionals in our building today to assist staff and students. We extend our sympathy to the family.

Special Notes:

1. For parent calls: Parents can come pick children up if the parent believes the child is at high-risk. Remind them they need to check in at the office.

**Appendix G**

(Sample letter to be sent home to parents when a death of a classroom teacher or instructional assistant occurs.)

Date

Dear Parents,

Yesterday (staff member’s name), your child’s teacher (aide/staff member), died as a result of (give details of the death). We talked with the children and explained about (his/her) death. During the next few weeks your child may ask you several times or tell you about \_\_\_\_\_\_\_\_\_\_’s death. He/she may cry. Reflect your child’s feelings by saying something like, “It sounds like you’re feeling sad. Tell me about it.” Be concrete with your words. It is important to reinforce the reality of what happened. You can also ask your child what helps him/her to feel better when he/she is sad.

Reassure your child that most people live a long time and that it is unusual for people to die (in the manner this person died). If you hear your child talking about death, encourage him/her to talk with you. You might ask if there are things about death that puzzle him/her. By talking with your child, you can clear up any misconceptions. You are also teaching your child to cope with his/her feelings.

Your child may want to do something special to show how much he/she cared for \_\_\_\_\_\_\_\_\_\_\_\_. You can help your child draw a picture to send to \_\_\_\_\_\_\_\_\_\_’s family, make a card, or in some other way be creative. The important thing is to encourage your child’s expression and to help him/her develop coping skills.

We will send home information concerning the visitation and the funeral as soon as it is available. If you decide to allow your child to attend the visitation and/or funeral, due to the emotional nature of the situation we strongly suggest parents accompany their child to these difficult events.

If you feel your child is having difficulty dealing with \_\_\_\_\_\_\_\_\_\_\_\_\_’s death or if you have any questions, please feel free to contact us.

Sincerely,

Kathi Asbell and Jennifer Brodar

GMS Counselors

**Appendix H**

(Sample letter that might be sent home to the student body or particular students/classes when the death of a staff member occurs.)

Date

Dear Parents,

Yesterday, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of our GMS staff, died as a result of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Mr./Mrs. etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ taught \_\_\_\_\_\_th grade (or was an instructional assistant, etc.). Classroom teachers and/or other professionals have shared this information with all students. We felt that it was important to inform you of this death. We know that all children will not react in the same manner. Some guidelines for helping children through a loss include the following:

Help your child express his/her thoughts and feelings. Let him/her know that it’s okay to cry and talk about death.

Reminisce. Let your child share memories of the deceased.

Give honest explanations of death. Be truthful and open.

Openly express your love. Some children may need extra reassurance that something won’t happen to them.

If you feel that your child is having difficulty dealing with this situation or if you have any questions, please feel free to contact either Mrs. Asbell or Ms. Brodar, our school counselors.

Sincerely,

Tamra Walker

Principal

# Potential Suicide

**Process and**

**Intervention Guide**

Adapted by the GMS Crisis Response TeamSuicide Intervention Process

The following has been developed in accordance with Greencastle Community School Board Guidelines (5350A) and applies to all GCSC staff.

# Step One - Stabilize the Situation

1. Under no circumstances should a suicidal student be left alone.
2. Talk to the student and attempt to find out if he/she was a dangerous weapon in their possession. If so, and the student will allow, remove the weapon. If student agrees, take him/her to a non-threatening area away from other students.
3. Notify the building principal by phone (if possible) or have someone get a message to him/her. Remember that you are not to leave the student alone.
4. Police must be called if the weapon is a gun or switch-blade type knife.

## **Step Two and Step Three – Assess the Risk and Use of Appropriate Risk Procedure (This step is done by the building principal or guidance counselor.**

A. Develop an understanding of the crisis, assess the seriousness of the situation, and assess the risk of the youth in crisis.

B. If student has a weapon and will not give it up, use Extreme Risk Procedure.

Extreme Risk Procedure

1. Contact the police (653-3155). Do not leave the student alone.
2. Keep talking with the student until the police arrive.
3. When the police arrive, if good rapport has been established with the student, remain in the room to provide continuity and support.
4. Contact the student’s parents and inform them of what has happened and what actions are being taken. (See *Informing the* *Family*)
5. If student is in imminent danger of harming himself/herself, use Severe Risk Procedure.

### Severe Risk Procedure

1. Determine if the student’s distress is the result of parental abuse, neglect, or exploitation. (See *Suicide Lethality* *Checklist*). If so, notify Child Protective Services at 653-9780 immediately and request that they intervene before the school day is over. If the agency will not intervene before the end of the school day, take the child to the emergency room at Putnam County Hospital.
2. If the student’s distress is not the result of parental abuse, neglect, or exploitation, contact the student’s parents. (See *“Informing the Family”*).
3. If the student is not in imminent danger of harming himself/herself, use Moderate Risk Procedure.
4. Try to determine the reason(s) for student’s distress. (See *Suicide Lethality Checklist*).
5. Assist the parents in making contact with an agency or resource person who can provide appropriate intervention. (See Appendix B)

## **Step Four – Communication with Appropriate Parties**

1. Inform the appropriate members of the school (teachers, counselors, school psychologist, etc.) of actions being taken.
2. Have appropriate staff complete an *Assessment Tool for* *Potential Suicide*.
3. Remind staff to observe the Corporation’s confidentiality requirements (A.G. 2411)
4. If the parents agree, inform the student’s close friends of the facts and the actions being taken.

## **Step Five – Follow-up**

1. Determine the extent to which emergency or short-term procedures were completed properly. Fill out a *Potential Suicide Disposition Form*.
2. Find out if arrangements have been made for long-term clinical and/or support services.
3. Contact the family the day of the appointment to see if they have kept it.

**C.** If neither short-term procedures nor long-term services were properly

conducted or pursued, consult with the Superintendent to determine

appropriate action.

D. Maintain continuing contact with the student to communicate interest in

his/her welfare and support of the long-term services being provided.

1. Remain alert to the possibility of “copy-cat” suicide attempts by other

students.

Suicide Ideation

Thoughts about suicide are unfortunately becoming more common place among school children of all ages. The following is designed to give you some general information on suicide ideation among youth and to set out a basic plan of action for how to respond once you become suspicious of a student who may be at-risk. Our administrators and counselors have been informed on how to make a direct intervention with these students. **Thus, your main responsibility is to inform them as immediately as possible if you become aware of any level of suicide ideation in a student.**

**General Information:** Suicide is not a spontaneous activity, rather it is usually the result of a long term, gradual wearing away process called suicidal erosion. What is eroded is the ability of the youth to cope with anger, frustration stress, loss, disappointment, etc. Although this erosion usually takes place over a longer time period, given the right circumstances it can occur rather rapidly. Because of this erosion, there is never a single cause of suicide. There may be a precipitating event, but it is not the cause of the suicide or thoughts of suicide.

Most youth that are at risk of suicide are ambivalent about dying and actually hope to be rescued. About 75% will give clear notice of their intentions in the form of early warning signs. A youth who gives such warning signs will usually present more than one signal. While one warning sign should not be ignored, you should look for a clustering of warning signals. **An awareness of only one sign should still be reported immediately to the principal and/or counselor.**

# Action Steps for Staff Reporting Suspected Suicide Ideation

1. As soon as you become suspicious about the possibility that a youth is at risk of suicide, immediately inform the principal and/or counselor.
2. Once the principal or counselor receives your information, they will immediately make contact with you to start the assessment process.
3. If you become aware of such a student during the last period of the day, escort that student to the office. It is critical that we do not leave a youth alone until it has been deemed that he/she is not at risk or until he/she is supported by another responsible staff person.
4. **Documentation**: It is important that you take the time to document in writing, any conversation with the parent or warning signs or behaviors that you become aware of and make this available to the principal or counselor as soon as possible.

Oftena student will choose a teacher to directly make comments to or share acute warning signs. If this happens or if you become suspicious about the possibility that a youth is at a high risk, the best approach is to quickly approach that student in a warm, accepting, non-judgmental manner. It is imperative to directly ask a question such as: “Have you been thinking about harming yourself?”

Do not hesitate to ask a question like the one above. The student has already indicated a willingness to talk to you. Most students will give you an honest answer. You will not plant the idea of suicide in the mind of someone who has not already thought of it on his/her own. The question may lead to an expression of emotion by the student, but it will not create a crisis that does not already exist for the student.

You do not need to make this intervention on your own before you inform the principal or counselor. It is presented because you may find yourself in the unique position to go ahead and talk with a student before contact with the principal or counselor can be made.

**Youth Suicide Late Warning Signs**

1. A threat of suicide, either to a friend or staff member (verbal or written)
2. Making final arrangements…putting things in order
3. Giving away of valued possessions
4. Saying goodbye to friends and family
5. Abrupt changes in behavior
6. A recent suicide or death of someone the student valued or identified with
7. Preoccupation with death
8. Communication of this preoccupation with death
9. Increased isolation
10. Increased risk taking behavior
11. Increased feelings of despair and aloneness
12. Sudden life in mood/appearance and behavior (euphoria) after demonstrating feelings of despair and depression.

**IF ONE OR MORE OF THESE BEHAVIORS ARE NOTICED, INTERVENE AND ACT…WE CANNOT TAKE THE RISK THAT IT IS JUST A PASSING MOOD.**

Suicide Assessment

**Assessment**

Once suicidal clues are recognized, the questions “Are you thinking of suicide?” must be asked. It’s not unusual for young people to respond with “no.” Never settle for the first ‘no’. Continue talking with the student using words of understanding that show you are serious, that you care, that you understand and that you are free to talk to the student about it. Intervention with a suicidal person **must** be a priority!

# Assessing the Risk

When a student says that they are thinking of suicide, one must assess the possible risk involved. The more specific the plan, the higher the risk. If the student has a plan of when, where and how, it is serious.

# Risk Factors

The higher the number of risk factors present, the higher the risk. The determination of risk and subsequent interventions, should not be the responsibility of one person.

