

***Crisis Intervention
Resource Guide
2018-19***



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FORWARD

The following guide is offered to assist with preparation for an emergency situation at school, such as: the death of a student, teacher, principal; a suicide or suicide attempt; or a national disaster, such as 9/11, etc... It is **not** intended to replace the emergency plan which is required by law, but is instead intended to be a resource from which parts that are applicable can be selected based on the needs of the situation. It is a working guide which will be modified as experiences refine our expertise in dealing with crises.

It is not always possible to avoid the occurrence of traumatic events, but it is possible to be prepared for them and to anticipate some of the many ramifications that are caused and must be dealt with quickly and professionally. Any feedback from those who have used the guide is welcome so that changes can be made to improve it.

Please note that many sections of this guide were adapted from other sources.

Ed Sanderson, Ph.D.
Director, Student Services

INSIGHTS AFTER 25 YEARS OF CRISIS INTERVENTION EXPERIENCE

1. The reactions to crisis situations in general are very similar, yet every situation is unique and every individual will react differently, depending upon their present condition (physical and mental) as well as previous experiences.
2. Assessing the impact of the crisis on the school is critical to determining what resources (physical and emotional) are needed.
3. Communication is essential between the administration, crisis team, parents, students and community.
4. Young children tend to rebound more quickly than more mature students, and adults. Providing immediate and effective support can help to prevent delayed stress reactions, unless there are other factors (history of stressors) present.
5. It is important to keep track of students referred for individual or group counseling during the initial days of the crisis. There needs to be follow-up with these students and their parents.
6. Someone should be responsible for contacting those students who are not in school during a crisis to be sure that they have someone to care for them at home and to offer whatever support may be needed.
7. Being physically present, even though you are not actively doing something, can be as important to an administrator and staff as anything else.
8. Being prepared before an incident occurs greatly decreases the initial shock of a crisis. Sitting down and determining who will do what (job assignments) and actually practicing, like you would a fire drill, is essential. When the crisis occurs, your reactions will need to be pre-programmed and over-learned, so that all bases are covered.
9. Don't be afraid to ask for backup, but try not to overwhelm a school with people that they don't know. Someone from Psychological Services and Student Services should be informed of the crisis and together with the administration, determine how much support will be required.

By Dr. Orlow E. Ball, Former Director of Psychological Services

CHAPTER ONE

Before a Crisis

STATEMENT OF PURPOSE

During the 1988/89 school year, the Crisis Intervention Procedure to Prevent Suicides in the Richmond County Schools was accepted as the official policy for the school system. The procedure was then distributed to each teacher and administrator. In 1992 the Crisis Intervention Guide was disseminated to all schools, which included the suicide prevention policy, but was broadened to include any type of crisis situation.

At workshops and conferences presented by legal advisors it was advised that having a crisis intervention policy was necessary, but simply having a policy was probably not sufficient. It was also necessary to insure that the policy was known and being used by school personnel.

INTRODUCTION

As noted previously, not all crises can be avoided. In some cases, such as a suicide threat, there are many steps which an informed individual can take which conceivably might avert a crisis. It is critical that in situations such as these there be a group of trained professionals who can respond quickly, efficiently, and have the support of the administration so that time away from normal duties and responsibilities can be afforded during such as crisis.

In other cases, there is nothing that can be done to avoid the tragedy, such as 9/11 or a space shuttle explosion. In these cases, it is still important that a team of individuals be made available who know what the normal responses to such a crisis are, and are thus able to identify an abnormal reaction so that those in need can receive the support deemed appropriate. The administration in each school will set the tone in any crisis situation and must be knowledgeable of ways to minimize the emotional damage caused and what resources are available to them. **It is critical that these procedures be planned before not during a crisis.**

CRISIS: A DEFINITION

A crisis is a temporary state of upset and disorganization, characterized chiefly by an individual's inability to cope with a particular situation using customary methods of problem solving, and by the potential for a radically positive or negative outcome (Karl Slaikeu, 1990)

SIGNS AND SYMPTOMS OF SITUATIONAL TRAUMA

Cognitive

confusion
difficulty solving problems
time distortions
problems in setting priorities

Physical

pounding heart
nausea
sweating
other signs of shock
headaches
muffled hearing

Emotional

irritability
fear
anxiety
frustration
anger

Behavioral

slowness
aimless wandering
dejection
memory problems
hysteria
out-of-control behavior
hyperactivity

from Kendall Johnson (1989)

PRINCIPLES OF CRISIS INTERVENTION

1. Intervene immediately.
2. Be concerned and competent.
3. Listen to the facts of the situation.
4. Reflect the student's feelings.
5. Help the student accept that the crisis has occurred.
6. Do not encourage or support blaming.
7. Do not give false assurance.
8. Recognize the primacy of taking action.
9. Facilitate the reestablishment of a support network.
10. Engage in focused problem solving.
11. Focus on self-concept.
12. Encourage self-reliance.

DUTIES OF THE CRISIS TEAM

1. Gather the facts of the crisis as quickly as possible.
2. Determine the scope of the trauma and need for additional resources.
3. Provide crisis counseling for “at risk” friends and fellow students.
4. Facilitate the grieving process and healthy response for students and teachers, etc.
5. Provide staff/faculty with guidelines to:
 - Identify “at risk” students/teachers
 - Differentiate between normal and abnormal reactions
 - Facilitate open discussion of the situation
 - Provide suggestions as to how to deal with lectures, tests, and classroom discussions for the next few days.
6. Support the administration in the tasks of supporting students, faculty, and staff as they react to the loss, work to reestablish normalcy, and see that those experiencing undue emotional distress receive needed services.
7. Provide on-going support to students, faculty, and staff for as long as needed after the crisis period has passed.

RESPONSIBILITIES OF ADMINISTRATION IN PREPARING FOR A CRISIS

Collect the following:

- A school map with the location of school telephones, designated meeting rooms, and care centers
- Keys to all doors of the school
- Name tags for crisis team and any community helpers
- An updated schedule of classes
- An updated list of students in each class
- Community phone numbers
- Telephone tree of all teachers and crisis team members
- Sign in sheets for students needing counseling
- Counseling Passes
- Signs to designate “Student Sign-Up” to request assistance
- Sign to designate “Crisis Team Room”, etc.
- Sample letters to inform parents and make suggestions for dealing with the crisis

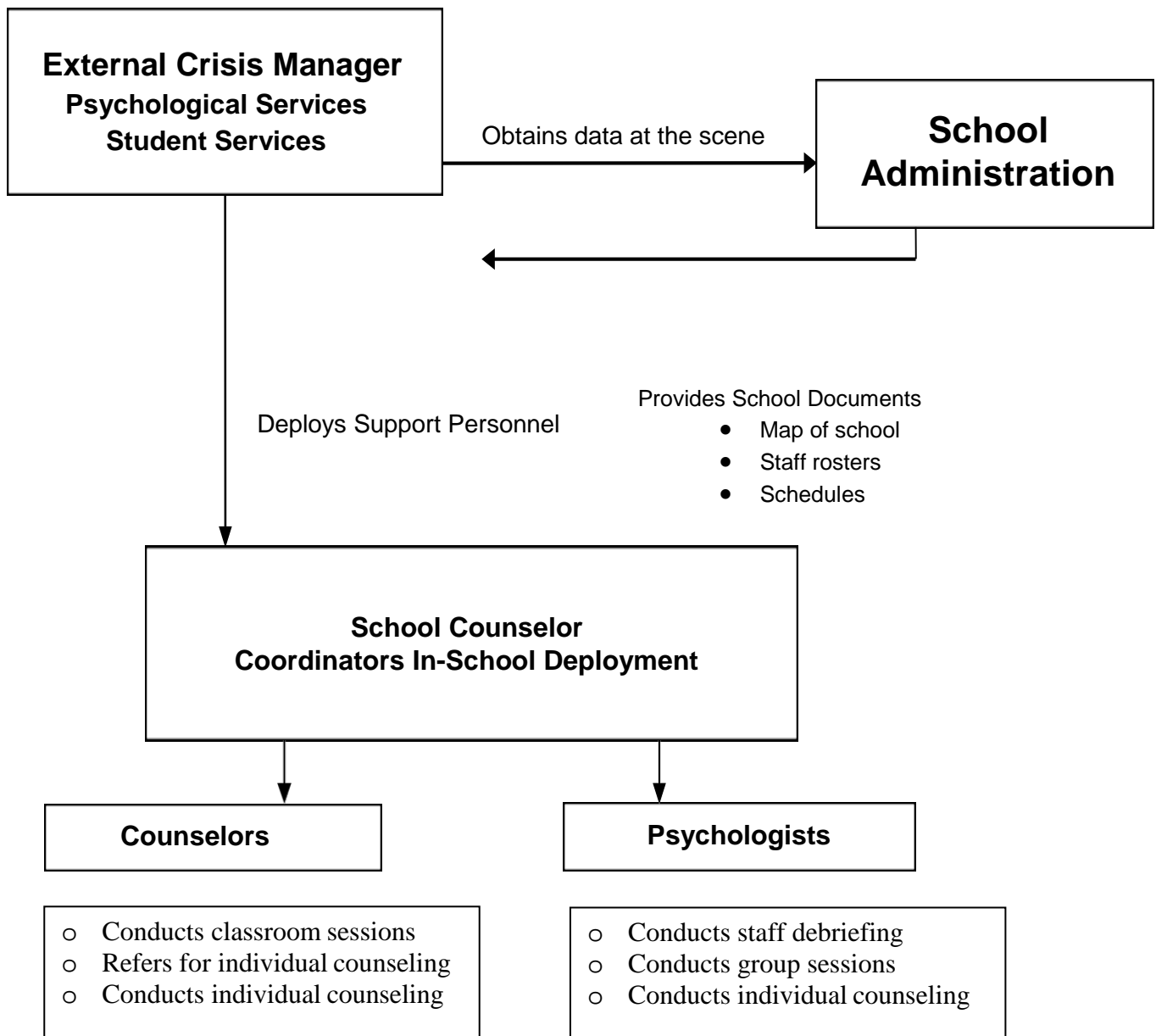
Questions to be addressed:

