



Department of  
**Education**

# Tennessee Schools: **PREPARE**

Providing Support  
Reaching  
Educators  
Parents/Students  
And  
Restoring Community with  
Effective Interventions

Tennessee Department of Education

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## Welcome

Tennessee Schools PREPARE is a program designed to develop and then disseminate information to school districts that will assist all schools in advancing and maturing the response and recovery portion of their emergency management plan. TSP is an ongoing dialogue with all stakeholders—an ecological process enabling Tennessee schools to respond to crisis with effective, best practice interventions.

### The program goals include:

Tennessee schools will be prepared to offer students, staff, educators, and parent's immediate and effective assistance in the aftermath of a school crisis, with the goal of mitigating long-term emotional suffering of survivors and restoring a supportive and productive learning environment.

Crisis response plans will be realistic, useful, and accessible at the time of the emergency.

Tennessee school personnel will be empowered to train and develop a crisis response team.

If you have questions or would like to have the PREPARE program presented in your district at no cost to your school, please contact:

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## Before the Crisis – Leadership for the District

It cannot be emphasized enough how important district-wide leadership is in planning for appropriate crisis postvention. Often district clinical staff members are divided by specialty and have few opportunities to plan how to work together. TSP (Tennessee Schools Prepare) strongly recommends that administrators in charge of student support services, such as school counselors, school psychologists, and school social workers, meet together to develop an "on-call" postvention team that can be called in to local schools for major traumatic events. In addition, the district team can help promote the development of a postvention crisis team at every local school. Every school crisis is unique; some will require the intervention of a smaller local school postvention team. Others will require a major community-wide response led by the district postvention team. Districts play a vital role in overseeing the development and training of the local school postvention teams, and the district postvention team is an invaluable asset when local school personnel are themselves traumatized.

"Before the Crisis" is also the time for the district leadership to identify and involve community stakeholders in the postvention plan. Who in your community cares about the safety of schools? Who would benefit from participating in postvention planning? Who might be helpful in offering post-crisis resources?

***It is essential to have a fully operational, on-call, District postvention Team.***

**Why have a district-wide team?** There are times when the crisis or traumatic situation traumatizes the local school postvention team. In these situations, professionals from outside the immediate school community may be necessary to help restore a sense of stability and community. For example, if the school counselor was particularly close to a deceased student, his or her own grief might be too great for him/her to function on the postvention team. The district team also functions as a resource for materials, training, etc., for local school postvention team members. The district team communicates important policies and procedures regarding postvention programs as well as best practice interventions.

**Who is on the district team?** Membership on the district team will vary depending on the size of the district and the particular organizational structure of that school district. Suggestions include those administrators in charge of psychology, nursing, guidance, and/or social work, and perhaps clinical staff from the above professions who are willing to take on additional responsibilities.

**How will the district team function?** The district team will need to organize a way to respond to crises and be available for consultation and preparation 24/7, not just during school hours. One person or a team of people rotating "on-call" responsibilities is essential. Ideally, one phone number is given to all principals and school administrators who need assistance with postvention. Districts will need to think through carefully how they will identify and communicate the need for postvention assistance. School systems may be able to "piggyback" with their regular emergency management protocol.

**How will the district team coordinate with mental health resources?** Each school district should identify licensed community mental health professionals that the district would feel comfortable letting in to one of their schools prior to an incident. Try to ascertain if they have training in critical incident postvention, and remember, you will need to have the after-hours contact information of mental health volunteers. In Tennessee, there are many community mental health centers willing to participate in school crisis postvention at no charge. To find your local mental health center, visit [www.tamho.org](http://www.tamho.org).

**How will the postvention teams coordinate with district and building-level emergency management teams?** It is important to remember that postvention teams are created to serve schools as part of an overall emergency management continuum. On both a district and local level, postvention teams work closely with the broader emergency management team to define roles and establish clear decision-making pathways.

Emergency management teams pre-plan and practice preparedness, and postvention teams should be involved on this level so that, in the event of a school crisis, a smooth response and recovery program is set in motion. The primary goal of the postvention team, at the school or district level, is to foster the emotional recovery of the school community so that learning can continue.