## **Tools Used to Assess Suicide Lethality**

* A specific plan: method is available, when and where is determined
* Alcohol/substance ingested or is a known problem
* Previous suicide attempt
* Poor impulse control
* Recent attempt/completion of suicide by a significant other
* Loss of a significant other
* Family history of suicide
* Chronic depression of parent
* Closed family characteristics
* Expressed sense of hopelessness
* Constricted thinking (always-never/either-or)
* Poor problem-solving skills
* Poor communication skills
* History of physical/sexual victimization
* Sexual preference issue
* Unable to compliment self
* Refuses ‘no suicide” contract
* Expressed guilt/shame
* Psychomotor retardation/agitation
* Diminished socialization
* Aggressive behavior
* Change in attitude toward school/future
* Sleeping/eating disorder
* Loss of motivation
* Fatigue
* Inability to concentrate
* Somatic complaints

### **Interventions**

**State law requires:**

1. **Inform parents (duty to inform)**
2. **Refer to outside source for second opinion**
3. **Follow-up with youth/family to see if they have kept their appointment**

#### I. Informing Family

1. The principal and/or counselor may determine the appropriateness of including the student in the meeting with the parents. If little or nothing is known about the student-parent relationship the parents should be presented with the information, have a chance to respond, and an assessment made of the ability of the parents to be supportive before including the student.
2. Be prepared to be supportive with the parents because it’s not unusual for them to deny that suicide is a problem.
3. For parents that have established a relationship with the school concerning ongoing issues of mental health for their child, it may be deemed appropriate to share the specifics of suicidal ideation. For other parents, the call should address the concern by the school that their child is sad and upset and she/he needs for the parent to come to school. If the parent remains resistant or requires more information, indicate that it is complicated and best dealt with in person. If the parents refuse to come, let them know that other sources will be contacted to help their child. Should the parents refuse to meet, contact Child Protective Services at 653-9780.
4. If is necessary to transport the student, use police, ambulance or a minimum of 3 adults (one to drive and the other 2 sit in the back seat with the student between them).
5. If parents can’t believe their child is suicidal, you may need to become more direct. Indicate that a second opinion may show that your assessment was not accurate and that you must insist another assessment be done.
6. If parents refuse recommendations, have them complete a refusal form. (Appendix A)

##### **Referral**

1. Attempt to refer family to those persons you know are trained in suicide assessment and intervention and will want to work with you so together you

can help the child.

1. See Appendix B for possible referrals.

##### **Follow-up**

1. If a referral is accepted, call the family the day of the appointment to see if they have indeed kept it. If parents do not follow through, the risk of an attempt will be higher.

Potential Suicide Clues

**Behavioral Clues**

* Sudden changes in behavior
* Drinking and/or drug use
* Decline in school performance
* Inability to concentrate
* Withdrawing from others
* Studying all the time to the exclusion of outside activities
* Fighting physically with family members
* Running away
* Giving away possessions
* Happy overnight
* Obsession with death
* Writing a lot of letters to friends
* Scratching or self-mutilation
* Acting out: aggressive, hostile
* Truant

# Verbal Clues

* Direct – discussion of suicide

“I feel like killing myself.”

“Sometimes she makes me so mad I feel like hanging (shooting, etc.) myself.”

* Indirect

“Everyone would be better off without me.”

“If this happens again…”

“I just can’t take it anymore.”

# Situational Clues

* Loss of relationship, friend, etc.
* Loss of status
* Divorce of parents
* Violence within family
* Parent over-emphasis on achievement
* 1st year of college
* Period of time immediately following long bout of depression or hard time
* Physical problems along with changes in behavior or performance
* Exposed to traumatic experiences

No-Harm Contract

(Expanded and Adapted from Johnson & Maile, 1987)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree not to harm myself in any way, attempt to kill myself, or kill myself during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the time of my next appointment). I agree that for any reason, if the appointed session is postponed, cancelled, etc., that this time period is extended until the next direct meeting with my counselor. In this period of time I agree to care for myself, promising to eat well, and to get enough sleep each night.

I agree to make social contact with the following individuals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I agree to rid my presence of all things that I could use to harm or kill myself.

I agree that if I am having a rough time and come to the point I am going to break any of these promises, I will call and make significant contact with any of the following individuals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or, if I cannot contact these individuals, I will immediately call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor I intend to keep this contract.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be completed by counselor or principal)

SUICIDE LETHALITY CHECKLIST FOR YOUTH

LOW MODERATE HIGH

**Part I**

Plan \_\_none \_\_vague \_\_specific\*

\*What is plan?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method What is method?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method Available \_\_no \_\_yes \_\_secured

When \_\_unplanned \_\_vague \_\_specific

Where \_\_unplanned \_\_vague \_\_specific

# Alcohol/drugs used today \_\_no \_\_yes

Alcohol/drug use \_\_none \_\_sporadic \_\_chronic

Previous attempt \_\_none \_\_yes\*

\*Method of attempt/when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family history suicide \_\_none \_\_yes

Recent suicide of other \_\_none \_\_yes

Loss of significant other \_\_none \_\_yes

**TOTAL \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Part II LOW MODERATE HIGH**

\*Physical assault \_\_no \_\_recent \_\_ongoing

(beyond spanking)

\*Sexual assault \_\_no \_\_recent \_\_ongoing

Witness to violent behavior \_\_no \_\_recent \_\_ongoing

Beating/humiliation by others \_\_no \_\_recent \_\_ongoing

Hyposomnia \_\_no \_\_recent \_\_ongoing

Disturbed sleep \_\_no \_\_recent \_\_ongoing

Preoccupied with death/dying \_\_no \_\_recent \_\_ongoing

Weight loss \_\_no \_\_recent \_\_ongoing

\*Poor impulse control \_\_no \_\_recent \_\_ongoing

\*Fear of losing control \_\_no \_\_recent \_\_ongoing

Loss of concentration \_\_no \_\_recent \_\_ongoing

Psychomotor retardation \_\_no \_\_recent \_\_ongoing

Agitation \_\_no \_\_recent \_\_ongoing

Somatic complaints \_\_no \_\_recent \_\_ongoing

\*Expression of guilt \_\_no \_\_recent \_\_ongoing

\*Expression of hopelessness \_\_no \_\_recent \_\_ongoing

Withdrawing/refusing help \_\_no \_\_recent \_\_ongoing

\*Refuses to sign contact \_\_no \_\_yes

Significant others \_\_several \_\_one \_\_none

## TOTAL \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**\*Represents high risk factors**

Taken from *Trauma Response Teams in Schools* by William Steele

(To be completed by teacher(s).

ASSESSMENT TOOL FOR POTENTIAL SUICIDE

**Guidelines:**

1. There is no set score that makes a child more or less suicidal. A student can be high risk with a low score. The risk has more to do with the intensity and duration of problems and the unique characteristics of the student.
2. It is necessary to validate this tool in different contexts. A student may behave differently in different classes and in different situations.
3. It has been useful when more than one teacher has assessed the same student.

**This is a CONFIDENTIAL document and may be used only for the purpose of assessing depression and suicidal potential. This form must be kept in a secure place and discussion of the form outside the professional scope of the educator is inappropriate.**

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Date\_\_\_\_\_\_**

**Please circle the frequency of the behaviors that this student is exhibiting.**

**Frequency Key: (1) – ONCE (2) TWICE (3) – OR MORE**

**BEHAVIOR FREQUENCY**

# Sleeping in class 1 2 3

Class clown 1 2 3

# Destruction of property 1 2 3

Breaking up of boy/girlfriend 1 2 3

Lethargic behavior 1 2 3

Obscene language/gestures 1 2 3

Reluctance to communicate 1 2 3

Defensive attitude 1 2 3

Withdrawn/seclusion 1 2 3

Crying 1 2 3

Impulsiveness 1 2 3

Depression 1 2 3

Mood swings 1 2 3

Sudden Outbursts 1 2 3

Inconsistent behavior 1 2 3

Delusions or hallucinations 1 2 3

Memory loss/disorientation 1 2 3

## ACADEMIC

# Grades failing markedly 1 2 3

Handwriting worsening 1 2 3

No effort 1 2 3

Lack of preparation for class 1 2 3

Work incomplete/missing 1 2 3

Academic failure 1 2 3

Extreme dissatisfaction with school 1 2 3

Irresponsible behavior 1 2 3

Not staying on task/always behind 1 2 3

Lack of motivation 1 2 3

### PEERS

# Dropping of friends 1 2 3

Peer exclusion 1 2 3

Avoidance of peers 1 2 3

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 2 3

Paranoia (students feels picked on) 1 2 3

### APPEARANCE/HEALTH

# Undiagnosed health problems 1 2 3

Neglect of personal appearance 1 2 3

Weight loss or gain 1 2 3

Suspected use of drugs/alcohol 1 2 3

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 2 3

### **FAMILY**

# Suffered recent loss(moved, divorce, death

1 2 3

Troubles in family (financial, emotional, health, separation)

1 2 3

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 2 3

### **ATTENDANCE**

# Excessive absences 1 2 3

Asking to leave the room often 1 2 3

Truancy 1 2 3

Wandering in halls 1 2 3

Tardiness to class 1 2 3

Cutting class 1 2 3

Leaving the room early 1 2 3

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 2 3

OVER WHAT PERIOD OF TIME HAVE YOU OBSERVED THESE BEHAVIORS?

Teacher’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

(To be completed by principal or counselor)

Potential Suicide Disposition Form

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crisis Team Members\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State the Nature of the Crisis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_A member of the team was with the student at all times.

\_\_\_\_\_Student was under direct supervision at all times.

\_\_\_\_\_Student signed/did not sign No Harm Contract. (Circle one)

\_\_\_\_\_The student was interviewed privately in order to assess risk level.

\_\_\_\_\_Principal, team members, and other appropriate school personnel were

contacted and consulted.

\_\_\_\_\_Attempt to contact parents/guardian by telephone were successful/

unsuccessful (Circle one).

\_\_\_\_\_Protective Services contacted for direction.

\_\_\_\_\_Police were contacted for support.

\_\_\_\_\_Concerns were verbalized to parents/guardians and request made

that they be alert to signs of increased stress, isolation, failure, etc.

\_\_\_\_\_Request was made for parent/guardian to come to school.

\_\_\_\_\_Parents/guardian were able/unable to come to school to discuss

the concerns regarding student.

\_\_\_\_\_Parents/guardians advised of the Crisis Team’s concerns that student is

1. actively suicidal; 2) high suicide risk; 3) low suicide risk (Circle one).

\_\_\_\_\_Professional therapy for student recommended and parents/guardians

assisted in making arrangements for prompt assessment of student, prior to

transferring student to parents/guardians.

Agency/phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Referral made to outside agency.

Agency/phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Agency alerted to expect arrival of parents/guardians and student.

\_\_\_\_\_Follow-up call was made to agency to verify arrival of parents/

guardian and student at facility.

\_\_\_\_\_Transportation arranged for student to outside agency.

Agency/phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Follow-up call was made to determine whether parents/

guardian had carried out recommendations of Crisis Team regarding

student. Date of call \_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_Contagion management procedures required.

\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments/recommendations:

**Appendix A**

# Refusal Form

## I, parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been informed that my son/daughter

is potentially suicidal and is in need of assessment to determine the risk that

he/she may attempt suicide.

I refuse the school’s referral and doing so will not hold the school responsible should \_\_\_\_\_\_\_\_\_\_ (child’s name) actually commit suicide.

