
Safe at School

The Macomb County School Crisis Response Manual

Developed by

The Macomb Intermediate School District
The Macomb Youth Violence Prevention Council

Editing Team

NANCY BUYLE, LUCY SMITH & PATTI STEELE
Macomb Intermediate School District, Co-Chairs

DR. MARY NUGENT

Center Line Public Schools/Psychologist and Director of Counseling,
Health and Drug Education

BRENDA CLANCY

C.A.R.E. Student Assistance Center/Clinician

GARY BURNETT

Macomb County Crisis Center/Program Supervisor

GIGI COLOMBINI

Macomb County Crisis Center/Shift Supervisor

GINA SCHAFER

Utica Community Schools/Coordinator of Substance Abuse and
Prevention Education

ELIZABETH BOYCE

Macomb Child Guidance Clinic/Executive Director

CLAUDETTE GALLOP

Macomb County Counseling Association/Counselor

MERIDETH MARANZANO

Van Dyke Public Schools/Social Worker

DR. DUANE GREENWOLD

Fraser Public Schools/Executive Director-Student Services

School Nurse

- Communicate with area hospitals and/or health department
- Assess and treat acute physical reactions resulting from crisis

Teachers

- Assist in rumor control
- Clarify facts to students
- Coordinate classroom activities (See Activities Section.)
- Assess and refer “At-Risk” students (See page 34.)
- Clerical and Other Staff
- Communicate needs of parents and students to principal and other CRT members

Secretary

- Answer telephone calls (have prepared statement)
- Record on paper all in-coming calls related to crisis – including name and phone number of caller in case call is disconnected before appropriate personnel receives it (See communication section – managing phones.)
- Prepare and assemble special announcements/mailings

Building Security

- Assess need for crowd control
- Monitor halls, classrooms, bathrooms, locker rooms, etc.
- Keep the building floor plan current and readily available

Responding to Crisis

How, when and where a crisis occurs is impossible to predict. Having plans in place to respond to a crisis will contribute to the school’s ability to recover from it.

Therefore, a well thought-out comprehensive plan is crucial. Just as crucial, is **knowing the plan and training the plan in an ongoing effective manner**. (See Training Section.) Following will be details that should be considered for inclusion in any crisis plan. **Please note that strict adherence to these details may not suit your particular school.**

Therefore, depending on your circumstances you will need to develop a plan suitable to your school’s setting.

Determine the Facts Surrounding the Crisis

Once a school is notified that a crisis occurred and the principal is aware, he/she needs to gather preliminary facts. This will allow him/her to determine whether or not a formal CRT meeting is needed. A team meeting will be necessary when an incident occurs that has affected a significant portion of the school.

“My first thoughts were:
to organize the building Crisis Management Team. The resources and personnel available to help, were great assets.”

—Anchor Bay School District

| Crisis Response Team Checklist | |
|---|--|
| Springfield (OR) Public Schools | |
| Activity | Person Responsible (identify before a crisis) |
| <input type="checkbox"/> Verify Facts | _____ |
| <input type="checkbox"/> Contact Staff (phone tree) | _____ |
| <input type="checkbox"/> Convene Crisis Team | _____ |
| <input type="checkbox"/> Identify Family Contact Person | _____ |
| <input type="checkbox"/> Arrange for Substitute Teachers | _____ |
| <input type="checkbox"/> Write Announcement to Students | _____ |
| <input type="checkbox"/> Morning Staff Meeting | _____ |
| <input type="checkbox"/> Set up Safe Rooms | _____ |
| <input type="checkbox"/> Distribute Suggestions for Classroom Discussion | _____ |
| <input type="checkbox"/> Notify Students | _____ |
| <input type="checkbox"/> Provide List of Readings and Materials to Teachers | _____ |
| <input type="checkbox"/> Write and Send Letter to Parents | _____ |
| <input type="checkbox"/> After-School Staff Meeting | _____ |
| <input type="checkbox"/> Parent/Community Meeting | _____ |
| <input type="checkbox"/> Plan Memorial/Remembrance | _____ |
| <input type="checkbox"/> Post Intervention Debriefing | _____ |
| <input type="checkbox"/> Follow-up with Students | _____ |

Crisis Response Team checklist

See Master Copies for full size document

Notification of Staff Off-Hours

Staff fan-out

Review fan-out message content

- Message should be read from prepared, written notes
- Message should list essential facts and required action

Execute fan-out

- Ask listener to write down and repeat back message
- Ask listener to repeat the process for his/her calls
- Leave a call back message if no answer
- Wait for personal contact to share message
- Notify principal of those who were not contacted

Close loop with principal

Last caller(s) should close loop and report to principal

Notification of Staff In School

Review message content

- Message should be read from prepared, written notes
- Message should list essential facts and required action

“What helped most was: crisis team knew late Sunday night and addressed the staff first thing in the morning.”

—Roseville Community Schools

General Considerations in Student Communications

Thought should be given to the timing and the format of all presentations to the class. The age level of the students and the cohesiveness of a specific group will be factors that will help the teacher decide how best to contain reactions and promote intimacy and support within the group. Students who are expected to be more reactive may be put in proximity of support staff so that they can be assisted more easily without unduly upsetting other students. Upset will also be minimized if students are provided with an opportunity to discuss the event and their feelings about it. More information about what behaviors/reactions teachers can expect is provided in the Appendix pages 85–88.

Center Line Public Schools

Communicating to students

Classroom Announcement

Teachers should be briefed prior to any classroom announcements.

A member of the crisis response team may, if needed, be present in the classroom to assist the teacher for the initial announcement.

The announcement should:

- Review the known facts; be as positive as possible
- List specific actions if required
- Outline referral procedures
- Mention any scheduled parent or community meetings
- Announce school schedule changes

Violent Death of a Classmate or Teacher

On _____ we were given some very tragic news. _____ died on _____, _____ was (murdered, killed in a car accident, committed suicide, died suddenly, etc). We do not have all the information at this time but will inform you as we learn more. _____'s (death, accident, injury, etc.) 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. In the next few days, we will be visiting each class to answer any questions you may have and to talk about the kinds of reactions you may experience.

Should you want to talk with someone about _____ and your reactions to his/her death, please (tell you teacher) (let me know) and arrangements will be made.

Sample Announcement: violent death

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Individual Child's Loss (elementary)

_____ will not be in school today. His mother was killed in an automobile crash last night. A truck struck her car on highway 10. _____ will be very sad for a long time. Perhaps we can discuss ways _____ might be feeling and how we can help him.

Sample Announcement: child's loss

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Sample Announcement: school-wide loss

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Classroom Announcement (Secondary) School-Wide Loss

I/we have had a difficult time deciding what to say to you today about the recent incident(s) / tragedy. As adults, we are suppose to have all the answers and control our feelings. Let me tell you, however, that I/we have no real understanding of the reasons for and discussions about it from your friends, teachers, families, and the media, but no one will have all the right answers.

Even though I/we do not know why it happened, we do know many of the details of the incident and how our staff and students have acted.

To help us with this let me make some suggestions:

We need to respect each other's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting to, and coping with problems. It's OK to cry, laugh, or even do nothing.

If you are having problems, you may be comforted to know that the intensity of your feelings will gradually fade. You will always remember what has happened, but it will not always be as painful as it is today.

Again, for those who need help with this, it is available. If you wish help (list specific counseling services). We also plan to notify your parents and others in the community.

Although things are difficult now, they will return to normal eventually. We have set aside time for discussion now, and will resume classes when we finish.

After Reading Announcement

(Staff Handout)

1. **Ask students what they have heard as to what happened.** (Restate factual information provided by principal. Report rumors immediately to administrator or designee.)
2. **Ask students if they have questions they want to ask.** Answer honestly. If you cannot answer honestly, admit that you do not have the answer but you will get an answer for them. Write the question down and before the day is completed ask for assistance from the CRT. Let students know that you will get the answer for them by that day or the next.
3. **Express your own grief,** shock, difficulty with knowing what to say or what you feel right now. It's okay to show tears and emotions. This is a difficult time.
4. **Ask students if they would like you to have someone come into class to talk with them** or make that decision based on your observations of the need. (You know your students fairly well. Err on the side of this being a need of theirs, if you have a doubt.) (See student intervention section-classroom presentation.)
5. **Let them know that counselors have been trained for this situation and can help** if they would like to talk with someone. (Direct them to inform you and you will arrange it as quickly as possible.)
6. **Know that students may have difficulty focusing and attending.** Homework is probably not a good idea for a day or two. If there are any scheduled tests, check with administration about delaying these tests.
7. **Finally, there is no way to predict how your students will respond.** They may present some difficult situations for you simply because it is something new you have not experienced before. Consider sending severely affected students to the saferoom. (See Saferoom Section.)

Call for help from your CRT if you are worried about what to do or say. They are available to help you.

Trauma Response Protocol Manual TLC 2000

The Superintendent's Role

Of special concern is communication with the media. The media has an important job to do. However, their work can, on occasion, prolong grief, re-traumatize survivors and fuel negative reaction. What is communicated is critical.

Unless otherwise specified, the Superintendent's Office will provide a media spokesperson. All communications with the media should be directed through that office.

Notes for Dealing with the Media

Provide a brief summary of the event, the fact that the school has a crisis response plan in place, major activities within the crisis response plan, a phone contact for further information, and any scheduled meetings or activities.

A written version of the announcement should be provided. In interviews or media conferences, stick to the text of the announcement. Do not provide additional information which is not required.