## Before The Crisis - Leadership for Principals and Local School Administrators

**The principal selects a postvention team.** When the principal selects a postvention team, he/she is taking a significant step toward being "prepared." The "in-house" postvention team will be critically important in all aspects of the post-crisis care of the school community. Role assignments should be carefully selected ahead of time, and team members should receive training in crisis postvention. Examples of postvention team responsibilities include the following:

- Verify the facts of the crisis
- Determine the appropriate scope of the crisis response
- Determine the need to "pull in" the district Postvention team
- Determine how the facts will be communicated to the school
- Write a statement that can be used by classroom teachers to read to students
- Identify a family liaison, and work closely with affected families
- Work with, or identify, the media liaison
- Design interventions for the first day back to school
- Identify students and faculty that need critical incident stress debriefing, individual counseling, or counseling referrals
- Organize in-school memorials
- Maintain and update faculty and all staff telephone chains
- Offer assistance to teachers in helping children talk about and cope with traumatic events and losses
- Review: *"What is in a Postvention Plan"* and *"The First Day Back to School"* for a more complete list and description of crisis team responsibilities

**Who is on the local school postvention team?** The principal will select a team of four to eight in-house staff members who can be trained in postvention techniques. Some members of the team may have a role in the initial emergency management team, others may not. Postvention team members include staff members with clinical skills, such as the school guidance counselor, social worker, and psychologist, but often other integral members of the school community are involved as well. For example, the school janitor and/or secretary may be considered. The principal and vice principal should always be members of the postvention team.

**Identify licensed professionals in the community.** Identify licensed professionals in the community ahead of time who would be willing to volunteer their services post-

crisis and that you would deem safe to be in your school. Frequently, there are numerous offers to help post-crisis, and this is typically not a good time to sort out who is a licensed mental health professional with training in crisis response. Ideally, each local school postvention team will meet at least annually with local community mental health volunteers to review postvention planning. In Tennessee, there are many community mental health centers willing to participate in school crisis postvention at no charge. To find your local mental health center, visit [www.tamho.org](http://www.tamho.org).

**Develop and maintain several critical phone trees.** Develop a complete, continually updated telephone list of your crisis team, identified community supporters, your faculty and support staff, and district personnel that either need to be notified or could be available to assist post-crisis. Have after-hours phone numbers of all, including identified community support agencies. The principal, vice principal, and crisis team members must keep the crisis plan and phone tree at their bedside and in their cars at all times.

*Note: The complete, yet continually updated, phone list of all school employees with bedside access for the principal and crisis team members is an essential component of an adequate postvention plan. Best-practice guidelines indicate that before-school meetings help to dispel rumors, prepare teachers for working with students, and inform teachers of changes in the schedule, as well as resources available for the return of students to school. Be prepared to call in staff as necessary with after-hours access to your phone tree (see "The First Day Back to School").*

**Develop and distribute postvention plan for your staff.**

## A Postvention Checklist

It is helpful to develop a checklist for the principal and crisis team to refer to in the immediate aftermath of a crisis. Most schools will have an emergency management plan and a separate postvention plan. Sometimes these plans will overlap. The emergency management plan is essentially about safety and security in the immediate aftermath of an in-school crisis; whereas, the postvention plan helps to restore a sense of community in the aftermath of a traumatic situation and addresses the emotional needs of students and staff as they struggle to regain their pre-crisis equilibrium.

### Examples of checklist items in emergency management plans that are essential immediately post-crisis:

- ✓ Sound appropriate alarms
- ✓ Secure building
- ✓ Notify security or police, fire, etc., as needed
- ✓ Mobilize crisis team
- ✓ Notify superintendent and appropriate district personnel
- ✓ Communication needs addressed by public announcement or fact sheet to teachers
- ✓ Set up command center
- ✓ Notify family or families

### Examples of checklist items in the postvention plan:

- ✓ Notify/activate school postvention team
- ✓ Notify director of schools and district personnel
- ✓ Verify the facts: ask staff member to not repeat information until information is verified
- ✓ Activate telephone list for all staff
- ✓ Assign one person on the postvention team to serve as an identified leader and coordinator for the day's activities
- ✓ Activate a before-school all-staff meeting or grade-level meeting, depending on scope of crisis
- ✓ Set up counseling room(s)
- ✓ Assign crisis team member(s) to follow student's schedule
- ✓ Assign a "floating" crisis team member to identify students/staff/faculty that need extra assistance
- ✓ Notify student's "best friends" in a separate group and offer support
- ✓ Family liaison contacts or visits family and continues to offer family support