Parent’s signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix B

Referral Agencies for Potential Suicide

Agency Phone Number Contact

Boys Town Hotline 1-800-448-3000

Cummins Mental Health 653-2669

St. Vincent’s Stress Center 1-800-872-2210

Charter Hospital 1-800-245-4196

# Methodist Hospital 1-800-248-1199

Putnam County Sheriff 911

## **Potential Suicide**

**TEACHERS:**

1. As soon as you become suspicious about the possibility that a youth is at risk of

suicide, immediately inform the principal and/or counselor.

1. Once the principal or counselor receives your information, they will immediately

make contact with you to start the assessment process.

1. If you become aware of such a student during the last period of the day, escort that

student to the office. It is critical that we do not leave a youth alone until it has been

deemed that he/she is not at risk or until he/she is supported by another responsible staff person.

4. **Documentation:** It is important that you take the time to document in writing, any

conversation with the youth, parent, warning or behaviors that you become aware of

and make this available to the principal or counselor as soon as possible.

Greencastle Police 653-5115

Putnam Co. Hospital 653-5121

Suicide Intervention PlanCrisis Plan for Death of a Student by Suicide

Preplan

1. The GMS principal or designee is contacted immediately upon the death of a student and will verify the death.
2. The principal contacts all members of the GMS Crisis Support Team and

arranges a meeting. (See Appendix A)

1. The principal contacts the Superintendent of Greencastle Schools about the

death.

1. The principal contacts all other Greencastle principals.
2. The Crisis Support Team meets to determine what actions should be

taken. The following should be discussed by the Crisis Support Team:

1. When to start the staff calling tree requesting that all staff arrive at

7:30 a.m. the following morning for a meeting to review the death and

make plans for the day. (See Appendix B)

1. To complete a student data sheet. This will be typed and duplicated

for all staff and outside support personnel. (See Appendix C)

1. To decide whether or not to contact other school counselors and

ministers for assistance. (See Appendix D)

1. To develop an announcement that teachers can read to their class

explaining the death. (See Appendix E)

1. To determine from the deceased student’s parents who will clean out the student’s lockers (school and PE) and when this should be done. Family should be contacted before this is done.
2. To develop a list of potential high-risk students. Type and duplicate.
3. To develop a response for phone calls inquiring about the death. (See

Appendix F)

1. To develop a letter that will be sent home in a sealed envelope to all

students in the deceased student’s REACH class and to decide if a letter

needs to go home with any other groups of students. (See Appendix G and H)

1. Remove student name from rosters, database, etc.
2. To discuss the need for a parent meeting at school. If needed, the

meeting is scheduled. If necessary, arrange to have a specialist to speak to parents about clues to watch for,

what to say, etc.

1. Decide who will address the media.
2. Develop a media/telephone response. (See Appendix F)

Crisis Checklist for Death of a Student by Suicide

Preplan

\_\_\_\_\_1. Principal verifies death

\_\_\_\_\_2. Principal contacts GMS Crisis Support Team and arranges meeting

\_\_\_\_\_3. Principal contacts GCSC Superintendent

\_\_\_\_\_4. Principal contacts all other Greencastle principals

\_\_\_\_\_5. GMS Crisis Support Team meets

1. \_\_\_Staff calling tree started (\_\_\_\_\_\_\_\_\_\_\_)
2. \_\_\_Complete student data sheet (\_\_\_\_\_\_\_\_\_\_\_)
3. \_\_\_Student data sheet typed and duplicated (\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. \_\_\_Decision made whether or not to contact other school counselors

and/or ministers (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. (1)\_\_\_\_\_Call school counselors (\_\_\_\_\_\_\_\_)

(2)\_\_\_\_\_Call ministers (\_\_\_\_\_\_\_\_\_)

(3)\_\_\_\_\_Arrange for name tags (\_\_\_\_\_\_\_\_\_)

1. \_\_\_Develop announcement for teachers to read to students (\_\_\_\_\_\_\_)
2. \_\_\_ Type and duplicate announcement (\_\_\_\_\_\_\_\_\_\_\_\_)
3. \_\_\_Decide who will clean out student lockers (consult with family

before doing) and when (\_\_\_\_\_\_\_\_\_\_\_)

(1)\_\_\_Student desk cleaned out and removed (\_\_\_\_\_\_\_\_)

1. \_\_\_Develop list of potential at-risk students (\_\_\_\_\_\_\_\_\_\_\_)

(1)\_\_\_Type and duplicate list of at-risk students (\_\_\_\_\_\_\_\_)

1. \_\_\_Develop a response for phone calls inquiring about death (\_\_\_\_\_\_)
2. \_\_\_Develop a letter to be sent home with students in the deceased’s

classroom (\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_Decide if a general letter needs to go home with other students

(1)\_\_\_If needed, develop a general letter (\_\_\_\_\_\_\_\_)

1. \_\_\_Type and duplicate letter(s) (\_\_\_\_\_\_\_\_\_\_\_\_)
2. \_\_\_Address letters for students and seal (\_\_\_\_\_\_\_\_\_)
3. \_\_\_Buy supply of Kleenex
4. \_\_\_Make arrangements for ice water and coffee for counseling

center

o. \_\_\_Remove student name from rosters, database, etc. (\_\_\_\_\_)

# \_\_\_Decide if there needs to be a parent meeting and schedule

if necessary. (\_\_\_\_\_\_\_\_\_\_)

1. \_\_\_Decide who will address the media. (\_\_\_\_\_\_\_\_\_\_)
2. \_\_\_Develop a media/telephone response. (\_\_\_\_\_\_\_\_\_\_)

First Day After Student Death by Suicide

1. Staff will meet in the media center at 7:30 a.m.
2. Principal will share information and the plan for the day.
3. Crisis support team will assess emotional stability of staff and offer assistance. If any teacher is not comfortable discussing the death with his/her class or emotionally unable, he/she should ask for assistance. A counselor/minister can be assigned to their class.
4. Staff has a chance to ask questions.
5. Student data sheet is passed out to all staff members.
6. Teachers are expected to be sympathetic and helpful.

Try to get things on a regular schedule as much as possible.

1. A list of potential at-risk students will be shared with staff.
2. If a teacher believes that a student needs to talk to a parent or needs to go home, that teacher may allow the student to call or may make the call himself/herself. Parents picking up students will report to the office and sign the student out. The office will page the teacher when the parent arrives.
3. Teachers are encouraged to limit homework/postpone tests, etc.
4. Instruct staff on how to respond to the media.
5. Remind teachers that it is okay for them to express their shock, sadness and tears.
6. GMS counselors other GCSC counselors will spend as much time as necessary in the classroom of the deceased student. Additional help will be requested, if necessary. Special activities of the affected class may be cancelled if it is in the best interest of the students.
7. The Media Center will be used to meet with students/staff who are in need of assistance. A staff member will be assigned to the Media Center and classroom teachers may refer distressed students to the Media Center. Water, coffee and Kleenex will be available in the Media Center for students and guests.
8. A staff member will be assigned to monitor the halls in case students need assistance getting to the Media Center.
9. Normal routine will continue as much as possible.
10. Any teacher on prep period should check with the office and go to a class being taught by a substitute to provide support throughout the day.
11. Principal verifies information about visitation/funeral, if possible.
12. All staff will meet in the Media Center at the end of the day for a short staff meeting for mutual support and updates.

# First Day After Student Death by Suicide Checklist

\_\_\_\_\_1. Staff meets in the media center at 7:30 a.m.

\_\_\_\_\_a. Principal shares information

\_\_\_\_\_b. Staff asks for assistance in their room if they are not

comfortable discussing the death or are emotionally

unable.

\_\_\_\_\_c. Staff asks questions

\_\_\_\_\_d. Student data sheet is distributed

\_\_\_\_\_e. List of potential at-risk students is distributed

\_\_\_\_\_f. Discussion of what staff wants to do in memory, for example

send flowers, etc.

\_\_\_\_\_g. Discussion with classroom teachers about what students may

do for memorials

\_\_\_\_\_h. Principal reminds teachers about sending students to the

Media Center for assistance and about students making

phone calls home.

\_\_\_\_\_i. Staff instructed on responding to media.

\_\_\_\_\_j. Teachers encouraged to limit homework/postpone tests.

\_\_\_\_\_k. Remind staff that it is okay for them to express their shock,

sadness and tears.

\_\_\_\_\_2. Any teacher on prep period should check with the office and go

to a class being taught by a substitute to provide support

throughout the day.

\_\_\_\_\_3. Media Center is equipped with water, coffee and Kleenex.

\_\_\_\_\_4. A staff member is assigned to monitor the halls.

\_\_\_\_ 5. A staff member is assigned to answer the phone in the Media

Center.

\_\_\_\_\_6. GMS counselors and/or GCSC counselors go to the deceased’s

REACH class.

\_\_\_\_\_7. Principal verifies information about visitation and funeral, if

available.

\_\_\_\_\_8. Staff meets in the Media Center at dismissal for mutual support

and updates.

Second Day After Student Death by Suicide

1. Staff meeting in the Media Center at 7:30 a.m. Staff will be updated about funeral arrangements and given any updated information.
2. Students will be released to go to the funeral if their parents make the appropriate

plans. Students will be released only if their parents are taking are taking them to the funeral.

b. Staff wishing to attend the funeral should speak privately to the principal.

c. Staff is reminded to be observant of students identified as at-risk. They may need

extra support.

1. Staff is reminded how to respond to the media.
2. Staff has a chance to ask questions and state concerns.
3. GMS counselors will be at the funeral home during the entire visitation to be of assistance to GMS students and staff.
4. Classroom teachers may refer individual students needing assistance to the counselor, principal, or assistant principal. Additional help may be called in, if needed.
5. When appropriate, the school will send thank-you notes to those that provided services.