The Superintendent should provide background information in written form after review and approval.

Center Line Public Schools

Media Announcement

The coroner's office reported that _____, a freshman, died from (EVENT). This certainly is a shock and tragedy for all of us. Our Crisis Response Team is well trained in helping both students and staff with their reactions. We are meeting with students as needed and as often as necessary.

On (DATE), we will hold a meeting for parents and the community where we will address their questions and concerns and provide information about the reactions, which can be expected following such a tragedy.

If parents or others wish to contact us, they can call (PHONE). We will respond as soon as possible.

Communicating to media

"What we needed most and lacked: more experience dealing with such intense media presence. They surrounded the school for two weeks."

—Lakeview Public Schools

Media announcement

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Parents Can Add Value

- Parents are a great resource in a trauma situation:
- A parent can be appointed to handle questions from other parents
- Given the right message, parents can usually effectively communicate it with the right tone to their children
- Parents can provide overwhelming ratification and support to administrators and staff who manage trauma in the schools, if they are brought into the process.

Communication to parents

*“What helped the most was:
we sent a note home
with the students
that same day so that
parents knew what
had happened.”*

—Romeo Community Schools

Affected Parents

The Building CRT Leader (usually the School Principal) is responsible for contacting the family of the student(s) or staff person(s) involved in the trauma. He/she should offer condolences on behalf of all students and staff in the school. The family should be asked to express their wishes on funeral arrangements, and whether or not they would appreciate student participation, etc. The family should also identify sensitive or private information, e.g., announcing the cause of death in the case of suicide. Appropriate steps should be taken to ensure effective communication with parents for whom English is a second language.

The team leader should be prepared to undertake appropriate arrangements on behalf of the school, such as chartering a bus to bring students to the funeral, etc.

Other Parents

When a trauma affects a large number of students, addressing the parents as a group becomes imperative. (See Parent Meeting Section.) It is crucial to make parents aware of the situation and their children’s reactions to it. If the parents are confident in the school’s ability to manage the situation, it will make managing the situation much easier.

A Parent Information Package can communicate much of the information parents need to know about. (See Masters Section – What Parents Need to Know.)

- The relevant facts of the trauma
- The range of children’s behaviors as they react to the trauma
- What the school is doing to deal with their children, particularly those at high-risk
- What they can do to identify their children’s response and deal with it

Center Line Public Schools

parent letter

See Master Copies for full size document

Parent Letter

Dear Parents,

Our school has experienced a tragedy that has affected us deeply. Let me share the facts with you. (Give known facts). The school has implemented a response plan that was developed some time ago to deal with situations of tragedy or trauma, such as that which we now face. We have staff trained in handling the effects of trauma who are reaching out to all our students and also identifying students who are in need of special assistance and support during this time.

Each student and staff member will react differently to this event. We – all of us, staff, parents and children – should expect to deal with a spectrum of emotions, in ourselves and in other members of our community. A document package has been prepared to assist you in identifying and addressing your children’s needs. You will find this material helpful after reviewing it.

You may have questions, comments or concerns. If so, do not hesitate to bring them to my attention.

We know you will join us in our concern, support and sympathy for those involved in and affected by this incident. We also greatly appreciate your cooperation and assistance.

Sincerely,
Principal (Building Team Leader)

- Let the student be in charge of his/her feelings. **Allow him/her to choose the length of the saferoom stay.** Some students are there to support their friends. Some students want to be there for the drama. Discourage drama!
- Listen for kids who seem to **feel the need to DO** something. Invite them to help plan the memory activity. Give suggestions/permission to be creative.
- **Network/refer students** to counselors and other resources if appropriate.

Saferoom Sign-In

Students need to sign in and out each time they are here.

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Name _____ Time in _____ Time out _____

Saferoom sign-in

See Master Copies for full size document

Saferoom Checklist

These items are helpful to have on hand.

Name tags for staff

Chair, tables, big pillows.

Food, drink; avoid cookies, high sugar content. Try fruit and cheese.

A great idea is to have toasters and let students make cinnamon toast.

Sign-in and sign-out sheet

Fact sheet with information about the tragedy

Kleenex

Materials for writing, drawing; paper, pens, crayons, etc.

Stuffed animals, big pillow, blankets, "comfy" things, cots

Age-appropriate books

CD player and CD's of relaxing music

List of community resources

List of students who might need follow-up

Handouts on self-care for students, staff and saferoom staff

Activities: talking, sitting, writing, coloring, walking, listening to music, quiet time, working on assignments, drinking hot chocolate... just a time to feel "safe enough" to feel.
(See Activities Section Page ____.) Highly emotional students will be referred to the counselor for one-to-one time.

Saferoom checklist

See Master Copies for full size document

At the end of the day, it is helpful for saferoom staff people to attend the after-school meeting with the building staff. Because this is a time to identify those kids who are at risk, saferoom people may know of kids at risk who are not known to be at risk by school staff.

Beyond that, it is essential for people who staff the saferoom to have a short time at the end of the day to debrief. This is shorter and separate from the Crisis Response Team debriefing which should follow within the next couple of days. The saferoom staff debriefing is partly to let them “clear out” before they go home.

It would actually be fine to include any Crisis Response Team members who happen to be close. It is important for saferoom people to attend the larger Crisis Response Team debriefing which will probably be a day or two later.

Following are some questions which might assist in the debriefing:

What happened for you in doing this saferoom response today?

How was it for you?

What feelings are you having right now?

What parts worked well?

What parts could be improved?

How could you have felt more supported during the day?

How could you be supported right now?

What changes would be helpful to make in the crisis response plan based on this experience?

What are you going to do to take really good care of yourself tonight?

** *All should get handouts on self-care* **

Saferoom Staff debriefing questions

“As a staff we needed time to get together after the incident and debrief or come down from the crisis.”

—Roseville Community Schools

Saferoom Evaluation

School _____ Date _____

What worked well? _____

What could be improved? _____

What about the room arrangement or environment was particularly helpful or could have been better structured another time?

Any other suggestions for future saferooms? Other comments? _____

Your name (Optional) _____

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Children Exposed to Community Violence

Adolescents (Sixth Grade and Up)

Behaviors

Helpful Hints

| | |
|--|--|
| <p>1. Feels detachment, shame, and guilt (similar to an adult response)</p> | <p>Encourage discussion of the event, feelings about it, and realistic expectations of what could have been done.</p> |
| <p>2. Feels self-conscious about their fears, feeling vulnerable, other emotional responses; fear of being different</p> | <p>Help them understand the adult nature of these feelings, encourage peer understanding and support.</p> |
| <p>3. Acts out after the event, (e.g. drug use, delinquent behavior, sexual activity)</p> | <p>Help to understand the acting out behavior as an effort to numb their responses to, or to express anger about the event.</p> |
| <p>4. Becomes self-destructive or accident-prone reckless behavior</p> | <p>Monitor behavior and limit the opportunities to misbehave and also help them talk about their reactions. Consider professional counseling.</p> |
| <p>5. Experiences major changes in relationships</p> | <p>Discuss problems with relationships with family and peers.</p> |
| <p>6. Experiences desires and makes plans to take revenge <i>"My biggest fear was: one of the most difficult things to manage was the anger of grieving students and their efforts to find a target for that anger."</i> —Utica Community Schools</p> | <p>Talk about their plans of revenge, and address the realistic consequences of these actions; encourage positive actions to lessen the sense of helplessness.</p> |
| <p>7. Experiences radical changes in attitude and behavior</p> | <p>Link attitude changes to the event's impact.</p> |
| <p>8. Experiences premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home</p> | <p>Encourage postponing radical decisions; in order to allow time to work through their responses to the event and to grieve.</p> |

Macomb County Crisis Center

Adapted from: Psychological First Aid and Treatment Approach To Children Exposed To Community Violence: Research Implications by Robert S. Pynoos & Kathi Nader in Journal of Traumatic Stress, vol. 1, No. 4, 1988

Student Interventions by mental health staff

Role of Mental health professional

(counselor, psychologist, social worker, student assistance specialist)

By virtue of their training, they should be in a good position to educate the school staff and students about what to expect in the aftermath of a traumatic event. They should also:

- Be available
- Cancel other activities
- Locate counseling assistance (Check Community Resources.)
Provide individual and group counseling
- Contact parents of affected students with suggestions for support or further referral
- Follow the schedule of the deceased student and visit classrooms of close friends
- Support the faculty (Provide counseling as needed.)
- Keep records of affected students and provide follow-up services

List of Community resources

See Master Copies for full size document

List of Community Resources

(See also References Resource Section.)

| Category | Agency Name | Contact Phone | Street Address-City,ST,Zip |
|-------------------------|-------------|---------------|----------------------------|
| Police | | | |
| Police | | | |
| Community Agency | | | |
| Psychiatric Hospital(s) | | | |
| Outpatient Clinics | | | |
| Medical Clinic | | | |
| Crisis Lines | | | |
| | | | |

At Risk Assessment Guide

Self Destructive Behaviors – Threats of Suicide

Counselors and CRT members should review this guide prior to conducting the interview.
Use the guide to assist you in preparing questions so that you can make a complete and accurate assessment.
When conducting the interview, use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists.

Student Name _____ Date _____ / _____ / _____

NOTE: Do not be afraid to ask, “Are you thinking of suicide?” This shows that you have been paying attention to him, so much so that you recognize that something is seriously wrong and that something may be suicide.