- How and when should the staff be informed? Is there a clearly defined phone tree in place? Who will serve on the school-based crisis team? Who is the crisis manager?
- What information will be announced to the students and who will announce it?
- How, when, and who should contact the family of the deceased, as an extension of sympathy and support?
- What specific information will the administration be sharing about the tragedy with faculty and staff?
- What can be done to protect the family’s wishes for privacy?
- Who will be designated to focus on those students in the victim’s classes?
- Who will be responsible as the “floater” – the person who moves throughout the hallways and classrooms and enhances communication between care centers?
- Who will be responsible for being the “logger” – the person who records telephone messages, and student or staff contacts?
- What information needs to be relayed to the Superintendent, cabinet members, School Safety, etc.?
- Who will be responsible for dealing with the media and others with questions?
- How will the possessions of the deceased be handled?
- Are there other siblings or close friends of the deceased at other schools who may need support?
- How will the parents be informed and what resources will be made available to the parents/students/staff?
- Where will the counseling center(s) be located and for how long will they be open?
- Will there be a faculty meeting to discuss the incident, how to schedule classes, etc.?

RESPONSIBILITIES OF THE CLASSROOM TEACHER

- Provide accurate information to students.
- Lead classroom discussions that focus on helping students to cope with loss.
- Dispel rumors.
- Answer questions without providing unnecessary details.
- Recognize the varying religious beliefs held by students.
- Model an appropriate response.
- Give permission for a range of emotions.
- Identify students who need counseling and refer to building support personnel.
- Provide activities to reduce trauma, such as artwork, music and writing.
- Set aside the curriculum as needed.
- Discuss the funeral/memorial procedures.

CRISIS MANAGEMENT PLAN



<u>Emergency Telephone Numbers</u>	
All Emergencies	911
Psychological Services.....	706-826 – 1131
Student Services.....	706-826 – 1129

**SCHOOL
TELEPHONE TREE**

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CHAPTER TWO

During a Crisis

EARLY DECISIONS FOLLOWING A TRAGEDY

- Who was the person killed/injured – student, faculty, or staff?
- How long had this person attended/worked at the school?
- How well known/popular was this person?
 - Sports Team
 - Cheerleader
 - Leader in school
- Are there siblings? At the same school or different schools?
- What was the nature of the death? Murder and suicide are unexpected and violent, and thus more difficult to deal with, than, for example, a death from a serious illness.
 - Suicide
 - Violent
 - Sudden vs. long illness
 - Were there student/faculty witnesses
- Where did the death occur? Home? School?
- What other tragedies have impacted this particular school recently? The latest death will cause other unresolved issues to surface for both students and staff.
- Who was the perpetrator (if any)? If the person believed to be responsible for the death is also a member of the school community, it adds to the emotionality.

FIRST STEPS FOLLOWING A CRISIS

- Get the facts – It is essential that the administrator determine as much information as is possible – What, When, Where, How
 - When the family is contacted, that person should express sympathy for the family in their time of loss and indicate that the school wishes to honor the wishes of the family in regard to what details they wish released, while informing the family of the advantages of telling truthful and factual information.
 - A family member should be identified as a contact person to update the schools information.
 - Any information regarding viewing, memorial, etc. if and when available
 - Families generally appreciate concern and do not consider this call intrusive.
 - Keep the faculty and staff updated on events and circumstances.
 - Emphasize the importance of providing hard facts in reducing rumors.
- Get help – Contact Public Safety if necessary, the Superintendent and Cluster Superintendent, the Director of Psychological Services and Director of Guidance
- Activate your **phone tree** – be sure that everyone on your faculty and staff is notified **ASAP** so that they can begin preparing for the reaction from students and others.
- Determine the impact in order to have an idea of
 - How many support people might be needed?
 - How many rooms will need to be set up for crisis counseling?
 - Will the media be likely to contact you?
 - How is the faculty likely to react and will they need crisis counseling as well?
- Determine when/how staff and students will be notified
- Make packets with maps, lists of students and classrooms, class schedules, etc. available for crisis team
- Meet with crisis team leader(s)
- Determine if/when a faculty meeting will be help to insure everyone has the same information and knows how the school will handle issues such as delaying tests, etc.
- Be highly visible to show presence, support, and control of situation.
- Make arrangements for excused absences for students wishing to attend funeral.
- Make arrangements for rescheduling standardized testing programs or other cancelled activities.

Suggestions for the First 48 Hours

- Talk with others.
- Give yourself permission to feel rotten.
- Be prepared for a flood or roller coaster of emotions.
- Alter periods of exercise with periods of relaxation.
- Get as much rest as you can.
- Eat regular meals even if you do not feel like it.
- Avoid caffeine.
- Avoid the use of drugs and alcohol.
- Reach out and spend time with others. .
- Maintain a normal schedule as much as possible.
- Do not be hard on yourself if your reactions are not the same as others.
- Do not make any major life decisions or changes.
- Do make routine daily decisions.
- Keep a journal; write through sleepless hours.
- Put your thoughts in poetry, music, or letters.
- Reassure yourself that you are not crazy and are experiencing common reactions.

Adapted from:
Crisis Training, Dr. Joe M. Nail

GRIEF (noun):

Webster’s Dictionary defines grief as a “deep sadness especially for the loss of someone or something loved.

PHASES OF GRIEF

It may be helpful to be aware of the stages of grief and to know there is no wrong way to grieve. All feelings are normal.

SHOCK is the first stage of disbelief and numbness

DENIAL follows quickly with “I don’t believe it!”, or “It can’t be!”

BARGAINING is the promise that I’ll be good if only I can awaken to find it not so...I’ll do all the right things if only ...

GUILT is a hard stage and difficult to deal with alone. This is the “if only I had not ...”

ANGER is another big one which seems necessary in order to face the reality and get beyond it. We must all heal in our own way, and anger is a natural stage to go through. You may even feel guilty because you are angry at the deceased or because your life is continuing and his or hers is not.

DEPRESSION may also be a stage that comes and goes. ***GIVE YOURSELF TIME TO HEAL.***

RESIGNATION: You finally believe it.

ACCEPTANCE AND HOPE: You will never be the same, but your life can go on to find meaning and purpose. As you heal, you may need to share your feelings with someone.

Below you will find some helpful links to grief resources for children.

<http://www.recover-from-grief.com/grief-in-children.html>

<http://www.familymanagement.com/facts/english/children.grief.html>

ACTIVITIES FOR PROCESSING LOSS/GRIEF

The primary focus of the Safe Room is to give students an opportunity to process, vent, and to integrate the meaning of the loss for them, usually through talking in small groups with trained staff members. Additionally, these activities might be helpful.

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 students 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 children 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 children 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 in or out for the Safe Room 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.
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 children. 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 make sense to the developmental age of the children.** 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 children 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 children.
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, move 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. 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 which 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 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 for many students.
14. **Create a mural.** Put up huge pieces of newsprint roll or butcher paper on the walls and let children create a mural of their thoughts and feelings.
15. **Create a memory bulletin board.** A special bulletin board in a central location which is accessible to all students (like in the main hallway or the front office) can be designated as a place for students 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 children draw a picture of themselves that 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 happy 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 anyone 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.

Processing Questions

1. Please introduce yourself to the group and tell where you were when you first became aware of the tragedy and specifically what were your initial sensory perceptions? What did you see, hear, taste, touch or smell?
2. What thoughts or reactions have you been having since the tragedy?
3. What is your biggest concern or worry about the immediate future?
4. What would help you feel safer right now?
5. What has helped you cope when you have had to deal with difficult things or losses in your life before? What can you do to help yourself cope now?

These procedures are recommended when there are time constraints and when the group size is 30 or more.

The leader states each question and also displays it on an overhead screen. At the designated time interval, the leader states in a calm and soothing voice, "Stop, please go to the next person in your group. Thank you."

The leader summarizes for the entire group after the final question. A brief summary is given of responses given to each question with emphasis being placed on the commonality of what everyone has experienced and that no one is alone. It is emphasized that this session is only a starting point and that those who would like more assistance are invited to stay for additional individual or small group assistance. It is also desirable to have a handout available with mental health information about coping.

A classroom intervention with secondary students would utilize the exact same questions and format. A key recommendation is to process the faculty first if at all possible after a crisis. If faculty members have already processed, then they will support processing in the classroom. An accompanying activity that is extremely productive is to have students write a letter to the building principal in which they answer the processing questions. These letters provide the principal with an important overview of what the students have gone through and to plan additional support for the entire student body as well as those who need individual help.

