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FOREWORD

STAR-Center is a treatment, training, outreach and research program of the Division of Child Psychiatry, University of Pittsburgh Medical Center. Since 1987, our staff have conducted postventions and provided consultations across Pennsylvania and in other states. We acknowledge with gratitude the funding of the Pennsylvania General Assembly, which makes our services possible.

This manual has been prepared for educators, social workers, school psychologists, counselors, and other professionals who work with children and adolescents in the aftermath of tragedies. Our goal is to guide schools and communities in developing their own postvention[1] policies and procedures. This guide does not replace professional advice and should not be the only source of guidelines for a specific situation, *as each postvention will be different.* Appropriately trained professionals should be consulted for discussion and evaluation of particular issues or cases.

Over the years, STAR-Center staff and consultants, through their postvention efforts, have contributed the ideas for this guide. We thank them for their insights and helpful suggestions. We are especially indebted to Jamey Covaleski and Ranisa Rubin, whose revisions of this fourth edition were invaluable.

Mary Margaret Kerr, Ed.D.

[1] *Postvention* refers to the support services offered to survivors in the aftermath of a tragedy.

POSTVENTION: AN OVERVIEW

Despite all efforts to keep children and youth safe and healthy, tragic events happen. This manual will help you prepare for such a tragedy in your school.[2] We believe that good advance planning can reduce the negative impact of a tragedy on youth and those who live and work with them. Therefore, STAR-Center recommends that school districts, working closely with their community resources, prepare for tragedies by developing policies and procedures that may be activated on very short notice. Each postvention plan should include:

- School board policy authorizing postvention activities.
- Interagency agreements to ensure that resources will be available in the event of a tragedy.
- Communications plans:
  - **Internal communications plan** for faculty, administration, district administrators, school board members, and postvention team members (e.g., "on-call" arrangements, phone/fax/pager contact lists, telephone tree) with updates twice a year.
  - **External communications plan**, including how to reach qualified professionals for consultation, how to respond to media requests, and how to keep parents and guardians informed.
- Deployment of key personnel by name and area of responsibility during the postvention period. These personnel may include:
  - Postvention coordinator
  - Postvention team
  - School pupil services staff or Student Assistance Teams
  - Community mental health professionals
  - Monitors and escorts for students
  - Clerical support persons
  - Security staff

[2] If a death takes place at school, the school should first follow established District emergency procedures for notifying police, emergency medical personnel, and parents. Postvention does not replace emergency "first responses" to ensure the immediate safety and security of individuals at school.

- Group facilitators
- Central office contact persons
- School board liaison

- Refresher training for district employees assigned to respond to tragedies.
- Ongoing recruitment and training for new postvention team members.
- Strategies for debriefing[3] the postvention team members, evaluating the postvention, and discussing how to prevent or respond to another such tragedy.
- Annual review of postventions and revisions to the plan.

The following sections build on these essential aspects of postvention. We begin with a discussion of the rationale for postventions.

POSTVENTION AFTER A SUDDEN DEATH: THE RATIONALE

The five goals of most school postventions are: a) to support those grieving the loss of a classmate, teacher, or colleague, b) to return the school to its normal routines, c) to identify and assist those at risk for unhealthy behaviors and reactions, d) to refer those who may be at risk for psychiatric disorders, and e) to reduce the risk of contagion for those at risk for suicidal behavior. Postvention in schools is especially important, as students usually develop close relationships with those in their building. It is natural, therefore, for the school family to come together to support one another when a tragedy befalls one of its members.

No single model is adequate for every school or community, but we do follow certain basic guidelines in supporting schools through a tragedy. The first guideline is to respect the unique needs of each school community and its members. Individuals react in different ways to sudden death and tragedy. (See Attachment 1.) What they need will be determined by many factors, including but not limited to:

- Previous tragedies affecting the school.
- How the school has dealt with those losses.
- How long the victim (adult or student) was at the school.
- How well-known and well-liked the victim was.
- How much information about the death has been reported in the media.

[3] This refers to an informational session to review the postvention effort, not a psychological debriefing.

- How many students witnessed the tragedy or death and what was their exposure.
- How many students are thought to be at risk.
- The ages of the students affected.
- Whether the victim has other family members in the school district.
- Whether school is in session or not.

The second guideline is to identify and support those most at risk. This is a special concern in the case of suicide. The next section will explain the rationale for preventing contagion and outline how to identify those most in need of support.

POSTVENTION FOLLOWING SUICIDE: PREVENTING CONTAGION

Suicide creates a unique postvention condition. Postvention following a suicide attempts to arrest or reduce contagion in other youth, as well as the incidence of youth depression and post-traumatic stress disorder (PTSD) among friends of the suicide victim (Gould et al., 2003). The Centers for Disease Control in Atlanta have called for a community response in the aftermath of suicide to prevent further suicidal behavior and deaths (O'Carroll, 1987).

Research on suicidal behavior among young people has shown that exposure to suicide can trigger suicidal behaviors in others (Brent et al., 1989; Davidson & Gould, 1986; Gould & Shaffer, 1986; Gould et al., 1987; Phillips, 1974; Phillips & Cartensen, 1986; Phillips & Paight, 1987). This phenomenon is known as *contagion***.** To assess risk for suicide, consider the concept of *exposure* and then the possibility of contagion. We will begin with the concept of exposure.

Exposure to suicide is the knowledge that someone has died intentionally by some action (or by failing to take action, as in the case of intentionally abstaining from an essential medication). There are many ways to be exposed: witnessing the incident, hearing about it, learning of it through the news media, etc.

Contagion was described as early as the 17th century. When Freud later used the term, he was referring to the emotional ties an individual has to a group with whom the individual identifies. When something happened to a group member, all of the other members were affected to some extent. Currently, the term contagion refers to an individual's level of suicidality as a result of exposure to another person's completed suicide (Brent et al., 1993). Youth exposed to attempted suicide may also be at risk (Hazell, 1992/93, AACAP). In light of this finding, it is important to monitor friends of attempters.

Fortunately, most youth exposed to a suicide will not become suicidal. However, there is a small, vulnerable group of teens more at risk. Our research has allowed us to be more precise in our

identification of teens who fit into the category of at-risk youth (See Brent et al., 1993). *Those at increased risk for suicide would include, but not be limited to:*

- Students with a personal or family history of mental health problems, most notably depression, anxiety disorder - including PTSD, and substance abuse.
- Any student with a past history of suicide attempts.
- Students who are currently in mental health or drug and alcohol treatment.
- Students who are not in treatment but have been a concern for parents, teachers, or peers.[4]
- Students who now come to the attention of adults for the first time, when self-referred in the wake of the tragedy or when referred by their peers about an unrelated concern, loss, or tragedy.

What research indicates is that those teens identified as close friends are understandably distressed by such a traumatic loss. However, close friends generally resolve that they would never do this to someone they love because it is too painful. In effect, there is an initial *inoculation* to the idea of suicide as an option for themselves. Nevertheless, this group should receive ongoing support with their grief, as they are at risk for developing a Major Depressive Disorder (29%) or Post Traumatic Stress Disorder (5%), within six months (Brent et al., 1993). Risk factors for the development of depression include:

- A previous depression.
- Being a close friend of the victim.
- Having a conversation with the victim within 24 hours of the death, and/or
- Being aware of the victim's plan before the suicide.

Symptoms of Post Traumatic Stress Disorder (PTSD) may emerge when an individual witnesses the death, discovers the body, or sees the scene of death (Brent et al., 1993).[5]

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[4] Students often confide their private thoughts and feelings to their friends, so it is important to pay attention to peer referrals.

5 In some situations, schools have found it necessary to stop rumors by providing some details to selected individuals. This judgment is best made by a team of clinically qualified persons who know the facts and those potentially affected.

POSTVENTION PLANNING AND PERSONNEL

A comprehensive postvention plan helps ensure that the goals of a postvention will be achieved. The five goals of postvention are:

1. To support those grieving the loss of a classmate, teacher, or colleague.
2. To return the school to its normal routines.
3. To identify and assist those at risk for unhealthy behaviors and reactions.
4. To refer those who may be at risk for psychiatric disorders.
5. To reduce the risk of contagion for those at risk for suicidal behavior.

Supporting a school-based postvention plan should be a Board-authorized policy that describes:

- Articulation of Board support for postvention activities as outlined in the postvention plan (procedures).
- Authorization for the use of non-school personnel in providing postvention. (Memoranda of agreement with those agencies may be required.)
- How information will be shared among those providing postvention services, parents, staff, and students.
- How media communications will be addressed.
- How funds, if any, will be authorized.
- Compensation for those providing services, or any other contractual issues that might arise during a postvention.
- How memorials will be handled.
- Reporting requirements (e.g., reports to the Board members, reports to other agencies).

We have found it helpful to identify essential personnel who carry out specific postvention duties. The following sections describe these roles and suggest how they might facilitate the postvention activities. We begin with the postvention coordinator.

POSTVENTION COORDINATOR

A successful postvention depends upon cooperation between educators and mental health professionals. The school hosts the postvention, yet there may emerge clinical issues that should be addressed by trained mental health professionals employed by the school district or by a community agency. When choosing a postvention coordinator, select a District employee who works well with school staff as well as mental health consultants.

The postvention coordinator could be a school administrator, social worker, counselor, prevention specialist, or psychologist familiar with school services, community mental health agencies, and with other community resources. This person must be a calm and quick-thinking leader in crisis, who can organize simultaneous efforts to meet the needs of diverse populations. The postvention coordinator should receive annual refresher training to understand the behaviors of depressed and suicidal youth, violent youth, and to identify students who may be at risk. In the event of a tragedy, the postvention coordinator is responsible for ensuring that the following tasks are completed:

- Call the District's postvention team, composed of school support staff (counselors, social workers, school psychologists, Student Assistant Program (SAP) team members).

- Contact mental health professionals for on-site support and/or consultation.

- Contact the coroner to verify the death.

- Locate and put into safekeeping the personal belongings of the victim (i.e., any photographs of the person, locker and desk contents, completed papers and projects, team jersey, and books). The coordinator might put aside the student's textbooks, in the event that the school chooses to give them to the family or the family wants to purchase them.

- Remove the victim's name from individual class rosters, school mailing lists, automated attendance call lists. If the victim was a high school student, the coordinator or counselor may also wish to reach college or military recruiters who may inadvertently contact the victim's family.

- Compile a list of at-risk students including, but not limited to, the following:

    - Students with a history of mental health problems, suicide attempts, or substance abuse problems, and students who are currently in treatment.

    - Students who are not in treatment but have been a concern for parents, or

teachers, etc.

- Relatives of the deceased.
- Siblings, cousins, and other family members of the deceased who are in the district.
- Boy/girlfriend of the deceased (self-identified or identified by others).
- Close friends of the deceased.
- Students who have experienced a recent loss or the anniversary of a loss (e.g., Grandmother died last month, parents recently divorced, or it is the same month as when a student's brother died six years ago).
- Students who identify themselves as needing support.
- Students who have gone to the funeral home or cemetery for visitation and/or attended funeral services.
- Members of organizations or teams in which the deceased participated.
- Any other specific groups of students and/or adults on whom the death might have a direct or indirect impact (e.g., children for whom the victim provided childcare, neighbors, students who shared a school bus, teenage babysitters).

Additional responsibilities of the postvention coordinator include:

- Contact the family of the victim.
- Contact the funeral home.
- Contact other schools where the death may have an impact.
- Conduct school staff meetings and alert school security.
- Inform community mental health agencies about possible referrals.
- Inform students about the tragedy and implement postvention services.
- Inform parents and provide referral services as necessary.

- Respond to inquiries from the media or refer questions to District's media spokesperson.

- Evaluate the postvention.

- Plan for anniversary dates and special events (e.g., graduation).

The next section outlines the duties of a mental health consultant. This person may work within the district or come from an agency that specializes in crisis responding or mental health services. *Attachment 2* provides a checklist that describes what steps schools need to take when receiving postvention services from an outside provider.

MENTAL HEALTH CONSULTANT

Mental health postvention specialists can help assess the scope of the tragedy and anticipate what may occur. We suggest that the postvention coordinator consult with a mental health professional soon after confirming the death, in order to think through the first stages of the response. In our experience, it is very helpful to have another perspective on the tragedy. The mental health consultant might work with the school's postvention coordinator and postvention team to:

- Inform district employees of the postvention services and community resources available for students.

- Review procedures for conducting classroom or small group presentations on responses to sudden loss.

- Familiarize staff with the developmental tasks associated with recovery from loss, and the dynamic nature of trauma and loss (immediate reactions as well as reactions over the weeks and months to follow).

- Screen students and provide appropriate referrals when warranted.

- Co-lead support/education groups for students (either students who self-identify or those who are referred by school personnel).

- Assist school staff in conducting parent meetings.

- Advise staff on how to respond to media representatives.

- Provide consultation on memorials.

- Assist with postvention management.

- Provide clinical consultation to school counselors and the postvention team.
- Assist school personnel in their communications with the family of the victim.
- Provide support services or referrals to the family members of the victim.
- Coordinate postventions with feeder schools or other schools within the district or adjacent school systems that may be affected by the tragedy.
- Meet with the postvention team to review their process.
- Assist the team in evaluating their efforts.
- Make suggestions for improving the postvention policy and procedures.
- Identify new community resources for future situations.
- Present information on prevention to community members.

ELEMENTS OF POSTVENTION

The table in *Attachment 3* includes actions in the postvention process. However, every tragedy has its own timetable. For that reason, we cannot offer you a step-by-step sequence in which activities should take place. Rather, we have tried to include the elements of postvention that you need to consider. We begin with a verification of the death.

VERIFYING THE DEATH

Upon hearing of a death, the postvention coordinator or senior school official should contact the coroner's office to obtain accurate information about the deceased student's death. *(See Attachment 4)* If the school official or postvention coordinator is unable to reach the coroner, they should contact the law enforcement agency in whose jurisdiction the death occurred. The primary purpose of talking to the coroner or law enforcement agency is to verify that the death occurred and to properly identify the student as a student in your school. Problems have arisen when school officials assumed that the victim was a student at their school, only to learn that the victim was misidentified. Be sure that the postvention coordinator or senior school official has introduced him or herself to the police and coroner *prior* to a tragedy, so that these officials are familiar with the individual and are willing to provide the information in a timely fashion. It is important, for example, to review your postvention policy with local law enforcement officials. A crisis is not the best time for first introductions!