Appendix A

GMS Crisis Support Team

Name Phone Position

# Tamra Walker M: 317-847-0536 Principal

H: 317-731-4622

# Scott Weltz M: 765-721-7662 Asst. Principal

H: 765-653-4257

# Kathi Asbell M: 765-720-4427 Director of Guidance

# H: 765-653-7337

Jennifer Brodar M: 765-404-5612 Counselor

Polly Shuee H: 765-653-7456 Nurse

M: 765-720-1771

Karen Birt M: 765-653-4667 Secretary

Toni Smith M: 765-777-6089 Secretary

H: 765-653-5930

**G.M.S. Emergency Closing Phone Chain**

**2012-2013**

If the automated calling system fails or we have another reason to personally contact staff, the following list will be used. The person whose name is underlined will assume responsibility for calling each name on his/her list. **Any number with no area code shown is a “765” area code.**

**Tamra Walker** M: 317-847-0536 **Scott Weltz** (# to left under Tamra)

Scott Weltz H: 765-653-4257 Kathi Asbell H: 765- 653-7337

M: 765-721-7662 M: 765-720-4427

Mary Traub David Stephens H: 812-272-8525

Jane Roberson H: 765-795-3648 Amy Berry H: 812-442-1841

M: 765-721-7822 Debby Zaring\* H: 765-246-6145

Shelley Minor H: 812-443-2213 Kyle Shirk H: 765-866-8081

M: 812-239-0179 Molly/Ande Warren H: 812-236-5113   
**Kathi Asbell** **Jennifer Brodar**

Jennifer Brodar M: 765-404-5612 Lori Gillespie H: 812-446-7062

Dawn Tucker M: 765-721-1178 CJ Shields H: 765-969-0481

Toni Smith H: 765-653-5930 Kyle Faletic M: 765-719-1210

Ashley Allred M: 765-720-9711 Elizabeth Barnett M: 765-721-4293

**Toni Smith** **CJ Shields**

Karen Birt M: 765-653-4667 Amy Weliever H: 765-653-3216

Polly Shuee M: 765-720-1771 Troy Greenlee H: 765-653-1585

Ashley McAmis M: 765-376-8103 Laurie Bodeker H: 317-539-5885

M: 317-919-1252

**Karen Birt** **Troy Greenlee**

Suzanne Funk H: 765-653-5723 Veronica Bryant H: 765-653-0703

M: 317-513-5617 M: 765-721-0304

Denise Meyer H: 765-301-4411 Hope Sutherlin H: 765-653-1288

M: 765-246-1616 M: 765-720-7350

Scheduled subs??? Kathryn Dory H: 765-653-8017

**Suzanne Funk** **Dawn Tucker**

Stacie Stoffregen H: 765-653-2133 Amy Howard H: 765-301-4081

Lisa Toole H: 765-341-0353 M: 765-720-4326

M: 317-341-0353 Paige Tesmer M: 765-720-5464

Kathy Sibbitt H: 765-246-6554 Courtney Dickey H: 765-653-5905

M: 765-894-0494

**Hope Sutherlin** **Shelley Minor**

Kim Pieper\* M: 765-721-0078 Deb Rode: H: 812-448-3782

Betty Chandler H: 765-653-8029 M: 812-878-9319

Deanna Sanchez M: 317-313-4643 Ben Wells H: 317-435-3129 Allysa Lovett H: 812-239-7300

M: 812-239-1679

**Stacie Stoffregen**  **Amy Howard**

Kara Jedele M: 765-720-5280 Shannon Cash M: 765-720-0260

Charles Fletcher M: 319-431-8919 Stacy Robinson H: 765-653-1633

Brittany Labhart H: 812-719-8685 M: 765-720-9349

\*Pieper calls custodian staff \*Zaring calls cafeteria staff

Appendix C

Data Sheet

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents name if different from above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers and sisters (names, ages & schools)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious preference \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funeral Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Close friends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Schedule:

Appendix D

Crisis Response Agencies/Personnel

**This page should now reflect having the school safety specialist contact other specialists in the county to request additional support from counselors if needed.**

**Local agencies and ministers may also assist if they call the school and offer.**

Appendix E

Classroom Announcement for Suicide

As many of you may already know, on \_\_\_\_\_\_\_\_\_\_ we were given some very sad news. \_\_\_\_\_\_\_\_\_\_\_ died on \_\_\_\_\_\_\_\_\_. He/she committed suicide. We do not have all the information at this time, but will inform you as we learn more. \_\_\_\_\_\_\_\_\_\_\_’s death will upset some of you more than others and it will upset you in different ways just as it has the staff when we were informed.

A death of this type is particularly hard to understand. All of us have problems from time to time. Most of us face these challenges and learn to cope. It is important to help our friends deal with this loss. We must also reassure one another that no situation is completely hopeless and that it is important to reach out, talk to someone and to seek assistance.

There will be some people in our building today who have experience in helping people talk about their reactions. If you need to talk to someone, just let any of your teachers know.

Note: The method used for suicide may be mentioned, but no other details should be given.

Appendix F

Media Response to Suicide

1. A spokesperson should be selected for the school. It’s recommended that this be an administrator. All media inquiries are referred to this person.
2. Be sure to obtain family permission before giving out any information.
3. Do not give specific details of the method used.

* All media responses should include the following

1. Brief detail as to the event itself.
2. The fact that the school is prepared for such events in advance and has specific policies and procedures concerning the event.
3. The action taken to date including staff involvement and what is being done for the students.
4. Notice of assembly for parents/community, if one is to be held.

General Media Response

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, one of our GMS students died (when). A death of this type is particularly hard to understand. Our students are experiencing the natural sadness associated with loss. Our main concern at GMS right now is to provide help to students, staff and parents. We hope that the media would respect our need to have today as a ‘private day” for grieving. We have a team of professionals trained in crisis intervention and grief work in our building today to assist students and staff. As a school, we extend our sympathy to the family.

\*\* If a parent meeting is to be held, add the following:

On \_\_\_\_\_\_\_ we will hold a meeting for parents where we will address their questions and concerns and provide information about the reactions which can be expected following such a tragedy. If parents have questions, they may call the school at

653-9774.

Appendix G

**(Sample letter to be sent home to parents when there is the death of a classmate by suicide)**

# Date

Dear Parents,

Yesterday (child’s name), one of our \_\_\_\_th grade students died as a result of suicide. We talked with the children and explained about his/her death without giving specific details. A death of this sort is hard for all of us to understand. We have had a team of trained personnel in our building today assisting students and staff in coping with this tragic incident.

During the next few weeks your child may ask you several times or tell you about \_\_\_\_\_’s death. He/she may cry. Reflect your child’s feelings by saying something like, “It sounds like you’re feeling sad. Tell me about it”. Be concrete with your words. It is important to reinforce the reality of what happened. You can also ask your child what helps him/her to feel better when he/she is sad. Encourage your child to ask questions.

Reassure your child that most people live a long time. If you hear your child talking about death, encourage him/her to talk with you. You might ask if there are things about death that puzzles him/her. By talking with your child, you can clear up any misconceptions. You are also teaching your child to cope with his/her feelings.

Your child may want to do something special to show how much he/she cared for \_\_\_\_\_. You can help your child draw a picture to send to \_\_\_\_’s family, or make a card or in some other way to be creative. The important thing is to encourage your child’s expression and to help him/her develop coping skills.

If you feel your child is having difficulty dealing with \_\_\_\_\_’s death or if you have any questions, please feel free to contact me. We will send home information concerning visitation and the funeral as soon as it is available.

Sincerely,

Katherine Asbell

## GMS Counselor

### **Teacher Handouts on Death and Grief**

Teacher’s Role in Handling Grief

Following the death of a fellow student those left behind grieve in a variety of ways. There is no one correct way for students to behave. Normal grief is generally characterized by progression from an initial state of shock and denial, to one of rage and anger, to one of disorganization and despair, and finally to a state of acceptance and hope.

With the death of a student, many children will arrive at school already “buzzing” with the news. Other children will have no knowledge of the deceased student’s death. Rumors may have already started. Some students may react with shock – “I just can’t believe it”, while others will quickly move to anger. They will want to blame everyone and everything for the death.

Guilt will be a feeling many youngsters may experience and want to discuss. In the aftermath of an adolescent death, many youngsters go back and retrace their last encounter with the adolescent who has died and often blow out of proportion small fights that may have occurred which adds to their guilt.

The most important thing teachers can do is to allow some opportunity for students to acknowledge and discuss their feelings. By acknowledging the pain and grief they are experiencing, and by reassuring them of the normalcy of their feelings, you help them through the grief process. Students may look to the classroom teacher for guidance and modeling. For some students, this may be their first encounter with death. To share with students your own feelings when you were told of the death – your shock, sadness, confusion – is valuable. Share with students what you will remember about him/her. Discuss possible feelings of guilt or feelings of responsibility. Let student know these feelings are normal. Reassure them that they are not responsible for what happened.

Ask students to be supportive of one another. Reassure them that many adults in the building are available to help them. Finally, encourage them to discuss their feelings with their parents.

An excellent way to help students through the grief process is to be an active listener.

# Teachers’ Role in Crisis

* Provide accurate information to students.
* Lead classroom discussions
* Dispel rumors
* Answer questions without providing unnecessary details
* Recognize the varying religious beliefs held by students – don’t force your

religious beliefs on students.

* Model an appropriate response
* Give permission for a range of emotions
* Identify students who need assistance (counseling/grief work)
* Provide opportunities which reduce trauma such as artwork or writing
* Set aside the curriculum as needed
* Do not test
* Discuss funeral arrangements, if known
* Physical contact – a pat on the back or a hug – may comfort some students
* Do not expect a quick return to normal routine – time will be needed to adjust

and adapt.

* Structure can be reassuring.

Stages of Grief According to Kubler-Ross

A. Denial and Isolation

Shock \*\*Understanding

Silence each stage helps

Preoccupation with daily tasks one accept that

Withdrawn behavior it’s normal.

1. Anger

Outbursts of panic \*\*The stages do not

Crying occur in any

1. Bargaining specific order.

Feelings of guilt

Hopes the person will return \*\*Everyone does not

1. Depression experience every

Isolation stage.

Crying

Loss of appetite \*\*People may return

Loss of energy to the same stage

Change of interests or activities over and over.

Not following directions

Poor work in school

E. Acceptance

Begins to accept loss but still feels pain in a diminished way

Guidelines for At-Risk Students Following a Suicide

A problem with classroom discussions of a recent suicide centers around

bringing closure to the discussion. Bringing closure means that feelings have been ventilated and students have reached some degree of understanding and acceptance. They have also pulled themselves together in order to “return to work.” Not all students will have accomplished this within the time frame of a school period. The issue then becomes identifying students who need to be referred for further assistance. Wide variations in how people deal with feelings will make a referral problematic. The following general considerations should be evaluated in order to determine the need for referral:

1. It is to be expected that some students will cry. Students who have been unable to control crying by the end of a given class period or are disrupting the class are obvious choices for referral.
2. The other end of the continuum will be students who are showing no visible emotion at all. “Expected reaction” is a function of the degree of closeness between the victim and the student. In the cases where it is known that a student was close to the victim, yet is showing no reactions, a referral should strongly be considered. This category is the most difficult to assess. Any students who were not close to the victim, may feel very little. Also, a numb, dumb-founded response is a common response to tragedy. Finding the ‘emotionally over-controlled” among this group will depend primarily on a teacher’s knowledge of social relationships.
3. Anger, silliness and “class clowning” as well as grief is a normal response to suicide. However, if a classroom is responding predominantly by grieving then an angry student may feel compelled to remain silent. This student would be a good candidate for referral.