If a youngster responds with a “no,” pursue it with words of understanding. This shows that you are serious, care and are free to talk about it. If they have been thinking about it, they are likely to tell after this. If they are not suicidal, they will still respect the caring and concern and be more liable to come for help when in trouble.

If a youngster answers “yes,” the immediate task is to assess the possible risk involved. Inquiring about their thoughts of suicide involves exploring if they have a plan. The more specific the plan, the higher the risk. If they have a when, where and how, it is serious.

It is also necessary to determine if they have the means to commit suicide, i.e., access to a gun or other lethal means, such as potentially lethal prescription drugs. These means need to be discussed with the parent and removed from the youngster’s access.

Use of alcohol or drugs, a history of suicide in the family, chronic depression in the parents, and friendship with another person who has recently completed suicide are also factors placing a student at high risk. When dying is seen as the only solution and the individual is not attached to any future possibility, the risk may also be high.

Use of words like “always,” “never,” and either/or statements (i.e. “Either I make this relationship work, or I’ll kill myself”) are also indications of cognitive distortion and affective disturbance.

High Risk Assessment Categories

Crisis Event Exposure and Recollections

- Aspects student cannot remember
- Proximity to crisis event
- Death fears or threats
- Familiarity with victim(s)

Event Re-experience

- Recurrent, intrusive recollections which distress the student
- Dreams about event
- Flashbacks, hallucinations, etc.
- Signs of physical and/or emotional distress

Avoidance

- Numbing of responsiveness
- Feelings of detachment
- Feelings of fore-shortened future
- Difficulties falling or staying asleep
- Irritability or angry outbursts

Guilt

- Feelings of survivor guilt

Somatic Complaints

- Headache, stomach, bowel problems

Available Resources

- Student’s knowledge of support resources

Aronis & Randall (1994) in Brok, Sandoval and Lewis (1996)

Interviewer's Notes During At-Risk Screening

Student Name _____ Date _____ / _____ / _____

Counselors and CRT members should use this guide when conducting the interview. Use this guide to ensure that all relevant behavior categories have been addressed. Be prepared to move rapidly if the potential for suicide exists. Use forms and instructions in the Dealing with Potentially Suicidal Students Appendix. (See Suicide Prevention Section)

High Risk Assessment Category

Meeting Notes

Other Factors

- Perceived lack of support from caring other
- History of depression in one of the parents
- Current substance abuse problem; other risk taking behaviors
- History of academic difficulties
- Inability to communicate or express feelings; feeling overwhelmed or in a panic
- Inability to entertain alternative solutions, a “yes...but” mentality
- Inability to perceive others as helpful
- Inability to engage in problem-solving process
- Deterioration in daily habits, including eating, sleeping and work habits
- Severe, overwhelming feelings of sadness and hopelessness
- Unstable personality
- Sexual minority (gay and lesbian youth), or ambiguous about sexual orientation

At-Risk Screening Interview

Student Name _____ Date ____ / ____ / ____

Summary Findings

As an outcome of the At-Risk Screening Interview, this student is at:

___ High ___ Medium ___ Low Risk

High Risk Assessment Categories _____

Checkmark = "Yes". One or more checkmarks in this category identify the student as HIGH RISK. Potential Suicide Prevention procedures should begin immediately. Fill out Suicide Lethality Checklist for Youth. Initiate Potential Suicide Disposition Form. (See Suicide Prevention Section)

- ___ Is the student giving any evidence or impression of lethality(i.e., suicidal thoughts or threats)...
- ___ Is the student involved in a crisis event?
- ___ Did the student have direct exposure?
- ___ Was student at the site of the trauma?
- ___ Did the traumatic event occur in the student's neighborhood or home?

Other Factors _____

Checkmark = "Yes". One or more checkmarks in this category may indicate that student should be classified "high risk."

- ___ Was the student acquainted with victim?
- ___ Has the student suffered previous trauma or loss (Attach Notes with details.)
- ___ Is the student currently concerned about the safety of a family member or significant other?
- ___ Does the student have access to support resources (friends and family, etc.)?

Referrals (Check if Notified) _____

- ___ Police ___ Community Agency ___ Special Services – Group Counseling
- ___ Agency ___ Private Practitioner ___ School Counselor

Interviewed by (initials): _____ Date ____ / ____ / ____

Aronis & Randall (1994) in Brok, Sandoval and Lewis (1996)

Once at-risk students have been identified, group counseling or support groups can be developed.

When developing these support groups, consider the following:

- Establish the size of the group (4 to 8 members).
- Decide if the group will be closed or if others can join at any stage.
- Determine where the group will be held and how the room will be set up
- Decide how many weeks the group will meet.
- Assess the effectiveness of the group upon completion.
- Follow-up with members and assess current level of functioning.
- Refer student to professional treatment center if student's behavior warrants.

Support Group Planning Following a Crisis

Have a group leader who has some training in groups and grief.

Identify Likely Students to Participate

- Identify those students who are having difficulties with adjustment to the loss.
- Put them into groups that “make sense” – peers of the student who died, students who have lost another person besides the classmate, students who already know each other – students with some common element in their loss, if possible.
- Keep groups small – 8 is top end for ideal.
- Determine how long group will run. Groups for elementary students may be an hour. Groups for high school may run through two class periods.

Put Together a Plan of Topics and Activities

- Identify a set of clear goals.
- Look through the list of activities. (See Activities Section.)
- Choose activities which appear appropriate and will allow you to help students get in touch with the task or goal for that week.
- Consider running groups for more than six weeks, so you may spend more than one week on a task, or you may integrate additional ideas into your plans.
- Consider having some of the group time be “art from the heart,” where they draw whatever comes up for them.
- Consider having some established activities each week for opening and closing. That might be to always do a picture before moving into the main activity, it might be to have an exercise involving, identifying, and sharing with others how they are feeling as they come into group. It is a good idea to always have some kind of circle time at first when students each “check in.” Closing can be as simple as “What is one thing each of you got from or noticed about your time in group today?”

support groups

“Students have been over emotional to many different events that have been going on in their lives since the suicide. We need to keep an eye on our students, as contagion is a real possibility.”

—Armada Area Schools

Intakes, Orientation and Process

- Interview students individually ahead of time to be sure they appear appropriate for the particular group you have chosen for them.
- Let them know what to expect (who else will be in the group, when, where, for how many weeks, students of activities you might be doing, etc.)
- Be certain that you will have no interruptions in the room you've chosen.
- Begin the first group by establishing the rules with the group.

Possibilities:

- Respect each other's feelings and listen while others talk
- No one has to participate in something if he/she does not want to, but no one will interrupt or bother someone else who is participating in group.
- Ask for what you need/want – try to meet other's requests with this.
- Consider using a talking stick or a special rock, and students only speak when they have the rock. That way there is not cross talk or interruptions, and others tend to be better listeners.
- Be certain there is a way to be sure that each person in the group has been invited to share.
- Provide a clear agenda so students know that group process.

Considerations

- It is helpful to have two group leaders rather than just one.
- The greatest goal for the group is for students to feel safe enough to open up and talk about the most painful parts of their experiences while others "witness" their pain.
- It is more important for students to express themselves than for adults to try to teach them much. There is some room for education about the grief process, but that does not take the place of grieving.

Working With the Students

- Go over saferoom guidelines, (See Saferoom Section.) which covers some language and has helpful discussion starters.
- Make opportunities for students to process losses other than those, which are school-related.
- Consider having a pre- and post-test, such as giving students a handout of a blobby, blank body (like a Pillsbury Dough Boy outline). Each student colors in where s/he holds feelings and labels what those feelings are. Compare the differences at the end of the last group.

Closure

- Be certain that students do not get to the last group not knowing that it is their last group! Keep students aware of how many sessions are left toward the end.
- Provide a party or special activity for the last group. A great idea is to have a “Memory Cake”, and each student gets a candle. As the student lights his or her candle and puts it on the cake, he/she tells a special memory of the person he/she has lost.
- Give students some tangible item as a way to remember the importance of the group. A little token goes a long way. It is also a nice piece of identity to know that each one got the same thing.

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Permission Slip for Educational Support Group

Dear Parents/Guardians,

As you know, our school recently experienced a very traumatic incident. (Give a brief description of trauma.)

When children are exposed to trauma, then they can react in a number of ways. To assist them in dealing with these reactions, I will meet with students affected by the trauma in an educational support group. This is not therapy group. It is an opportunity for children to ask questions, talk about what is on their minds, and get the facts clear. Most importantly, it should help them work through the tremendous emotional effects of this trauma. This will hopefully also prevent further trauma reactions.

Children look to adults to assist them in dealing with their fears, sadness and grief. If you wish your child to participate, please fill out and sign this Consent Form. If you wish to speak with me first, please contact me through the school.

Sincerely,

_____ has my permission to participate in the group for children who have been affected by the recent trauma experienced at school.

Parent/Guardian Signature _____ Date ____ / ____ / ____

Daytime Phone _____

Teacher/Grade _____

Permission Slip for educational support group

See Master Copies for full size document

Posttraumatic stress

Counselor Information

Factors Placing Traumatized Children At Risk

Factors Potentially Prolonging Trauma Reactions

The following information is provided to assist you in making your final determination for termination, continuation and/or referral of the traumatized children you have been providing initial intervention to.