The police and/or coroner can provide:

- Cause of death.
- Where the death occurred.
- Circumstances surrounding the death.
- Witnesses to the death.
- Indications of drug and/or alcohol use or abuse.
- Any other relevant investigations or findings.

The coroner is the only official who can legally rule a death a suicide. Until the coroner makes a ruling, the death should be referred to as "a tragic loss" or "sudden death."

We have encountered two schools of thought regarding whether postvention teams should communicate that a death is the result of suicide. We can offer only general guidelines, as each situation is different. First, a death should never be referred to as a suicide unless the coroner has ruled the death a suicide. Second, if a postvention team knows that a suicide has taken place, that team should take the precautions and additional steps outlined in the section, "Special Circumstances Following a Suicide" found later in this handbook. Third, the school will make a decision to acknowledge the death as a suicide or to refer to it as a sudden death, based on a number of factors. These factors include:

- the wishes of the victim's immediate family.
- the advice of mental health professionals regarding the risk of suicide contagion.
- whether the suicide is already well-known in the community.
- the school district's Board policy regarding such communications.
- a clinical judgment as to whether those at risk for contagion will be better protected and served if they are made aware of the suicide and its accompanying risks.

After weighing these factors, the postvention team should always collaborate with a mental health consultant before deciding whether or not to communicate the death as a suicide.

CONTACTING THE VICTIM'S FAMILY

In some cases, the family of the victim is the first to notify the school. If this is not the case, then as soon as practical, the school principal/school administrator should directly contact the parents of the deceased student or staff member's family.[6] We recommend that the school official offer to visit the home(s), if possible. It may be more comfortable for the school official to go with another staff person known to the family. Both should be supportive and sympathetic in dealing with the deceased student's parents. Special sensitivity is required when the death is a suicide, the result of alcohol or other drug abuse, violence, or reckless behavior. There is a profound stigma attached to such deaths in our culture. Parents need reassurance that the school is not passing judgment on them, especially in the case of a suicide. The victim's family can play a pivotal role in supporting the postvention.

During their initial communication with the family, the school official should:

- Convey the school's condolences.
- Ask parents about funeral arrangements.
- Find out how the parents would like the school community to participate in the funeral arrangements (e.g., are services private; are classmates invited).
- Reassure the parents that the school will safeguard and return the victim's personal belongings, when the family is ready to receive them. These include items in the student's locker and desk, papers and projects, school records, and any photographs of the student.
- Let the parents know that the school is providing counselors to help students and staff with their grief.

[6] If the death took place on school grounds or during a school-sponsored event, the school official should first contact the District's legal counsel. There will be special issues that warrant attention in this situation.

PLANNING THE SCHOOL ENVIRONMENT

SPACE

The postvention coordinator should make plans to accommodate the mental health professionals and the support staff who are providing postvention services. The space selected must provide privacy for individual screenings and small group discussions. It is helpful to choose rooms that are close to one another and that have access to telephones. We have found it very helpful to decide in advance how space will be used in postventions. A floor plan can be included in each school's postvention plan. This space plan should also include arrangements for postvention team members to park their cars on school property.

ESCORTS

In a postvention, it is necessary to see students for individual screenings in an organized and expedient manner. An office "escort or coordinator," usually a school secretary, paraprofessional, security aide, or postvention team member, can keep a confidential list of students, looking up schedules, and calling students to the office. Coordinating the movement of students will minimize disruptions, deter students from congregating in large groups, and save valuable time for the counselors and students. Although the role of the "escort/coordinator" is largely managerial, it is best to designate someone who is sensitive to the students and faculty. This individual will need to be aware of his/her role before a crisis occurs. Clerical and ancillary staff who will be answering phones, receiving visitors, or escorting students should participate in postvention training.

SECURITY

Building security staff can help prevent problems. STAR-Center recommends that security staff participate in suicide prevention and postvention training and be included in any staff meetings held during a postvention. Security staff might:

- Escort upset and angry students to the guidance office for proper support.

- Monitor students congregating in large groups during regularly scheduled activities. Security staff can empathize with students, but set limits on their spontaneous gathering. If the group is a natural occurring group, then security can arrange for them to meet with a counselor. If the group has already met, then security can monitor them and direct them to a member of the postvention team, if they become disruptive or very distressed. The postvention team can decide whether students should attend their regularly scheduled classes, or go home to a parent or other adult caregiver provided proper permission is obtained.

- Approach representatives from the media and refer them to the school's media representative; and if necessary, escort them to an appropriate waiting area.

- Remove media representatives who attempt to interview students or teachers on the school grounds without permission.

In the absence of security, teachers or other adults in the building may be asked to monitor hallways, stairwells, bathrooms, locker rooms, entrances/exists and other areas where students may congregate or attempt to leave.

SAFEGUARDING THE VICTIM'S BELONGINGS

In the event of a faculty or staff death, it is important to collect the items from the person's workplace. If time allows, the school may invite the family to assist in this or to offer suggestions. As soon as the school learns of a death, an administrator should arrange for the safekeeping and subsequent return of the victim's personal belongings to the family. Remove any articles promptly to prevent personal effects from disappearing or becoming a memorial site for grieving peers. Place the belongings in a safe place, and in a suitably respectful container (never a plastic trash bag). Ask students and faculty members to contribute personal items of the victim (e.g., papers, artwork, diskettes, awards, trophies, photographs, clothes, projects, newspaper articles, videotapes, poems), so that the family members might have these last and precious remembrances of their loved one. The coordinator might put aside the student's textbooks, in the event that the school chooses to give them to the family or the family wants to purchase them.

RE-ARRANGING THE CLASSROOM OF THE VICTIM

In some circumstances, schools allow students to make decisions about the location of the desk of a deceased classmate and rearrange the desks in the classroom. Allowing the desk to remain in its usual place for a long period can be an unnecessary stressor, and could lead to problem behaviors (such as writing derogatory comments on the desk or turning it into a shrine to the deceased). The postvention coordinator, principal, and others close to the students will make a judgment call about involving students in planning how to handle the deceased's desk. Whether adults take on the responsibility alone or share it with students, the aim is to return the classroom to a normal learning environment, while minimizing additional stress and re-exposure to students close to the tragedy.

INFORMING SCHOOL STAFF

We recommend that at least one staff person use a pager or cell phone so that news of a tragedy can reach the postvention team during nights and weekends. Staff might take turns carrying the pager, whose number is given to the local police, superintendent, or others in the community who might learn of a tragedy. An emergency meeting of all school faculty and staff should take place as soon as possible after the school learns of a sudden death. If there is an existing "phone tree," use it to notify staff of the tragedy[7] and inform them of the meeting. If the school does not have a phone tree, a mechanism for notifying staff should be developed as part of the school's postvention plan.

As noted in the section "Verifying the Death", we have encountered two schools of thought regarding whether postvention teams should communicate (to staff or students) that a death is the result of suicide. We can offer only general guidelines, as each situation is different. First, a death should never be referred to as a suicide unless the coroner has ruled the death a suicide. Second, if a postvention team knows that a suicide has taken place, that team should take the precautions and additional steps outlined in the section, "Special circumstances following a suicide" found later in this handbook. Third, the school will make a decision to acknowledge the death as a suicide or to refer to it as a sudden death, based on a number of factors. These factors include: (a) the wishes of the victim's immediate family; (b) the advice of mental health professionals regarding the risk of suicide contagion, (c) whether the suicide is already well-known in the community, (d) the school district's Board policy regarding such communications, and (e) a clinical judgment as to whether those at risk for contagion will be better protected and served if they are made aware of the suicide and its accompanying risks.

The postvention coordinator should develop in advance an agenda (or checklist for personal use) for the first meeting of the staff, so that items are not overlooked. An example of such an agenda appears in *Attachment 5*. At the meeting:

- Give the name and grade (or staff assignment) of the victim(s) and details of the death.

  It is important to express condolences to the staff and recognize their feelings. A teacher might be a close colleague or relative of the victim, a friend of the victim's family, or be involved with the victim through school or community activities. The tragedy may revive memories of a past loss. The postvention team may also anticipate which faculty members

[7] The Postvention Coordinator or building principal should consider whether the victim had a close relationship with any particular adults at school. If so, it is better to notify those individuals in person or contact a friend or family member who can share the information directly and sensitively with them. This is especially important in the event of a staff or faculty death.

and staff may need assistance due to unrelated losses or hardships and offer individual support. Some districts provide Employee Assistance Program services for staff and faculty.

- Introduce anyone from outside of the school who is assisting in the postvention.
- Share postvention plans for feeder schools and adjacent school districts.
- Give an overview of the postvention services:
  - Plans for contacting the victim's family.
  - Funeral arrangements.
  - How the school will inform and assist other students.
  - The availability of counselors to talk with students individually and in groups.
  - Signs to look for in students who may need to be seen/referred.
  - Procedures for referring students for individual screening and assistance.
  - The letter that will be sent to parents of the student body. *(See Attachments 6a and 6b for sample letters.*)
- Explain the faculty's responsibility to announce the death during their homeroom. If a tragedy occurs during the school day, the school may choose to have students return to a special homeroom session for this announcement, or make other arrangements to reach faculty and have them announce the event to students. If any faculty member does not feel comfortable announcing the death in the classroom or answering students' questions, have that person inform the principal. Postvention team members, then, can step in to make the announcement or otherwise support the faculty member. *(Attachment 7 provides commonly asked questions by students and offers some possible responses for faculty.)*
- Distribute the announcement. The announcement should be typed in advance, so that each teacher is giving the same information. *(See Attachment 8 for an example.)*
- Emphasize confidentiality. Remind school staff that much of the information shared during a postvention is confidential. Alert staff that community members will undoubtedly question them for details of the tragedy. Review school district guidelines about sharing of confidential student (or faculty) information.
- Announce follow-up meetings. A follow-up staff meeting should be planned at the

end of the day. Intermittent staff meetings may occur depending upon the need to share new information or get advice from the faculty.

- Questions or concerns regarding the general climate of the school, the postvention services, and the school-based activities should be referred to the postvention coordinator and/or the mental health consultant.

- Parental guidance and permission. A letter home to parents informing them of the death, is the ideal way to proceed. The letter can also inform parents about the support services at the school and, if needed, any other resources within the community. *(See Attachments 6a and 6b.)*

- Parents' support of their grieving children is vitally important. Providing the information about the death is essential, but it is also important to communicate clearly that the parent's support is most critical. It is with this in mind that we strongly recommend that parents decide what funeral/memorial services their teenager will attend and that parents accompany them.

- Depending upon particular religious rituals, time may be very limited. For example, some faiths have services within a day or two of the death. Communicating this information to parents may take place over the phone with a written follow-up. No student should be permitted to leave the school without parental permission. The student will only be given an excused absence to attend funeral services during school hours after a note from the parent or guardian is received.

- Refer to *Attachment 9* for stress reactions that students and adults may experience.

- Allow as much time as possible for faculty to review the information you are sharing. Address any questions or concerns as completely as possible; and acknowledge the difficult task the staff members are facing. Finally, thank them for their cooperation and patience with the disruptions to their normal routines.

ANNOUNCING THE DEATH TO STUDENTS

Students and their parents need accurate information about the tragedy and about services that the school will provide. Because it is important that each student hear the same information about the death, we recommend that:

- Homeroom or classroom teachers use a prepared announcement to read to students. *(See Attachment 8 for a sample announcement.)*

- A letter to be mailed to parents about the tragedy, describing the postvention services available. *(See Attachments 6a and 6b for samples.)*

The announcement of a death should *never* be broadcast over an in-school announcement system, or solely in a school bulletin. Also, avoid announcements in a large group assembly. These approaches do not allow the school faculty to assess the reactions of students and provide them with personal support.

ANNOUNCING A SUICIDE

Care must be taken when sharing information about any death, especially a suicide. The purpose of providing information (beyond acknowledging the tragedy) is to educate the community about concerns that exist in the aftermath of a suicide: the impact of exposure and the potential for contagion.

As we have mentioned in previous sections, we have encountered two schools of thought regarding whether postvention teams should communicate (to staff or students) that a death is the result of suicide. We can offer only general guidelines, as each situation is different. First, a death should never be referred to as a suicide unless the coroner has ruled the death a suicide. Second, if a postvention team knows that a suicide has taken place, that team should take the precautions and additional steps outlined in the section, *"Special Circumstances Following a Suicide"* found later in this handbook. Third, the school will make a decision to acknowledge the death as a suicide or to refer to it as a sudden death, based on a number of factors. These factors include: (a) the wishes of the victim's immediate family, (b) the advice of mental health professionals regarding the risk of suicide contagion, (c) whether the suicide is already well-known in the community, (d) the school district's Board policy regarding such communications, and (e) a clinical judgment as to whether those at risk for contagion will be better protected and served if they are made aware of the suicide and its accompanying risks.

If the school decides (with consultation from mental health professionals) to refer to a death as a suicide, it is best to be as discreet and sensitive as possible. The school should provide facts surrounding the death but not reveal unessential details, such as the physical appearance of the

victim after death or how the individual took his or her life. Although this information somehow may surface, it should *never* be discussed in a large group setting for two reasons: a) it may cause harm to some of those present, and b) adults cannot monitor students' reactions in a large group situation. (See Gould, et al., 2003)

Students and parents *should* be encouraged to discuss the suicide at home. Communications to students and parents should emphasize the role parents play in helping their children deal with this tragic event. The school should not assume sole responsibility for students' emotional support.

(Sample announcement and letters are included in Attachments 6a, 6b and & 8.)

FOLLOWING THE SCHEDULE OF THE DECEASED

A school counselor or other member of the school's postvention team can follow the deceased student or staff member's schedule to provide support to teachers and classmates, give everyone a chance to express their feelings, and to answer sensitive questions. In the event that the deceased is a faculty member, the postvention coordinator and principal should decide how to modify the schedule to support that individual's students. For example, a familiar teacher could cover the deceased's schedule if you have someone take over his or her classes.