- ✓ Contact previously identified community mental health professionals, if appropriate
- ✓ Create a letter to parents informing them of the facts (so that parents of students in school do not get all their information through the media); if necessary, provide same letter in other languages
- ✓ Provide teachers with suggestions about how to talk with students
- ✓ Communicate with feeder schools and schools that have siblings of affected children
- ✓ Communicate with other stakeholders in the school (identify this ahead of time)
- ✓ Set up sign-in/sign-out procedure at all entrances
- ✓ Require identification badges at all entrances
- ✓ Call interpreters if necessary
- ✓ Call substitute teachers to replace teachers who may be too traumatized to teach
- ✓ One person speaks to the media; if this is not a member of the crisis team, then one member of the crisis team is assigned to work with the media liaison
- ✓ Designate location for media as far from school as is feasible
- ✓ Identify high-risk students based on previous history and have the "floating" crisis team member check on them
- ✓ Identify groups of teachers and groups of students most likely to need critical incident stress debriefing, and have a trained member of the crisis team offer this service
- ✓ Begin to discuss and plan for a community-wide parent meeting, if necessary (see "Clinical Skills" for information on format)
- ✓ Distribute information on normal reactions to traumatic stress
- ✓ Distribute referral information
- ✓ Identify students/faculty who need longer-term follow up

### **Policy for communicating crisis to school community**

- Remember to check with the district media consultant if that is required.
- The crisis team should develop a statement that is consistent with the facts and distribute the written statement to all teachers during the before-school meeting.
- Students should be informed at the same time, either over the PA system by the principal or by having the first-period teachers read the prepared statement to students.
- It is important to inform close friends of the student privately or in a small group regarding the death of a student and how he/she died. This is good practice with any death but is especially helpful in instances of suicide. Allow time for reactions and questions

### **Cultural competence policy**

Cultural, ethnic, and religious views and practices vary widely regarding death and funeral rites. Even very familiar rituals to you, such as sending flowers to the funeral home, may not be appropriate in some cultures. It is always best to have the family liaison or principal check with the family about appropriate responses. Remember that cultural and ethnic differences affect the way families experience pain, label symptoms, and communicate about pain. Attitudes toward helpers, beliefs about the cause of pain or traumatic events, and the treatment or help families desire, will vary according to cultural and ethnic background. (McGoldrick, 1996).

Do not assume that because a person declares that he/she is of a specific faith or background that he/she will necessarily follow all of the rituals and practices of that group. There will be many variations and interpretations. Have a plan to call in interpreters, if necessary, and a plan to send home fact sheets in other languages post-crisis, if necessary.

### **Funeral policy**

Each school needs to set a policy on funeral attendance. For example, will all students be allowed to miss school for the funeral of a peer? Will parental permission be required? It is important to have consistency across situations where there is loss of life.

### **Memorial policy**

When there is loss of life in the school, frequently students and faculty want to memorialize the death in some way on school premises. This may include rituals such as a moment of silence, planting a tree, dedicating a game or event in that person's memory, a page in a yearbook, etc. It is extremely important that there be consistency in the school memorial response, so as not to offend or hurt families that may not receive the same memorial for their child. The policy on memorials for children who commit suicide may be a little different, so as not to encourage and aggrandize the act of suicide. Often it is recommended to not have memorial activities at all; however, less visible memorials, such as a donation of books to the library, may be appropriate (see "Suicide" under "Clinical Skills").

### **Anniversary reactions**

It is important for the school to recognize that there may be anniversary reactions to major traumas and to decide ahead of time if they would like to have a school-wide acknowledgment of the anniversary. Even when school administrators decide to have a normal day, postvention team members should be aware that some students or faculty may have an anniversary reaction and need additional support. Major disasters may be covered on national television and trigger anniversary reactions in the school community.

Classroom activities at the time of an anniversary should focus on strengths and survivorship (see classroom activities recommended in the "Building Resilience" section below). The crisis team can convene and determine whether an anniversary response seems appropriate in school, and, in addition, determine the scope of the response.

### **When a crisis happens over school breaks**

The postvention team should be available by phone to each other to discuss and decide if there should be any school response during the break, a school response on the next day back to school, or no response.

### **Coping with the "empty desk" and "locker"**

The principal or a designated postvention team member can bring individual flower stems to school. Students can then have an in-class ritual of putting the flowers on the deceased student's desk, which can later be brought to the family. Also, students can make paper flowers for a wreath on the locker. The teacher may also place a blank book on the desk and have students write fond memories of the deceased student, creating a special "memory book" for the family. In most situations, the room can be rearranged and the desk removed after the first day back to school (see the "Building Resilience" section for more healing activities for children).