Children can be traumatized by:

1. Being surviving victims of violent or non-violent incidents such as physical abuse
2. Being witnesses to traumatic events such as domestic violence, house fires, car accidents, drowning or critical injury
3. Being neither victims nor witnesses but by simply being related to the victim as a loved one, peer or friend or sharing similarities with the victims in cases where coverage of national tragedies profile victims with similarities, such as pre-schoolers in the Oklahoma bombing

Factors Placing Traumatized Individuals at Risk:

1. The terrifying effects of the suddenness of an unexpected event
2. The threat to life
3. The degree to which the individual feels helpless and powerless
4. The physical proximity to the trauma
5. The duration of exposure to the terrifying elements of the event, i.e. violence, dismemberment, mutilation, destruction of the body
6. Visually graphic and grotesque details
7. Survivor guilt

Post Traumatic Stress Disorder 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 do not understand its cause.
- **Tremendous fear and anxiety.** For example, one seventeen-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 – 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):** Teenage girl was home when the beating of her mother 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 the broken teeth from her mother’s mouth so she wouldn’t choke on them. Two years later, that plucking motion still occurs when she’s re-experiences the event.
- **Traumatic dreams:** Eleven year old Tommy was a survivor, not a witness of his sister’s murder by a serial killer. He was still having dreams of his “guts” being ripped out by the Candyman one year after her murder. His sister had been stabbed repeatedly in the chest/stomach area.
- **Startle reactions:** After her father beat her mother to death, the police arrived to take pictures and arrest the father. Two years later, this daughter still cannot allow her picture to be taken because it reminds her of that day.
- **Emotional detachment:** Fifteen year old Mary, whose sister was also 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 the trauma-specific help.

Factors Potentially Prolonging Trauma Reactions

Factors following a traumatic experience which have the potential to prolong trauma reactions as well as place the individual at risk for more serious symptomatology include:

1. Additional traumatic exposure, i.e. domestic violence, community violence
2. A dysfunctional parent unable to provide consistent nurturing and protection from harm or the threat of harm
3. Pre-existing disorders
4. Absence of a safe environment
5. Limited social support system or perceived lack of support
6. Assumption of victim personality
7. Additional secondary losses, i.e. loss of friends due to moving, secondary victimization by caregivers and caretakers
8. On going legal issues, such as in the case of murder, the trial, etc.
9. Significant hormonal/biochemical changes induced by the trauma which trigger physiological, emotional and cognitive changes necessitating medication
10. Absence of accessibility to trauma specific interventions

What we also know about vulnerability or risk is:

1. PTSD is correlated with the degree of exposure or proximity to the event. “Most exposed” can be defined as being a victim, participant or witness. “Least exposed” can be defined as a relative, peer, friend who was not present at the traumatizing event
2. Those actually at the event (most exposed) are at greater risk, yet those who are “least exposed” also can experience PTSD
3. Exposure can be the result of verbal exposure, hearing from survivors the details of their experience. This also has implications related to the stress of those who work with traumatized children every day. They, too, can begin to experience PTSD reactions over time
4. Reactions do tend to differ by exposure but not by sex, ethnicity or age – every child is vulnerable

Therefore, the answer to the question, “Who is Vulnerable?” is everyone at the incident and everyone who is in some way associated with the participant(s) of the incident.

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Once support groups are concluded, complete the following checklist to determine if students may be at risk of developing PTSD.

Symptoms of posttraumatic stress

See Master Copies for full size document

Checklist for Symptoms of Posttraumatic Stress

Answering yes to **two or more** of the following may indicate posttraumatic stress and need for further assessment.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The person has experienced, witnessed, or confronted an event that threatened serious injury, physical harm, or death. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. The person responds with intense fear, helplessness, or horror. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. The person experiences recurring and intrusive distressing recollections of the event, including images, thoughts, or perceptions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. The person experiences distressing dreams of the event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The person may act or feel as if the traumatic event is reoccurring (a sense of reliving the experience, illusions, hallucinations, and flashbacks). |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The person experiences intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. The person experiences efforts to avoid thoughts, feelings, or conversations associated with the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. The person experiences efforts to avoid activities, places, or people that arouse recollections of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. The person experiences an inability to recall an important aspect of the trauma. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The person experiences a markedly diminished interest or participation in significant activities |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The person experiences a feeling of detachment or estrangement from others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The person feels unable to have loving feelings, or other strong feelings. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. The person feels a sense of a foreshortened future. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The person has difficulty falling or staying asleep. |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. The person feels unusually irritable or has outbursts of anger. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. The person has difficulty concentrating. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. The person feels on guard, distrustful of others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. The person avoids being touched, and if touched unexpectedly, has strong startle response. |

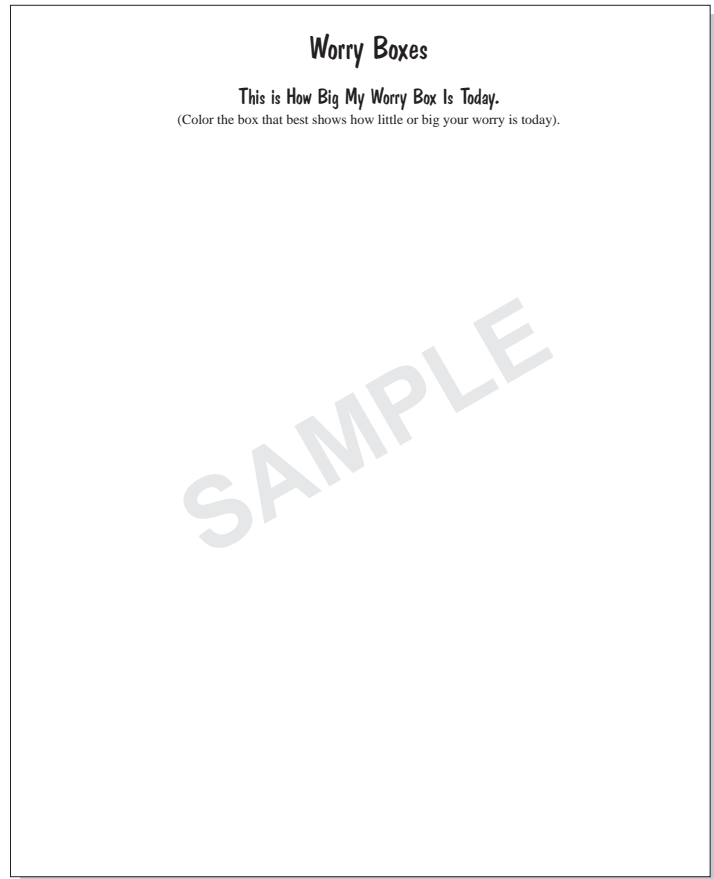
Debriefing Models

| Debriefing the Debriefee | Classroom Presentation |
|--|---|
| <p>For Whom</p> <ul style="list-style-type: none"> ■ Crisis team members, debriefers <p>When</p> <ul style="list-style-type: none"> ■ end of first day or as soon as possible after debriefing process <p>Size</p> <ul style="list-style-type: none"> ■ limited to no more than 10 <p>Conducted By</p> <ul style="list-style-type: none"> ■ outside consultant <p>Duration</p> <ul style="list-style-type: none"> ■ one to two hours <p>Purposes</p> <ul style="list-style-type: none"> ■ to help process difficult personal reactions ■ to identify procedures within the system which helped or hindered effective interventions ■ to evaluate each debriefers performance ■ prepare for future debriefings <p>Format</p> <ul style="list-style-type: none"> ■ question, answer, exploratory, problem solving | <ul style="list-style-type: none"> ■ appropriate for all grades ■ initiate immediately – within first week ■ entire classroom participation ■ crisis team – one–two members or teachers and team member ■ 30–45 minutes ■ one time presentation ■ to gather information on students reactions, questions, concerns information about event and victim(s) ■ to provide factual information to minimize rumors, misperceptions ■ to normalize current future reactions and what students can do and where they can go for help ■ to identify appropriate behavior in the midst of such a crisis ■ to encourage students to ask for help if needed/referral ■ to inform of upcoming related activities e.g. memorial service ■ question, answer, exploratory, problem solving |

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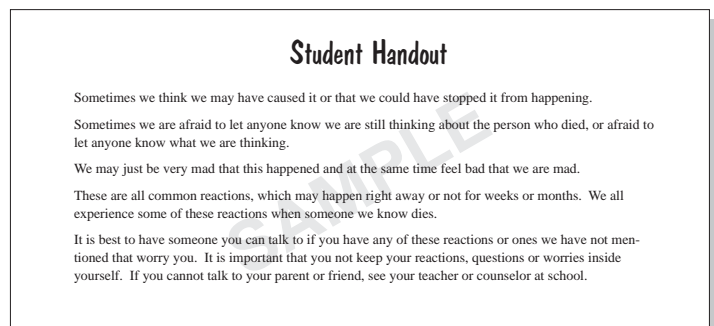
worry boxes

See Master Copies for full size document



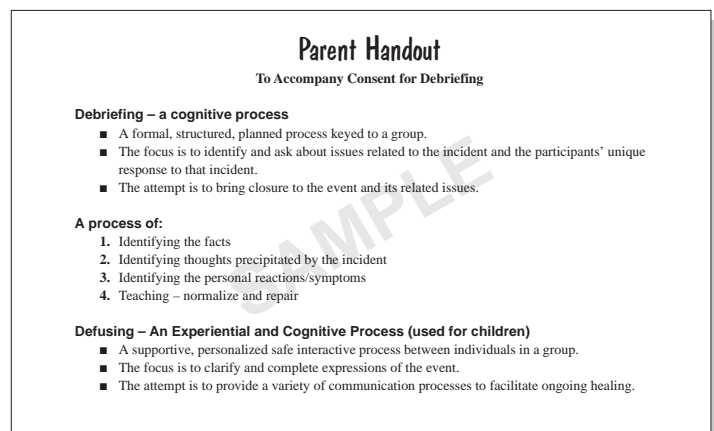
student handout

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parent handout

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Day's End – Operational Debriefing for Staff

*“What we needed most and lacked:
debriefing time – it took a toll on the professionals
to not have that.” —Utica Community Schools*

Operational Debriefing

Group Size: Any number

Group Membership: All staff

When: End of first full or second day of incident with one follow up to be determined by the outcome of this initial meeting. It is generally beneficial to have an additional session three to five days later.