The classroom teacher or postvention team member will introduce the grief/psychoeducational group discussion: "We learned this morning about the tragic loss of your classmate (teacher). Since you were in classes with _____, we wanted to give you some extra help in handling this very sad event." Following this introduction, the teacher or leader can:

- Respond to students' questions about the death. *(See Attachment 10 for guidelines.)*
- Explain funeral arrangements and procedures for student attendance at the funeral. For example, only students with written permission from parents will be excused for the funeral.
- Respond to questions about memorials.
- Explain how, when, and where counselors are available to students.
- Advise students about handling media representatives.
- (If suicide is the cause of death), discuss risk factors for suicide including depression, alcohol and other drug use, and access to firearms as risk factors. [8]

[8] The documents at the end of this manual were taken from the NIMH's website, http://www.nimh.nih.gov. This information is in the public domain and may be copied or reproduced without permission from the Institute free of charge.

GRIEF PRESENTATION FOR CLASSROOM AND OTHER SELECT GROUPS

Grieving students can benefit from a classroom presentation on coping with the trauma of a sudden loss. This presentation helps students to understand, label, and talk about their feelings. *(See Attachment 11 for Objectives of the Grief Lecture.)* This presentation, facilitated by a trained classroom teacher or counselor, may follow the announcement of the student's death. The presenter/facilitator can:

- Ask how each student learned about the death.
- Explore each student's reaction to the death and determine whether the student's reaction was shared with a parent.

  There is usually a common set of responses including shock, sadness, anger and disbelief. Some students might respond by saying the death was "foolish," or "stupid." Other responses are possible and the presenter must be prepared for students crying or expressing feelings of anger or guilt.
- Review aspects of grief using examples shared earlier in the group.
- Encourage student discussion and questions.
- Distribute student "help card"[9] with a space for students to fill in the name and telephone number of two adults they can contact in a crisis.
- Review the help card resources.
- Ask if any student knows of resources not listed on the help card. If so, write appropriate resources on the chalkboard for students to copy onto their help card.
- Urge students to self-refer or refer a friend any time they have cause for concern.

In addition, if a suicide has occurred and the school has made the decision (in consultation with mental health professionals) to discuss the death as a suicide:

[9] We suggest that schools design and print a wallet-sized help card in advance. A local print shop may donate the printing or materials. The card should name local counseling and crisis resources, provide instructions on how to call from a pay phone in an emergency, and provide two or more spaces for individual contacts. Be sure to verify the phone numbers of resource agencies before printing the cards. These numbers should be re-confirmed annually.

- Discuss ways to deal with suicide.
- Emphasize the need to contact an adult if students have concerns about suicidality for themselves or a friend.
- Ask for and respond to students' questions.

Students who ask unusual questions or make provocative statements in support of suicidal behavior should be referred promptly to the postvention team for an individual screening.

ONE-TIME EDUCATIONAL SUPPORT GROUP

Recent reports have raised questions about the efficacy of so-called debriefing sessions for those who have experienced trauma (Raphael and Wilson, 2000, McNally et al., 2003). These researchers maintain that that there is no empirical evidence that conducting a debriefing group after a tragic loss prevents Post Traumatic Stress Disorder. Moreover, critics of debriefing contend that encouraging individuals to discuss their thoughts and feelings immediately after a tragedy may *retraumatize and overwhelm the survivors as well as impede their natural recovery process, thus doing more harm than good* (McNally et al., 2003).

Debriefing may be useful for some groups (i.e., emergency responders who were briefed before the critical event). However, given the controversy surrounding debriefing, we recommend that one-time educational support sessions should not include students who have previously been identified as at-risk for psychiatric disorders, drug or alcohol abuse, witnessed the tragedy, or are otherwise seen as highly vulnerable and in need of more personalized attention than the group format can provide (see also in this manual, *Postvention Following Suicide: Preventing Contagion*). Instead, these individuals should be screened by a mental health professional in a one-on-one session.

On the other hand, even those who argue against compulsory debriefing agree that structured educational groups can provide several benefits for specific individuals. Educational support groups give trained professionals the opportunity to provide participants with factual information about the traumatic event as well as educate students on common reactions to trauma, thus normalizing some of their reactions. For example, students who participated in school activities with the victim may need this type of additional support. Schools routinely bring together those who were involved in classes, teams, clubs, or friendships with the victim, especially when the victim is a student. An educational support group can provide a supervised and supportive atmosphere where students can express their feelings and reactions to their friend's death. The group leaders, who may be postvention or SAP team members, provide guidance on coping skills and grief reactions and help to clarify misinformation about the death or suicide. Naturally occurring groups to consider, besides the victim's classmates, might include teammates, students who rode the same bus, lab partners, band members, youth group members and clubs outside of school (e.g., youth groups and scouts).

Before conducting any support group sessions, the postvention team should review carefully the following guidelines.

The objectives of an educational support group are listed in *Attachment 12*. Because of the intensity of emotion that is often conveyed in these support groups, limit each group to 20 students, with attention to the selection of group members, as reflected in the safeguards stated above. When dealing with close friends of the victim, small groups of 10 students or fewer are even better. A

group should be co-led by trained individuals from the postvention team or from a mental health agency. The leaders should conduct the group in a private school setting to facilitate discussion and guarantee confidentiality. The meeting should last no longer than 50 minutes. *(See Attachment 13.)*

Educational support groups work best when they are well structured. At the beginning of the session, one of the group leaders should pass around a sign-in sheet for each student to sign his or her name and home telephone number. Facilitators and students should then introduce themselves. The following issues may be explored during the session:

- Each student's relationship with the deceased.
- Individual reactions to the death and with whom they were shared.
- Misinformation and rumors about the death.
- Typical reactions to grief.
- If the death was a suicide, ways to deal with suicide. Consult with a mental health professional regarding this.
- Symptoms associated with depression.[10]
- What students might expect at the funeral.
    - The group leaders may discuss ways of expressing sympathy and condolences to the family survivors; encourage youth to attend the funeral with their parents; discuss appropriate ways for youth to be supportive of each other at the funeral home and during the services; emphasize the need for adult support; and the importance of sharing feelings with family members.
- Student help card resources and how to use them.

After the educational support group session, facilitators should meet and review what took place. Consider reactions of individual students and refer any student at risk for suicide or depression for an individual screening. Keep brief notes of the content and process of the group meeting. District policy might also require that you make a follow-up contact with the parents of those students participating in the group.

Although children and adolescents have many of the same reactions to trauma, they are not always able to verbalize their thoughts and feelings in the same way. When children are too young

[10] The documents at the end of this manual were taken from the NIMH's website, http://www.nimh.nih.gov. This information is in the public domain and may be copied or reproduced without permission from the Institute free of charge.

to benefit from an educational support group, using art, puppets, music or books may help them to open up about their feelings. Attached at the end of this manual, is a document from The Substance Abuse and Mental Health Services Administration. This document offers school personnel strategies to help children express their thoughts when they cannot put their reactions into words.[11].

STUDENT-INITIATED MEMORIALS AND SUPPORT GROUPS

STAR-Center recommends that any student-initiated support groups be held only with adult supervision, even though students may resist adult supervision. It is very important for students to examine and discuss their feelings in a safe and supportive environment. It is not uncommon for students to want to exclude adults. Yet, it is important for the adults to remain present in a supportive manner. Without adult guidance, student groups may become chaotic and exacerbate the crisis. An unsupervised gathering of adolescents, for example, may use alcohol and other drugs to alleviate their feelings. The postvention procedures can delineate qualified staff members with good student rapport to sit in on student-initiated groups.

Students may feel the need to leave mementos (e.g., letters, poems, balloons, flowers, teddy bears) on or near the victim's locker or desk. It is important that students have a means to express their grief and remember their friend; however, the school must also consider the reactions that such visual reminders evoke. Therefore, students can be encouraged to bring cards and other items they would like to share with the family to the main office or other designated location. Remind students that any items left at a locker or desk will be collected carefully throughout the day and shared with the family. A member of the postvention team or other school official can review the materials for appropriateness before sharing them with the family.

[11] This document was taken from The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Mental Health Information Center's website, http://www.mentalhealth.samhsa.gov/. All text materials on this web site are in the public domain. CMHS encourages copying or any other utilization of their text.

INDIVIDUAL REFERRAL AND SCREENING

GENERAL GUIDELINES

Before you begin any postvention activities, be sure that you are in compliance with applicable state regulations (e.g., those governing the privacy of student or employee records) and your District's policy. You may need prior parental approval before proceeding with some aspects of the postvention procedures outlined here. *This safeguard is especially important for activities that involve non-school personnel who gather personal information from students. If you believe that a student is at risk for suicide or other dangerous behaviors, immediately contact the student's parents or guardians, and follow up with a written statement of your concerns.*

REFERRALS

Referrals may come from teachers, staff, students who have been interviewed, or from a student who contacted an adult helper out of concern for a fellow student. Any referred student should have an opportunity to meet with an adult. A school staff member who knows the student of concern can follow up initially, and then refer to a member of the postvention team. Despite fears that this method of identification could become unmanageable, it has been our experience that there are a finite number of students who are at risk.

RECORDKEEPING

We want to emphasize how important it is to keep accurate records of those students referred and screened. The postvention coordinator or mental health consultant should keep a roster of all students referred and screened. *(See Attachment 14.)* Each individual screening should be documented on a special postvention screening form. (*See Attachment 15.)* Both the roster and the screening forms are confidential. Only staff directly involved in the postvention and parents should have access to them.

PARENT PERMISSION AND FOLLOW-UP

Even if your school policy does not explicitly require it, make every effort to contact the parents or guardians of each student referred for individual screening. Ideally, someone from the school who knows the family should make this contact. Prior to the screening, it should be made clear to the student that the interview is voluntary, that they do not have to answer any questions they choose not to, and that their parents will be contacted afterwards to go over how their child/adolescent is faring. Additionally, the counselor should explain that information shared by the student is confidential unless there is a risk of the student hurting him/herself or someone else, any suspicion of abuse to them or other at-risk behavior. In this case, the student's parents must be informed of the student's risk, and an appropriate level of support should be provided in the form

of referral or transportation to an appropriate place for care.

The parents of all students who are screened individually should be contacted by telephone, and if possible by the person who conducted the screening interview. Try to have the student present when the parent is called, so that they can talk with one another as well. If there is no need for follow-up, you can tell the parent, "Your son/daughter is understandably devastated by the death of his/her friend. At this point s/he appears to be experiencing a normal grief reaction." Then review child/adolescent reactions that would be of concern and whom they can contact if they observe those behaviors. Send a letter containing the same information provided during the telephone call

At the end of each day, the postvention team should meet to review individual screening results and determine individual follow-up. Approximately one to two months after the postvention is completed, school staff should review the status of each student screened and determine the need for further intervention. In the unfortunate situation that another tragedy occurs within sixty days, the postvention team should revisit those students who were previously referred, as well as attend to the students involved in the current tragedy.

INDIVIDUAL SCREENING AFTER A SUICIDE

Certain students may be at higher risk for suicide and/or depression. These students should be individually screened *by a qualified mental health professional or by a school counselor in consultation with a qualified mental health professional.* Individual screenings help mental health professionals determine each student's vulnerability.

The following issues may comprise an individual screening:

- The student's exposure to the suicide, relationship with the deceased, and participation in the funeral.
- The student's current and past mental health care including anytime they were in counseling.
- Whether the suicide/tragic loss caused any exacerbation of any mental health symptoms.
- Any current or past history of suicide for themselves or any family members.
- Any symptoms of depression experienced by the student and whether the suicide caused an exacerbation of those symptoms.
- Any past or present involvement with the legal or juvenile court system.
- Any history of alcohol and/or drug abuse.

- Access to firearms (even if in a locked cabinet)
- Access to alcohol and other drugs.
- Stressors in the student's life.
- Any communication about the suicide between the student and the deceased.

The majority of students screened during a postvention will not require mental health treatment. However, those students whose severe grief impairs their daily functioning, or those whose histories include the risk factors mentioned earlier [a) current or past history of depression, or b) close relationship with the victim and discovered the body or witnessed the suicide] are particularly at risk for developing depression or Post Traumatic Stress Disorder.[12] These students should be monitored for school attendance, changes in academic performance, and any shifts in behavior. At-risk students and their parents or guardians should be referred to a mental health professional according to the procedure established by the school.

A screening may reveal that the student is at risk for suicide, depression, or another mental health disorder. If so, the counselor should:

- Negotiate and document a *safety plan* with the student.

  A *safety plan* is an agreement that is negotiated between the student and the person doing the screening. The student agrees: (1) not to act on suicidal ideation or urges, (2) to contact his parent or guardian, or other responsible adult if experiencing suicidal ideation, (3) to identify previous stressors that have led to suicidality and to structure activities to prevent recurrence of such stressors. If conflict within the family has led to past suicidality, it is important to negotiate a "truce" around hot topics or issues both with the adolescent and the family member, (4) to go to an emergency room if the person cannot keep self safe and other mental health professionals or support persons are not available, and (5) have 'key' phone numbers in order to access appropriate adult support. *(See Attachment 16 for steps one might take in using a "safety plan".)*

- Contact the parents or guardians and facilitate a referral.
- If the student is already receiving mental health care, encourage the parent to contact the student's therapist or counselor.
- Advise the parents or guardians to remove firearms, alcohol, and other drugs from the student's access.

[12] Approximately 29% will become depressed, while five per cent will develop PTSD, according to Brent et al., 1993.

If a student exhibits serious suicidal ideation (thoughts about suicide), has a suicide plan, or engages in behavior that represents a clear and present danger to self or others, immediately contact the parents or guardians and arrange with them for an emergency evaluation by a qualified mental health professional.

INDIVIDUAL SCREENING AFTER OTHER TRAGIC DEATHS

Exposure to any tragic death may be traumatic for students, parents, and school personnel. Students who should be individually contacted and possibly screened include:

- Close friends of the victim.
- Any witnesses of the event.
- Students who have experienced a recent loss.
- Students who are receiving mental health or drug and alcohol treatment.
- Funeral attendees.
- Students who identify themselves as needing help.