### **Evaluation**

At the end of the day, the postvention team should evaluate how each day went as students return to school. In addition, a proposal should be included in the postvention plan to evaluate the postvention intervention several weeks following the crisis.

### **After-hours communication: Phone trees for crisis team and entire school staff**

It is critically important to maintain an up-to-date phone tree for the postvention team, community mental health professionals, faculty, and the entire school staff. One member of the postvention team can be in charge of keeping the phone tree updated and distributed. All postvention team members need to keep the crisis plan and the phone tree "bedside" and in their vehicles at all times.

### **Identify a family liaison**

*The family liaison person:*

- communicates with the family regarding the traumatic incident;
- helps the family collect student's personal belongings in the event of a student death;
- checks with the family and coordinates funeral and/or memorial information;
- offers the family support and, if necessary, referral information; and
- often will visit the home—check with family first.

### **Identify the media liaison**

If the district has already identified a media liaison person, make certain that school staff are aware of his/her identity and purpose.

If the district does not have a pre-identified person, one member of the postvention team should be selected (may be the principal) to speak to the media.

Encourage faculty and students to let the media liaison be the person who speaks for the school.

Designate a predetermined site for the media to congregate in the event of a school crisis.

### **Suggestions for informing students of unexpected loss of life**

(See policy for communicating crisis to school community)

**Identify crisis center location**

Identify a crisis center location with a telephone, manned all day by a member of the postvention team. Postvention team members should check in here frequently throughout the day.

**Identify rooms to be set aside for individual and group counseling**

Identify rooms that will be comfortable and private.

**A plan for calling in substitute teachers and/or a plan to relieve teachers who will need additional time to grieve/debrief**

Do not underestimate the need for calling in substitutes when teachers are traumatized. Plan for how one grade level could be covered by competent adults in your building if one grade level of teachers need time for separate debriefing (do not include counselors as adults to cover).

## Restoring Community: The First Day Back to School

### **Postvention team convenes prior to school opening:**

- Select a designated leader
- Determine and verify the facts
- Determine the scope and nature of the crisis response
- Outline the day's activities

Postvention team or media liaison develops a statement that will be shared with the school community regarding the incident - this statement should be distributed to all teachers

### **2. There is a mandatory faculty/staff meeting one hour before the start of school (this may be only for one grade level if that's what the postvention team determines to be the appropriate level of response).**

- Teachers are given the written statement developed by the postvention team or media consultant
- The school administrator or postvention team leader verbally informs the faculty/staff about the facts of the incident
- Any change in schedule is laid out for staff
- Teachers are given a chance to share what they know or have heard that may be conflicting or additional information
- Teachers are given a chance to share their reactions to the situation
- Teachers and staff closest to the tragedy should be grouped separately and offered critical incident stress debriefing before they work with students!
- Teachers receive training in the morning to prepare them to work with their students (suggestions for discussion, activities, etc.)
- Remember, teachers should not be expected to handle distraught children without adequate help

### **3. Identify groups of students that may be most affected by the trauma, and offer critical incident debriefing to those students; for example, in the event of a student death, that child's sports team, band, etc.**

### **4. In the event of a student death, have counselors follow the student's day and debrief classes along with the teacher.**

**5. Have a plan for the "Empty Desk" and/ or "locker" (see "coping with the 'empty desk' or 'locker' above").**

**6. Set up a counseling room for students.**

**7. Bring food and drinks into teachers' lounge (parents can help with this).**

**8. Students are offered appropriate activities to combat "learned helplessness" (see "building resilience").**

**9. One member of the postvention team checks in all day with teachers to continually identify students who may need extra help today or follow-up later.**

**10. The media liaison continues to respond to the media (see media liaison above).**

**11. The family liaison continues to check in with the family and offer support (see family liaison above):**

- Help family retrieve personal belongings
- Call schools that have siblings involved

Check with family about memorial activities (see memorial activities and cultural competence)

**12. A mandatory staff meeting is held at the end of the day:**

- Evaluate the day
- Identify further actions necessary
- Offer critical incident debriefing and/or other necessary support to the postvention team
- Identify students/faculty who need further assistance

# Debriefing

## Critical Incident Stress Management

### Seven Phases of Debriefing (Mitchell model)

Timing: Post-Crisis 1-10 days; 3-4 weeks for mass disasters

This discussion format is recommended in schools when students return to school post-crisis. This may be used in classrooms, for specialized groups of students, and teachers/staff personally affected (See "The First Day Back to School" on p. 3 - 1) . Most school crises (such as the death of a student or faculty member, car accidents, etc.) can be debriefed 1-10 days post-crisis. This group intervention is not used immediately after mass disasters. We typically wait until students and staff members are safe and out of danger (3-4 weeks). Examples of disasters that would require a three to four week waiting period would be 9/11 and "Katrina." The following steps summarize this seven-step intervention:

- **Introduction:** Development of group format, exploring the limits of confidentiality, and expected outcomes.
- **Fact Phase:** Clarify the facts, each member's role, and discuss personal understanding of the event.
- **Thought Phase:** Reflect on the immediate thoughts as group members experienced or learned about the event.
- **Reaction Phase:** Members identify the most traumatic aspects of the event for them, while voluntary discussion of emotions, validation, and support are provided.
- **Symptom Phase:** Return members to cognitive processing of event and identify possible symptoms and reactions.
- **Teaching Phase:** Normalize member's reaction to traumatic event, while emphasizing that member's symptoms should gradually get better. Encourage self-care strategies, and provide information about where to seek further information.
- **Closure/Re-Entry:** Summarize event and review main reactions, develop coping plan, and identify

## **Responding to Suicide:**

Responding to a death by suicide requires many of the same skills outlined above, including psychological first aid/debriefing/defusing, and community briefings. The postvention team will determine the scope of the response.

The first day back to school will look very similar to other tragedies.

There are some differences, however:

There is a risk of suicide contagion. The postvention team will need to be on alert for identifying high risk students, and be available to offer assessments, interventions, and referral services. School personnel should alert parents immediately if they are concerned about a particular student. Remember that actively suicidal students should never be left alone!

The following students may be at higher risk of suicide:

- Relatives or close friends of the deceased
- Students who have attempted suicide previously
- Students with a known history of depression
- Pallbearers at the funeral
- Boyfriend/girlfriend of the deceased
- Students who have lost family members to suicide
- Students with pre-existing social/emotional problems
- Students with little social support

It is likely that the in-house postvention team will be overwhelmed with the responsibilities of helping faculty, staff and students. This is a good time to call in the district team and outside mental health resources. In Tennessee, we currently have an excellent statewide resource that can help schools respond to suicidal deaths and is capable of providing support, suggestions, and on-site assistance.

It is usually not recommended to have on-site memorial activities because these may dramatize and glorify the deceased and even the act of suicide. Some less-visible memorials may be appropriate, such as allowing people to donate books in the deceased student's memory.

It is important to inform close friends of the student privately or in a small group regarding the death of the student and how they died. This is good practice with any death but especially helpful in instances of suicide. Allow time for reactions and questions.



## Typical Trauma Reactions

This section will review common trauma reactions and also help teachers and counselors identify students who may need referrals for ongoing counseling. Some schools have counselors and mental health professionals with the time and training to provide this ongoing counseling; other schools will refer out to mental health professionals in the community. Identify these community mental health resources ahead of time.

***Remember that most trauma reactions are normal responses to abnormal situations. Reassure students, faculty, and families that their reactions are not at all unusual, and they are not “going crazy.”***

***It is helpful to simultaneously explain that sometimes these normal trauma reactions “get stuck,” and the individual does not return to their “steady state” in a reasonable amount of time. If this occurs, then it is important to encourage and provide referral information for these situations.***

## ‘Typical’ Trauma Reactions - Common Effects

### Common psychological effects of trauma exposure:

- Recurrent dreams/nightmares
- Intrusive thoughts or flashbacks
- Sleep and/or appetite disturbance
- Diminished interest in activities
- Exaggerated startle response
- Memory and concentration difficulties
- Avoidance of activities which recall the event
- Disturbing images or memories of the event
- Feelings of detachment
- A pattern of reenactment in behavior or play

### Physiological aspects of trauma exposure:

"Fight or flight" hormones – emergency system

Opiate system may be activated

Can vacillate between "flooding" and "numbing"

### Common cognitive distortions of traumatized children:

I should have been able to keep it (the traumatic event) from happening.

My family will never be okay again.

I will never get back to normal/be happy again.

The world will never be safe again.  
I can't trust anyone anymore.  
School will never be safe again.  
It's my fault.  
It's going to happen again.  
It is my responsibility to become "the man of the house" now that my dad is dead.