Duration: One hour

NOTE: Debriefers should be consultants from the community to minimize resistance and increase objectivity.

Introduce this process by informing staff that the session will run no longer than one hour. Its purpose is to identify: **1)** what has worked well and what has not; **2)** current concerns and worries; **3)** additional interventions which are still needed; **4)** additional resources or assistance to make the next several days easier. Inform them you will be asking questions about students/clients, their own experiences, and procedural issues and then summarize your observations and comments. Begin with stage one.

Stage One – Student Reactions

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

Stage Two – Staff Reactions

1. What one thought 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. (This question is not what surprised them about other's actions/reactions but their own thoughts, emotions. Keep them focused on their reactions).
3. What behaviors among other staff 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?

Day's End – Operational Debriefing for Staff (continued)

Stage Three – Administrative Issues

1. What have been some of the positive things that have happened?
2. What still needs to happen, either immediately or over the next several days, to help you out?
3. Are there any unanswered questions or additional information you need?

(Questions 2 and 3 can be partially answered by administrative staff, if present)

Stage Four

1. Similar to debriefing, this is the place for you to educate staff about trauma reactions, what they might experience in the following days and, ways to care for themselves, etc.
2. It is important not only to normalize the reactions they have experienced but also to normalize the system response, especially if this is the first critical incident experienced. It is essential to be honest regarding the need for additional training, and improvements needed on their crisis plan, policies and procedures. An honest appraisal now will help them be better prepared in the future. It is also important to stress the strength that has emerged, the dedicated caring, etc.
3. It is also appropriate to ask if they have any questions of you and they often will. Questions generally refer to your experiences with other systems and how they managed in comparison. Inform them that you will be having a detailed consultation with the principal, superintendent, executive director, etc. about their recommendations and your own. It is appropriate to mention what some of your recommendations may be if you know at this time.

Notify them that you will be available for a few minutes should 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. Thank them. Remind them that if they do have concerns about specific individuals to see one of the crisis team members (debriefers) immediately following this meeting.

Your responsibility does include a consultation with the appropriate sources related to your observations and recommendations. This can be done following the operational debriefing session and followed if needed with a written report (general).

Pass out materials prior to this session, as you may want to reference them during your presentation. (First Aid for Staff. . . and PTSD checklist).

First Aid for Staff After A Crisis

Handout

Crisis team members are subject to stresses and can become incapacitated as a result of unmanaged stress. A person in crisis cannot assist another person who is in crisis. In the aftermath of a crisis, keep the following in mind:

1. It is very important to get enough rest, especially the first four to six weeks following the crisis. If you cannot sleep at night, take short naps during the day. If traumatic dreams wake you up during the night know that they will pass in time. Involve yourself in a comforting activity, such as reading, snacking, watching television, etc.
2. Exercise can be useful in relieving stress (even a short walk can help).
3. Avoid too much caffeine, alcohol, or other stimulants.
4. Be protective and nurturing of yourself. You may want to be alone, or just to stay at home with family members.
5. Do not commit to additional responsibilities for the first four to six weeks following a crisis. Put what you can on hold. During recovery from a crisis, everything is a bit distorted. It may be helpful to postpone major decisions.
6. Traumatic dreams, intrusive thoughts, images and other crisis specific reactions may affect your capacity to concentrate. In most cases, they will diminish over time and become less upsetting.
7. Expect during the four to six weeks following the event that new memories of and reactions to your experience are likely to emerge. Generally, these newer memories and reactions may mean you are feeling safer and rested enough to deal with the crisis.
8. Understand that your crisis reactions need to be expressed and experienced by you in order for healing to occur. Support can come from talking with others who also experienced the crisis.
9. People react to crisis in different ways. What affects you may not affect someone else. Reactions that continue for four to six weeks following the crisis may not indicate that something is wrong. Your reactions may suggest that you need more time to feel secure.
10. Do not hesitate to consult with a mental health professional should you feel that your reactions are interfering significantly with normal functioning.

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Parent Meeting

*“My first thoughts were: preventing hysteria.
What we needed most and lacked: **Communication.**
Parents were reacting from ‘word of mouth’.”*

—L’Anse Creuse Public Schools

Parent Meeting Agenda

The immediacy and unpredictability of crisis situations often leave individuals with a sense of worry, vulnerability and distrust. In light of this, a parent meeting can help bring an effective crisis response to a community. For more information to provide parents on coping with crisis see Appendix pages 91–102.

Parent Meeting

Caution

It is important to be in and remain in control of this meeting as some parents and community members, who are not thinking of the students well-being but of their own personal agenda, may attempt to turn this meeting into a political issue. To defuse this it is best that a well-respected member (professional) of the community and supporter of the school open the meeting and introduce the principal for his/her comments followed by the crisis response team presentation.

The moderator must clearly state that the purpose of this meeting is specifically to:

1. Inform parents of what the school has done and plans to do in the following days
2. Talk about how this has impacted students and staff
3. Identify (suicide, murder, sudden death) the specific reactions to be expected in students
4. Answer questions parents have about the nature of the incident as well as how to determine if their own child needs help.

The principal needs to welcome parents and the community. It will be important to express the tragedy for all involved and provide what factual information is available. Afterwards, the administrators need to let the community know the staff is prepared, has been trained (hopefully), and that the crisis response team can best inform them of the ways they have been responding to their children and what they as parents can expect from their children over the next several days. A brief comment from the superintendent may be beneficial. This can be accomplished prior to the introduction of the principal or at closing.

Parents will be concerned about their own children and want to know what to look for so be prepared to present this information. Additionally they will want to feel confidence in the school, administration and counselors, preparedness and ability to help their children. It is often best for a team member to describe the ways in which staff are prepared as parents tend to listen to administrators from more of a political perspective (administrators tell you what they need to tell you to make you believe everything is okay).

It is important to state that the school will be open to suggestions as to how to respond to future incidents but that this is just not the time to discuss these recommendations as all energies are currently focused on getting through the next few days. Do offer that an additional meeting will be scheduled in the next few weeks to then look at suggestions and recommendations. The moderator

Parent Meeting (continued)

needs some experience in being able to keep people focused and the ability to quickly prevent individuals from dominating the meeting with their own issues.

If the incident was suicide, handout material and the presentation will be different than if the incident is an accidental death versus a violent death like a shooting, stabbing or physical assault or sudden natural death from heart failure.

The suggested agenda is in outline form. Providing information about reactions to anticipate following the incident is information your team should present.

One and One Half Hour Meeting

5 minutes Moderator

- Welcome (Introduction of superintendent can be made here followed by principal introduction and comment. Superintendent needs to express confidence in the school staff and that, hopefully, staff has been trained how best to handle this difficult situation.)
- Introduction of Principal

10 minutes Principal

- Assurance of staff preparedness during such a tragic time
- Acknowledgement that such situations present difficult challenges, a need for patience and support from a variety of sources (can be identified, e.g. police, community, mental health district team members, etc.)
- Brief comment on the work of the crisis response team
- Introduction of crisis response team members

45 minutes Crisis Response Team

- Some of the student reactions and ways the CRT has responded
- Activities planned for the next several days
- Inform parents of the reactions likely to be seen in students (their children) over the next several days
- Normalize these behaviors
- When/who parents should call for assistance because of their child's difficulty with this experience.

20 minutes Moderator

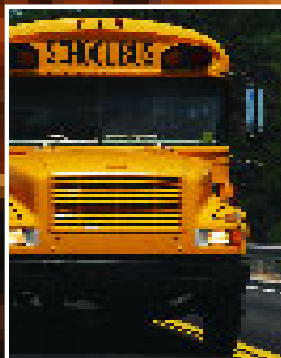
- Ask for questions, which can be directed, to administrators or crisis response team members.
- Make a comment about how difficult this is for everyone, and if at all possible give an example of something positive that has resulted from this. (Often times teachers tell of students who have been troublesome in the past emerging as real helpers in the midst of chaos.)
- The moderator might comment that although this is a difficult time, the strength and resiliency and closeness of staff and students has really shown itself in many ways and that this unfortunate tragic situation will better prepare us for future situations.
- Closing comments may vary, of course, but it is important to bring back to the concept that everyone is pulling together to support one another.
- Pass out handouts (See Master Copies Section – What Parents Need to Know, Ways to Help Trauma and Children)

Trauma Response Protocol Manual © TLC 2000

Safe at School

The Macomb County School
Crisis Response Manual

Suicide Prevention



Suicide prevention

“What biggest fear was: contagion and losing another student. It didn’t happen because we had a plan.”

—Armada Area Schools

Students who verbalize suicidal intentions must be referred as soon as possible to a counselor or other crisis response team member.