Unlike an individual screening after a suicide, this type of screening does not place special emphasis on suicidal ideation and behavior; however, these are included as part of the screening for depressive symptoms. *(See Attachment 15 for individual screening forms for a tragic death or incident.)* Encourage high school students who are already receiving mental health or drug and alcohol treatment to contact their therapist or counselor as soon as possible. Share this recommendation with parents or guardians. Mental health professionals or appropriate postvention team members (i.e. school counselors or postvention coordinator) may contact the student's therapist or counselor directly, if the appropriate releases are signed and on file. Document all recommendations

Grief/educational support groups can be held with the victim's classmates, extracurricular activity groups, and school organizations. The guidelines are included earlier in this manual. These support groups provide the opportunity to review common grief responses in the aftermath of a tragic loss and ways of dealing with a tragic loss. *(See Attachment 1.)* Handouts can aid the discussion.

FOLLOW-UP

Follow up on all the students screened should occur on a regular basis by counselors at the school. This should occur in a formal way for those students identified as at-risk because of their current concerns or past psychiatric histories. Other students identified as needing "school monitor" *(See Attachment 15)* could be contacted on a less formal basis for an occasional "check-in," often referred to as *touching base.* Regardless of their initial status, students screened should always know where they could get help should they have any problems, questions, or concerns about the

tragic loss that they experienced.

FUNERAL PLANS

After speaking with the parents of the deceased, the postvention coordinator should contact the funeral home:

- To review specific funeral arrangements (such as visitation hours, dates, times, interment, etc.).
- To inform the funeral director that large numbers of students might visit the funeral home. We recommend that the funeral director follow the family's wishes concerning visitation.
- To inform the funeral home director of the mental health services available for students and the victim's family members as well as a contact person at the school should there be any questions or concerns.
- To suggest that the funeral director consider the route of the funeral procession (i.e., avoid going by the school, if possible).

Faculty and staff members should make their own decisions about attending the funeral. Those who attend the funeral service may provide helpful feedback about the response of the students. A member of the postvention team should make him or herself available to students at the funeral service. Accommodations (i.e., class coverage or release time) for faculty and staff wishing to attend the funeral service may also need to be addressed.

CONTACTING LEADERS OF FAITH-BASED ORGANIZATIONS

Contact with leaders of faith-based organizations is often helpful, especially if they are providing support to students outside of school. These leaders, including heads of youth groups, often act as natural supports for students and can be integral school and community resources. If there is a need to communicate with spiritual/religious leaders involved with the family, then the postvention coordinator can initiate contact. For example, if there were concern about the funeral service being disrupted, or a special consideration in addressing the students in attendance who may also be at risk, then contacting the leader of that faith-based organization would be essential. Before doing so however, please remember that it is important to check your District's policy on confidentiality before revealing specific details about the death or about any individual student.

At times faith-based leaders will contact the school in an attempt to get a better understanding as to how students are responding, what issues to address or avoid in their eulogy, worship services, and youth activities. Again, safeguard confidentiality while providing general information and suggestions about how the community and school can work together.

POSTVENTION IN OTHER SCHOOLS

Postvention services may extend beyond a classroom, grade, or school building. The tragedy may affect students and adults in other settings. Suicidal behavior can be the result of contagion. Feeder schools, where the deceased had friends or relatives, or adjacent school districts may have students who are affected by the death.

The postvention coordinator needs to identify and arrange to contact these other sites. A family member or spokesperson can provide reliable information regarding the deceased individual's previous school placements, present and recent participation in community activities or membership in community organizations. Planning a comprehensive postvention program may involve cooperation between various schools within a district, between districts, and between schools and other community groups.

The mental health consultant is responsible for contacting neighboring mental health providers, should the impact of the suicide extend beyond the school district or community mental health catchment area. The mental health consultant should explain the school's postvention effort, the contagion effect, and the general impact of the suicide on the student body.

COMMUNICATIONS WITHIN THE SCHOOL COMMUNITY

RESPONDING TO RUMORS

Rumors arise during the aftermath of a tragedy. When people under stress try to comprehend something shocking, they speculate on why the tragedy occurred. Speculation seems to be a normal part of the reaction to a crisis. However, speculation tends to perpetuate rumors and add to the chaos of a tragedy. The facts, as we know them and can share them, are the best defense against rumors.

Keeping staff informed on the current facts of a tragedy can help dispel rumors. When a new rumor arises, tell the students or staff what you know to be true. If adults cannot immediately refute the rumor, find an appropriate source to address the rumor as honestly and accurately as possible. For example, when a suicide occurs there is often an attempt to place blame directly or indirectly. This is a form of scapegoating. The goal in this situation is not to deny the reality of a conflict that may have existed, but to avoid placing blame or responsibility. If a student, or group of students, allegedly were malicious towards the victim and contributed to the victim's suicide, then information provided in a sensitive and timely fashion could be helpful. Sometimes the only answer is "To the best of my knowledge, that is not true," or "If I find out anything about that (rumor) being true, I will let you know. At this time I don't believe that information is accurate."

As information becomes available, the postvention coordinator or principal can put it in a brief factual memo sent to all staff involved in the postvention. This information can also be shared at the faculty meeting at the end of the day.

HOLDING A PARENT MEETING

In a few situations, a parent meeting may be scheduled as part of the postvention activities. This meeting, conducted by the school, may include presentations by mental health professionals. The goal of the meeting is to alleviate community concerns, and enlist parental support in reaching youth at risk. The meeting may or may not include students.

Before the meeting begins, school personnel should ascertain whether there are any media representatives in the audience and determine whether they are to remain for any or all of the meeting. Media representatives should not be present if personal information is shared by parents.

The following items could be included in the parent meeting:

- The school's postvention activities.

- Typical child and adolescent responses to a sudden death.
- Risk factors and behaviors that indicate a concern.
- Symptoms of depression and suicidal behavior.[13]
- Resources available in the community.
- If available, distribute student help cards.
- How to reach school personnel after hours.

Students and parents should understand that their statements to the media might have a negative impact on others and on the family of the deceased. Schools cannot prevent students and parents from talking to representatives of the media, but they can encourage students and parents to refer media inquiries to the designated school spokesperson.

[13] The documents at the end of this manual were taken from the NIMH's website, http://www.nimh.nih.gov. This information is in the public domain and may be copied or reproduced without permission from the Institute free of charge.

COMMUNICATIONS WITH THE MEDIA

Responding to the media after a tragedy can be difficult. Every situation must be treated separately. It is recommended that the school work with a media specialist to develop a policy about dealing with and responding to the media in the aftermath of a suicide. Faculty and staff should be instructed to refer any media inquiries to the designated district spokesperson. The school district should urge staff to refrain from making statements about the tragedy or the school's postvention activities to anyone from the media. Only designated officials should have contact with the media during the crisis. They should have training in media relations, including how to respond to media questions, how to conduct interviews with reporters and journalists, and how to conduct a press conference. They may also need training in how to write a press release.

When the school must respond to the media, the spokesperson should prepare a written statement for release to those media representatives who request it. The statement should include a very brief statement (without details about the death of the student) as well as information about the school's postvention policy and program. It may also include an expression of the school's sympathy to the survivors of the deceased. The statement may include references to responsible media reporting in a postvention situation, emphasizing, for example, the positive action that the school is taking to help student survivors and providing information about available community resources for troubled students.

Media representatives should not be permitted to conduct interviews on the school grounds. Media representatives should be excluded from parent and student group meetings, to protect the information shared by parents who are concerned about their children. Whenever it is necessary to ask representatives from the media to leave the school grounds, this should be done in a calm and matter-of-fact way, requesting their cooperation. If available, school security may assist with escorting the media.

SUICIDE CONTAGION AND THE MEDIA

The postvention coordinator should regularly update school officials, including school board members. The effect of media coverage on suicide contagion should be emphasized when discussing postvention activities with these individuals. *It is important that school board members and community leaders refer any media questions to the postvention coordinator or media designate.* Casual comments by any individual that are repeated by the media can have serious consequences for the school's recovery from the suicide. Schools cannot always prevent media coverage—especially if the particular suicide is sensational. In these situations, the school can have some impact on how the story is reported. The school's preparation, approach, and response in a suicidal crisis can limit the damaging effects of media coverage.

Speaking with the media is an important function of the school administrators or their designee. Past research has demonstrated that front-page newspaper reports of suicide can increase the rate of suicide (Phillips, 1974). In addition, dramatizations of suicide have resulted in an increased rate of suicide attempts. The effect appears to be maximized when suicide is presented without information about mental illness, and the tragic impact on the family (Gould & Shaffer, 1986); specifically, dramatizations that are followed by imitation rarely portray suicide victims as almost invariably psychiatrically ill. Newspaper reports may inadvertently romanticize the suicide.

An adversarial relationship with the media can be harmful for all concerned. Communicating clearly the impact of suicide and the need to identify those most in need is an important community service media can provide.

SUPPORTING THE POSTVENTION TEAM

Team members require their own support during the intense stress of a postvention. *Attachment 17* offers strategies to help individuals cope after experiencing a trauma. Members should always have ready access to water and nutritional foods, whenever possible. Team members should take turns dealing with the high-intensity aspects of a postvention.

Carefully planned continuing education "refreshers" are one of the best ways to support and sustain team members. Advance preparation of a policy and designation of duties can alleviate anxiety and reduce the stress of postvention work. Provide each postvention team member with a "crisis kit" of essential forms, directories, personal items, maps, and handbooks[14] *(See Attachment 18).*

EVALUATING THE POSTVENTION

Throughout the postvention, all services and events should be carefully documented to provide a factual representation of the events surrounding the suicide and the school's response. These documents should be handled in the same manner as other confidential information.

At the end of each day during the postvention, or as necessary, the postvention coordinator and the mental health consultant should conduct a debriefing meeting[15]. At this meeting, postvention team members evaluate the delivery of services, review students' screenings, make recommendations for other interventions, and determine the need for further postvention.

Within six weeks after the postvention program is completed, team members and local mental health professionals should meet to review student screenings. Close friends of the victim should also be monitored. Some will develop problems that only evolve over time. The staff and student's mutual awareness of this can facilitate access to treatment for those who are having difficulty with grief, depression or Post Traumatic Stress Disorder.

On an annual basis, teams should review their services and make recommendations for any changes in the school's postvention policy or procedures.

[14] STAR-Center provides crisis and postvention team training for schools. Our services in Pennsylvania are made possible by an appropriation from the General Assembly. To arrange training, contact us at 412-246-5598.

[15] This refers to an informational session to review the postvention effort, not a psychological debriefing.

MEMORIALS

GENERAL CONCEPTS

Any memorial activity is bittersweet. The memory of someone who is dear can be pleasant, yet---- in his or her absence--- painful. This is true regardless of how the death occurred. Immediate grief may be accompanied by countless questions and speculations about the events that resulted in death. Mourners need some way to make sense of the death, some cognitive comprehension that allows them to "file" this tragic event in their memory. Once the facts of the tragedy are accepted, the manner of death ceases to be the focus and the loss can be more fully addressed.

Mourning is bringing to the public aspects of one's own grief. It is sharing the burden of one's pain. Mourning can facilitate the grief process. It allows public recognition of the person's life and a sharing of feelings on a community level. In most communities, memorials are an important part of the mourning process. How an individual mourns is a personal choice, influenced by one's community as well as by his or her own beliefs and values. The interaction between the grieving individual person and the community is what finally determines what the mourning process will be.

The norms in the community will influence what will occur in any memorial service. Any planning of the memorial has to involve the victim's family, as they should have the final consideration in any memorial service. Any community memorial should take into consideration how past losses were handled. The public has a natural tendency to compare memorials, which can prove painful for survivors.

Sensationalizing and glamorizing of a suicidal death should be avoided. A scholarship fund or an endowment, or other socially constructive activities are appropriate. Avoid the following: writing or murals on public school walls, impromptu shrines made at the locker or desk of the victim, and spontaneous, ongoing gatherings without an adult present.

It may help to consider four concepts: 1) proportion, 2) taste, 3) outlook, and 4) family wishes. The memorial should be in *proportion* to past activities and with consideration to the amount of time and involvement from the school and community at large. For example, a memorial park should be smaller than a playground; a yearbook memorial page should not visually detract from or overwhelm the adjacent pages describing normal activities. Secondly, the memorial should be in good taste, with considerations given to how the memorial will be viewed by future persons who experience it. Avoid fads and trends that may not withstand "the test of time." Thirdly, the theme of looking to the *future* with a sense of *hopefulness,* is an important element in any memorial service, writing, or activity. Fourthly, the surviving family's wishes and preferences should be honored

whenever possible within the policies of the school. Finally, before any student attends a memorial service, parental permission should be obtained. The student then has the choice whether to attend the memorial service or not.

MEMORIALS FOLLOWING A SUICIDE

In the case of a suicide, a memorial may be arranged among the family, and representatives from the school. The important issue in a memorial following suicide is that the focus be on the person, *not* on the method of death.

YEARBOOK MEMORIALS

It is important to help adolescents and younger students understand that the yearbook is a celebration of memories that will remain in their possession for many years to come. The yearbook represents a collection of many different persons' memories, recollections, contributions, writings, and photographs. Therefore, a guiding concept is to avoid overwhelming the primary purpose of the yearbook, a celebration and remembrance of mostly happy times. In other words, do not allow students to turn the entire yearbook experience into a memorial. To do this would be to deny many students and their families the joys that a yearbook offers.

The approval of the deceased student/faculty member's surviving family is crucial to the process. Prior to designing any memorial in the yearbook, the yearbook staff, with their faculty advisor should meet with the family of the deceased to determine their wishes, preferences, concerns, and feelings about a memorial. This can be accomplished through a scheduled meeting at the family's home or at school.

The proportion of the memorial to the entire yearbook is important to keep in balance. The memorial should not overwhelm or dominate, for example, the senior class section of the book.