These processing suggestions are extremely effective and recommended for use in crisis events besides violence such as when students are killed in a car wreck. A well-planned mental health intervention is very comforting to school faculty and students and helps the school return to normalcy (Poland and McCormick, 2000).

These processing questions can be very beneficial with a small group and would utilize many of the recommendations from the National Organization for Victim Assistance. Having been trained on the NOVA model and having led two of NOVA's national crisis teams, the author can attest to the fact that their training is highly effective and recommended. More information on this model is available at 1-800-TRY-NOVA. The format would change only in that there would be no time limits and the

mental health group leader would give individual feedback to each person after they answered a question. This feedback should include statements such as:

- “ I can’t imagine what that might have been like.”
- “It is not uncommon after a tragedy to...”
- “Others have reported...”
- “You are not alone with those thoughts.”

The NOVA Model also utilizes a scribe who takes notes on the session.

The leader should close his or her comments with each participant in a small group by asking if there is anything else that they wish to say and by stating, “I am so sorry this happened to you!”

Summary of the Processing Suggestions

	Group of 30 or More	Group of 29 or Less
Questions	Same 5 questions	Same 5 questions
Rules	Follow large group procedures with equal size groups and small time limit.	Leader personally asks questions to Group seated in a circle. Scribe keeps notes of key points made by participants and group decides what to do with notes taken of the session.
Advantages	Large group processes in a short amount of time and everyone has an opportunity to talk.	Each participant who chooses to talk gets personal attention from leader.
Disadvantages	Participants only have mental health leader summative, not individual feedback.	Some participants may dominate the session and it may be quite lengthy.
Recommended for:	Faculty, other adults, and high school students.	All age students and any adult group.

GUIDELINES FOR TEACHERS IN DEALING WITH CHILDREN ABOUT DEATH

By Dr. Joe Nail, Clayton County Schools

1. Be aware of your own needs and the impact of the crisis or death on you. Staff members may also need support. Ask for it if needed.
2. Dispel rumors. Provide only confirmed accurate facts. Confirm the facts with principal with principal and/or crisis response team.
3. Provide accurate, developmentally appropriate, and understandable information to students. Restate information in several ways so that every student understands.
4. Be concrete and truthful. Explain death as a literal happening. (e.g., “John was killed.” “John died.”). Do not use euphemisms in discussing death. This confuses children and may lead to their distorting the reality of the situation. For example, do not say, “He / she is asleep” because this may lead to children being afraid to go to sleep.
5. Answer questions without providing unnecessary details. Lead classroom discussions that focus on helping students cope with the loss. Ask for assistance if you do not feel comfortable dealing with the situation and/or discussion with students.
6. Be a good listener. Do not try to talk students out of their feelings or deny them the opportunity to express their feelings (e.g., “Be strong” or “Don’t cry; it’ll be okay.”).
7. Listen carefully for misconceptions and distortions regarding the incident/death/crisis. Children may often feel guilty or display magical thinking (e.g., “I said I wished he would get lost and that caused him to die.”)
8. Allow a recess or break after ventilation and discussion.
9. During the day check to see how the class is doing.
10. Do not be impassive about student/teacher’s death. **WITHIN REASON** share reactions with the class. This demonstrates that grieving is “normal” and helpful; however, do not lose control.
11. Be aware that children cannot maintain intense grief and turmoil for a long time as do adults because they do not have the denial mechanisms of adults; therefore, they may come and go from grieving/emotional behaviors. They appear very upset one moment and then a few moments later appear playful and unaffected.
12. Expect and give permission for a range of emotions and reactions. All are common. Emotional reactions are not a means of avoiding school responsibility. Inappropriate responses may be an attempt to deal with the death/trauma. Some students may focus on the deceased rather than on their own feelings in discussions. Some may respond better to writing memory paragraphs or drawing memory pictures of the deceased to express their feelings and thoughts.

13. Some children may display regressive behaviors (e.g., clinging, acting younger).
14. Identify the students most impacted and needing counseling and/or crisis support.
15. Do not let affected students leave the classroom alone or leave the students unsupervised. You may want to send someone to accompany the student to area/person designated to provide counseling or crisis assistance.
16. Set aside the curriculum as needed. Postpone tests. Allow makeup. Do not force a “regular day” upon children who are grieving; however, the class should not be totally unstructured.
17. Provide activities such as artwork, music, and writing to reduce impact of loss / crisis.
18. Discuss the idea of creating memory paragraphs or pictures and giving them to the family.
19. Return to the routine as soon as possible after students have been given the opportunity to discuss the incident/death/tragedy and express feelings. Establishing / re-establishing routines helps reassure that life has returned to some kind of order.
20. Students may want to attend the funeral. It is best for the parent to take the student. Prepare students for attending the funeral service (i.e., the experience and etiquette).
21. Provide information regarding visitation times and the details of the funeral.
22. Do not allow students who are most impacted to return to an empty home after school. Notify crisis team so that parent contact and arrangements can be made.

Dr. Scott Poland is the Past President of the National Association of School Psychologists and a past Chairman and current member of the National Emergency Assistance Team. He is the author of four books and a videotape series on school crisis. His publications are available from Sopris West at 800-547-6747 or www.sopriswest.com . He is the Director of Psychological Services for Cypress-Fairbanks Independent School District in Houston, Texas. He can be reached at 713-460-7835 or PolandNASP@aol.com .

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Additional Resource

- Brock, S., Lazarus, P., & Jimerson, S. (in press). **Best Practices in School Crisis Prevention & Intervention**. Bethesda MD: National Association of School Psychologists.



Helping Children Cope With Loss, Death, and Grief

Tips for Teachers and Parents

Schools and communities around the country will be impacted by the loss of life associated with the war in Iraq. The effects may be significant for some people because of their emotional closeness to the war and/or their concern over terrorism. How school personnel handle the resulting distress can help shape the immediate and longer-term grieving process for students, staff, and families. Children, in particular, will need the love and support of their teachers and parents to cope with their loss and reach constructive grief resolution.

Expressions of Grief

Talking to children about death must be geared to their developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Children will be aware of the reactions of significant adults as they interpret and react to information about death and tragedy. In fact, for primary grade children adult reactions will play an especially important role in shaping their perceptions of the situation. The range of reactions that children display in response to the death of significant others may include:

- **Emotional shock** and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment;
- **Regressive (immature) behaviors**, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent's bed or an apparent difficulty completing tasks well within the child's ability level;
- **Explosive emotions and acting out behavior** that reflect the child's internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control;
- **Asking the same questions over and over**, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event.

Helping Children Cope

The following tips will help teachers, parents, and other caregivers support children who have experienced the loss of parents, friends, or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

- **Allow children to be the teachers about their grief experiences:** Give children the opportunity to tell their story and be a good listener.
- **Don't assume that every child in a certain age group understands death in the same way or with the same feelings:** All children are different and their view of the world is unique and shaped by different experiences. (Developmental information is provided below.)
- **Grieving is a process, not an event:** Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume "normal" activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.

- ***Don't lie or tell half-truths to children about the tragic event:*** Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life's future tragedies or losses.
- ***Help all children, regardless of age, to understand loss and death:*** Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.
- ***Encourage children to ask questions about loss and death:*** Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.
- ***Don't assume that children always grieve in an orderly or predictable way:*** We all grieve in different ways and there is no one "correct" way for people to move through the grieving process.
- ***Let children know that you really want to understand what they are feeling or what they need:*** Sometimes children are upset but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.
- ***Children will need long-lasting support:*** The more losses the child or adolescent suffers, the more difficult it will be to recover. This is especially true if they have lost a parent who was their major source of support. Try to develop multiple supports for children who suffer significant losses.
- ***Keep in mind that grief work is hard:*** It is hard work for adults and hard for children as well.
- ***Understand that grief work is complicated:*** Deaths that result from a terrorist act or war can bring forth many issues that are difficult, if not impossible, to comprehend. Grieving may also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: the conflict may continue and the nation may still feel at risk. The sudden or violent nature of the death or the fact that some individuals may be considered missing rather than dead can further complicate the grieving process.
- ***Be aware of your own need to grieve:*** Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counseling, as well as individual sources of support.

Developmental Phases in Understanding Death

It is important to recognize that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

- ***Infants and Toddlers:*** The youngest children may perceive that adults are sad, but have no real understanding of the meaning or significance of death.
- ***Preschoolers:*** Young children may deny death as a formal event and may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death. For instance, as a result of the World Trade Center disaster, some children may imagine that going into tall buildings may cause someone's death.

- **Early Elementary School:** Children at this age (approximately 5-9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that, if large planes crash into buildings, people in the planes and buildings will be killed. In case of war images, young children may not be able to differentiate between what they see on television, and what might happen in their own neighborhood. However, they may over-generalize, particularly at ages 5-6—if jet planes don't fly, then people don't die. At this age, death is perceived as something that happens to others, not to oneself or one's family.
- **Middle School:** Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news but are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviors as a means of coping with their anger, vengeance and despair.
- **High School:** Most teens will fully grasp the meaning of death in circumstances such as an automobile accident, illness and even the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behavior and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.

Tips for Children and Teens with Grieving Friends and Classmates

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Following are some suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss.