The law requires:

1. Duty to inform
2. Duty to refer
3. Duty to report to child protective services when parent refuses to accept referral.

The School’s Duty

It is the legal obligation of school personnel to warn parents or guardians of a student at risk of self-destruction and to refer the student for further evaluation and treatment. A California Appellate Court decision held that “The jury could reasonably conclude that the standard of care imposed on non-therapists who hold themselves out as counselors, can require them to refer suicidal persons to those individuals authorized and specially suited to prevent suicide.” Since the school is not a clinical setting, a referral is necessary.

Who Pays for Referral?

The American Association of Suicidology News Link (Volume 14, No. 2, Summer, 1989) further clarifies the responsibility of schools to warn and refer. It also points out that if a child is taken involuntarily to a hospital because of the school’s recommendation, the district should not be responsible for the costs of such service, since this service is similar to the school calling a rescue squad for an injured student.

The law related to homicide is quite clear in every state and province. If a student were to threaten to murder another person, that intended victim must be warned, the legal authorities informed and the appropriate referral made.

Appropriate Training

School and individual staff members can be held responsible for both unprofessional omission and commission of acts that jeopardize the lives of at-risk students. Not every staff person in a school can be expected to assess and refer students who are at risk of committing suicide. It is the intention of this manual to outline the procedures for CRT members to handle crises imposed by suicides, homicides, or other sudden death. Teachers should be made aware of general indicators of student distress and cautioned to refer students suspected to be at risk to the Administrator, Counselor, Social Worker, or Psychologist on site. These professionals will then conduct a preliminary assessment, inform the parent and determine the need to refer a student to one of the local mental health facilities for follow-up.

The determination of risk and the subsequent interventions, should not be the responsibility of one person. After a student in crisis is physically present in the office/counseling center:

- Contact another crisis response team member to conduct an assessment.
- Gather facts and information, including a statement from the referring person.
- Interview the student, using the Suicide Lethality Checklist to determine the degree of lethality. Verify impressions with another team member, using a third member if necessary. Also refer to the additional materials in this chapter, including Methods of Assessment, General Considerations. If there are questions, contact _____.
- Contact parents to inform them of the student’s status and the need for referral for further evaluation if lethality is judged to be medium or high. **Note:** even though additional evaluation may not be mandatory, the parents should be made aware of one or two options for referral for mental health support, given the likelihood that the assessment in school may reflect the presence of a number of underlying problems.
- Parents must be contacted the same day the student is referred to the Counselor, Social Worker, or Psychologist.
- If parents are unavailable, contact people listed on the student’s Emergency Card who may know of the parents’ whereabouts.
- If a student reports abuse or neglect or if the parent refuses to get help for the child, a referral to Protective Services must be made.
- At least two CRT members must remain with the student until transfer of care to parents/guardians has been completed.
- Inform building administrators of the student’s status and update them on progress the day of the crisis.
- A designated CRT Member will follow-up with parents (within 24 hours) to insure that appropriate action has been taken. If the student has been hospitalized or is being seen by a therapist, a Release of Information Form is to be completed by the school signed by the parent and sent to the agency. Parents may need to be reminded that they will need to sign a Release Form to ensure two-way communication so that the student’s transition back to school can be smoother.
- A certified letter (see sample page 64) must be sent to parents/guardians shortly following the crisis, to document the incident, team actions and recommendations. A statement of what the parent agreed to do should be included. Names, addresses and phone numbers of community agencies that could perform professional assessments should also be provided.
- Document all steps taken by the CRT on the Potential Suicide Disposition Form (see sample page 63). This checklist, together with a copy of the Lethality Checklist (see sample page 63) and the certified letter should be sent to the _____ and also kept in a confidential file in the Counseling Center of the student’s school.

Physical Management of potentially suicidal students

Medical Emergencies Which Result From Suspected Suicide Attempts Should be Dealt With by Calling:

Police Department _____

Phone Number _____

Suicide Lethality checklist

See Master Copies for full size document

Suicide Lethality Checklist for Youth

Be aware that when assessing risk, the higher the number of risk factors present, the higher the risk. This does not mean, however, that if only a few of the risk factors are present there is little likelihood for an attempt. Someone who has no plan, only an ideation, but has history of poor impulse control could be considered high risk.

| Part I | Low | Moderate | High |
|---|-----------------------|--------------|---------------|
| Plan | ___ none | ___ vague | ___ specific* |
| | *What is plan? _____ | | |
| Method | What is method? _____ | | |
| Method available | ___ no | ___ yes | |
| When | ___ unplanned | ___ vague | ___ specific |
| Where | ___ unplanned | ___ vague | ___ specific |
| Previous attempt | ___ no | ___ yes | |
| Alcohol/drug use | ___ none | ___ sporadic | ___ chronic |
| Recent loss | ___ none | | ___ yes |
| Part II | Low | Moderate | High |
| * Physical/sexual assault | ___ no | ___ recent | ___ ongoing |
| Gender identity conflict | ___ no | ___ recent | ___ ongoing |
| * Witness to violent behavior/trauma | ___ no | ___ recent | ___ ongoing |
| Hyposomnia/Disturbed sleep | ___ 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/agitation | ___ no | ___ recent | ___ ongoing |
| * Constricted thinking (either, or; always, never) | ___ no | ___ recent | ___ ongoing |
| Somatic complaints | ___ no | ___ recent | ___ ongoing |
| * Expression of guilt/shame | ___ no | ___ recent | ___ ongoing |
| * Expression of hopelessness | ___ no | ___ recent | ___ ongoing |
| * Chronically depressed parent | ___ no | | ___ yes |
| * Turning against self (verbally) | ___ no | | ___ yes |
| Perceived support of others | ___ several supports | ___ one/two | ___ none |
| * Refuses to contract | ___ no | | ___ yes |
| Total | ___ | ___ | ___ |

* represents high risk

Potential Suicide tasks and disposition report

See Master Copies for full size document

Potential Suicide Tasks and Disposition Report

Student Name _____ Date ___ / ___ / ___ Time _____

School _____ Referred by _____

Parents _____ Ph _____ Wk _____

Trauma Response Members _____

State the Nature of Crisis _____

Initial Those Procedures Appropriate to This Crisis :

___ A member of the team was with the student at all times.

___ Student was under direct supervision at all times.

___ Assessment of risk completed. Checklist attached.

___ Principal, team members, and other appropriate school personnel were contacted and consulted prior to final disposition.

___ Attempt to contact parents/guardian by telephone were: (circle one)
successful or unsuccessful

___ Protective Services contacted for direction

___ Police contacted for support

___ Parents/guardian advised of the crisis response team's concern that student is: (circle one)
1) actively suicidal 2) high suicide risk 3) low suicide risk

___ Request was made for parents/guardian to come to school.

___ Student transported for evaluation. (Parents directed to outside agency.)
Parents/guardian were able to come to school to discuss concerns regarding student.
Student released to parent.

___ Parents/guardian told to remove gun or method of choice from home.

___ Parents refused referral. Parent ___ signed ___ did not sign release form.
Professional therapy for student recommended and parents/guardian assisted in making arrangements for prompt assessment of student, prior to releasing the student to parent/guardian.

___ Referral made to outside agency. Agency contact _____

___ Follow-up call about evaluation made. Date of call: _____

Appointment made _____ Appointment not kept _____

Additional Comments _____

List of Agency Referrals

| Category | Agency Name | Contact Phone | Street Address-City,ST,Zip |
|-------------------------|-------------|---------------|----------------------------|
| Community Agency | | | |
| | | | |
| Psychiatric Hospital(s) | | | |
| Outpatient Clinics | | | |
| Medical Clinic | | | |
| Crisis Lines | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |

Agency referrals

See Master Copies for full size document

Post-Referral Follow-Up Letter — Guide

(Send via Certified Mail and request receipt.)

Student Name _____ Date sent ____ / ____ / ____

This is to summarize the meeting that we had on _____ DATE regarding your son/daughter, _____ NAME .

Note: Explain what happened and why parent was called.

Our meeting focused on _____ .

The primary outcome of our conversation was that you agreed to seek a professional assessment to further explore your student's feelings and strategies for dealing with them more appropriately.

You were provided with referrals and a number to call in case of emergency.

Note: Describe the follow-up actions parents were expected to take.

Those numbers included the following: (List referrals)

You promised to follow-up with a return call to me within _____ TIME FRAME . If I do not hear from you by _____ DATE , I will call you to see if I can be of further assistance.

I appreciate your prompt attention and cooperation in this matter and know that you will take the necessary steps to insure _____ NAME well being.

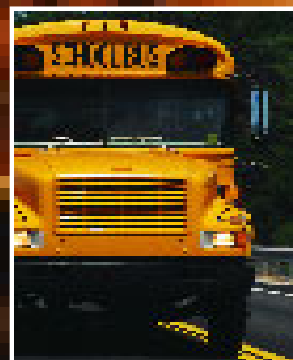
Post-Referral follow-up letter

See Master Copies for full size document

Safe at School

The Macomb County School
Crisis Response Manual

Training



training

“Although all staff received a manual, subs were at a loss as were some staff members who did not have their manual present.”

—Anchor Bay School District

The Macomb County School Crisis Response Manual is intended to serve only as a resource guide. This manual will assist schools in developing staff training for both immediate response and long-term follow-up. Training **ALL** faculty and staff including substitutes should be done yearly.

Training, to ensure a school is responding effectively to a crisis, may be done on three levels.