## Typical trauma responses by developmental age:

### Preschool-Age Children

#### Emotional

- Irritability, depression, and/or anger
- Fear of being alone
- Fear of re-occurrence of traumatic event

#### Cognitive

- Excessive worry thoughts about themselves and those around them

#### Behavioral

- Difficulty eating/sleeping
- Developmental regression (such as toilet training)
- Clingy behavior
- Common to reenact trauma through play
- Recurrent daydreams or flashbacks of the event
- Nightmares

### Elementary-Age Children (5-11)

#### Emotional

- Irritability, depression, and/or anger
- Fear of being alone
  
- Excessive worry (e.g. that event will reoccur)
- May feel helpless and powerless
- Recurrent daydreams or flashbacks of the event
- Nightmares

## **Cognitive**

- Belief that they caused the event or could have prevented it
- Difficulty with attention to school or homework
- Thoughts that school or the world is not safe
- Questioning death and dying

## **Behavioral**

- Lack of interest in usual activities, withdrawal
- Increased somatic complaints (e.g., stomach aches, headaches, etc.)
- Changes in academic performance
- Sensitive or jumpy to loud noises or trauma reminders
- May regress in developmental skills (e.g., baby talk, toilet training, tantrums)
- May reenact trauma through play
- Increased activity level
- Aggression
- Difficulty sleeping/eating

## **Pre-adolescence and Adolescence (12-18)**

### **Emotional**

- Increased feelings of anxiety and worry
- Worries about the trauma reoccurring
- Survivor's guilt (i.e., belief that he/she could or should have prevented the traumatic event)
- Repetitive thoughts about death and dying
- Changes in sleep/and or appetite
- May feel that school, or even the world, is not safe
- Irritability, anger, and/or depression
- Have difficulty seeing themselves as having a future
- Inability to concentrate
- All or nothing thinking (e.g., people are all bad or all good)
- Overgeneralization of the event (e.g., school will never be safe again)
- Behavioral changes (e.g., increased anger, may become more aggressive)
- Changes in academic performance
- Withdrawal, avoidance of trauma reminders
- Lack of interest in activities
- Increased risky behaviors (e.g., alcohol and drugs)
- Absenteeism
- Increased somatic complaints
- Increased startle response to certain noises or other trauma reminders
- Intrusive thoughts about the trauma
- Frequently talks about the details of the event
- Denial of impact of the event

Daydreams or flashbacks about the event  
Nightmares

### **Cognitive**

Excessive worry thoughts about safety and the safety of those around them  
Inability to concentrate  
Thoughts and statements about death and dying, including suicidal thoughts  
Denial of impact of event  
Survivor's guilt  
All or nothing thinking, overgeneralization

### **Behavioral**

Lack of interest in previous activities and social events  
Difficulty sleeping/eating  
Aggression/anti-social  
Changes in academic performance  
Sensitive or "jumpy" with loud noises  
Withdrawal/isolation  
"Risky" or impulsive behaviors (e.g., alcohol and drugs)  
Often feel a need to discuss the event in detail  
Somatic complaints (e.g. stomach aches, headaches, etc.)

## **‘Typical’ Trauma Reactions – Referrals**

### **Identification and referral of students who need mental health assistance**

Counselors/psychologists/social workers will need to assess whether the student was directly or indirectly exposed to a perceived or real traumatic event.

Assess symptoms including re-experiencing the traumatic event, avoidance, emotional numbing, increased arousal, sleep and appetite disturbance, etc.

Are the symptoms interfering with the student’s functioning?

Is there any evidence of suicidal behavior (i.e., thoughts, threats, actions)?

Have intense symptoms lasted more than a month? More than three months?

Is the child at risk due to other environmental factors or previous trauma?

Has the student exhibited significant behavior changes?

Student exhibits a high level of emotionality after the majority of peers return to more typical behavior.

Students intentionally hurting themselves, or having an increase in other self-harming behaviors, including abusing alcohol/drugs, may need a referral.

Students who do not improve with the individual and group interventions school personnel are able to provide may also need a referral.

Is the student at risk due to a known pre-existing mental health problem?

### **Ongoing concerns with children exposed to violence**

*Exposure to violence leads to the following consequences:*

Decreased IQ and reading ability (Delaney-Black et al., 2003)

Lower grade point average (Hurt et al., 2001)

Higher absenteeism (Beers and De Belis, 2002)

Decreased rates of high school graduation (Grogger 1997)

Significant deficits in attention, abstract reasoning, long-term memory for verbal information, decreased IQ, and decreased reading ability (Beers and De Belis, 2002)

## Building Resilience

### **Suggestions of healing activities for children in the aftermath of trauma, grief, and loss:**

*Note: Not all of the activities in this section are appropriate for all situations; some are more relevant for loss of life, others for natural disasters.*

#### **Preschool:**

- Allow for reenactment play with puppets or "dress ups."
- Encourage drawing, painting, and expressive arts.
- Help children make memory books to work through grief and loss.
- Read aloud age-appropriate books with healing themes.
- Encourage children to participate in making wreaths or cards for family.