The Classroom Teacher and Classroom Discussion on Grief

Children often turn to teachers for comfort, information, and help when they are grieving. They often will say or do things in school that they wouldn’t do at home.

The school professional’s goals in dealing with death should be:

1. To acknowledge the death honestly
2. To allow children to ventilate feelings
3. To offer an outlet for children’s desires to help

Children’s immediate responses are not necessarily good predictors of what they will demonstrate later. Keep your eyes and ears open.

School is often a secure, constant environment and the teacher a needed, unchanging, stable anchor in time of death. Remember grief takes a long time for many people to work through.

Principles for Classroom Discussion

1. Tell the truth!

Try to get as much information as possible concerning the death.

Use age appropriate language.

Remember to clarify and repeat information so the children have a clear,

factual understanding of what happened at the time of death.

Children need to know there’s nothing they could have done to change

the outcome.

1. Avoid giving unnecessary information that might serve to distress or confuse

children.

1. Allow for ventilation.

Set aside at least 30 minutes time for children to share feelings.

If children are unable or reluctant to talk you might have them draw a

picture or write a paragraph that shows how they are feeling.

Don’t force children to talk if they don’t want to.

Children take comfort in hearing the conversations and questions of their

peers.

Discussion may frequently need to be refocused by the teacher.

Don’t do all the talking yourself.

Requests/need to discuss death may occur for several months. “Talking

time” can’t always be planned. You need to be flexible.

1. Affirm all expressions.

Remember no two children in the grieving process will react in the same

manner.

There is no one correct way for a child to grieve.

If children use inappropriate behaviors to express feelings, help them find

replacement behaviors.

Asking children to think about other times they have had similar feelings

and what they did to make themselves feel better might help.

Don’t ever tell anyone you know how THEY feel. We all experience

things in a different way.

1. Be there for children. Let them know you care and that you are available to

them.

1. Act as a role model. Express your emotions and reflect on the children’s

emotions.

1. If asked a question and you don’t know the answer, an honest “I just don’t

know the answer” may be better than saying something you don’t believe

or that you’re unsure of.

1. It’s not always easy to “hear” what a child is asking. Responding to a

question with a question may help clarify the meaning.

1. Be careful expressing your philosophical or religious beliefs – not everyone

has the same beliefs.

1. Don’t be afraid to ask for help if you feel uneasy leading classroom

discussions.

1. Remember the Four T’s in sympathy.

Talk – talking helps us make sense out of things. The same idea/statement may need to be repeated over and over.

Touch – we need extra touch. We tend not to touch when touch is most

needed.

Tears – let them know it’s okay to cry.

Time –remember it often takes time to deal with grief.

1. Be empathetic, non-judgmental, unconditional, and feeling focused.

Classroom Discussions

1. Classroom discussions may focus on:

1. memories, positive experience with person who died
2. feelings about the loss
3. stages of grieving (grief education)
4. funeral and services - appropriate behaviors/concerns about the experience
5. future – what next?
6. guilt work if needed/some people need to focus on causation
7. family and friend’s response (Kids often wonder what they can do to help)
8. identifying others that students are concerned about

2. **Avoid** focusing on:

1. narcissistic focus on suicidal thoughts, feelings, experiences, if the death was by suicide
2. constant talk about the actual death (morbid focusing)
3. blame
4. Do not attempt to make people feel better. Allow expression and venting.
5. Don’t allow students to play the game of trying to figure out who is to blame.
6. Try to be as nonjudgmental as possible and insist others do the same.
7. As students speak, let them know that their reactions are understandable and that people often have strong and conflicting feelings when something bad happens.
8. Notice student reactions and refer unusual or overly emotional responses to the Crisis Team.
9. Insist on having accurate information and that your students use accurate information in the discussion.
10. Do not allow any distraught students to leave or go unattended.

Suggested Activities for Classroom Use

1. Form a circle and everyone responds to this statement: What I’d like \_\_\_\_\_\_\_\_\_\_\_\_ to know is….. (fill in the blank with the name of the deceased)
2. Develop a memory book
3. Write letters or poems to the deceased or the deceased’s family.
4. Create a memory box
5. Create a bulletin board where students can write messages concerning the deceased.
6. Throw a nerf ball around the room and have students complete this sentence “Even though it’s \_\_\_\_\_\_\_\_\_ I’m \_\_\_\_\_\_\_\_\_.
7. Ideas for memorials might include: sending flowers, make a picture collage, plant a tree, light a candle, etc.

This page is by no means inclusive of all ideas a classroom teacher might use. It’s simply giving some suggestions.

**Grief Responses Related to Bereaved Students**

Death is never easy to deal with and as one teacher said, “It just breaks your heart”. All of us are human and become shocked, bewildered and sometimes frightened. The following are some of the things common in grieving students and adults.

###### **Physical Responses**

Headaches

Crying

Sleep disturbances

Restlessness

Disrupted eating patterns

Illness

Confusion

Lack of concentration

Lack of energy

Lack of attention

###### **Emotional Responses**

Shock

Anger

Hostility

Temper tantrums

Guilt

Sadness

Loneliness

Panic

Clinging

Withdrawal

Blame

Depression

Mood swings

Fear of being teased and rejected by peers

###### **Effects on Learning**

Lower grades

Absenteeism

Less productive work

Loss of interest in school and activities

Changes in peer relationships

**Grief**

**The whole staff of a school needs to be involved.**

**Do’s** **of Talking with Grieving Students**

Do let your genuine concern and caring show.

If a student seeks you out to talk, be available and really listen. You don’t always

have to talk, but encourage them to talk.

Hear with your ears, your eyes and your heart.

Say you are sorry about what happened to their friend and about their pain.

Respect a student’s need to grieve.

Help students realize that grief is natural and a normal reaction to loss.

Encourage students to be patient with themselves, not to expect too much of themselves, and not to impose any special duties on themselves.

Encourage the student to talk about the friend they lost and his/her special qualities.

Go to the library for resources.

Establish communication with the family of the student who is grieving.

Acknowledge that grief hurts and there are different ways to grieve.

Temper your expectations of the student’s performance. It’s normal to be off task.

Touch the student. A hug or pat on the shoulder says, “I care”.

Don’ts of Talking with Grieving Students

Don’t let your sense of helplessness keep you from reaching out to a student.

Don’t avoid the grieving students because you ‘re feeling uncomfortable.

Don’t change the subject when they mention their sadness or the dead person.

Don’t tell them what they should feel or what they should do.

Don’t say how you feel, unless you too have had the experience. If so, keep it under one minute of self-disclosure.

Don’t single out the grieving student for special privileges or avoid the student. They need to be part of the group.

Don’t say that you “should be feeling better by now” or anything else that implies a judgment about their feelings. There is no right answer to how long grief lasts.

Don’t avoid mentioning the dead student’s name out of fear of reminding them of

their pain. They haven’t forgotten.

Don’t point out that at least they have their other friends. Friends are not interchangeable. They can’t replace each other.

Don’t say they can always make new friends. Another friend would not replace the one they have lost.

Don’t force your religious beliefs on students. It’s alright to talk about God and religion. For many students God’s love and talk of it can help them find peace

Reactions to Crisis: Developmental Differences

Childhood reactions to disaster

* Fear for future disasters
* Loss of interest in school
* Regressive behaviors
* Sleep disturbances and night terrors

Preschool Reactions

* Thumb sucking
* Bed-wetting
* Clinging to parents
* Fear of the dark and animals
* Sleep disturbances
* Speech problems
* Loss of appetite
* Toilet regression

Reactions Ages 5-11

* Irritability
* Whining and clinging behavior
* Aggressive behavior
* More competition with siblings
* Night terrors, nightmares
* School avoidance
* Withdrawal from peers
* Concentration problems

Reactions of Adolescents (ages 11-14)

* Sleep disturbances
* Appetite disturbance
* Rebel at home
* School problems
* Somatic complaints
* Decreased peer socialization

Reactions of Teen-agers (ages 14-18)

* Somatic complaints
* Appetite/sleep problems
* Agitation or decreased energy level
* Less interest in opposite sex
* Irresponsible or delinquent behavior
* Concentration problems

Trauma and Grief

Children are vulnerable to both non-violent and violent incidents such as: separation from parents, divorce, adoption, terminal illness, sudden death, house fires, car crashes, drownings, suicide, murder, physical/sexual assault, plane crashes, overturned school buses, floods, kidnappings and neighborhood violence. All these situations may trigger trauma responses in children. It’s important to know the differences between trauma and grief.

Grief Trauma

Generalized reaction – sadness Generalized reactions – terror

Grief reactions can stand alone. Trauma reactions generally also

include grief reactions.

Grief reactions are generally known Trauma reactions are largely

to the public and the professional. unknown to the public and

often to professionals.

In grief, most can generally talk In trauma, most do not want to talk

about what happened. about happened.

In grief, pain is related to loss. In trauma, pain is related to the

tremendous terror and an overwhelming

sense of powerlessness and fear for our

own safety.

In grief, a child’s anger is In trauma, a child’s anger often

generally not destructive. becomes assaultive.

Grief generally does not attack Trauma generally attacks,

or “disfigure” our identity. distorts and “disfigures” our identity.

In grief, guilt says, “I wish I would/ Trauma guilt says, “It was my

would not have …” fault. I could have prevented it”.

In grief dreams tend to be of the In trauma, dreams are about the

person who died. child himself/herself dying or being hurt.

Trauma reactions can result from something as common as divorce or terminal illness of

a family member. Not all traumas are caused by extremely violent situations. Trauma reactions overpower grief reactions.

Taken from *What Parents Need to Know* by Bill Steele.

How to Respond to Children When They Return to School After a Death

The Children of Fernside: A Center for Grieving Children, responded to this question:

What did people say which helped you when you returned to school after a death in your

family?

“I’m sorry that (name) died.” (Not, I’m sorry about what happened.)

“I can’t know how you feel, but I want to help you in any way I can.”

“I care about you.”

“Let’s talk about what might make you more comfortable in class.”

“You might want to keep a journal to help you express your feelings.”

“If you feel like sharing any of your writing with me, I’d like to read it.”

“I can see that you’re very sad.”

Be patient…Don’t say, “You’ll get over this in time.” Mourning may take a long time. The bereaved need you to stand by them for as long as necessary.

Be aware that a bereaved person’s self esteem may be very low.

Do not express yourself using cliches, euphemisms or try to explain why the accident happened or God’s actions.

Remember that grief is a process, not an event. In the weeks and months after a death/suicide you may want to provide ongoing opportunities for students to express their grief.