Level One

- Selection of CRT members
- Discussion of teams responses
- Assignment of roles
- Quarterly meetings
- Yearly meetings with district’s CRT.

Quarterly meetings provide opportunity

- for getting to know each other’s areas of expertise and comfort.
- for evaluating past responses.
- for practicing various scenarios (see Training Scenarios pgs. 67–68)
- to review community resources available. Consider inviting community resource personnel to your meeting for input.
- to continually update/orientate new members.

Level Two

Specialized training for select CRT members via workshops, seminars and/or training’s in the areas of:

- group facilitation skills
- adolescent suicide prevention
- substance abuse
- crisis intervention/management skills
- other pertinent staff development topic.

Level Three

Specialized training in trauma response for student assistance specialists:

- Certification by TLC (See Appendix pgs. 103–104.)
- Workshops/trainings

Personnel should use the Crisis Response Manual as a guide in formulating and “role-playing” appropriate responses. Schools are encouraged to develop their own scenarios. Each participant should have reviewed the Crisis Response Manual prior to the session and should bring it to the session as reference.

Participants are divided into workgroups for the session. Training is case-study format. At the beginning of the session, each workgroup participant is assigned a case study, without preliminary review or discussion. Each workgroup meets separately for approximately 60–90 minutes to review

the case study and formulate a trauma response plan. Representatives selected by each workgroup present a short summary of the group’s plan to the participants in general session (approximately 1 hour total).

Workshop Activities

Using the Crisis Response Manual as a guide, each study group should develop, in outline form, the key elements of a district-wide response plan and individual response plans for each affected school. This should include, at the minimum:

1. Analysis of the situation’s potential impact and severity
2. Announcements to inform staff, students, parents, the school community and media
3. Staff assignments and tasks; additional resource requirements
4. An approach to identify students at greatest risk
5. Group counseling sessions and counseling activities
6. Other elements identified in the Response Manual. (Refer to Macomb County School Crisis Response Manual Table of Contents.)

Crisis Team Response

A. Compose a response via the Crisis Response Team which addresses the following:

1. Communication with staff, teachers, parents and students (including those away from the building on field trip).
2. Policy for releasing children to parents
3. Attendance issues
4. Classroom activities
5. Identifying those most at risk for grief/trauma reactions
6. Funeral/memorial considerations
7. Need for parent meeting
8. Responding to the media

B. Identify roles and responsibilities assigned to various staff in the building and consider the need for additional staff.

1. Principal
2. Assistant Principal(s)
3. Teachers on building crisis team
4. Counselors
5. Special Ed support staff
6. Secretaries
7. Paraprofessionals
8. Custodians
9. Cafeteria personnel
10. Bus drivers

C. Devise a plan for addressing grief and loss issues along a timeline for

1. Student’s class
2. Other classes
3. Other schools in the district
4. School personnel

“My first thoughts were:

I am so thankful
that we had
a proven crisis plan
to follow.”

—Lakeview Public Schools

Center Line Public Schools

scenario

Student Death by Apparent Suicide (High School)

A 12th grade student falls to his death from the I-96 freeway overpass during the school day. The student is a popular athlete.

Reasons for the student's behavior are not clear. Rumor has it that he was recently jilted by his girlfriend. Several girls were identified as the student's former girlfriend. Some family problems have also been reported.

Within the last 24 hours, students should have received their grades. Records indicate that the student had failed two courses required for graduation.

School officials initially became aware of the situation because of traffic backups on I-96. A family spokesperson called late afternoon to deny rumors that the cause of death was suicide.

Several siblings attend the school district.

scenario

Dealing with the Effects of a Violent Parent (Middle School)

A male parent enters the building while school is in session. The parent arrives at the main office and, in a loud and threatening manner, demands that his child be released to him. Others present in the room note the smell of alcohol.

The parent becomes visibly frustrated, displays a handgun and waves it around. The parent leaves the office, apparently heading toward the child's classroom.

The parent is apprehended in the building a short time later by police, but only after threatening students and teachers and entering several classrooms in search of his child.

scenario

Toxic Fumes (Elementary School)

Toxic fumes overcome children and staff out for lunchtime recess at two elementary schools. Many faculty and staff at the two schools need immediate medical treatment, while others are experiencing various physical symptoms.

Meanwhile, parents are hysterically calling the two schools and the district offices for information; some are arriving at the two schools. Media representatives are arriving on the scene or calling on the phone. For at least the near term, staffs at the two schools are not capable of handling the situation.

Notice was just received of a train derailment in Warren, which involves the release of toxic chemicals.

(**NOTE:** Prepare specific plans for each school; discuss possible roles and responsibilities for staff at neighboring schools.)

Child Killed by Car on the Way to School

(Elementary and High School)

A vehicle strikes and kills a 6th grader entering the school grounds for the start of the day's session. The vehicle leaves the scene. Many elementary- and high- school students on the way to school witness the event. Police and media are on the scene.

Several teachers witness the event. By the time word gets to the office, news has already traveled widely via word-of-mouth. The accident is also being reported in the media. Dozens of anxious parents have already called the office.

Student Death by Meningitis

Student dies of spinal meningitis on Monday at 10:00 a.m., following a brief hospitalization. Central Office is informed of death by the Health Department at the same time that the media breaks the news on TV. No information is available regarding the specific form of meningitis involved. The Superintendent at 10:05 calls the principal.

The class to which the student belonged is on a fieldtrip for the day. Parents begin arriving at school to pick up their children at this school and at other schools in the district. The media begins to arrive at the school. Many calls are received through the school's central number.

High School Student Suicide

A popular high school senior completed suicide on Monday after school. The principal gets a call at about 11:30 p.m. that evening. The student was a soccer player and had a game with his team just prior to his death. A couple of his friends from school are the ones that found his body. This class of seniors also had a student die in a car accident when they were in the 10th grade.

It is 8:15 on Tuesday morning. A busload of elementary kids is on the bus when it collides with a car in the school parking lot. The car catches on fire before the driver is removed from the car. The driver is taken to the hospital and we are unsure if she will survive. The driver of the car is the elementary school principal. Her husband is a principal at the middle school and they have 2 children in the same elementary school. Several of the children have broken bones and have been taken to the local hospital.

A tornado has occurred during school hours in your school district. There has been some minor damage in many of the buildings but the middle school has been severely damaged, destroying the front office. Many children have been taken to the hospital. Fire, police and parents are all on the scene.

Center Line Public Schools

scenario

scenario

scenario

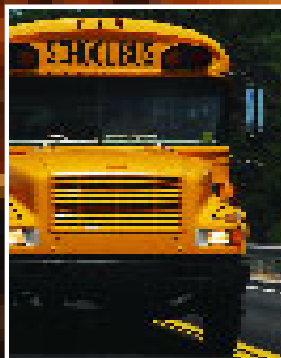
scenario

scenario

Safe at School

The Macomb County School
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Activities



activities

Activities May be Helpful in a Number of Different Areas of the Crisis Response Plan:

- After classroom announcement
- After classroom presentation
- After classroom debriefing
- During support groups
- During saferoom use
- During days/weeks following crisis as teachers/staff may deem appropriate
- Around or at the anniversary date of the crisis

Activities may also be useful in introducing a curricular topic. Please use these suggested activities as a way to help your school process the crisis event. Be creative with regard to how, when and where they are used. Alter the activities in order to best suit the needs of students.

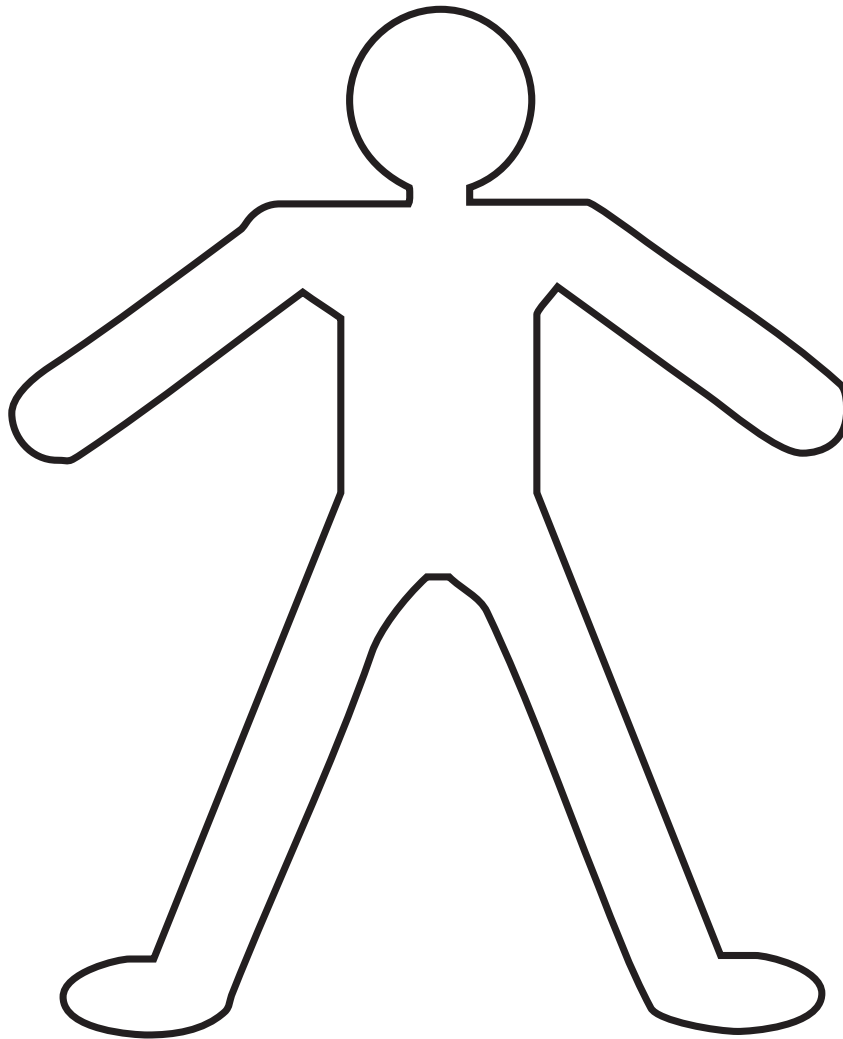
Activities in this section are, for the most part, appropriate for all ages. However, some alterations or modifications may be needed for younger students.