In the aftermath of a natural disaster, the class can work on a mural of what happened, and later, draw the rebuilding of the community.

Preschool-age children can participate in simple mourning rituals in school such as placing a flower in the deceased student's spot or desk.

Preschool children can and should be offered a discussion time similar to a debriefing, but the time frame will be short and the steps simplified. For example, going around in a circle sharing what you heard, and secondly, what you felt or thought, will likely be all that they can attend to. They do need information about typical trauma reactions put in a framework that they can understand, as many of them will have trauma related symptoms and need reassurance that their experience is normal (nightmares, flashbacks, startle responses, etc.). Preschool children may need to work on activities as they talk (drawing, play dough, etc.).

#### **Elementary:**

- Stimulate discussion through expressive arts, such as painting and drawing.
- Help students make memory books individually or as a class to give to the family.
- Involve students in simple mourning rituals such as making a wreath from paper flowers.
- Have students make cards for the family.
- Have students publish stories in the classroom of survival in the aftermath of natural disasters (e.g., how did they take care of themselves?).
- Have the class create a mural about their strength and survival.
- Encourage play reenactment with toys, dress-ups, puppets, etc.
- Read aloud, or have children independently read, stories with similar themes that offer hope for the future.
- Have children bring in newspaper articles about other children from around the world who have experienced similar or different disasters.

Create a sentence completion assignment that encourages students to express their thoughts and feelings:

*"The hardest part for me was....."*

*"The scariest part for me was....."*

*"I found out I was strong when....."*

Hold group discussions utilizing group debriefing skills listed in the clinical section, but remember elementary students will not be able to tolerate as long of a discussion as adolescents. Plan to talk with students for 30 minutes or so, and then move on to an activity. The activity can then generate more discussion.

### **Junior and Senior High:**

Older students should be offered opportunities for more thorough discussion and exploration of the details of the event and their reactions. (See clinical skills section). Depending on the nature of the traumatic event, they will likely need to take at least one whole class period for discussion. Many students may need follow-up in smaller groups.

In the event of a natural disaster, ask students to discuss how they might help the community rebuilding effort.

Have the students read literature or novels related to hardship, disaster, and survival.

Encourage expressive arts, including drawing, painting, and writing about the loss or disaster. If a member of the class has died, students can design an "in-class" memorial for the student.

Have students write related science and psychology papers.

Ask students to write about "good" that can come from pain (e.g., what have they learned? How have they grown?)

In the event of a student or teacher death, students can write memory books individually or together as a group to present to the family. Help students "make meaning" out of seemingly meaningless losses. Brainstorm ideas to make the school safer or prepare the community for disasters. If students can actually activate an idea, they will regain a sense of mastery and control.

Talk to the students directly about beliefs that can happen after a traumatic event, such as believing that the school will never be safe again, or that they will never be happy again. Ask students to list these thoughts" and then have the group write challenge statements to the negative thoughts.

### **Anniversary activities (all ages):**

Major traumatic events that garner national news attention often are revisited by the media on the anniversary of the event. School postvention teams may assess that anniversary activities in the school setting are an appropriate tool to help students cope with the trauma reminders.

Anniversary activities should have a different feel than activities utilized immediately post-crisis; they should focus on strengths, community, and healing.

Here are a few examples of how anniversary activities can help students focus on strengths:

- Students fold a paper in half, draw the traumatic situation on one side of the paper, and draw how things have gotten better on the other side.
- Ask students to write about what they have learned about moving forward after a tragedy.
- Students make a mural of how things were last year, and how things are now.

### **Coping skills that can be taught to children:**

Although typically school personnel will refer children suffering from PTSD to mental health professionals, there are some simple skills that counselors and even teachers can use with children in the aftermath of trauma that can help children cope and regain the confidence to focus on their schoolwork. The following techniques, which are particularly well suited to combating the types of symptoms children experience after trauma exposure, have been utilized for decades and have shown to be effective in numerous studies:

#### **Relaxation**

Deep breathing, i.e., "belly breathing." Teach the child to breathe in deeply so that the lower abdomen protrudes during inhalation and recedes during exhalation.