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under “helping children cope.”
- Seeing their classmates' reactions to loss may bring about some fears of losing their own parents or siblings, particularly for students who have family in the military or other risk related professions.
- Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route...”) and what to expect (see “expressions of grief” above).
- Help children anticipate some changes in friends' behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.
- Explain to children that their “regular” friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.
- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.

- Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Resources for Grieving and Traumatized Children

At times of severe stress, such as the trauma of war or terrorist attacks, both children and adults need extra support. Children who are physically and emotionally closest to this tragedy may very well experience the most dramatic feelings of fear, anxiety and loss. They may have personally lost a loved one or know of friends and schoolmates who have been devastated by these treacherous acts. Adults need to carefully observe these children for signs of traumatic stress, depression or even suicidal thinking, and seek professional help when necessary. Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologists's website— www.nasponline.org. See also:

For Caregivers

- Deaton, R.L. & Berkan, W.A. (1995). *Planning and managing death issues in the schools: A handbook*. Westport, CT: Greenwood Publishing Group.
- Mister Rogers Website: www.misterrogers.org (see booklet on Grieving for children 4-10 years)
- Webb, N.B. (1993). *Helping bereaved children: A handbook for practitioners*. New York: Guilford Press.
- Wolfelt, A. (1983). *Helping children cope with grief*. Bristol, PA: Accelerated Development.
- Wolfelt, A. (1997). *Healing the bereaved child: Grief gardening, growth through grief and other touchstones for caregivers*. Ft. Collins, CO: Companion.
- Worden, J.W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press
- Helping Children Cope With Death, The Dougy Center for Grieving Children, www.dougy.org.

For Children

- Gootman, M.E. (1994). *When a friend dies: A book for teens about grieving and healing*. Minneapolis: Free Spirit Publishing.
- Greenlee, S. (1992). *When someone dies*. Atlanta: Peachtree Publishing. (Ages 9-12).
- Wolfelt, A. (2001). *Healing your grieving heart for kids*. Ft. Collins, CO: Companion. (See also similar titles for teens and adults)

Adapted from material first posted on the NASP website after September 11, 2001.

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The Child's Developmental Concept of Death

Age	Piaget's Developmental Model	Concept of Death
2 to 6 years	<u>Preoperational</u> Magical thinking Fantasies Internal Reality	Dead means not alive (age 3) Reversibility of death (age 3 to 4) Links death to sorrow of others (age 4) Avoids dead things (age 4) Links death to old age (age 6) Fear of mutilation Egocentricity Magical thinking Causality Guilt - fear of retribution, fear of punishment, fear of imminent justice Is death catching? Loving someone is dangerous Fear of sleep
6 to 12 years	<u>Concrete operations</u> Logical Problem-solving	Interest in details of death (e.g., decomposition, coffins, etc.) Fearfulness. With increasing age, is gradually less morbid, less fearful or anxious Accepts the possibility of own death without emotion By age 9, understands biological and rational explanations about the death process (e.g., heart stops, breathing stops, brain not working) Understands seriousness of terminal illness Death is not personal reality
Over 12 years	<u>Formal operations</u> Abstract thinking Analogies Deductive reasoning Inductive reasoning	Meaning of death appreciated Begins to accept reality of personal death Denial of death is strong Exaggerated risk-taking behavior Idealization of dead person

SAMPLE LETTER TO PARENTS

DATE:

Dear Parents:

The students and staff of _____ School experienced a tragedy today with the death of one of our _____ grade students/teachers, _____ . All of us are grieving this tragic loss.

To assist the students and staff to handle this loss; a special crisis intervention team is serving the school. An increased level of individual and group counseling services have been made available. We will continue to provide these services to students as long as they are needed. You may contact the school directly to request these services for your son or daughter if you feel they are needed.

Please be aware that your child may experience strong feelings in response to this tragedy, including sorrow and depression as well as anger and fear. Your child may have a special need at this time for your comfort and support; please try to be available to listen to them.

This is a very difficult time for all of us. We want to be sensitive to the needs of your son/daughter. Please call us if we can be of any assistance.

Sincerely,

Principal
—

Note: You may adapt this letter to fit the needs of your school using your school letterhead.

WHAT PARENTS CAN DO

- 1. Focus on your child over the next day or so.** Tell them that you love them and everything will be okay. Try to help them understand what has happened, keeping in mind their developmental level.
- 2. Make time to talk with your children.** Remember if you do not talk to your children about this incident someone else will. Take some time and determine what you wish to say.
- 3. Stay close to your children.** Your physical presence will reassure them and give you the opportunity to monitor their reaction. Many children will want actual physical contact. Give plenty of hugs. Let them sit close to you, and make sure to take extra time at bedtime to cuddle and reassure them that they are loved and safe.
- 4. Limit the amount of your child's television viewing of these events.** If they must watch, watch with them for a brief time; then turn the set off. Don't sit mesmerized re-watching the same events over and over again.
- 5. Maintain a "normal" routine.** To the extent possible stick to your family's
- 6. normal routine for dinner, homework, chores, bedtime, etc., but don't be inflexible.** Children may have a hard time concentrating on schoolwork or falling asleep at night.
- 7. Spend extra time reading or playing quiet games with your children before bed.** These activities are calming, foster a sense of closeness and security, and reinforce a sense of normalcy. Spend more time tucking them in. Let them sleep with a light on if they ask for it.
- 8. Safeguard your children's physical health.** Stress can take a physical toll on children as well as adults. Make sure your children get appropriate sleep, exercise and nutrition.
- 9. Consider praying or thinking hopeful thoughts for the victims and their families.** It may be a good time to take your children to church or the synagogue, write a poem, or draw a picture to help your child express their feelings and feel that they are somehow supporting the victims and their families.
- 10. Find out what resources your school has in place to help children cope.** Most schools are likely to open and often are a good place for children to regain a sense of normalcy. Being with their friends and teachers can help. Schools should also have a plan for making counseling available to children and adults who need it.

COMPARISON OF NORMAL AND PATHOLOGICAL MOURNING

Richard C. Simons has developed a helpful chart comparing "normal" and "pathological" mourning:

Signs of Normal Mourning	Signs of Pathological Mourning
Protest, disbelief, denial, shock	Persistence of denial with delayed or absent grieving.
Profound sadness and survivor guilt, but self-esteem is intact	Depression, with impaired self-esteem, suicidal thoughts and impulses with self-destructive behavior
Multiple somatic symptoms without actual organic disease	Actual organic disease and medical illness
Sense of unreality, withdrawal from others	Progressive social isolation.
Anger and irritability	Persistent anger and hostility leading to paranoid reactions, especially against those involved in the medical care of the deceased, or suppression of any expression of anger and hostility
Preoccupation with memories of the deceased, dreams of deceased. hallucinations, fear of going crazy.	Continued preoccupation with memories of the deceased to the point of searching for reunion
Identification with certain traits or abilities of the deceased	Conversion symptoms similar to the symptoms of the deceased

Simons, R. C. (1985) *Understanding Human Behavior in Health and Illness*, 3rd. edition. American Psychiatric Association. Baltimore: Williams and Wilkins. p. 505.

CHAPTER THREE
After a Crisis

CRISIS FOLLOW-UP ACTIVITIES

(Springfield (OR) Public Schools (from National Association of School Psychologists website www.nasponline.org)

Following a crisis intervention, staff, students and team members often feel exhausted and wish things could just return to "normal." The community of the school, however, has frequently been permanently affected by the loss and by the experience of witnessing the grief of the students. It is critical that school personnel recognize the long-term impact of a death and provide support for both staff and students. Discipline problems often result from grief/loss issues which students do not deal with during follow-up.

ONE - TWO WEEKS FOLLOWING THE INCIDENT:

For Staff:

Convene the Crisis Response team to discuss and evaluate the intervention. Invite all persons who participated in the intervention, including outside building counselors who assisted in the Safe room. This debriefing should be led by someone who is trained but was not part of the intervention.

Provide at least one session with the entire staff to review grief dynamics and allow staff to share their feelings.

Review the crisis response plan and how it worked.

For Students:

Identify individual students who need follow-up counseling.

Establish drop-in support groups within the school during lunch.

Form a six week to eight week grief support group.

Introduce grief and loss materials into the curriculum.

Recognize that follow-up may need to continue for weeks/months.

Practical Suggestions for Crisis Debriefing in Schools

Scott Poland

The recent tragic attack on America has highlighted the need for group processing in schools after a tragedy. It is well documented in the literature that those persons who have experienced a crisis need to have an opportunity to talk about it (Poland & McCormick, 1999). Processing reduces the likelihood of survivors having symptoms of post-traumatic stress disorder (PTSD) and feelings of isolation and helps to restore equilibrium. A review of the crisis processing models finds several that have been utilized in the schools with success but also with limitations. I have dealt with many school crises in my position with a school system in Houston, have led or served on national crisis teams in communities that have experienced school shootings such as Paducah KY, Jonesboro AR, Littleton CO, and Santee and ElCajon CA, and I assisted in the aftermath of the Oklahoma City bombing.

School administrators sometimes underestimate the emotional impact of the tragedy and the need for faculty and students to have the opportunity to process the tragedy. Higher rates of PTSD in particular have been found with exposure to violence versus national disasters (Brock, Sandoval & Lewis, 2001). School support personnel such as school counselors, psychologists, social workers, and nurses are aware of the need for processing sessions but are sometimes uncertain how to proceed.