The content and visual qualities of the memorial are important. There should be adequate space given to a photograph or two, but without reference to the details of the death. Avoid dramatic colors and designs, as they detract from the overall goal of a yearbook. Consider including a photograph of the deceased, even if the photograph is supplied by the family or from a previous school year. This may be less dramatic than a blank or darkened space.

Keep in mind that the yearbook memorial is but one way in which students and faculty may remember and honor their friend. The yearbook staff might want to produce a separate memory book with pictures, anecdotes, stories, and poems about the deceased. The memory book could be presented to the victim's family. Creating such a project may relieve some of the tension regarding decisions about what is and is not included in the yearbook itself.

Decisions regarding memorials do not have to occur immediately after a death. Emotions and opinions are often intense after a death. Allow time for reactions to dissipate and for the return of a regular school routine to insure that

tributes are reasonable and appropriate.

GRADUATION ACTIVITIES[16] AFTER A DEATH

Commemorations at the end of the school year can be especially painful for the victim's loved ones. If a high school senior has died, make private arrangements with the family of the deceased to meet them at a place of their choice (usually their home) and present them with their child's diploma. This should be scheduled near the day of graduation, as they will be feeling left out of that day. The principal, superintendent, or some "authority" from the school should go, accompanied by someone who knows the family. If there are any awards banquets, etc. where the student would have been recognized, then the same idea is helpful. It is not recommended to leave an empty chair at the ceremony because the visual may trigger strong reactions from other students and attendees.

At the actual graduation ceremony, a word of recognition about the tragedy is helpful, especially if a statement that indicates that the school has recently reached out to the parents/family by visiting them and presenting the diploma can follow it. This kind of statement seems to put other parents and students at ease and shows compassion. The superintendent or principal may want to mention a memorial fund or other memorial that the school is arranging. This is not a "must do."

Deal with the tragedies at the beginning of the ceremony, so that you can say what you have done and then move on to the happy evening that is well deserved by students and their families. Do not be surprised if students mention the tragedies in their remarks. This is often their choice, and students handle it appropriately, in our experience.

Check with the victims' families to see if they have any particular wishes that you may be able to honor—developing a memory book of photos for them, donating a book to the library in the victim's name, etc. Do not leave the victims' names off the list of graduates.

[16] The same concepts apply to situations in which a younger student has died. That student should be recognized at any elementary or middle school "graduation" activities or remembered at commemorative activities, as appropriate.

ANNIVERSARY DATES

A 'revisiting' of grief feelings can resurface on or near the anniversary date of a tragic loss. This can be a normal 'remembering' or it may be of more intensity. This can include unresolved grief or a postponed response called delayed grief reaction. Faculty and staff, if reminded of the anniversary, can be prepared to monitor and support students at that time. Adults are not immune to this. Depending upon their own personal history, various staff members may also 'revisit' the loss. The postvention team may consider a follow-up program on the anniversary date. Be aware that similar responses may occur on special occasions like the victim's birthday. Other potentially difficult dates include the first holidays, games, recognition dinners, proms, and graduation without the victim.

A FINAL NOTE

This manual is dedicated to those who shared their tragedies and thereby gave us new insights for helping others.

We sincerely hope that you will find help in the pages of this manual. Please send us your suggestions so that we might improve future editions.

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ATTACHMENTS

THE AFTERMATH OF SUDDEN DEATH

Common Grief Reactions

SHOCK	Feelings of numbness, denial and disbelief
SADNESS	Includes feelings of longing, yearning, and sorrow.
FEAR	Fear that you won't be able to manage all of the feelings you are having.
SHAME	Embarrassed by the circumstances surrounding the death; embarrassed by the strong emotions the death has caused in you.
ANGER	Over the pain the death has caused, and the unfairness of losing someone that you cared about.
GUILT	Feelings that you may have been able to prevent the death.

(Grief is an emotional course with dramatic highs and lows, and no straight lines.)

WAYS OF DEALING WITH SUDDEN DEATH

TALK ABOUT THE DETAILS - it is not important to dwell on the unnecessary details, but talking about what happened helps you accept that the death has occurred.

SEARCH FOR REASONS - remember that you may never know all the reasons. Although looking at all the different reasons why this has occurred can help alleviate some of the uncomfortable feelings and confusion that you may be experiencing.

EXPRESS YOUR FEELINGS - talk to your family and friends about your thoughts and feelings. Expressing yourself, and sharing your feelings with others can help you feel less alone, less like you are the only one in pain. How much you talk and to whom you speak depends upon your relationship with the person and the level of trust that you have.

NEED TO BE ALONE AS WELL AS WITH OTHERS - give yourself time to think and reflect privately if you feel that is what you need. Also, there will be times when you won't want to be alone; you may need to be with others. You need a balance, but it is important not to isolate yourself.

THERE ARE NO TIME FRAMES - every person is different. The time it takes for someone to "feel like his or her old self again" is different from person to person. However, most people feel better maintaining a "normal" schedule, as much as possible.

Checklist for Schools Receiving Postvention Services from Agencies

1. Advance preparations[1]

- Designate the District and school crisis leadership:
  - Identify the coordinator/contact person for the District and for each school.
  - Identify the spokesperson for the district/school. Provide this person with a copy of the *Postvention Standards Manual*, highlighting the sections on dealing with the media and memorials.
- Provide the agency responders with these persons' names, phone numbers (including home and cell), fax numbers, e-mail addresses, and office locations.
- Review with school and District coordinators the *Postvention Standards Manual*, including the checklist of responsibilities.
- Provide the coordinators/contact persons with the same information for the agency coordinators.
- Conduct a review meeting with each building administrator and Student Assistance Team. At the review meetings:
  - Update the contact information on each member of the crisis team. This should include name, phone numbers (work, home, cell), e-mail address, office or work location and schedule, and that person's specific assigned duties in responding to a crisis.
  - Go over the *Postvention Standards Manual* and other school procedures related to crises.
  - Review the required and recommended contents of the crisis response kits and replace any missing or outdated items (e.g., diskettes with templates for parent letters).
  - Review and document previous losses or crises that may have an impact on the school in the coming year. These should include last school year's tragedies or crises as well as events that took place during the summer. Make a note of anniversary dates or other sensitive dates.
- Send the agency responders this information that has been updated:
  - Accurate driving and parking directions for the school.
  - A floor plan for the school, indicating the spaces to be used for individual and small group meetings. Show where the telephones, main office, cafeteria, and restrooms are.
  - Information regarding how informed consent from parents will be obtained if agency providers are to have contact with students.
  - Brief summary of previous crises or tragedies and those dates.

- Prepare a *Confidential Information Sheet* to give to agency responders *at the time of a crisis.*

[1] To be completed and/or revised at the beginning of each school year, or as information changes.

This sheet should be considered confidential and agency providers should: a) sign a confidentiality statement upon receiving it, and b) return it after their work is complete. The information might include:

- Contact information for all school crisis responders
- Floor plans showing teachers' names.
- Telephone dialing instructions
- Copier equipment codes
- Security codes used in communicating lock-downs, etc.
- Other information that agency responders might need to access resources in the building, especially in the event of a large-scale crisis.
- Names of students thought to be at ongoing risk because of prior mental health problems, substance abuse, family dysfunction, or other psychosocial stressors.[2]

- If necessary, the District Coordinator and the agency Coordinator should meet to review procedures and to obtain signatures on agreements regarding the procedures.

2. Actions to take at the time of the crisis[3]

- If necessary, the superintendent formally invites the agency to participate and establishes any "ground rules" for that participation (e.g., consent from parents, payment, reimbursement for expenses, record keeping, confidentiality agreements)
- Alert security that the agency persons will be on campus.
- Arrange for the agency staff to park.
- Draft the parent letter with information about those who will be providing services. Fax or e-mail this draft letter to the agency coordinator for review.
- Arrange for spaces for the responders to meet with students and with adults.
- Make copies of the *Confidential Information Sheet* for agency responders.
- Review the checklist in *Attachment 3* in this manual and designate who will take care of each item.

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[2] Regardless of their relationship to the victim, students with depression, anxiety disorders, PTSD, substance abuse and recent interpersonal losses including exposure to a suicide, will be at elevated risk in the event of a suicide.

[3] The school or District coordinator should take responsibility for seeing that these actions are completed by members of the crisis team. These actions are in addition to those listed in the *Postvention Standards Manual.*

POSTVENTION IMPLEMENTATION PLAN

Crisis Team Members:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Date	Time	Initials	Responsibility
____ ____ ____	____ ____ ____	_____ _____ _____	1. The school is informed of the death ❑ Postvention coordinator is notified ❑ Superintendent is notified ❑ Building administration is notified
____ ____	____ ____	_____ _____	2. Factual information is gathered ❑ Postvention coordinator or school official contacts Coroner or law enforcement agency and confirms death and identity of the victim ❑ Postvention coordinator completes the Coroner's/Law Enforcement Agency's Report
____ ____ ____	____ ____ ____	_____ _____ _____	3. Postvention coordinator contacts mental health agency for on-site support and/or consultation ❑ Mental health agency states what services will be provided ❑ Superintendent approves use of mental health services ❑ Postvention coordinator reviews District's policy regarding outside school personnel who screen students and the need for signed consent
____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____	_____ _____ _____ _____ _____ _____	4. Meeting is scheduled for Postvention/Crisis/SAP team and building administration ❑ Crisis team prepares the announcement that is to be read by teachers ❑ Principal prepares letter to inform parents of the death as well as the postvention services ❑ Postvention coordinator locates victim's personal belongings and puts them into safekeeping ❑ Postvention coordinator removes victim's name from individual class rosters, school mailing lists and automated attendance call lists ❑ Crisis Team identifies rooms for screening students ❑ Crisis Team confirms designated media spokesperson with the Superintendent
____ ____	____ ____	_____ _____	5. If death was a suicide, Crisis Team assesses the risk for contagion ❑ Postvention coordinator identifies and contacts feeder schools and/or adjacent school districts where students may be affected ❑ Mental health consultant contacts neighboring mental health providers
____	____	_____	6. Faculty and school staff are informed of the death through phone chain ❑ Teachers are informed of faculty and staff meeting to take place as soon as possible (i.e., an early morning meeting)
____ ____ ____ ____ ____ ____ ____	____ ____ ____ ____ ____ ____ ____	_____ _____ _____ _____ _____ _____ _____	7. Crisis team begins to compile a list of at-risk students to be individually screened ❑ Friends of the victim ❑ Siblings of the victim ❑ Students with a personal or family history of mental health problems ❑ Students with a past history of suicide attempts ❑ Students who are currently in mental health or drug and alcohol abuse treatment ❑ Students who have been a concern for parents and/or teachers ❑ Classmates /teammates /fellow club members of the victim

Date	Time	Initials	Responsibility
			8. Postvention coordinator contacts the victim's family
____	____	_____	❑ Conveys the school's condolences
____	____	_____	❑ Asks parents/guardians about funeral arrangements
____	____	_____	❑ Determines how the parents/guardians would like the school to participate in the funeral
____	____	_____	❑ Reassures parents/guardians that school will safeguard and return victim's personal belongings
____	____	_____	❑ Informs parents that the school is providing counselors for students and staff
			9. Postvention coordinator or principal holds faculty meeting before school or as soon as possible
____	____	_____	❑ Expresses condolences to the staff
____	____	_____	❑ Acknowledges the efforts of the Postvention/Crisis/SAP team
____	____	_____	❑ Reviews the facts of the death as known
____	____	_____	❑ Announces funeral arrangements if known
____	____	_____	❑ Makes sure that staff members will attend funeral
____	____	_____	❑ Introduces all outside professionals
____	____	_____	❑ Gives an overview of the postvention services
____	____	_____	❑ Advises teachers to send visibly distressed students to the guidance office or designated area with a hall monitor or escort
____	____	_____	❑ Encourages teachers to monitor behaviors that may indicate that a student is grieving (i.e., journal entries, comments written in margins, off-handed comments, etc.)
____	____	_____	❑ Describes the school's policy on what to do with gifts/memorials that students leave for the victim
____	____	_____	❑ Distributes the announcement that is to be read to the students
____	____	_____	❑ Encourages any teacher who needs assistance reading the announcement to contact the postvention coordinator
____	____	_____	❑ Announces follow-up meeting to be held ideally at the end of the school day
			10. Postvention coordinator contacts the funeral home
____	____	_____	❑ Reviews specific funeral arrangements and family's wishes
____	____	_____	❑ Informs the funeral director that students might visit the funeral home
			11. Superintendent approves letter to be mailed to parents
____	____	_____	❑ Letter describing the tragedy and the postvention service is distributed to students at the end of the day and mailed to parents
			12. The schedule of the victim is followed by a school counselor or postvention team member
____	____	_____	❑ Expresses condolences
____	____	_____	❑ Responds to students' questions about the death
____	____	_____	❑ Explains funeral arrangements and procedures if any are known
____	____	_____	❑ Discusses the subject of memorials
____	____	_____	❑ Explains that counselors are available to see students
____	____	_____	❑ Reviews various stress reactions and the necessity of exhibiting tolerance and understanding
			13. Trained classroom teacher or counselor may conduct grief presentation for their classroom
____	____	_____	❑ Asks how each student learned about the death
____	____	_____	❑ Explores each student's reaction to the death
____	____	_____	❑ Reviews aspects of grief
____	____	_____	❑ Discusses ways to deal with tragic loss
____	____	_____	❑ Encourages student discussion and questions
____	____	_____	❑ Distributes student "help card"
____	____	_____	❑ Urges students to self-refer or refer a friend if they are concerned
____	____	_____	❑ Emphasizes the need to contact an adult if students have concerns about suicidality
____	____	_____	❑ Asks for and respond to students' questions