Younger children can lie on the floor and put a book or stuffed animal on their lower abdomen. After the child masters this, have the child count to five slowly while breathing through the nose and count to 5 while slowly exhaling through the mouth.

Older children should be taught to focus on the feeling of their breath going in and out. They should be encouraged to not judge their thoughts. Tell students that it is fine if they have a distracting thought; whenever they remember to do so, they should put their mind back on the feeling of their breath.

Teachers and older students can be taught "square breathing." This technique encourages the participant to breathe in slowly to the count of 4, hold their breath to the count of 4, breathe out slowly to the count of 4, and then hold the breath out to the count of 4. The last section of the square, holding your breath out may be difficult at first. Participants can change that count to 2 or 3 if necessary.

Students and teachers can be taught progressive muscle relaxation by tensing and releasing muscles throughout the body, usually beginning with toes and feet.

Some students and/or teachers do better with breathing techniques if they have words to focus on. "Peace in, Stress out" is one that is often helpful. Students can also be encouraged to think up their own healing words.



## Positive Thinking

Children can be encouraged to learn and practice positive thinking even in the aftermath of a disaster. Counselors can help children identify their negative thoughts and write challenge statements for them. Here are some examples:

My school is not safe anymore.

*Challenge: I have been in school for 10 years with no problems; this event was on one day.*

Nothing is the same any more.

*Challenge: I still have friends and a mother that loves me.*

Children can also be taught to write and practice "cheerleading" statements. Here are some examples:

- I can get through this; I'm strong.
- I lived through it, therefore I am strong and can take care of myself.
- Things are hard now, but they will get better.
- I still have people who care about me.
- The bad part is over, and I'm safe now.

## Thought Stopping

In the aftermath of trauma, children can be really bothered by intrusive thoughts, images, and even flashbacks. Although it sounds remarkably simple, the technique of thought stopping can enable students to gain control over these troubling thoughts and images. Here is one way to teach thought stopping:

Tell students that they can learn to stop their troubling thoughts about the trauma so that they can concentrate on their work or get through their day more effectively.

First, help students identify a safe place that they can see in their mind. The safe place can be real or imagined.

*Note: younger students can draw the safe place to solidify the image.*

Second, tell students that they can simply tell their mind to STOP. They can even shout the word STOP in their mind.

Third, instruct students to then "throw their mind" on their safe place image.

*Adaptation for the classroom setting: For the third step, encourage students to "throw their mind" on what the teacher is saying or the work that they are working on.*

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## Resources

### **Tennessee School Safety Center**

[www.tn.gov/education/topic/school-safety](http://www.tn.gov/education/topic/school-safety)

### **Substance Abuse and Mental Health Services (SAMHSA)**

<https://findtreatment.samhsa.gov/>

### **American Association of School Administrators- Issues: Safe Schools**

[www.aasa.org](http://www.aasa.org)

### **American Red Cross**

[www.redcross.org](http://www.redcross.org)

### **American School Counselor Association**

[www.schoolcounselor.org](http://www.schoolcounselor.org)

### **Federal Emergency Management Agency (FEMA)**

[www.fema.gov](http://www.fema.gov)

### **Homeland Security**

[www.ready.gov](http://www.ready.gov)

### **Jason Foundation**

[www.jasonfoundation.com](http://www.jasonfoundation.com)

1-800-784-2433

### **National Center for PTSD**

[www.ptsd.va.gov](http://www.ptsd.va.gov)

### **National Child Traumatic Stress Network**

<https://www.nctsn.org/>

### **National Institute of Mental Health**

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Tennessee Association of Mental Health Organizations**

[www.tamho.org](http://www.tamho.org)

**Tennessee Department of Education**

[www.tn.gov/education](http://www.tn.gov/education)

**Tennessee Department of Mental Health and Substance Abuse Services**

<https://www.tn.gov/behavioral-health.html>

**TNprevent**

[www.tnprevent.org](http://www.tnprevent.org)

**Tennessee Suicide Prevention Network, Scott Ridgeway, M.S. Executive Director**

615-297-1077, [www.tspn.org](http://www.tspn.org)

**National Suicide Lifeline– 1-800-273-8255**

**Tennessee Statewide Crisis Phone Line– 855-CRISIS-1 (855-274-7471)**

**Suicide Prevention TEXTLINE**

[www.crisistextline.org](http://www.crisistextline.org)

741-741

**U.S. Department of Health and Human Services**

[www.mentalhealth.gov](http://www.mentalhealth.gov)

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