Outlined below are suggestions from several models but especially a processing model developed by Nancy Sanford, a psychiatric nurse in Los Angeles (Wong, 1999). The Sanford model, which is based on pioneer work from firefighter Jeffrey Mitchell (Mitchell, J., & Everly, G., 1998) is especially useful with large groups of high school students and adults. There are three specific advantages to the procedures:

- Everyone gets the opportunity to talk.
- Large numbers of people impacted by the trauma can be assisted at one time.
- The model is time limited (this is very important due to the length of a classroom period and the reality that a faculty meeting must be over in less than an hour in most situations).

The author recently used this model with approximately 250 faculty members at a school where a tragic shooting occurred. The setting was a large room with chairs. The session began with the leader expressing sorrow about the tragedy and explaining the importance of everyone having an opportunity to talk and that everyone has a story to tell regardless of where they were when the shooting occurred.

The leader stressed that this session was only the starting point of the healing process, and then he explained that he would be monitoring groups to see how the session was progressing and to be able to summarize at the end.

The following basic ground rules were stressed for the large group processing session:

- Group members need to both begin and end the session together.
- Everything said would be confidential.
- Everyone would be divided into small, equal sized groups of five (recommended size of 4-6 with the larger groups requiring a longer processing session). It is essential that all groups be the same size or one person smaller so those groups can stay together through the guided intervention. A group with one less member than the others can sit or talk quietly and then move to the next question. However, a group with an additional member would always have one person who did not get to answer each question.
- One person from each group was selected to go first with each question, and there is a specific allotted time for each question.
- Each person is invited to take a turn to speak, and rotation is in clockwise order.
- Each group member is asked to listen attentively.
- If someone does not use all their allotted time, the group members are encouraged to sit in silence to process what their group member said.
- Time limit recommendation of either 60 to 90 seconds per question for each person. My experience has been that this length of time is sufficient and that when there is no time limit that the session does not proceed well and cannot be completed.
- One mental health professional leads the session while a second serves as a time keeper. A third serves as a caregiver who makes certain that tissues and water are available to group members. The caregiver would also offer assistance to anyone who left his or her group. Several caregivers are recommended for a processing session for a large number of participants and a microphone would be needed for the facilitator so that participants can hear all directions and questions.
- No written notes are taken of what is said during the session since each group of 4-6 people is only talking to each other and not to the larger group.



Memorials/Activities/Rituals Following Traumatic Events

Suggestions for Schools

School memorials, ceremonies or memory activities following a traumatic experience serve an important function in the healing process for both students and staff. Such activities provide the opportunity to express emotions through a variety of ways besides talking. In addition, a school memorial helps to bring closure to a period of grieving and serves as a point from which to move on with regular school activities. Memorial activities can take many forms, from tree planting or writing letters and cards, to more traditional "services." It is best to plan a variety of activities rather than only one "big" event; some students will be more comfortable, and more comforted by, one activity versus another. Providing a range of opportunities to express feelings is essential.

Memorial activities following a large-scale traumatic event such as the attacks on the World Trade Center and Pentagon have a somewhat different focus compared to memorials following a student or staff death or even multiple deaths following a school shooting or natural disaster. "Closure" may be difficult to achieve, even after several weeks, due to ongoing fear that the situation may recur or that traumatic events, such as war, may take place. In this situation, a significant purpose of a memorial activity is to bring people together in order to express feelings and concerns together - to reduce feelings of isolation and vulnerability. A further purpose is to encourage everyone to think about ways - even very small steps - that can be taken to increase feelings of security and reduce conflicts that can lead to violence at all levels.

Guidelines for Planning School Memorial Activities

Participation in memorial activities is important even when students or school personnel do not know any of the victims or their families. The following are key points for schools to consider:

- Proceed slowly and involve students, staff, families, and the community in your planning and decision-making. Remember, the planning and construction of the memorial in Oklahoma City for the victims of the bombing of the Murrah Federal Building took five years.

- Schools should form a committee that includes administrators, teachers, parents and students to plan memorial activities. It is very important to involve students in the planning process including those who had personal ties to the victims if possible.
 - Memorial events can be planned as a series of activities, not just the more traditional permanent marker or structure in memory of those who died. Schools can hold group "services" as well as involve classrooms in creating their own tributes, artwork, cards, letters, etc.
- ~ Memorial activities - at least the initial activity - should take place within one week of the event if possible.

Suggested Memorial Activities

- A temporary memorial site can be established. Flowers, notes, poems, ribbons, stuffed animals, pictures and other objects can be brought by students and staff to a designated location at school to pay tribute to those who died and those who helped to rescue survivors. School and community input should be obtained to determine if a more permanent place for these objects is feasible or to otherwise determine an appropriate, sensitive way to dismantle the memorial site. The location of permanent memorials at school should be considered very carefully and locations other than main entrances are recommended.
- Schools and communities who have experienced significant traumas often look for what is termed as "the gift of hope"; i.e., activities and projects that will make a difference and prevent similar tragedies in the future. In the context of the September 2001 attacks on our country, activities and curriculum that address tolerance and bullying would be appropriate "gifts."
- Writing activities can be particularly helpful for students of all ages. Students can write and send cards, letters and posters sent to be sent to the families of the victims (in care of a support organization such as the Red Cross), to those involved in rescue work (police and fire personnel), to businesses that lost significant numbers of personnel, etc. Older students might also write to local, state or national leaders.
- Be sure to involve all students, including those with disabilities. Activities can be tailored to the cognitive and emotional development levels of all students. Special education staff can be helpful in assuring that all students feel included and that activities are appropriate for them.

Developmental Considerations

Memorial activities should be planned to be appropriate to the developmental level of students involved.

- Young children need to do something to express their grief, even though they may not really understand all that has happened. Drawings - to hang up in the school hallway, to send to the firemen and policemen who helped victims, to send to school children in the disaster areas - are an excellent way for young children to express and share their feelings. They can also perform songs or reading of poems as part of a school-wide memorial service.
- Adolescents need activities that provide them with a sense of contribution to the school's and community's efforts, not only in recognition of the event and honoring the victims, but in preventing such tragedies in the future. Involve middle school and high school students in all aspects of planning memorial activities, including performing as well as helping with setting up and cleaning up; gather their suggestions for prevention of such events - such as ideas about improving security (locally or more globally) and increasing tolerance and peaceful conflict resolution. Students might be encouraged to write members of Congress or appropriate agencies with their suggestions. Older students might also benefit from studying the political and religious issues that might help explain the origins of the hatred and fanaticism that led to these attacks.

Specific Guidelines for School Memorial Services

- Involve students of all ages in planning the service.
- Keep the memorial service brief and appropriate to the age of the students. For elementary students, 15-20 minutes is appropriate; for older students, up to an hour.
- Include music and student performances. Playing soothing music as people enter and leave the service will help set and maintain a calm mood.
- Preview the service with students, parents and staff ahead of time. Teachers should help students anticipate how this will be different from typical school assemblies, and should discuss appropriate behavior.
- Have several brief speakers. Select individuals who are well known to students and who represent security and safety - people who students can recognize as able to provide reassurances and support (mayor, superintendent, local police chief or school liaison officer, etc.)
- Invite family members to attend.
- For memorial services/programs, all staff and students should attend (unless parents specifically object). Such programs can be very powerful in uniting the school community, and send the message that each individual is important. If some students choose to not attend, provide a quiet activity as an alternative.
- Involve classrooms by inviting them to bring and hang a class banner or poster to honor the victims or promote a safer future.

- Use symbols of life and hope in memorial activities. Balloons and candles can be used very effectively to promote a positive, uplifting message that acknowledges pain and sadness yet also is hopeful for the future.
- Following a school-wide memorial service, students should return to their classrooms for at least a short time prior to dismissal. This allows time to talk with each other, their teacher or a mental health staff member (if available) to "debrief" the experience.

Follow-Up Activities

Particularly following events that will have no real closure for an extended time (i.e., because recovery efforts will be slow, because identification of the perpetrators may not be resolved quickly, because the impact of the event has long-term consequences, etc.), it is important for schools to consider an activity to address ongoing concerns. Schools might consider:

- Linking with other community efforts (such as food drives or other donation activities to children and families displaced by the attacks)
- Establishing and implementing conflict resolution, tolerance and other instructional programs that have long-term prevention goals
- Building a permanent memorial or establishing an ongoing memorial "fund" for disaster relief for current and future tragedies.

For further information on promoting tolerance among children and youth, contact NASP at (301) 657-0270 or visit NASP's website at www.nasponline.org.

CHAPTER FOUR

SUICIDE PREVENTION AND INTERVENTION

Suicide is one of the leading causes of death in youth between the ages of 15 and 24. Approximately 6,000 youth kill themselves every year in the United States, and the figures continue to rise. Fortunately, suicide can be prevented, in many cases, by becoming aware of the warning signs (what to look for) and knowing what steps should be taken.

The clues to suicide inclinations include verbal and written statements about harming themselves, sudden drastic changes in behavior, giving away prized possessions, withdrawal from friends and usual activities (i.e., sports, etc.), and depression, etc. It is important to keep in mind that these students see no other way out of their situation other than death. Suicide is a permanent solution to a temporary problem.