Seven Signs of Healing

The griever…

Begins to smile spontaneously again

Participates in social activities

Momentarily forgets the death

Begins to view life as pleasurable again

Renews or develops attachments with others

Accepts the death as part of the past

Talks about the deceased with no idealizaton

From: Roach, S., Nieto, B. (1977) *Healing & The Grief Process*. Cincinnati, OH :

Delmar Publishers.

Parent Handouts on Grief and Loss**Parental Suggestions for Helping Bereaved Children**

* Children need to be informed about death in an honest manner. Don’t be afraid to discuss death with your child. When children see parents upset with no explanation, they may invent their own explanations and fears, or in some way feel they are at fault.
* As soon as possible after the death, set aside time to talk to your child. It’s important that they hear from you about the death.
* A child’s relationship with the deceased will have an impact on how the child deals with the death. The closer or more significant the deceased was to the child, the more traumatic it will be.
* Reassure your child that you will take care of them and probably won’t die until after they are grown. It’s important to know that children die, but only if they are very sick or in a bad accident.
* Children need to learn to mourn; that is, to go through the process of giving up some of the feelings they have invested in a person and go on with living, to remember, to be touched by the feelings generated by their memories, to struggle with real or imagined guilt over what they could have done, and to deal with their anger over the loss.
* Keep in mind the age and level of comprehension of your child and speak to that level. Be careful with the terminology used to explain death. Children have difficulty with abstract thinking. Saying phrases like “he went to sleep”, “he went away”, “he’s resting in peace”, may confuse a child. Say the words that apply: death, dead, victim, etc. They need to understand the finality of death. If you believe in heaven and want to tell your child about it, it is important to emphasize that he/she won’t see the person again on earth.
* Children need opportunities to express their feelings. Talk about being fearful, unsafe, sad, angry, depressed or tearful. Children should never be told not to cry or not to be angry. The best approach is to empathize with their feelings. For example, you might say, “You’re sad. You miss\_\_\_\_. Tell me about it.”
* Take your cues from your child. Give simple explanations to their questions. There is no need to go into a lot of detail because most children won’t understand, nor do they really want to know. Your child will ask more questions as they come to mind.
* If you feel uncomfortable discussing the death or if it’s too painful, obtain the services of someone that can comfort and support your child. Remember that children also suffer when someone close dies and they need an adult they can trust to talk to.
* Allow your child to go to the funeral home to see the deceased if they desire. Children also need an opportunity to say goodbye to the deceased. As a parent, you can help your child by preparing him/her for what they will see, what will be going on, the purpose of the visitation and funeral, and the emotionalism that will be present. Never force your child to attend or to touch or kiss the body.
* If your child decides not to go to the funeral home, do not shame him/her. Perhaps you can have a small memorial service at home or visit the cemetery together at a later date. Your child might also send flowers or write a note to the family of the deceased.
* Children may ask the same questions over and over, or they may bring up the death at strange times. Remember that this is a part of their way of working through the grieving process.
* If you can’t answer a question your child has, there is nothing wrong with saying “I don’t know how to answer that but perhaps we can find someone who can answer it for us.”
* If you find your child clingy or whiny or having trouble sleeping, he/she may fear that you will also die or be harmed. During this time of insecurity, your child will need lots of reassurance from you.
* Don’t be afraid to refer to the deceased by name. The person may be dead, but he/she is someone who should be remembered.
* Watch for behavioral signs in your child that they are not coping well with the death. Some signs to watch for are:

Grades dropping for more than two weeks.

Withdrawal from friends and activities.

Spontaneous crying.

Alcohol or drug use

Little or total lack of emotion regarding the loss.

Change in health.

Extreme reactions to the grief that last a long time.

Prolonged inability to acknowledge that the death has occurred.

Prolonged depression.

* It is normal for bereaved children to display problem behaviors. Parents should try to discipline their children in the normal fashion. This consistency will provide a sense of security to children.
* If you find that your child is developing problems, don’t be afraid to seek professional help. Your child’s school counselor will be more than happy to talk to you and/or your child during this tragedy. To contact them, simply call the school. Counselors will also be available at the funeral home during visitation.

**Stages of Grief**

Grief and mourning actually refer to different things. Grief can be defined as “the emotional suffering caused by a death”, while mourning is described as “grief gone public.” Mourning involves societal rites such as funerals and memorials while grief deals with our many emotions.

Why deal with grief?

1. Grief won’t go away and things won’t get better on their own.
2. The feelings will come out later in unhealthy ways.
3. Dealing with grief gives strength, confidence and coping skills for other losses. We will have other losses.
4. A person will become more compassionate and understanding.

The stages listed below are not experienced in any particular order. Everyone does not experience every stage. People may return to the same stage over and over. Understanding each stage helps one accept that it’s normal.

# Stages of Kubler-Ross Grief Process

1. Denial and Isolation

Shock

Silence

Preoccupation with daily tasks

Withdrawn behavior

1. Anger

Outbursts of panic

Crying

1. Bargaining

Feelings of guilt

Hopes the person will return

1. Depression

Isolation

Crying

Loss of appetite

Loss of energy

Change of interests or activities

Not following directions

Poor work in school

1. Acceptance

Begins to accept loss but still feels pain in a diminished way

## **Signs of Reconciliation**

* Ability to use “the word”. Acknowledge person is dead using some tough words.

Words include dead, grave, died, etc.

* Ability to talk about the loss without being totally overwhelmed with grief.
* Can feel good about feeling good.
* Can risk change (new activities, friends, hairstyle, etc.) – Renewed sense of energy and well being.

**Parent Coping Strategies for Children Who Have Experienced Trauma**

Trauma is defined as “a painful emotional experience or shock”. Children are vulnerable to both non-violent and violent incidents such as: separation from parents, divorce, adoption, terminal illness, sudden death, house fires, car crashes, drownings, suicide, murder, physical/sexual assault, plane crashes, overturned school buses, floods, kidnappings and neighborhood violence. All these situations may trigger trauma responses in children. Any child old enough to laugh and to experience pleasure can also experience grief and trauma. Grief and trauma are what we experience not what we know. It’s important to know the differences between trauma and grief.

Grief Trauma

Generalized reaction – sadness Generalized reactions – terror

Grief reactions can stand alone. Trauma reactions generally also

include grief reactions.

Grief reactions are generally known Trauma reactions are largely

to the public and the professional. unknown to the public and

often to professionals.

In grief, most can generally talk In trauma, most do not want do

about what happened. not want to talk about what happened.

In grief, pain is related to loss. In trauma, pain is related to the

tremendous terror and an overwhelming

sense of powerlessness and fear for our

own safety.

In grief, a child’s anger is In trauma, a child’s anger often

generally not destructive. becomes assaultive.

Grief generally does not attack Trauma generally attacks,

or “disfigure” our identity. distorts and “disfigures” our identity.

In grief, guilt says, “I wish I would/ Trauma guilt says, “It was my

would not have …” fault. I could have prevented it”.

In grief dreams tend to be of the In trauma, dreams are about the

person who died. child himself/herself dying or being hurt.

Trauma reactions can result from something as common as divorce or terminal illness of a family member. Not all traumas are caused by extremely violent situations. Trauma reactions overpower grief reactions.

Parents should be concerned when their child…

* shows no appropriate fear when in danger or appears to be more fearful than most children his/her age.
* seems more distant from parents and /or friends.
* has returned to behaviors seen when he/she was younger is acting like a different person since the loss or trauma.
* has been to counseling but it hasn’t seemed to make a difference
* you are not sure how best to respond to your child
* it may have been years since the loss or traumatic experience but now your child’s behavior or mood is different and worrying you.

Traumatized children need very trauma specific interventions, which are different from most other interventions.

Taken from *What Parents Need to Know* by Bill Steele.

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 heath

Substance abuse

Fears

Anger

Guilt

Feeling ashamed

Disturbing memories or flashbacks

Repeated nightmares and dreams of death

Belief in omens and predictions 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

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

Panic disorders

Eating disorders

Phobias

Major depression

Separation anxiety disorder

Resources, which deal with death and trauma, include:

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

Monahan, C. (1993). *Children and trauma: A Parents’ guide to helping children heal.* New York: Lexington Books.

Webb, N. (1993). *Help for bereaved children: A handbook for practitioners*. New York: Guilford.

**Bus**

**AccidentBus Accident**

1. The transportation supervisor is responsible for notifying Central Office about the bus accident. Central Office staff will contact the building principals.
2. If the bus involved is carrying students from all schools, a representative from each school will send one person to the accident scene to help with identification of students and to provide a familiar face to the children. The person sent from each school should be someone that knows the majority of students (for example, from the elementary schools, the art, music or PE teacher might be sent). It is not recommended that the principal leave the building.
3. A representative from each building involved should also go to the hospital to assist with identification of students and to provide a familiar face. This should be someone that knows the majority of students. It is not recommended that the principal leave the building.
4. The Transportation Supervisor will be responsible for furnishing a list of all students that were on the bus involved in the accident. The transportation department/Central Office will be responsible for notifying parents of children involved.
5. A bus will be sent to the accident site to transport uninjured students to school All

children must be medically released before being transported back to school. At least 1 adult will be on the bus besides the driver to handle upset students. It will be the responsibility of the Transportation Supervisor to make these arrangements.

1. Uninjured students taken to school will meet with a counselor to debrief their experience.
2. All information about the accident including children injured or killed will be given to Central Office. Building principals will remain in close contact with Central Office.
3. All individual school inquiries about students will be directed to Central Office. Anyone answering the telephone or greeting parents should use the following statement: “Bus number \_\_\_\_ has been involved in an accident. You will need to go to Central Office to get more information. Central Office is located on the west side of Ridpath School, which is at 711 South Central Avenue.” No names should be released over the telephone.
4. At least 1 GCSC counselor will be at Central Office to assist with parents.
5. If the bus accident occurs in the afternoon, each involved school’s crisis team will meet to determine what actions should be taken. Each school should refer to its Death of a Student Crisis plan if there are deaths.
6. If the bus accident occurs in the morning, the building principal will coordinate how the situation is to be handled at his/her building. Members of the crisis team may be utilized as necesssary. The building principal or his designeee will go to each teacher's’class and provide them with a statement containing information to share with students about the accident. (See Appendix A) Staff will meet at the end of the day for update and mutual support.
7. Media calls to schools should be answered in the following way: “We are not at liberty to discuss the details of the accident. Central Office is handling all communications”.
8. Individual building personnel will work with the families of students injured or

killed. “High risk” students will be identified and given counseling.

1. Any student injured and hospitalized will be visited by their teacher, counselor and

perhaps building administrator as soon as it is feasible.