Date	Time	Initials	Responsibility
			14. Postvention coordinator or mental health consultant coordinates individual screenings and keeps a confidential roster of all students referred and screened
____	____	_____	❑ Makes every effort to contact the parents/guardians of each student refereed for screening
____	____	_____	❑ Makes clear to student that interview is voluntary
____	____	_____	❑ Reviews confidentiality policy
____	____	_____	❑ Makes appropriate referral for in or out of school support
____	____	_____	❑ Contacts therapists of students who are in treatment if releases are signed and on file
____	____	_____	❑ Explains where students can go if they have any problems or questions about their loss
____	____	_____	❑ Follows-up with student's parents/guardians and document recommendations
____	____	_____	❑ Follow-up for all students screened should occur on a regular basis by school counselors
			15. Postvention coordinator or principal facilitates follow-up faculty meeting
____	____	_____	❑ Thanks faculty and staff and acknowledges their hard work
____	____	_____	❑ Provides updates on any new developments of the death and/or funeral arrangements
____	____	_____	❑ Reminds staff to refer all media inquiries to the District's designated media spokesperson
____	____	_____	❑ Distributes and reviews the letter that goes home to parents
____	____	_____	❑ Encourages faculty and staff to continue to monitor students
____	____	_____	❑ Explains that students may have a resurgence of feelings after the funeral and in the weeks and months to come
____	____	_____	❑ Reminds faculty and staff that there is no time frame for grieving
____	____	_____	❑ Emphasizes that through natural supports, staff and students will get through this difficult time
			16. Postvention coordinator holds a follow-up meeting for Postvention/Crisis team and building administration
____	____	_____	❑ Reviews all students who were seen
____	____	_____	❑ Identifies plan for the following days, especially the day after the funeral
			17. Postvention coordinator or principal holds optional parent meeting
____	____	_____	❑ Reviews school's postvention activities
____	____	_____	❑ Discusses typical child and adolescent responses to sudden death
____	____	_____	❑ Identifies risk factors that indicate a concern
____	____	_____	❑ Reviews symptoms of depressions and suicidal behavior
____	____	_____	❑ Identifies resources available in the community
			18. Postvention coordinator or principal holds meeting with Postvention/Crisis/SAP team and building administration
____	____	_____	❑ Evaluates the postvention
____	____	_____	❑ Plans for anniversary dates and special events
____	____	_____	❑ Reviews student screenings
____	____	_____	❑ Emphasizes that faculty and staff need to stay alert to upcoming events or lessons that may be reminders of the tragedy, i.e., fire safety week, bicycle safety week and literature about suicide, accidents or death
____	____	_____	❑ Makes recommendations for other interventions
____	____	_____	❑ Emphasizes the need to take care of themselves with fluids, rest, exercise, etc.

Attachment 3

CORONER OR LAW ENFORCEMENT OFFICER'S REPORT

Date _____

Name of person providing information about the death _____

Their title

_____

Their Agency _____Their phone

number_____

Name of student_____

Building_____

Grade _____ Date of birth _____

Sex_____

Date of death _____ Cause of death (if

known)_____

_____

_

Student's

Address_____

Parent(s)/Guardian(s)_____

_

Parents'/Guardians' address_____

Parents'/Guardians' phone number

_____

Funeral

Home_____Phone_____

Funeral

arrangements_____

Family wishes

_____

Comments_____

_____

__

Attachment 4

School District Postvention Coordinator
Sample Agenda for Initial Meeting
(automobile accident involving several students occurred Saturday night)

Team Meeting

1. Assign someone to record information. Have a computer available to type as the decisions and plans are made.

2. Identify all resources available to the district.
- ❑ Get single contact person for each agency, with pager and office phone numbers.
- ❑ Identify any costs associated with these services at school or in the community.
- ❑ Identify schedule when outside agencies can be available.
- ❑ Identify need for parental/student consent forms.
- ❑ Consider identifying the resources in the letter to parents/students.

3. Document this information and share with others working on the postvention.

4. Designate someone to be the liaison from the school district to the agencies.

5. Triage, set priorities[4] for what needs to be decided/addressed within:
- ❑ 12 hours (prior to opening of school on Monday)
- ❑ 18 hours (before school is out on Monday)
- ❑ 24 hours (before school opens on Tuesday)
- ❑ 48 hours (or before funerals)
- ❑ reoccurring priorities (those things to be addressed each day this week)
- ❑ next week's issues
- ❑ short-term issues (e.g., musical, any other school-sponsored gatherings)
- ❑ longer-term issues (e.g., graduation, senior recognition dinners)

6. Identify where and when the crisis team briefings will take place. Goal: keeps everyone informed about any developments so that the plans can be modified.
- ❑ Monday AM
- ❑ Monday PM
- ❑ Tuesday AM
- ❑ Tuesday PM
- ❑

Attachment 5

[4] See next page for issues to consider.

Issue	When due?	Person(s) assigned	Notes
Secure deceased students' possessions in a safe place.	Sunday night		This can be very stressful. May want more than one person assigned. Be sure to check all lockers, desk, bulletin boards, displays, etc. Will give to families at some point in the future during a home visit.
Write and duplicate the letter/homeroom announcement for parents/students.	Sunday night		STAR-Center has some samples. Give to all H.S. students. Consider sending to all staff K-12.
Get additional staff who can help on Monday-Thursday.	Sunday night		Can use paraprofessionals as well as subs. Volunteer retired teachers?
Contact former teachers of deceased and injured students.	Monday		Delegate to central office.
Have a plan for addressing media reps.	Sunday night		Reporters likely to be on campus on Monday. Get a central office spokesperson, as school staff are too busy. Identify someone to write the statements re students to be given to the press, if any.
Update on injured students.	Monday AM; Daily		Need to establish a liaison with the hospital or with the families.
Funeral arrangements.	Monday AM		Need to decide rules for students/staff leaving school for funeral. May want to ask family to consider time of funeral to allow students and teachers to attend.
Homeroom announcements and discussion.	Monday AM		Need to schedule. Need to prep teachers with script or discussion points/letter: ❑ brief description of the event. ❑ status of the injured students (clear with parents first; "recovering at home") ❑ any funeral arrangements for the deceased students. ❑ typical reactions during acute stress. ❑ where to go for help(parents as well as students) ❑ info on consent and outside agency help ❑ state that agencies will be providing educational session on handling traumatic stress?

Issue	When due?	Person(s) assigned	Notes
			❑ Next steps (schedule, etc.) Hand out letter. Need to assign another adult to those teachers who are most affected. Consider assigning an adult to follow the deceased students' schedules.
Schedule briefing with school and central office staff.	Every AM/PM as needed		Central office may want to be present at the Monday briefing to show support. **Monday AM briefing will review the homeroom announcements.** As weeks goes on, briefings could be by phone.
Identify spaces for small groups of students to meet.	Sunday PM		If this is going to be included in the homeroom announcements, identify the spaces on Sunday.
Identify vulnerable groups and individuals.	Monday AM		Musical cast Classmates Friends Previously troubled students Student with recent loss
Check on absent students.	Monday PM		Attendance Office
Inform support staff.	Monday AM		❑ Bus drivers ❑ Cafeteria ❑ Offices ❑ Security ❑ Other:

SAMPLE LETTER FOR PARENTS OF ELEMENTARY AGE CHILDREN

(Note: Be sensitive to previous letters that were sent. You want to avoid having your letter look like a carbon copy with only a name change. Send this letter if you are writing to the parents of students in elementary school. Otherwise, see Attachment 6b)

Dear Parents and Guardians,

It is with great sadness that we inform you of the death of a member of our school community, ***(Add the name of the student or staff person, if you choose.)*** who died on ***(Add the date).***

A sudden loss like this can have an effect on students. For that reason, we hope that you will listen to your child as well as discuss with them their feelings and reactions to this tragedy. Sudden death is always painful to understand, and your child may experience signs of stress. These include:

- sleep difficulties (i.e., nightmares, trouble falling asleep, and sleeping too much)
- changes in appetite
- inability to concentrate
- absentmindedness
- irritability
- thoughts about death or dying
- isolation
- withdrawing from normal activities and friends
- increased aggression or acting out
- regressive behavior (i.e., thumb-sucking)
- guilt
- separation anxiety
- fearfulness and worries
- sensitivity to change in routine
- use of alcohol or other drugs
- risk-taking behaviors (i.e., riding a bike carelessly; use of firearms, and "dares" to participate in dangerous behaviors)

(Use this paragraph if you suspect that students are at risk for suicide.) We are especially concerned about risk-taking behaviors and strongly recommend that *you remove any guns from homes where there are young people experiencing grief and related stress. Similarly, remove from your child's access any medications, drugs, or alcohol.* Young people may be overwhelmed by their feelings and not use good judgment, especially if they are under the influence of drugs or alcohol. Your child may resist these restrictions, but safety is our first concern.

Counselors from ***(Add the name of the agency here***) will be available at the school for several days to talk with students who are experiencing stress. If you have concerns about your child, please call ***(Add the name, title, and telephone number of the school contact for parents to call.) (Add any additional information regarding parents' consent for their child to be seen by agency personnel, according to your school district's policy.)***

If your child was ***(a friend of the youth who has died) (close to the staff member who died)***, we urge you to call us for additional suggestions. After school hours, you may call ***(Add the name, title, and telephone number of the after-hours school contact for parents who cannot call during regular school hours.)*** If you want your child to be excused for the funeral, we request that you send us a written excuse. Students should not return to school after the funeral service. We encourage you to accompany your child to the funeral home and services.

On behalf of ***(name the school)***, I have extended our sincere condolences to the family of ***(name the student or staff person, or refer to them as "the student" or "the staff member")*** on this sad occasion. We will continue to inform you of the school's steps in supporting students and their families. Please do not hesitate to call us if you have any questions or information that you would like to share.

Sincerely,

(Principal of the school or other school official) **Attachment 6a**

SAMPLE LETTER FOR PARENTS OF ADOLESCENTS

(Note: Be sensitive to previous letters that were sent. You want to avoid having your letter look like a carbon copy with only a name change. Send this letter if you are writing to the parents of middle and high school students. Otherwise, see Attachment 6a.)

Dear Parents and Guardians,

It is with great sadness that we inform you of the death of a member of our school community, ***(Add the name of the student or staff person, if you choose.)*** who died on ***(Add the date).***

A sudden loss like this can have an effect on students. For that reason, we hope that you will listen to your son or daughter as well as discuss with them their feelings and reactions to this tragedy. Sudden death is always painful to understand, and your adolescent may experience signs of stress. These include:

- difficulty sleeping
- changes in sleeping
- inability to concentrate
- absentmindedness
- irritability
- increased aggression
- thoughts about death or dying
- isolation
- withdrawing from normal activities and friends
- guilt
- fearfulness and worries
- use of alcohol or other drugs
- risk-taking behaviors (i.e., riding a bike carelessly; use of firearms, and "dares" to participate in dangerous behaviors)

(Use this paragraph if you suspect that students are at risk for suicide.) We are especially concerned about risk-taking behaviors and strongly recommend that *you remove any guns from homes where there are young people experiencing grief and related stress. Similarly, remove from your adolescent's access any medications, drugs, or alcohol.* Young people may be overwhelmed by their feelings and not use good judgment, especially if they are under the influence of drugs or alcohol. Your adolescent may resist these restrictions, but safety is our first concern.

Counselors from ***(Add the name of the agency here)*** will be available at the school for several days to talk with students who are experiencing stress. If you have concerns about your son or daughter, please call ***(Add the name, title, and telephone number of the school contact for parents to call.) (Add any additional information regarding parents' consent for their adolescent to be seen by agency personnel, according to your school district's policy.)***

If your son or daughter was ***(a friend of the youth who has died) (close to the staff member who died)***, we urge you to call us for additional suggestions. After school hours, you may call ***(Add the name, title, and telephone number of the after-hours school contact for parents who cannot call during regular school hours.)*** If you want your adolescent to be excused for the funeral, we request that you send us a written excuse. Students should not return to school after the funeral service. We encourage you to accompany your adolescent to the funeral home and services.

On behalf of ***(name the school)***, I have extended our sincere condolences to the family of ***(name the student or staff person, or refer to them as "the student" or "the staff member")*** on this sad occasion. We will continue to inform you of the school's steps in supporting students and their families. Please do not hesitate to call us if you have any questions or information that you would like to share.

Sincerely,

(Principal of the school or other school official)

Attachment 6b

Reactions to Sudden Death: What to Expect

Sudden death is always painful to understand, and you may experience signs of normal bereavement and stress. These include:

- difficulty sleeping
- changes in appetite
- inability to concentrate
- absentmindedness
- irritability
- thoughts about death or dying
- isolation
- withdrawing from normal activities and friends
- guilt
- fearfulness and worries
- anger and resentment
- physical symptoms
- use of alcohol or other drugs

Because you have experienced a *traumatic* loss, you may notice that you are responding in these ways, too:

- avoidance of any reminders of the event
- a feeling that this is not real, disbelief, "numbness"
- thoughts about the accident that interfere with your activities and your concentration

What You Can Do

It is really important that you take care of yourself during this stressful time. Try to eat some nutritious foods and drink plenty of water so that you do not become dehydrated. Don't use drugs or alcohol. Try to follow a regular schedule for sleep or rest when you can. Talk about your feelings and reactions with friends and family members you can trust. Try not to focus too much on the "What if" and the "Why" questions. Protect yourself from any additional stresses that you can avoid.

You will probably start to feel better within a few weeks. If you do not start to feel better, talk to your parents or to an adult at school. If one of your friends does or says something that worries you, please tell an adult. Getting help for a friend could be the most important conversation you ever have.

Attachment 7

Some Questions You May Have. . .

What do I say to the victim's family?

A simple "I'm sorry" is all right. If you can add something about what the person meant to me, or what you liked about the person, that might be helpful. If you are at a loss for words, then just express your sympathy and wait until later to have a longer conversation.

I feel like I'm "losing it." What's the matter with me?

A sense of disorientation, disbelief, forgetfulness, or being in a "daze" is common to individuals who are experiencing a sudden loss. You may feel like you are on an emotional roller coaster, or that you cannot regain control of your thoughts and feelings. This is a normal reaction to a sudden, highly stressful event. As time passes, you should begin to feel more in control of your thoughts, memory, and feelings.

What if I don't have these reactions? Is something wrong with me?

People respond to death and sudden loss differently. These reactions are only an example of how you might feel. You may feel differently from day to day. You may experience one reaction and never experience another. Accept your feelings and reactions as they come. Talk them over with someone you trust. Avoid those who tend to pass judgment on your feelings. Remember: There is no single "right" timetable or process for grief and recovery.