The most important steps to take are: to become aware of the problem; to act swiftly and demonstrate concern; and to obtain expert assistance from trained professionals. **The most important thing not to do is nothing.**

The following section contains further information regarding suicide and the procedure to be followed when there is a risk of suicide detected. If there are any questions regarding any of these materials, please contact the Psychological Services Office at 706-826-1131 between the hours of 8:00 AM and 5:00 PM Monday through Friday.

WARNING SIGNS OF YOUTH SUICIDE

1. **Suicide notes.** These are very real signs of danger and should be taken seriously.
2. **Threats.** Threats may be direct (“I want to die.” “I am going to kill myself”) or, unfortunately, indirect (“The world would be better without me,” “Nobody will miss me anyway”). In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting-out, violent behavior, often accompanied by suicidal/homicidal threats.
3. **Previous attempts.** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. **Depression.** (helplessness/hopelessness). When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. **Masked depression.** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.
6. **Final arrangements.** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
7. **Efforts to hurt oneself.** Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body.
8. **Inability to concentrate or think rationally.** Such problems may be reflected in children’s classroom behavior, homework habits, academic performance, household chores, even conversation.
9. **Changes in physical habits and appearance.** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.
10. **Sudden changes in personality, friends, behaviors.** Parents, teachers, and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests and activities, and social withdrawal and isolation.
11. **Death and suicidal themes.** These might appear in classroom drawings, work samples, journals or homework.
12. **Plan/method/access.** A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the potential.

(from the National Association of School Psychologists paper “Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I”)

TIPS FOR TEACHERS

1. **Know the warning signs!**
2. **Know the school's responsibilities.** Schools have been held liable in the courts for not warning the parents in a timely fashion or adequately supervising the suicidal student.
3. **Encourage students to confide in you.** Let students know that you are there to help, that you care. Encourage them to come to you if they or someone they know is considering suicide.
4. **Refer student immediately.** Do not "send" a student to the school psychologist or counselor. **Escort the child** yourself to a member of the school's crisis team. If a team has not been identified, notify the principal, psychologist, counselor, nurse or social worker. (And as soon as possible, request that your school organize a crisis team!)
5. **Join the crisis team.** You have valuable information to contribute so that the school crisis team can make an accurate assessment of risk.
6. **Advocate for the child.** Sometimes administrators may minimize risk factors and warning signs in a particular student. Advocate for the child until you are certain the child is safe.

From NASP: Times of Tragedy: Preventing Suicides in Troubled Children and Youth, Part I

TIPS FOR PARENTS

1. **Know the warning signs!**
2. **Do not be afraid to talk to your child.** Talking to your child about suicide will not put thoughts into their head. In fact, all available evidence indicates that talking to your child lowers the risk of suicide. The message is, “Suicide is not an option, and help is available.”
3. **Suicide-proof your home.** Make the knives, pills and, above all, the firearms inaccessible.
4. **Utilize school and community resources.** This can include your school psychologist, crisis intervention personnel, suicide prevention groups or hotlines, or private mental health professionals.
5. **Take immediate action.** If your child indicates he/she is contemplating suicide, or if your gut instinct tells you they might hurt themselves, get help. **Do not leave your child alone.** Even if he denies “meaning it,” stay with him. Reassure him. Seek professional help. If necessary, drive your child to the hospital’s emergency room to ensure that she is in a safe environment until a psychiatric evaluation can be completed.
6. **Listen to your child’s friends.** They may give hints that they are worried about their friend but be uncomfortable telling you directly. Be open. Ask questions.

From NASP: Times of Tragedy: Preventing Suicides in Troubled Children and Youth, Part I

CRISIS INTERVENTION PROCEDURE TO PREVENT SUICIDES

Introduction: When a student threatens suicide, the following steps are recommended. All the main points should be carried out but not necessarily in the exact order given, depending on the individual circumstances. The person conducting the interview will need to exercise judgment about what to do beyond these steps. Every effort should be made to follow these steps as closely as possible.

STEP 1: STABILIZE

1. Under no circumstances should a suicidal youth be left alone. Someone (i.e., Guidance Counselor) should accompany the student to a prearranged, non-threatening place away from other students where there is a phone close-by.
2. **The Building Level Administrator (BLA)** should be notified of the crisis.
3. The student's parent(s) should be contacted (**unless abuse is suspected; if abuse is suspected, see STEP A**) and if risk is determined to be SEVERE, they should be required to come to the school immediately! The details of the problem should not be discussed over the phone if at all possible.
4. The BLA should contact the Crisis Team and request that the School Psychologist meet with the student and parent (if needed).

STEP 2: ASSESS RISK

The School Psychologist or Guidance Counselor should interview the student as soon as possible in order to determine the degree of risk present. If the student is in imminent danger of harming self, then go to the **VERY SIGNIFICANT/ SEVERE RISK PROCEDURE**.

1. If there is not an imminent danger of harming self, then go to MODERATE RISK PROCEDURE.

STEP 3: INFORM

It is the school's legal and ethical responsibility to see that the appropriate people are notified when suicide is suspected.

VERY SIGNIFICANT/ SEVERE RISK PROCEDURE

If abuse is suspected, go to A, if not go to B

A. ABUSE SUSPECTED

1. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation. If so, call the Department of Family and Children's

Services (DFACS) Child Protective Services (CPS), give them the facts, ask them to intervene, and follow their instructions. If not, call the Georgia Crisis & Access Line (1-800-715-4225), give them the facts, ask them to intervene, and follow their instructions.

2. If neither Child Protective Services nor Georgia Crisis & Access Line services will intervene before the school day is over, take the child to the nearest hospital emergency room.
3. Call parent(s) or caretaker(s) and inform them of the action taken.

B. NO ABUSE SUSPECTED

1. If a parent/caregiver can be reached and will agree to take the child for help within the next **24 hours** and appears to grasp the seriousness of the threat, the child should be released to go with them then.
2. If the parent/caregiver is reached but refuses to come to the school that day, or if they refuse to accept the seriousness of the threat after all possible efforts at persuasion, they should be told that CFACS/CPS will be notified and asked to intervene. If they persist in refusing action, the interviewer will notify DFACS/CPS, ask for their intervention, and follow that agency's instructions.
3. As a last resort, if no-one else more appropriate can be reached to aid the child or if outside agencies refuse to take action or refuse to act in a timely fashion, the BLA and the interviewer should contact the Georgia Crisis & Access Line (1-800-715-4225)

MODERATE RISK PROCEDURE

If abuse is suspected, go to A, if not go to B

A. ABUSE SUSPECTED

1. Determine if the student's distress is the result of parent or caregiver abuse, neglect, or exploitation. If so, call DFACS Child Protective Services, give them the facts, ask them to intervene, and follow their instructions. If not, call the Georgia Crisis & Access Line (1-800-715-4225), give them the facts, ask them to intervene, and follow their instructions.
2. If neither Child Protective Services nor the Georgia Crisis & Access Line will intervene before the school day is over, take the child to the nearest hospital emergency room.
3. Call parent(s) or caregiver(s) and inform them of the action taken.

B. NO ABUSE SUSPECTED

1. If the student does not appear to present a clear and present danger to him-herself, the interviewer will contact the parent or guardian and will determine how quickly action should be taken.
2. If the parent/caregiver can be reached and will agree to take the student for help as soon as reasonably possible and appears to grasp the seriousness of the threat, then the interviewer/BLA will follow-up on what the parent has agreed to in order to insure that the commitment has been completed as promised.
3. If the parent/caregiver is reached but refuses to take appropriate action or if they refuse to accept the seriousness of the threat after all possible efforts at persuasion, they should be told that DFACS/CPS will be notified and asked to intervene. If they persist in refusing action, the interviewer will notify DFACS/CPS, ask for their intervention and follow the agency's instructions.
4. It is essential that every effort possible be made to notify the parent/caregiver of the student's condition on the same day that the problem is recognized. These efforts should be documented by the BLA or the interviewer in a separate confidential file. If necessary, the BLA or his/her designee should make a home visit. If a parent/caregiver still cannot be reached, the interviewer should promise the child to follow-up for one week (or some specific time period). A contract (see Appendix) should be obtained from the child if possible.
4. The parent/caregiver must be notified and the above steps followed in order to insure that a formal medical assessment takes place within one week of that day. If all attempts to reach the parent/caregiver are unsuccessful, then FDACS/CPS) should be notified and requested to intervene immediately.

STEP 4: FOLLOW-UP

1. Determine whether emergency or short-term procedures were followed through, i.e., parent took child to medical authorities
2. Determine whether long-term services have been arranged (i.e., SST monitoring)
3. If emergency, short-term or long-term services have not been satisfactorily pursued, contact either CPS or Georgia Crisis & Access Line (1-800-715-4225), as appropriate.
4. Continue to be supportive of the student and provide services as needed.

STEP 5: DOCUMENTATION

1. The BLA will establish a confidential file (separate from the cumulative file) to document the school's actions and efforts on the child's behalf. The interviewer will write up case notes in some detail about each incident and add them to this file. A copy of these case notes should be kept by the school and a copy by the psychologist. A file will be kept in

the Psychological Services Office so that follow-up can be executed and a record kept of all efforts made in the child's behalf, i.e., dates and content of contacts made, etc.