1. Training for bus drivers should be provided concerning what to do if children have problems riding the bus after the accident. If a child on the bus has difficulty the bus driver is to alert the transportation department and the building principal. If possible, the student’s counselor will meet the bus at the transfer station. Bus drivers should be extra loving and friendly following the accident. All students may be traumatized even if it was not there bus involved in the accident.
2. Additional adults (perhaps a counselor) should ride on the bus involved in the accident for the next several days to offer support to the students.
3. Individual counseling will be provided to students as needed.

# Appendix A

# Sample Teacher Announcement

Bus number \_\_\_\_ was involved in an accident (insert time and day). There were several children injured and some killed. At this time, we are not at liberty to release names. We will provide more information as we receive it. Please discourage the spreading of rumors in your class. Allow students time to talk and express feelings, especially those students who might have witnessed the accident. We will have a staff meeting \_\_\_\_\_\_\_ to give you more information.

Debriefing

Debriefing

Debriefing is a form of crisis intervention. It allows individuals to air their perceptions of the event, their reactions to it and their concerns for the future. Debriefing is applied to those situations that induce acute stress. Debriefing is reserved for those most exposed. This would include surviving victims, witnesses, family members and close friends.

Debriefing is different from defusing. Defusing is appropriate for entire classrooms. It is a process that provides information, promotes ventilation, prepares students and parents for possible reactions, normalization, suggestions for coping, and information as to what will be taking place over the next several days.

The objectives of debriefing are:

* To provide participants the opportunity to share information related to the details of the incident
* To identify the cognitive, behavioral, emotional and physical reactions to the incident
* To alter, as needed, perceptions and understanding of the incident and reactions to it
* To find some relief from the experience via participant support, normalization of reactions and corrections of misperceptions
* To prepare participants for reactions they might experience in the future
* To suggest ways participants can cope with current and possible future reactions

The person doing the debriefing should not be a member of the affected school’s crisis plan, especially if there is a close relationship with the incident. All members of every school’s Crisis Team should be trained in debriefing techniques, since 2-3 people are recommended to facilitate debriefing. It is not advisable to debrief in a situation where you are familiar with the victim. Debriefing should be initiated between 24 to 72 hours.

Length of debriefing sessions will vary according to developmental levels. Suggested times are as follows:

Preschool – K 15-30 minutes

Lower elementary 30- 60 minutes

Upper elementary 30-60 minutes

Middle school 45-90 minutes

High school 1-2 hours

Debriefing sessions should be limited to 8 – 10 individuals. Three debriefers are best for groups of 8-10. The first debriefer usually covers the introductory and fact-finding stages, the second covers the personal reaction stages and the third covers the summary stage. However, debriefing can be done with 2 debriefers. If one of the participants leaves the room, the other debriefer needs to accompany that person. This only leaves one person to debrief. It’s best to have the room arranged in a circle or around a table so that each person can hear what is being said. An administrator needs to be on the premises when debriefing takes place for two reasons.

1. If a participant leaves the debriefing group, one of the debriefers will need to follow and provide crisis intervention. The administrator is legally liable for the staff person. If the participant decides not to return to the group, it is the responsibility of the administrator to decide if that person should be allowed to leave the premises.
2. If staff is involved in debriefing, the administrator may need to make arrangements to have classrooms covered.

# Ground Rules for Debriefing

* Only one person talks at a time
* If you cannot answer the question asked, you may pass and be returned to once others have responded
* There is no blaming, accusing
* There are to be no interruptions – phones and beepers are to be turned off
* Confidentiality is to be maintained

Supplies needed; Kleenex, coffee, water. Food is not a good idea until the session is completed. Children need as few distractions as possible during debriefing.

Handouts are needed for adults. Hand-outs should provide information about 1) the nature of trauma and its reactions 2) ways to take care of oneself when under stress, 3) what signs might indicate a need for additional assistance beyond debriefing, and 4) where to call for additional assistance if needed. See Appendix A for sample adult handouts.

## Operational Debriefing

The goals of Operational debriefing (OD) are:

1. To evaluate the current status of staff and students
2. To share new information and clarify rumors
3. To determine the additional needs for immediate resources and support
4. To prepare staff for possible upcoming problems/reactions
5. To address taking care of themselves
6. To reinforce the positive aspects emerging from crisis

This process is done for the entire staff. OD is best conducted by an outside trauma specialist who can remain more objective.

OD Process

Introduce to the staff by identifying the purpose of OD. Statement should include 1) what has worked well and what has not, 2) current concerns and worries, 3) additional interventions that are still needed, 4) additional resources or assistance needed to make the next few days easier.

1. Stage One – Student Reactions
2. What behaviors of students were most upsetting for you?
3. What were you not prepared to see or hear from students?
4. What worries you the most about students?
5. What happened with students that didn’t need to happen?
6. What didn’t happen that should have happened or still needs to happen?

B Stage Two – Staff Reactions

1. What one though stands out the most in your mind about anything you saw or heard?
2. Of all the thoughts, emotional reactions, and things you’ve done during this crisis, what surprises you the most?
3. What behaviors among other staff members surprised you the most?
4. What has been the worst part for you?
5. Where have you felt the impact most in your body?
6. What additional physical reactions have some of you been experiencing?
7. If you were to go through this again, what would you do differently?
8. Stage Three – Administrative Issues
9. What have been some of the positive things that have happened?
10. What still needs to happen, either immediately or over the next several days, to help you out?
11. Are there any unanswered questions or additional information you need?
12. Stage Four – Summary Stage
13. This is the place to educate staff about trauma reactions, what they might experience in the following days and ways to care for themselves. Appendix A handouts may also be used for staff.
14. It is also important to normalize the reactions they have experienced.
15. It is also appropriate to ask if they have any questions of you. Notify them that you will be available for a few minutes if they have personal questions or comments to share with you. Provide them with encouragement and affirmations for their care and concern and dedication to students.

### **Defusing with Children 5th grade and lower**

This process relies on activities that give younger children the opportunity to tell of the details of their experience in a medium they feel safe using. Drawing and story telling aided by trauma specific questions provide the medium and focus needed to help them find relief from the terror of their experience. This process is to be used with those most exposed. It could be a small group of student or an entire class, if the entire class was exposed to the trauma. Utilization of programs such as *I Feel Better Now* and *Trauma*

*Response Kit* will be beneficial. (These kits are available from Jan Evans at TZ.)

A. Introduction

Explain whom you are, why you are there and what you will be doing.

Talk about the type incident that occurred, a generalized nature of the incident or a generalized reaction it may have created.

1. Specification

Talk about details, how the children feel, and to allow the children to ask questions.

1. Externalization

Do drawing or story telling activities

1. Summary

Use this time to normalize all the reactions the students have experienced.

1. Ending the Session

Do a fun activity

#### Debriefing with Older Children and Adolescents

# Introductory Story Stage

This stage includes the introduction by the leader, the goals of debriefing, an

orientation to its process, the ground rules, details of the participants exposure

to the incident and their cognitive reactions to it.

1. Personal Reaction Stage

This stage includes the sharing of physical and emotional reactions experienced at the time of the incident up to this point in the session.

1. Summary Stage

This stage includes a review of information shared, normalization of reactions, education as to what additional reactions and issues may yet emerge, identification of problems specific to the response of others and/or need for additional support and resources, review of ways to care for self including referral information.

For a complete script of Debriefing with Older Children and Adolescents, see Appendix B.

##### **Posttraumatic Reactions in Children**

* Cognitive dysfunction involving memory and learning. “A” students become “C” students; severe reactions cause others to fail altogether.
* Inability to concentrate. Children who once could complete two and three different tasks now have difficulty with a single task. Parents and educators often react negatively to this behavior because they simply to not understand the “why” that causes it.
* Tremendous fear and anxiety. One 17-month-old boy who witnessed his father kill his mother is now 7 years old. He still sleeps on the floor, ever ready to run from danger. Six year old Elizabeth, whose sister was killed one year earlier, is also sleeping on the floor. She did not witness her sister’s murder, yet she is experiencing this same hypervigilant PTSD response.

Increased aggression, fighting, assaultive behavior – these are the first reactions generally identified as a change since the trauma. Revenge is a constant theme when the incident has been a violent one. Other reactions may include:

* Survivor guilt: Students not in school at the time of a random shooting and subsequent death of a fellow student feel accountable and experience intrusive thoughts and images. Another form of survivor guilt is the belief that “It should have been me instead” or “I wish it would have been me instead.”
* Intrusive images (flashbacks): Two years later, teachers still notice this teenage girl engaging in a plucking motion with her hand. She was home when the beating occurred. She did not know her mother was already dead when she ran to help her. When she rolled her mother over, her mother’s mouth was filled with blood and broken teeth. The daughter began pulling teeth from her mother’s mouth so she wouldn’t choke on them. Two years later, that plucking motion still occurred when she’s reexperiencing her experience.
* Traumatic dreams: 11 year old Tommy was a survivor, not a witness, to his sister being killed by a serial killer. He was still having dreams of his “guts” being ripped out by Candyman. His sister had been stabbed repeatedly in the chest/stomach area.
* Inappropriate age-related behavior: These include clinging to mother, enuresis, and other regressive behaviors.
* Startle reactions: After her father beat her mother to death, the police arrived to take pictures and arrest her father. Two years later, this daughter still cannot allow her picture to be taken because it reminds her of that day.
* Emotional detachment: 15 year old Mary, whose sister was killed by a serial killer had made friends her mother described as “real trouble”. She never even cried at the funeral. She had received help but not trauma specific help.

Behaviorally children may exhibit the following:

* Trouble sleeping, being afraid to sleep alone even for short periods of time
* Be easily startled (terrorized) by sounds, sights, smells similar to those that exited at the time of the event – a car backfiring may sound like a gun
* Become hypervigilant – forever watching out for an anticipating that they are about to be or are in danger
* Seek safety “spots” in their environment, in whatever room they may be in at the time. Children who sleep on the floor instead of their bed after a trauma do so because they fear the comfort of a bed will let them sleep so hard that they won’t hear danger coming.
* Become irritable, aggressive, act tough, provoke fights
* Verbalize a desire for revenge
* Act as if they are no longer afraid of anything or anyone, verbalizing that nothing ever scares the anymore (in the face of danger, respond inappropriately)
* Forget recently acquired skills
* Return to behaviors they had previously stopped, i.e., bed wetting, nail biting, or developing disturbing behaviors such as stuttering
* Withdraw and want to do less with their friends
* Develop headaches, stomach problems, fatigue, and other ailments not previously present
* Becoming accident prone, taking risks they had previously avoided, putting themselves in life threatening situations, reenacting the event as a victim or a hero
* Developing a pessimistic view of the future, losing their resilience to overcome additional difficulties, losing hope, losing their passion to survive, play and enjoy life.