I keep thinking about other losses and sadnesses. They aren't even connected to this. Why am I doing this?

This is a normal reaction. New losses often remind us of past sadnesses. The present tragedy may stir feelings you have experienced before, or it may elicit new feelings. What is important is that you are able to recognize and talk about these losses. It may help to think about your strengths and how you have coped with other tragedies.

ANNOUNCEMENT OF DEATH

On **(date)**, a student (staff member) from our school, ***(name the deceased)***, died tragically. We are all saddened by this loss. A sudden loss like this can cause many strong feelings. It is good to talk to someone about these feelings. We recommend that you speak to your parents about this and share your reactions. It is important to let your parents know how you feel.

In other schools where this has happened, students have also found it helpful to speak to a counselor. The school is sensitive to this need and has arranged to have counselors from ***(name of agency)*** available to talk with you ***(time and place).*** Arrangements to see a counselor can be made at the ***(guidance office or other location).***

Attachment 8

COMMON SYMPTOMS AFTER A CRITICAL INCIDENT

Department of Mental Health & Substance Abuse Prevention Resource Center (405) 522-3810

After experiencing a traumatic event, it is very common, in fact quite normal, for people to experience a wide range of emotional or physical reactions. These responses may appear immediately after the event, or some time later. They may last for a few days, a few weeks, or even longer. **Don't worry** - these are normal reactions to an abnormal situation. It is important to understand that like the flu, your reactions will run their course and you will feel better in time. The following are some of the most common symptoms:

Emotional

- Fear
- Anxiety
- Depression, Sadness, Grief
- Feeling hopeless or Helplessness
- Feeling Numb
- Irritability
- Inappropriate Emotional Response
- Anger
- Guilt, survivor guilt
- Denial
- Agitation
- Feeling overwhelmed

Cognitive (Thoughts)

- Confusion
- Difficulty concentrating and making decisions
- Memory problems
- Shortened attention span
- Overly critical
- Preoccupation with the event
- Flashbacks
- Hyper-vigilance
- Overly sensitive
- Nausea/Diarrhea
- Shallow breathing
- Twitches/Tremors
- Dizziness/Faintness
- Chills/Sweating

Behavioral

- Social withdrawal/Silence
- Hyper-alert to environment
- Suspiciousness
- Emotional outbursts, loss of control
- Changes from typical behavioral
- Avoiding thoughts, feelings or situations related to the event
- Changes in communication
- Change in sexual function
- Increased consumption of alcohol or other chemicals
- Loss or increase of appetite
- Inability to rest

Physical

- Easily startled/Jittery
- Fatigue
- Changes in appetite
- Sleep disturbances and nightmares
- Headaches
- Grinding teeth
- Feeling uncoordinated

Attachment 9

GUIDELINES FOR TALKING WITH STUDENTS IN THE AFTERMATH OF A SUDDEN DEATH

Note to staff: Make sure you take care of yourself! Be aware of your own stress reactions. Younger students will likely follow the reactions of the adults around them. As soon as possible, allow private/adult time for your own reactions so you can be composed for your students. You may feel there isn't much you can say or do. Yet, coming to school and experiencing the tragedy with your students shows that you care and that individuals supporting one another can survive a tragedy.

- Explain that it is normal to feel emotions such as shock, fear, sadness, guilt, or anger. Encourage students to talk about these feelings with parents, friends, and counselors. Identify additional natural supports such as extended family, clergy, coaches, and, youth leaders.

- Let students know that there is no "right way" to feel after a tragedy. Remind them that people deal with grief differently, and they need to be patient and tolerant with each other.

- Do not expect students to "resolve their grief" after talking with someone about it. Grief is a process, and students need to work through that process in order to reconcile themselves with their loss.

- Do not try to "cheer students up." They need to experience the grief process, even though it is often painful. You may want to offer your condolences to students.

- Help to clarify facts about the death. Correct errors and rumors, if necessary.

- ***(If the death was self-inflicted and your school has decided to refer to it as a suicide, follow the guidelines offered in this handbook.)*** Stress that no one is to blame for the suicide. No one "caused" the victim to take his or her own life. The victim's decision-making ability may have been impaired.

- Do not glamorize a suicide in any way. In discussing it, focus on *recovery* of the survivors and alternative methods of dealing with problems.

- Encourage students to describe their memories of better times spent with the deceased.

- Talk candidly with students about what they can expect at the funeral home and funeral service and how they should dress and conduct themselves. Emphasize that the family's wishes should be respected.

- Rehearse possible condolence messages to the family. This is a new experience for most students and they don't know what to say.

- Emphasize that help is available to all students, not just those students who were friends or family members ***(or students of a teacher who has died.)***. Make sure students know where to go to get help for themselves or for a friend who is depressed or suicidal.

Attachment 10

OBJECTIVES OF THE GRIEF LECTURE

1. Participants will know that after death, grief is normal.

2. Participants will know different emotional aspects of grief.

3. Participants will know four ways to cope with grief.

4. Participants will know the difference between typical grief reactions and functionally impairing reactions.

5. Participants will know what resources are available for youths experiencing suicidality, depression, or other crisis.

Attachment 11

OBJECTIVES OF THE ONE TIME EDUCATIONAL SUPPORT GROUP

1. Participants will know that after suicide, grief is normal.
2. Participants will know different stages of grief.
3. Participants will know four ways to cope with grief.
4. Participants will know the difference between typical grief reactions and functionally impairing reactions.
5. Participants will know what resources are available for youths experiencing suicidality, depression, or other crisis.
6. Participants will know the important supportive role that parents play in the aftermath of a suicide.
7. Participants will know the importance of seeking adult intervention for at-risk youth.
8. Participants will know how to ask for help.
9. Participants will identify an adult to turn to when in crisis.
10. Participants will know ways to express sympathy to those affected by the suicide.
11. Participants will have misinformation regarding suicide corrected.

Attachment 12

GROUP LEADER'S NOTES
ONE TIME EDUCATIONAL SUPPORT GROUP

Introduce yourself and tell them what you are going to do:

Pass a sheet around for names and phone numbers.

> One of the sad parts of my job is going out and talking to young people about their feelings after someone they know has been seriously injured (or) has died [whichever is appropriate].

Offer condolences:

> I am really sorry to hear about the serious injury (or) death of your friend _____.
>
> Such an occurrence can bring up lots of feelings in us, and we're going to talk about some of those feelings.

Students express their feelings:

> Have students go around the room each to introduce themselves and tell their name, how they felt when they heard about the event that resulted in ____'s injury or death.

As students report feelings, you may:

> Reinforce the legitimacy or feelings.
>
> Clarify the feeling that they are vocalizing.
>
> Ask "did you feel anything else?"
>
> Respond: "Lots of people feel _____, and it is okay to feel _____," it makes sense if you feel that way.

Once students have expressed their feelings, summarize the various feelings stated.

> Explain that those feelings are all normal feelings in the aftermath of a death.

(With older students, pass out "The Aftermath of Sudden Death" handouts and review the reactions listed. With younger students, review common grief reactions.)

Common Grief Reactions:

A. Shock

a feeling of being stunned.

the reality of your friend's accident/trauma/death hasn't "sunk in" yet. It feels as though nothing has happened.

"going through the motions."

a feeling that your body is doing all the things it's supposed to and going everywhere it's supposed to, but your mind isn't with your body.

can last several hours, days or several weeks.

body's way of "cushioning" blow, so you don't deal with a whole flood of emotions all at once.

B. Sadness

feeling upset.

feeling sorry for your friend that this happened to them.

also includes loneliness, missing your friend. Feeling sad because you won't be able to share the good times and life experiences with your friend any more.

many people express feelings of sadness by crying. It is okay to cry (for both guys and girls). Crying is a much needed release when you're grieving. People often feel better after crying. However, crying is not a measure of how much you cared about someone. Some people for whatever reason, do not ever cry.

C. Fear

afraid that things will never be right again.

young people/all people are often afraid to leave their friends alone because they are worried that something might happen to them.

some kids have nightmares and are afraid to sleep by themselves. Often, kids will want to sleep with their mom or dad for a while, or sleep with a light on.

these fears and behaviors are normal as long as they don't go on indefinitely.

D. Shame

some folks/young people feel embarrassed because they have so many emotions at this time. They often feel they don't have any control over their emotions.

ex.) A song on the radio reminding them of their friend can bring on an unexpected flood of tears.

it is normal to experience a lot of strong (intense) emotions in the aftermath of a friend's death. This isn't anything to be ashamed of. It is helpful, though, to be supportive of your friends during their emotional times.

E. Anger

angry that your friend was traumatized or has died.

angry with God or "the world" because it's not fair.

may not even realize you are angry but feel irritable and cranky, get in fights with friends, find that you have a short temper or short fuse all of a sudden.

it is okay to be angry. If you are angry it is understandable, but we don't want anyone to make things worse by getting into fights or other trouble because of their anger. So we recognize anger as normal but do not want anyone to make the situation more complicated - want no one to fight.

F. Guilt

the feeling that if you had done something differently, your friend would not have been in the situation and would not have gotten traumatized (or) killed.

second guessing yourself "If only....., we were supposed to get together." some people think about the last time they talked with their friend, and feel bad about what was said. They wish they had said something different. This is a common response. Try not to dwell on it too much though. I'm sure if you had known it was the last time you would talk to your friend, you would have said many things differently. We never know, though, when our conversation with someone will be the last.

G. Some other symptoms of grief which may be experienced include:

1. sleep disturbances, including nightmares

2. eating disturbances

3. fatigue

4. difficulty concentrating

5. irritability

6. not getting any pleasure from things or not doing things you like to do

Any of these symptoms are normal. However, if you find that they aren't improving especially after a couple of weeks, tell an adult so they can help you, or direct you to get help.

Ways of Dealing with Traumatic Events, (Accidents) (or) (Deaths):

We have been able to identify some ways that may help you deal with ____ 's traumatic event, accident or death.

A. Talk about the details

talking about the trauma and the results can help you to accept the reality of the traumatic incident/event.

talk about the fact that your friend is gone, and you will miss them. This helps you accept the fact that your friend has died.

it doesn't help to dwell on any unnecessary details of the death -- this can sometimes make things worse.

B. Express your feelings

when you're feeling angry, sad, guilty, etc., talk about it with someone. Talking about your feelings help you feel less alone and helps your feelings from getting all bottled up inside.

you can talk about your feelings with your parents, friends, teachers and/or counselors. All are good resources.

it also helps to talk about memories of your friend.

C. Need to be alone as well as with others

sometimes you may want to be alone and think privately about your friend. This is normal and can be very helpful.

other times, you may not want to be alone at all. You may need to be around your friends or family for support. This is also helpful.

if you find that you're spending all of your time alone or all of your time with people around, you may need extra help in dealing with your friend's death. Make sure you tell your parent or teacher how you're doing, so that they can help you if necessary.

D. There are no time frames

everyone is different in how long it takes them to start feeling better. Some people will start feeling better in a couple weeks, and others not for a couple months. Some people will be able to get back to their normal routine in a couple of weeks and others won't.

there is no right or wrong length of time.

it is important to be very patient with each other. You may be having a good day while your friend is feeling very sad. A couple days later, you may be feeling bad, while your friend is feeling fine. Try to be supportive of each other and understand that you may feel differently at different times.

you want to let your parents and family members know how you are feeling.

if you are having a lot of difficulty sleeping, eating, concentrating, etc. and it doesn't improve at all after a couple weeks, you should tell your parent or teacher so they can help you.

The Ongoing Investigation:

(Give any pertinent public information in such a way as to inform but to avoid further stimulating rumors). State when the police arrived on the scene, and that interviews are ongoing to gather information. These investigations and the trial often times take months or longer.

In the Case of Death:

Funeral Service and Condolence Messages

A. it is helpful to talk candidly with students about what they can expect at the funeral home and funeral service.

encourage students to go with their parents or guardians to the funeral and funeral home.

students often feel that they must stay at the funeral home the entire length of the viewing. Explain that they are <u>not</u> expected to remain the entire time. They are generally expected to pay their respects and then go.

B. It is also helpful to rehearse possible condolence messages to the family with the students. This may be a new experience for most students and they don't know what to say.

ask the students for their thoughts

some suggestions are:

I'm really sorry that _____'s gone. I'm going to miss him/her".

"_____ was a really good friend to me. I'll miss him/her".

"_____ taught me how to play basketball. S/he was a good friend".

Rumors/Questions:

rumors often circulate in the aftermath of a student's traumatic event/accident/death.

ask the kids if they have heard any rumors that they would like to have clarified.

ask if they have any questions about anything.

Conclusion:

again offer condolences.

remind them that there are many caring people for them to talk to (parents, teachers, counselors).

encourage them to support and take care of each other during this difficult time.

Concluding Remarks:

there is a wide, normal range of feelings when someone you were close to dies.

grief is normal and it is important to be kind to others as well as to yourself.

"I can see from so many of you here that you cared for your (friend/teacher/etc.) and I am sorry that I did not have the opportunity to meet him/her."

a brief narrative with names and phone numbers is written to be included in the school/agency's file.