This section has a variety of activities for children and youth, which help them process grief and loss. The more training the facilitator or teacher has had in grief, the better. But grief is a part of life, and as long as the person leading the exercise is comfortable with grief as a life experience, the children will be comfortable with expressing their own grief process. The first few pages are samples you could copy for the students to use. They are followed by explanations of other activities.

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Here is a list of feelings I have . . .

And here is where I hold those feelings in my body:



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If I could make a **Mask of Death**, here's how it would look:

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Here is a picture about what this is like:

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When someone dies . . .

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Use these as ideas for cards students could have in their classrooms or in the Saferoom. After they are screened (to be sure the message is appropriate), they could be compiled onto a bulletin board or made into a big banner which could be given later to the family.

What I most appreciated about Jenny . . .

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My favorite memory of Joey . . .

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Activities for Processing Loss/Grief

**These activities are appropriate directly after a death or tragedy.
They could be used in a Saferoom or in the classroom.**

1) Letters of regret and appreciation.

This is an opportunity for youth to process their “unfinished business” by getting clear about anything which is fostering feelings of guilt as well as helping them begin to get in touch with the wonderful things about that person that they will miss.

2) Cards and letters to the family.

This is a wonderful means for youth to share their sympathy with the family. Encourage them to share a happy memory about the deceased either in words or by drawing a picture. Or suggest they share the attributes they most appreciated in their friend. These must be screened by an adult to be certain that what goes out to the family is appropriate. Often art activities are times when students are therapeutically working on making the event real, or coming to terms with some of the frightening or gory details. If a student does a card for the family that is graphic in this regard and might be hurtful to receive, explain the positive function of being able to draw about the scary parts and give the student lots of positive reinforcement for their willingness to confront this part for themselves. Then gently encourage them to think of a second “theme” to use and make another card especially for the family. The student might want to take their first picture home to share with parents, and if this is so, it might be helpful for someone to give a call to the parents to help them understand the context of how this came to be drawn. Getting these things out of context can be very upsetting to parents.

3) Reading stories about other kinds of death/loss.

It is most helpful if someone has already organized a bibliography of those books or films that anyone has on hand in the building.

4) Clay or play dough.

Some kids just need time to let their minds wander while the shock is wearing off. Having something for their hands to do keeps them in one place and still gives the mind freedom to let things sink in.

5) Art supplies and butcher paper or poster paper.

Often kids want to make a giant poster that expresses their loss. This is something a whole group can do.

6) Planning of the memorial activity.

This can be something which happens either on or out of the Saferoom environment. That should be determined independently with each crisis. There could be one person from the building assigned to coordinate the memorial activity efforts, and students need to be aware of how they can be involved in this.

Activities for Processing Loss/Grief

7) Having specific outside people available to talk.

Sometimes because of the uniqueness of an event, it may be helpful to have a specific person come in to process this event with some kids. That might be having a nurse come in who can describe material facts about a particular death or illness, or having a paramedic come in who was at the scene to help dispel rumors.

8) Drawing favorite memories of the person.

This internalizes that the love doesn't die.

9) Think of analogies, which makes sense to the developmental age of the kids

and encourage them to draw pictures which represent grief, loss or sadness. Examples of this might be "Every time someone dies it is as though we have a bucket of tears inside us. Draw yourself and the bucket inside you. How high up is the level of the tears?" or "If sadness were an animal, what would it look like?" or "If we could do all of our grieving on a special island, what would that island have on it? Draw your boat on the journey to the island."

10) Do lifelines.

Hang a huge long piece of butcher paper on the wall, and invite kids to draw a long line representing their lives, and let each one note significant life events, both "good and bad" (or happy and difficult) along the line. Help them see what balance you can find in their lives, and similar experiences between kids.

11) Create a "question wall".

Students write their life questions on paper and place them on a special wall designated as the "Question Wall." Then ask the question of the group. As questions are answered or discussed through group dialogue or activity, remove the question and replace it with a new one. Questions which might arise include: What is the meaning of life? The meaning of death? Who is God? What is nature? Who or what is part of nature? Why do we die? Why is there pain and suffering? Why do some die young? Is there meaning to the cycle of life and dying?

12) Grief Haiku.

Read a couple of haiku, and talk just briefly about the style of haiku—that it isn't prose or sentences, or even poetry. Just a collection of words which flow together, all relating to a central theme. Then students can either compose their own or collectively put together phrases to make haiku-like expressions of their feelings, reactions and grief.

13) Feelings List.

Students generate a list of feelings that are written on the board. Make a second list of what we can "do" or how to express those feelings. For example, "I could go out and beat the ground or rip newspapers." (If a student responds with, "I can pretend I don't have feelings," ask, "What happens then? What happens to those feelings and what is the result of pretending? What will happen the

Activities for Processing Loss/Grief

next time someone you love dies?") Don't expect immediate resolution of grief issues. In this type of discussion, you can also point out that it is an opportunity to make choices about how we solve our problems and how we will share serious feelings. This may be a new experience.

14) Create a mural.

Put up huge pieces of newsprint roll or butcher paper on the walls and let kids create a mural of their thoughts and feelings.

15) Create a memory bulletin board.

A special bulletin board in a central location that is accessible to all students (like in the main hallway or the front office) can be designated as a place for student to display special pictures or poems they write about this tragedy. Screen contributions for appropriateness before posting.

16) You can get there From Here.

A series of three pictures can be very helpful. Have kids draw a picture of themselves, which depicts the depth of their sadness and grief. The picture should be of themselves, not of the situation. The second picture is one of how it will be once they have reconciled their grief and feel happiness again. Then place those two pictures in front of them with a space in the middle for the third picture. The third picture is one of what they would need to do to get from where they are in picture one to where they'll be in the other one. Let them draw one thing they could do that would make some difference - - help them realize it is a process made up of lots of little steps, and that even realizing one step gets us closer to feeling better. This is an activity of empowerment.

17) Create a treasure box, a memory book or some other means of saving or keeping the memories of a loved one alive after a death.

The treasure box could be decorated or just could be a special box ... but it is a place to put special things that belonged to that special person or it could be a place to keep writings and pictures of him/her. The memory book could be something the child writes in or could be something that is passed around to many that knew the person who died. Many people could put their memories down so the child has these for later, when the loss is being viewed from a different developmental stage.

General Activities About Loss

These can be done to introduce death as a curricular topic, not necessarily in response to a death of someone known.

- 1) **Animals and plants in the classroom** give ample opportunities to talk about life cycles, birth and death. Certainly observing the seasons does, too.
- 2) **Create a lifeline or a year line** in the room. If the format is a lifeline, each student does a personal lifeline, showing both happy and sad events of life. This gives students a great opening to talking with each other about similar experiences, such as how it was to live through a divorce in the family. With a **year line**, you could put up a long piece of butcher paper and draw a line representing the school year. Each time a noteworthy event occurs, it could be entered on the line. This provides an opportunity to show that there is (usually) a balance in life, that both happy and sad things happen, and then there is the opportunity to talk about what we learn from each, and which kind tends to give us the opportunity to learn the most!
- 3) **Give each student a loss inventory** that includes deaths, divorces, moves, and the multitude of other losses, which occur in life. A resource for this is Barbara Bebensee's Perspectives on Loss: A Manual for Educators. Allow it to be taken home so a parent can assist, if this seems appropriate.

Another great way to do loss inventories is to have all of the students volunteer verbally or on little pieces of paper (for those who do better with anonymity) the longest list your class can compile of losses. Death, divorce, moving, pets dying, several things—for the group as a whole to rank them in order of challenge, or for each student to rank them according to one's own values and experience, or for students to give each one a point value. This can be very validating, for youth to have their losses acknowledged.

- 4) **Take a field trip to the cemetery and do rubbings** of the headstones. This gives an opportunity to notice the different ages at which people die, and gives rise to pondering the many causes of death. Look for headstones of those that died young and ask questions to help them surmise that there are many causes of death at all ages.
- 5) **Each student asks a parent to assist in the drawing of a family tree** that will include birth and death dates at least back through grandparents.
- 6) **Draw a picture** of early recollections about death. This could be one in a series of pictures, beginning with early recollections about other life events and dilemmas we have in common (birth, first day at school, first fight with a friend, an accomplishment).
- 7) **Lead a discussion about death**, letting each student volunteer his or her own experiences. Follow-up questions might include:
 - what did people do that was helpful?
 - what did people do that wasn't helpful?
 - what do kids wish that adults understood about this?
 - do you have unanswered questions that someone could still answer? (Might relate to the cause of a particular death, where someone's ashes are...)