Adults may express Acute Stress/PTSD with the following behaviors:

* Seems disconnected/preoccupied
* Not as neat in dress and habits
* Late, many absences, fatigued
* Low moral, change of attitude toward work
* Avoids certain situations/places
* Talks compulsively or not at all about incident
* Irritable, conflicts with others
* Drinking, drug use
* Sudden change in lifestyle
* Aches, pains, illnesses
* Unhappiness, dissatisfaction

\*\*\*This information has been taken from *Trauma Debriefing* by William Steele.

**Appendix A**

## When to Call for Help

Should you experience any of these reactions beyond the initial four-week period following the incident, please call us immediately.

The traumatic event is persistently reexperienced in at least one of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
2. Recurrent distressing dreams of the event.
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated.
4. Intense psychological distress at exposure to internal clues that symbolize or resemble as aspect of the traumatic event. (Fear, anxiety, and anger are possible examples)
5. Physiological reactivity upon exposure to internal or external cues that symbolize or

resemble an aspect of the traumatic event. (Nausea, difficulty breathing and faintness

are a few examples.

**Numbing and Avoidance**

Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma).

1. Efforts to avoid thoughts, feelings, or conversations with the trauma.
2. Efforts to avoid places, activities, or people that arouse recollections of the trauma.
3. Inability to recall an important aspect of the trauma.
4. Markedly diminished interest or participation in significant activities.
5. Feeling of detachment or estrangement from others.
6. Restricted range of affect (e.g., unable to have loving feelings).
7. Sense of a foreshortened future (e.g., does not expect to have a career marriage, or children, or a normal life span).

**Hyperarousal and Persistent Symptoms of Increased Arousal** (not present beforethe trauma)

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

These reactions are not at all unusual during the first four weeks following a traumatic event. When involved in disasters or other external events in which physical reminders cannot be avoided and or various aspects of the incident are kept alive such as in the case of media coverage, reactions may extend beyond the four-week acute stress period

Should any of these symptoms persist beyond a 4-8 week period and or emerge as delayed reactions months later, we strongly recommend consultation with a trauma consultant.

**Helpful Strategies for Trauma Victims/Survivors**

* It is very important to your recovery to get enough rest, especially the first 4-6 weeks following the trauma.
* If you cannot sleep at night, take “cat” naps of 15 minutes – ½ hour during the day.
* If waking up during the night because of traumatic dreams know they will pass in time. Do what comforts you. Read a good book until you become sleepy again. Snack, watch television, listen to music, do some housework. Remember that this will be a temporary change.
* Exercise of some kind is important to help relieve you of the tension that traumatic experiences create. Even if you have not been exercising, go for a short walk. Walk the dog an extra time. Do housework or add a few minutes to your normal exercise routine.
* Avoid too much caffeine, alcohol, or other stimulants. Do not self medicate.
* Pull back on making a commitment to additional responsibilities for the first four weeks. The tendency for some is to take on additional responsibilities thinking it will help them forget. In reality, it frequently drains them of energy, delays the healing process and intensifies future reactions when they finally emerge.
* Be protective and nurturing of yourself. It’s okay to want to be by yourself, or just stay around home with the family. Eat whatever your comfort foods are, as frequently as you need. Do those things, which relax you, give you some pleasure.
* Expect during the 4-6 weeks following the event that new memories of and reactions to your experience are likely to emerge. This does not mean things are getting worse. Generally these newer memories and reactions mean you are, in fact, feeling more protected, safer and rested enough to now deal with them.
* Understand that your trauma reactions need to be expressed and experienced by you in order for you to heal. Kids, for example, go to the same horror movie, like Jason, four, five or six times, so they can master their fear, the terror they experience when seeing the movie for the first time.
* Traumatic dreams, intrusive thoughts, images and other trauma specific reactions repeat themselves in much the same way. In most cases they will become less upsetting and frightening to you and after 4-6 weeks occur less and less frequently.
* If any trauma reaction continues beyond six weeks from when the trauma occurred, you really do need to talk with a trauma consultant. If you do not, such reactions can become chronic as well as create additional problems for you.
* We all have different reactions. What scares you may not scare someone else. If you are experiencing reactions after the six week period, it does not mean something is terrible wrong with you. It means your past experiences are such that they just don’t know how to respond to what happened. Generally talking to a trauma specialist a few times will resolve the problem.
* A traumatic experience can, however, terrorize the strongest and healthiest. It can induce such terror that our lives become disorganized or disoriented. We become someone strange or act in ways we have never acted before. This can panic us.
* Trauma is not an experience we want to keep to ourselves. It is in fact an experience we want to resolve as quickly as possible. Do not hesitate to consult with a trauma specialist when your reactions are overwhelming or interfere with normal functioning. The specialist can help you sort out which reactions are normal and can help you prepare for possible future reactions.
* Finally, traumatic experiences tend to change the way we look at life, our behaviors, activities, relationships and our future. Expect in the weeks to come to see the world differently, your friends, loved ones, work relationships. In time, you will redefine what you want for yourself.
* The first 4-6 weeks therefore is not a time to be making any major decisions. Put what you can on hold. During recovery from a trauma everything is a bit distorted. You want to wait whenever possible to deal with major decisions until after you have had time. To reorder your life and feel stable once again.

**Appendix B**

**Script for Debriefing Format**

The narrative portions may be adjusted to fit your style but must clearly communicate the intended message. **Do not alter the questions**. Altering the questions will minimize their impact, overgeneralize the focus, and lead to responses not specific to posttraumatic stress reactions. This format is designed to be used with 3 debriefers, but it can be modified.

**Introduction**

It is unfortunate that such a traumatic incident has brought us together. I’m sorry you have had to experience such a difficult thing.

**Team Member Introductions**

My name is \_\_\_\_\_\_\_\_\_. These are my colleagues \_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_.

* We have been asked to meet with you to give you some information about trauma and all it possible reactions which are very likely new for you, but very normal reactions following such situations. We are here to pass on to you what others have experienced following similar events.
* We are also here to help you describe your experiences to one another. Even though some of you may not want to be here right now, we think you’ll find that this will help you with what you have experienced, and help you see that you are probably sharing some similar reactions.
* This is not about how well you responded. It is about looking at all the kinds of reactions you are experiencing and may yet experience in the weeks to come. There is no right or wrong reaction. This is not about blaming; about what was done right or wrong. It is about learning what you need to know about trauma and what will help you recover.
* This session must be confidential. This means no one is to talk to anyone about anything that is said here today. You may tell others of your reactions but not what others talk about today. Do we all agree?
* We will start by asking you about your relationship to \_\_\_\_\_\_\_ (or what happened). Each of you will have an opportunity to respond as we go around the group. You may pass on a question but we will come back to you later. We will go in the same order for each question. After spending time on factual information and details, we will look at personal reactions. The last stage is the summary stage where we will give you some information, ways to help yourself. We will also give you the opportunity to talk a little about what you have heard, make some recommendations as to what might be helpful for you and to ask us some questions.
* Listening to what one another has to say will be very helpful to healing and feeling better. We must ask that you not interrupt while one of the other participants is talking. Initially you will have many personal reactions that will cause you to want to say things in response to what you hear. What you feel is important and we will talk more about personal reactions later in the meeting but until we get to that part we’ll be talking more about factual information.
* \_\_\_\_\_\_\_\_\_\_\_\_\_ will be taking some notes to help when we get to the point where we give a review and a summary of all we have learned. There will be a lot and we want to be sure to capture as much as we can. No records will be kept, but if taking notes is a problem, just let us know and we’ll put the note pad away.
* Just one last issue. If you have beepers or phones, please turn them off.

**The questioning begins now**

Let us begin with the factual information and details

1. First can you please tell us who you are and what your relationship is to \_\_\_\_\_\_\_ (victim). Allow each one to answer in order then continue.
2. Where were you when this happened or when you first found out and what did you do?
3. What stands out most in your mind as to what you might have seen, or heard during the incident when you arrived or when you first found out?
4. Are there details about the incident you have heard since the incident other than what others here have told us?
5. Was there anything that others have said that was supposed to happen but you know did not happen?

**Okay. Let me shift the focus.**

1. What was the first thought you can recall having at the time the incident happened, or when you first found out about it?
2. As you think about it now, what one thought stands out the most in your mind?
3. Of all the thoughts you had, the things you did, or the reactions you experienced, which one thought or reaction are you most surprised you even had? (What surprised you the most about you?)
4. Was there anything you thought you wished you would have done or said differently?
5. Is there anything you did that left you second guessing yourself or not quite sure you handled as effectively as you could have with some preparation?
6. If something similar were to happen again how do you think you might react differently?

Thank you. At this point, I’m going to let \_\_\_\_\_\_\_ continue.

**Personal Reaction Stage**

We are going to look at personal reactions now. Let me ask:

1. What was the worst moment for you?
2. Where did you feel the hurt or the fear most in your body?
3. What scared you the most?
4. What scares you now?
5. What reactions are you having that you might be afraid to let others know about because you think these reactions are not normal?
6. What other reactions are you having that are new to you, persistent, seem strange, or are worrisome to you? Are there any traumatic dreams, flashbacks, intrusive thoughts etc.?
7. What worries you now that did not worry you before?
8. Is there anything you think might have been done that wasn’t done or was done that didn’t need to be done?
9. How has this incident changed your view of your life right now?

**Summary Stage**

Well, we are now at the final stage. I am going to turn it over to \_\_\_\_\_\_\_\_\_\_\_\_.

Let me first summarize the main issues that came up today.

1. Normalize the reactions they identified during the session. “The reactions you described are not at all unusual…feeling responsible, having dreams, being easily startled, wanting it to be over, etc.”
2. Prepare them for ongoing reactions by using the handout…”do not be surprised if weeks, even months, from now you experience…”
3. Use the additional handout to encourage them to take very good care of themselves

physically. (Handouts are **When to Call for Help** and **Helpful Strategies for** **Trauma Victims/Survivors** located in Appendix A)

1. Discuss the fact that current reactions may continue or new reactions may yet emerge.

This is normal during the first four weeks or so. Encourage them to call for assistance, however, if the reactions go beyond 4-8 weeks or are causing them to perform or function poorly.

1. Ask: ‘Do you have any final questions?” Also ask: “What at this point in time might help you get through the next several days?”

6. (**Closure)** Thank you very much…I know how difficult it can be to revisit such a

traumatic incident, but I think you’ll find this will be helpful to you. Please contact

us if we can be of further assistance.

* Mingle for a few minutes after to answer personal questions and/or discreetly recommend to a participant that additional assistance might be helpful.
* Remember: Do not get into your car and drive away immediately. Wait at least 15 minutes before leaving. Talk with other debriefers, take a short walk, and take some deep breaths before starting for home.