2. If/when the child transfers to another school within the system, the relevant information should be communicated on a "need to know" basis to the receiving principal. If a child transfers to another system, the parents should be encouraged to share the information with the administrator of the receiving school.
3. In all cases of suicide threat the SST should meet periodically and continue to follow-up on the student for a minimum of one year following the initial incident, and all efforts on the student's behalf documented.

A Quick Checklist *

- S Specifics of the plan . . . How would you harm yourself? What method? Amount of thought.
 - L Lethality . . . Gun, knife, electric shaver, pills, rope, bridge.
 - A Availability . . . Where will you get the _____?
 - P Proximity of Rescue . . . Will anyone be around? What time does someone get home?
-

- D Dangerousness . . . Each attempt will be more dangerous.**
 - I Impression of Danger . . . Perception of client.**
 - R Rescue . . . Any chance to be saved?**
 - T Timing . . . Often a person will try again within a short period of time.**
-

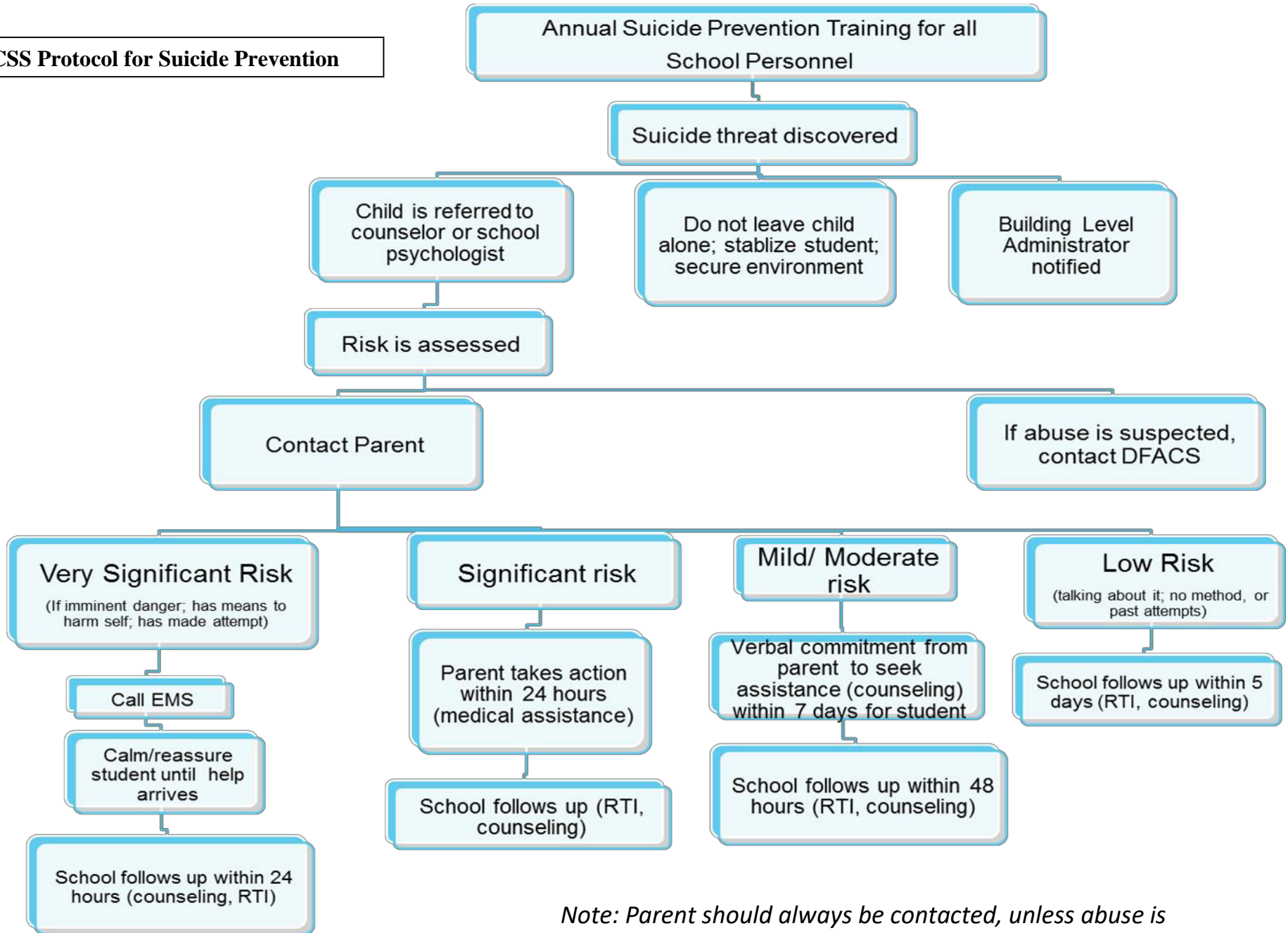
The Three Step Approach

- A Acquiring Information . . . Listening and Understanding
- B Boiling Down . . . Talking all the problems and assessing issues, severity and the danger.
- C Coping . . . How have they solved problems in the past and how can they help themselves this time.

Please note: This assessment should only be used as a quick check reference. Please refer to *Suicide Risk Screening* to gauge student threat for harm to self.

Used with permission from Thomas Arbaugh, Ph.D. (1995)

RCSS Protocol for Suicide Prevention



Note: Parent should always be contacted, unless abuse is suspected. If the parent fails to take appropriate action, refer to DFACS and follow-up with counseling

**RICHMOND COUNTY SCHOOLS
PSYCHOLOGICAL SERVICES**

Orlow E. Ball, Ph.D., Director
Third Floor, 864 Broad Street
Augusta, Georgia 30901

**SUICIDE RISK SCREENING
(Grades K-5)**

Directions: The Suicide Risk Screening is administered using interview techniques. The numerical order and wording of the questions should not be changed. When completing the scale, circle the number that most closely describes the individual's response. Total the scores and consult the key at the end for degree of risk. The purpose of this scale is not to provide an exact measure of the degree of suicide risk, but is an attempt to provide a rough estimate of an individual's potential risk for suicide.

- 1). Do you have any plans to do things tomorrow, later this week, or this weekend?

1	2	3
Yes, very specific plans	Yes, but vague	No

- 2). Have your grades gotten worse recently?

1	2	3
No	A little	Yes

- 3). How do you feel about yourself right now?

1	2	3
Great	Fair	Bad

- 4). How much do you really want to die?

1	2	3
Little Desire	Moderate Desire	Great Desire

- 5). How often do you really think about killing yourself?

1	2	3
Rarely	Fairly Often	Constantly

- 6). If you think about killing yourself, how long do the thoughts stay with you?

1	2	3
For a few minutes	For hours	For days

7). If you tried to kill yourself, how would you do it?

1	2	3
Vague Description	Fairly Specific	Very Specific

8). How easily could you get a gun, poison, etc?

1	2	3
Not very easily	Fairly easily	Very easily

9). Have any of your friends or family members passed away or have you had a pet die recently?

1	2
a. No	Yes

b. If yes:

1	2
Within Last Year	Within Last 3 Months

10). Is there anyone or anything who could stop you from trying to kill yourself?

1	2
Yes	No

11). Are there any major problems in your life (e.g., abusive parents, a recent move, arguments with friends, etc.)?

1	2	3
No	A Few	Yes

12). How does the music you listen to usually make you feel?

1	2	3
Happy, Better	Don't Know	Sad, Depressed

13). Have you ever really tried to kills yourself?

1	2
a. No	Yes

b. If yes:	1	Talked with someone afterwards
	2	Did not talk with someone afterwards

14). Do you have any friends or family members who killed themselves?

1	2
---	---

- a. No Yes
- b. If yes: 1 Over 6 months ago
- 2 Within last 6 months

15). Do you take drugs or drink alcohol?

- 1 2 3
- Never Sometimes Often

SCORING*

Simply add the circled items and place sum here: _____

Refer to key below:

- 19 or less No significant risk at this time
- 20-25 Mild Risk - Have child sign contract, refer to medical personnel
- 26-32 Significant Risk - Refer to medical personnel, ASAP, have child sign Contract, relate the problem to student's parents

More than 32 **Very Significant Risk - Refer to medical personnel immediately, do not leave child alone, have student's parents come to school immediately**

Note: *If still in doubt following screening, refer to medical personnel. It should be stressed that there is no normative data on this screening questionnaire

Dr. Charles E. Sanderson
Revised November 2005

**RICHMOND COUNTY SCHOOLS
PSYCHOLOGICAL SERVICES**

Orlow E. Ball, Ph.D., Director
Third Floor, 864 Broad Street
Augusta, Georgia 30901

SUICIDE RISK SCREENING

(Grades 6-12)

Directions: The Suicide Risk Screening is administered using interview techniques. The numerical order and wording of the questions should not be changed. When completing the scale, circle the number that most closely describes the individual's response. Total the scores and consult the key at the end for degree of risk. The purpose of this scale is not to provide an exact measure of the degree of suicide risk, but is an attempt to provide a rough estimate of an individual's potential risk for suicide.

1). Do you have any long-terms goals?

1	2	3
Yes, very specific plans	Yes, but vague	No

2). How do you feel about yourself right now?

1	2	3
Great	Fair	Bad

3). Have your grades gotten worse?

1	2	3
No	A little	Yes

4). Are there any major problems in your life (e.g. abusive parents, a recent move, arguments with friends, etc.)

5). How does the music you listen to usually make you feel?

1	2	3
Happy, Better	Don't Know	Sad, Depressed

6). Do you take drugs or drink alcohol?

1	2	3
Never	Sometimes	Often

7). Have you recently broken up with your girlfriend/boyfriend?

1	2
No	Yes

- If yes: 1 Over 6 months ago
- 2 Within the last 6 months

8). Have you experienced a significant loss in your life (e.g., death of a friend, family member or pet, etc.) recently?

- 1 No
- 2 Yes

- If yes: 1 Over 6 months ago
- 2 Within the last 6 months

9). Do you have any friends or family members who attempted or committed suicide?

- 1 No
- 2 Yes

- If yes: 1 Over 6 months ago
- 2 Within the last 6 months

10). How often do you really think about killing yourself?

- 1 Rarely
- 2 Fairly Often
- 3 Constantly

11). If you think about killing yourself, how long do the thoughts stay with you?

- 1 For a few minutes
- 2 For hours
- 3 For days

12). If you tried to kill yourself, how would you do it?

- 1 Vague Description
- 2 Fairly Specific
- 3 Very Specific

13). Have you ever attempted suicide?

- 1 No
- 2 Yes

- If yes: 1 Talked with someone afterwards
- 2 Did not talk with someone afterwards
(Also note when attempt/s were made)

14). Is there anyone or anything to stop you from killing yourself?

1	2
Yes	No

15). How much do you want to die?

1	2	3
Little Desire	Moderate Desire	Great Desire

SCORING*

Simply add the circled items and place sum here: _____

Refer to key below:

19 or less	No significant risk at this time
20-25	Mild Risk - Have child sign contract, refer to medical personnel
26-32	Significant Risk - Refer to medical personnel, ASAP, have child sign Contract, relate the problem to student's parents

More than 32 **Very Significant Risk - Refer to medical personnel immediately, do not leave child alone, have student's parents come to school immediately**

NOTE: * If still in doubt following screening, refer to medical personnel. It should be stressed that there is no normative data on this screening questionnaire.

Dr. Charles E. Sanderson
Revised November 2005

Revised: August, 1990; November, 1999; August, 2000; November, 2005.

Suicide Risk Assessment

Emergency Numbers

POLICE:	911
AMBULANCE:	911
GEORGIA CRISIS & ACCESS LINE:	1-800-715-4225
UNIVERSITY HOSPITAL EMERGENCY ROOM:	706-823-5060
DOCTORS HOSPITAL EMERGENCY ROOM:	706-651-2424
AUGUSTA UNIVERSITY ER:	706-721-4951
CHILDREN'S HOSPITAL OF GEORGIA ER	706-721-7337

APPENDICES

**SAMPLE ANNOUNCEMENT FOR CLASSROOM OR SCHOOLWIDE
COMMUNICATION**

Classroom Loss: We have something very tragic and very sad to tell you today. Melissa, co-captain of the basketball team, was driving home after basketball practice last night in the rain. The streets were slick and it was foggy. There was a car accident and she was killed as a result. This is a tragic loss for all of us.

We will be around to talk with you all day. We will keep you updated about the funeral arrangements. We will also be open to any suggestions for activities that you might want to have in her memory.

School wide Loss: Our school has had a tragic loss. As many of you know, Mrs. Smith, the school nurse, has been ill for many months. We just received word she died this morning. We will be commemorating Mrs. Smith's contributions to our school. I would like each class to discuss ways they would like to commemorate the life work of Mrs. Smith.

SAMPLE TEACHER REPORT FORM

If you know of any students who need assistance in dealing with their feelings, or if you need support in any of your classes, please use this form to alert the Crisis Team.

You may wait and send this in at the end of the day to request help for tomorrow, or you may send it at the beginning of the day today.

Indicate the assistance requested below and send or bring the form to _____

The following students need assistance. (Give name and grade. You may add brief comments if you feel it would be helpful.)

IMMEDIATE COUNSELING

COUNSELING WHEN AVAILABLE

I would like assistance with my class/as during the following times/periods.

TIMES/PERIODS

ROOM

(Teacher's Name)

RICHMOND COUNTY BOARD OF EDUCATION
PSYCHOLOGICAL SERVICES
3110 LAKE FOREST DRIVE
AUGUSTA, GEORGIA 30909

STUDENT CRISIS PROFILE

DATE: _____

TIME SEEN: _____

AMOUNT OF TIME SPENT: _____

NAME: _____ SCHOOL: _____ GRADE: _____

SEEN BY: _____ CRISIS INCIDENT: _____

PRESENTING PROBLEM: _____

CRISIS STATE

BEHAVIORAL: _____

AFFECTIVE: _____

SOMATIC: _____

INTERPERSONAL: _____

COGNITIVE: _____

NEED FOR FOLLOW-UP: NO _____ YES _____ GROUP _____ INDIVIDUALS _____

OTHER RECOMMENDATIONS: _____

PARENT INFORMATION

Dear Parent:

Here are some suggested guidelines that you may follow when discussing a crisis situation at your child's school.

Remain Calm!

1. Contact school personnel for correct information.

Contact person: _____ Phone: _____

2. Get the facts straight.
3. Offer honest explanations to your child.
4. Find a quiet place that enables you to talk with your child.
5. Communicate your feelings openly with your child, again remaining calm.
6. Give your child a chance to share his/her feelings and thoughts freely.
7. Accept his/her feelings and thoughts without criticism.
8. Provide activities that will keep your child busy and with adults being readily accessible. Suggestions: Arts, crafts, outings to child's favorite place, group outdoor activities, or any other activity.
9. Observe changes in your child that may indicate professional help is needed.
10. If you or your child needs assistance, please contact the school or other community resources.

SAMPLE Letter**LETTERHEAD**

Dear Parents:

Today has been a tragic day for our nation, and we are all affected by the great loss. As parents you may want to talk to your children about today's tragedies and their impact. Witnessing or even hearing of a traumatic incident may affect a child or adult in a variety of ways; therefore, it is very important that children be given ample opportunities to ask questions and to talk about their reactions to the incidents. Currently children may also have concerns about their safety and security and consequently may need reassurance.

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

- Clings close to adults
- Displays regressive behaviors
- Repetitively reenacts the event in play activities.
- Appears not to be affected
- Thinks about it privately
- Asks a lot of questions
- Appears frightened
- Appears agitated and angry
- Appears sad and withdrawn
- Displays difficulty sleeping
- Stomach aches and somatic complaints


We suggest you listen to your children. If they seem to need to talk, answer their questions simply, honestly and possibly over and over again. Below are some suggestions that parents may find useful in helping your child deal with the present events:

- Assure fearful children that you will be there to take care of them. Reassure them many times.
- Provide physical closeness. Spend extra time putting your child to bed. Talk and offer reassurance.
- Encourage children to ask questions and to discuss, write or draw their feelings.
- Be a good listener. Listen carefully for any misconceptions or distortions the student may have regarding what happened.
- Talk with your child and provide simple, accurate information to questions.
- Provide play and fun experiences to relieve tension.
- Help the child develop safety plans and procedures (What should you do if _____?)
- Remind them of concrete examples of where they are being protected and cared for by parents, adults, teachers, police, etc.
- Make sure the child gets rest and exercise.

Sincerely,

Principal

Adapted from Dr. Joe M. Nail, Crisis Response Training, Clayton County Public Schools.

 **APPROVED**

COUNSELING PASS


STUDENT _____

SENDING TEACHER _____

DATE _____ TIME _____

_____ COUNSELOR

TIME BACK TO CLASS _____

 **APPROVED**

COUNSELING PASS


STUDENT _____

SENDING TEACHER _____

DATE _____ TIME _____

_____ COUNSELOR

TIME BACK TO CLASS _____

 **APPROVED**

COUNSELING PASS


STUDENT _____

SENDING TEACHER _____

DATE _____ TIME _____

_____ COUNSELOR

TIME BACK TO CLASS _____

 **APPROVED**

COUNSELING PASS

STUDENT _____

SENDING TEACHER _____

DATE _____ TIME _____

_____ COUNSELOR

TIME BACK TO CLASS _____

SAMPLE STUDENT CONTRACT

I, _____, a student at _____
take responsibility for my welfare and agree not to harm myself in any way. I
understand that if I am having suicidal thoughts that I agree to
call my counselor/school psychologist _____ at
_____.

If I cannot reach him/her, I will call the Crisis Help Line (706-432-4800) or I will tell
an adult and get help for myself.

Student's signature

Witness Signature

Date

Crisis Intervention Follow-Up Report

School _____ Date of Intervention _____

Nature of Crisis: _____

Crisis Response Team Members:

Briefly note the progress of the intervention, what worked, what did not work and how to improve response.

Did a team member follow-up with school/department after the initial response? Y N

Person contacted: _____ Position: _____

Date Contacted: _____

Feedback from school: _____

Report completed by: _____ Date: _____

COUNSELING LOG
CRISIS FOLLOW-UP FOR STUDENTS AND ASSESSMENT OF STATUS

DATE	STUDENT'S NAME	TEACHER	BEHAVIORS/CONCERNS	COMMENTS	DATE OF FOLLOW-UP

COUNSELOR/PSYCHOLOGIST/SOCIAL WORKER

DATE

REFERENCES

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