CONFIDENTIAL ROSTER FOR INDIVIDUAL SCREENINGS

SCHOOL: _____DISTRICT: _____DATE: _____

SCREENERS: _____

STUDENT/REASON REFERRED	GRADE	SCREENER	RECOMMENDATION	PARENTAL RESPONSE	FOLLOW-UP DATE

STUDENT/REASON REFERRED	GRADE	SCREENER	RECOMMENDATION	PARENTAL RESPONSE	FOLLOW-UP DATE

Attachment 14

CONFIDENTIAL

STUDENT SCREENING FORM FOR TRAGIC DEATH

School:_____ **District**: _____ **Date:** _____

Name:_____ **Grade**: _____ **Age:** _____

Address:

Referred by:

Parent\Guardian:

Mother: Home Phone:
Work Phone:

Father:
Home Phone:
Work Phone:

Relationship *(circle all that apply)*

1. Boyfriend/girlfriend
2. Close friend
3. Friend
4. Acquaintance
5. Neighbor
6. Other

Exposure to Death *(circle all that apply)*

1. Witness
2. Found victim
3. Funeral attendance
4. Heard about

Outcome

(Complete after interview)

☐ **School staff to monitor** ☐ **Ed/support group** ☐ **Re-screen**

☐ **Referred for evaluation: yes no** ☐ **Referred to:**

Reason:

_____

_____

Date when recommendation should take place:

Parent contacted/date : **Comments:**

Screened by: *(please sign)* **Date:**

Screener's school/agency: **Contact Number:**

Screening Items

What was the individual's general reaction to the incident: _____

_____

_

Affective symptoms: (*Indicate whether symptoms were present before and/or after incident.)*

Before the incident	After the incident	Symptom
		depressed mood
		irritability
		angry mood
		excessive guilt
		hopelessness
		anhedonia
		sleep disturbances
		appetite disturbance
		fatigue
		poor concentration
		psychomotor retardation
		psychomotor agitation

Drug or alcohol use: describe frequency, quantity, and concerns about use

Before the incident	After the incident	Drug or Alcohol Use

Conduct or discipline problems

Before the incident	After the incident	Conduct Problems
		Violation of school rules
		Running away
		Suspensions
		Stealing
		Fighting
		Referral to law enforcement

School Problems: *(describe)*

_____

_____

_

Other stressors/losses: *(describe)* _____

_____

_____

__

Before	After	PTSD Symptoms	Before	After	Anxiety Symptoms
		Recurrent thoughts of the incident			Excessive anxiety and worry (difficult to control)
		Recurrent dreams of the incident			Restlessness or feeling keyed-up, or on edge
		Fear of recurrence			Being easily fatigues
		Psychological distress at reminder of incident			Difficulty concentrating or mind going blank
		Physical response to reminder of event			Irritability
		Exaggerated startle response			Muscle tension
		Avoidance of the trauma including:			Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)
		Thoughts, feelings of the trauma			
		Activities			
		Inability to remember event			
		Feelings of detachment			
		Inability to experience emotions			
		Sense of foreshortened future			

Screening for suicidal and violent behaviors

Screening Item	Description
Hopelessness	
Present thoughts of suicide	
Suicide plan	
Intent to act on plan	
Acts anticipating death	
Available weapons/medications	
Has youth told anyone	
Has thoughts of revenge If so, against whom	
Has homicidal ideation If so, against whom	

Previous suicidal behavior If so, what	

Has the individual been in treatment before:

Is the individual in treatment now:

With whom: **Contact:**

Additional Information:

Checklist:

☐ Help Card ☐ Safety Plan ☐ Parents informed to remove weapons

SAFETY PLAN

1. Child/Adolescent agrees not to act on suicidal thoughts or urges.

2. Child/Adolescent, parents, and therapist identify stressors or "hot topics" that have in the past led to suicidal thoughts, urges or behaviors and agree to a "truce" around such topics.

3. Child/Adolescent, parents, and therapist rehearse strategies to cope with suicidal thoughts should similar precipitants recur.

4. Child/Adolescent will structure activities in a way that will reduce potential for suicidality.

5. Child/Adolescent will tell parents or counselor if they are having suicidal thoughts. Child/Adolescent will have the phone numbers of emergency contact person(s) and Emergency Room.

6. Child/Adolescent will present themselves at an Emergency Room, call 1-800-suicide, or call 911 if there is no one available to help.

Attachment 16

WHAT YOU CAN DO FOR YOURSELF

Department of Mental Health & Substance Abuse Prevention Resource Center (405) 522-3810

When you've experienced a trauma, it can be a shock to your whole system. The following are some ideas to help you cope with any physical or emotional symptoms you may be experiencing.

Eat well-balanced and regular meals, even if you don't feel like it

Get plenty of rest.

Exercise regularly. It can help work off some physical symptoms, leaving you feeling calmer and better able to relax. If you are feeling lethargic it can help energize you and clear your mind.

Avoid caffeine, especially if you are having trouble sleeping.

Avoid the use of drugs or alcohol, including prescription and over the counter to numb the pain. It will only complicate or delay your recovery.

Structure your time and set priorities. Maintain your basic normal routine, but give yourself permission to skip the extras for a while.

Don't make any major life changes or decisions.

Do make as many small daily decisions as possible to reassert your sense of control.

Don't try to avoid or deny reoccurring thoughts or feelings about the incident. They are normal and will decrease over time.

Give yourself permission to feel rotten and to share your feelings with others.

Do things that you enjoy. Take mini-breaks: go out to dinner, take 10 minutes alone, watch a movie.

Talk with people you trust: your family, friends, co-workers. Don't be afraid to reach out. People do care.

Don't be afraid to set limits with others when you don't feel like talking. You don't have to discuss the incident or your feelings when you don't want to.

Don't label yourself as "crazy." Remind yourself you are having normal reactions.

Write down your thoughts and feelings. This can be especially helpful if you are having trouble sleeping or when you wake from a troubling dream.

Ask for help if you need it. If you are having trouble coping on your own help is available from many sources:

- Professional assistance from a counselor may sometimes be necessary. This does not imply weakness or craziness. It simply indicates that the particular event was just too powerful to handle by yourself.

- In the workplace you may be able to get assistance from your co-workers, the human resources department, or company EAP.

Church, friends, family, and other community resources can be valuable sources of support.

Attachment 17

Recommendations for School Employee Crisis Box Contents

Phone List(s) including:

- Phone chain for the crisis team and faculty
- Student emergency numbers to reach parents (and out-of-town emergency contact numbers for students, as recommended by FEMA and the Red Cross)
- Agency, emergency, and community response numbers
- Personal numbers (i.e., day care center, next door neighbor)

Floor plans for schools, if you will have to orient emergency workers to your building

Items to Have on Hand:

First-aid kit, rubber gloves, mask

- Back-up batteries for pagers
- Cellular phone or hand radio, and charger
- Battery-operated radio
- Personal hygiene products (feminine products, toothbrushes and toothpaste, deodorant, liquid soap)
- Contact lens case/solution
- Eyeglasses
- Hearing aid batteries
- Warm clothes, in the event that you lose heat or have to walk a distance
- Quarters for pay phones
- Directions for using collect call service
- Prepaid phone card
- Pens/pencils/erasers
- Paper, post-it notes
- Kleenex
- Peanut butter or cheese crackers, energy bars, Ensure or other nonperishable nourishment
- Bottled water
- Preferred headache medication
- Other daily-use medications
- Clean socks and underwear
- Spiritual or religious materials
- Playing cards
- Cash
- Flashlight
- Boots or warm shoes
- Photographs of family and friends
- Reading materials
- Matches

Additional Resources:

FEMA http://www.fema.gov/areyouready/

Red Cross Disaster Response http://www.redcross.org/services/disaster/keepsafe/unexpected.html

Attachment 18

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What to do when a friend is depressed…

…Find Out More About Depression

What is depression?

Depression is more than the blues or the blahs; it is more than the normal, everyday ups and downs. When that "down" mood, along with other symptoms, lasts for more than a couple of weeks, the condition may be clinical depression. Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health and appearance, academic performance, social activity and the ability to handle everyday decisions and pressures.

What causes clinical depression?

We do not yet know all the causes of depression, but there seem to be biological and emotional factors that may increase the likelihood that an individual will develop a depressive disorder. Research over the past decade strongly suggests a genetic link to depressive disorders; depression can run in families. Difficult life experiences and certain personal patterns such as difficulty handling stress, low self-esteem, or extreme pessimism about the future can increase the chances of becoming depressed.

You know that these school years can be complicated and demanding. Deep down, you are not quite sure of who you are, what you want to be, or whether the choices you make from day to day are the best decisions.

Sometimes the many changes and pressures you are facing threaten to overwhelm you. So, it isn't surprising that from time to time you or one of your friends feels "down" or discouraged.

But what about those times when a friend's activity and outlook on life stay "down" for weeks and begin to affect your relationship? If you know someone like this, your friend might be suffering from depression. As a friend, you can help.

How common is it?

Clinical depression is a lot more common than most people think. It will affect more than 19 million Americans this year. One-fourth of all women *suffer at least* one episode or occurrence of depression during their lifetimes. Depression affects people of all ages but is less common for teenagers than for adults. Approximately 3 to 5 percent of the teen population experiences clinical depression every year. That means among 25 friends, 1 could be clinically depressed.

Is it serious?

Depression can be very serious. It has been linked to poor school performance, truancy, alcohol and drug abuse, running away, and feelings of worthlessness and hopelessness. In the last 25 years, the rate of suicide among teenagers and young adults has increased dramatically. Suicide is often linked to depression.

Are all depressive disorders alike?

There are various forms or types of depression. Some people experience only one episode of depression in their whole life, but many have several recurrences. Some depressive episodes begin suddenly for no apparent reason, while others can be associated with a life situation or

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NIMH National Institute of Mental Health

stress. Sometimes people who are depressed cannot perform even the simplest daily activities—like getting out of bed or getting dressed; others go through the motions, but it is clear they are not acting or thinking as usual. Some people suffer from bipolar disorder in which their moods cycle between two extremes—from the depths of desperation to frenzied talking or activity or grandiose ideas about their own competence.

Can it be treated?

Yes, depression is treatable. Between 80 and 90 percent of people with depression—even the most serious forms—can be helped.

There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression.

The most important step toward overcoming depression—and sometimes the most difficult—is asking for help.

Why don't people get the help they need?

Often people don't know they are depressed, so they don't ask for or get the right help. Teenagers and adults share a problem—they often fail to recognize the symptoms of depression in themselves or in other people.

. . .Be Able To Tell Fact From Fiction

Myths about depression often separate people from the effective treatments now available. Friends need to know the **facts.** Some of the most common myths are these:

Myth: It's normal for teenagers to be moody; Teens don't suffer from "real" depression. **Fact: Depression can affect people at any age or of any race, ethnic, or economic group.**

Myth: Teens who claim to be depressed are weak and just need to pull themselves together. There's nothing anyone else can do to help. **Fact: Depression is not a weakness, but a serious health disorder.** Both young people and adults who are depressed need professional treatment. A trained therapist or counselor can help them learn more positive ways to think about themselves, change behavior, cope with problems, or handle relationships. A physician can prescribe medications to help relieve the symptoms of depression. For many people a combination of psychotherapy and medication is beneficial.

Myth: Talking about depression only makes it worse. **Fact: Talking through feelings may help a friend recognize the need for professional help.** By showing friendship and concern and giving uncritical support, you can encourage your friend to talk to his or her parents or another trusted adult, like a teacher or coach, about getting treatment. If your friend is reluctant to ask for help, you can talk to an adult—that's what a real friend will do.

Myth: Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it. **Fact: Depression, which saps energy and self-esteem, interferes with a person's ability or wish to get help.** And many parents may not understand the seriousness of depression or of thoughts of death or suicide. It is an act of true friendship to share your concerns with a school guidance counselor, a favorite teacher, your own parents, or another trusted adult.

. . .Know the Symptoms

The first step toward defeating depression is to define it. But people who are depressed often have a hard time thinking clearly or recognizing their own symptoms. They may need your help. Check the following boxes if you notice a friend or friends with any of these symptoms persisting longer than two weeks.

Do they express feelings of

- ❏ Sadness of "emptiness"?
- ❏ Hopelessness, pessimism, or guilt?
- ❏ Helplessness or worthlessness?

Do they seem

- ❏ Unable to make decisions?
- ❏ Unable to concentrate and remember?
- ❏ To have lost interest or pleasure in ordinary activities—like sports or band or talking on the phone?
- ❏ To have more problems with school and family?

Do they complain of

- ❑ Loss of energy and drive—so they seem "slowed down"?
- ❑ Trouble falling asleep, staying asleep, or getting up?
- ❑ Appetite problems; are they losing or gaining weight?
- ❑ Headaches, stomach aches, or backaches?
- ❑ Chronic aches and pains in joints and muscles?

Has their behavior changed suddenly so that

- ❑ They are restless or more irritable?
- ❑ They want to be alone most of the time?
- ❑ They've started cutting classes or dropped hobbies and activities?
- ❑ You think they may be drinking heavily or taking drugs?

Have they talked about

- ❑ Death?
- ❑ Suicide—or have they attempted suicide?

…Find Someone Who Can Help

If you checked several of the boxes, a friend may need help. Don't assume that someone else is taking care of the problem. Negative thinking, inappropriate behavior or physical changes need to be reversed as quickly as possible. Not only does treatment lessen the severity of depression, treatment also may reduce the length of time (duration your friend is depressed and may prevent additional bouts of depression.

If a friend shows many symptoms of depression, you can listen and encourage him or her to ask a parent or teacher about treatments. If your friend doesn't seek help quickly, talk to an adult you trust and respect—especially if your friend mentions death or suicide.

There are many places in the community where people with depressive disorders can be diagnosed and treated. Help is available from family doctors, mental health specialists in community mental health centers or private clinics, and from other health professionals.

For Additional Information About Depression Write To:

6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892-9663

For free brochures on depression and its treatment, call: 1-800-421-4211.

For More Information About NIMH

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Information Resources and Inquiries Branch
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Bethesda, MD 20892-9663
Phone: 301-443-4513
TTY: 301-443-8431
FAX: 301-443-4279
Mental Health FAX 4U: 301-443-5158
E-mail: nimhinfo@nih.gov
Web site: http://www.nimh.nih.gov

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301-443-8431 (TTY)
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Let's Talk About

Depression

Sure, everybody feels sad or blue now and then. But if you're sad most of the time, and it's giving you problems with

- your grades or attendance at school
- your relationships with your family and friends
- alcohol, drugs, or sex
- controlling your behavior in other ways

the problem may be DEPRESSION.

The good news is that you can get treatment and **feel better soon.** Approximately 4% of adolescents get seriously depressed each year. Clinical depression is a serious illness that can affect anybody, **including teenagers.** It can affect your thoughts, feelings, behavior, and overall health.

Most people with depression can be helped with treatment. But a majority of depressed people never get the help they need. And, when depression isn't treated, it can get worse, last longer, and prevent you from getting the most out of this important time in your life.

So....Listen Up:

Here's how to tell if you or a friend might be depressed.

First, there are two kinds of depressive illness: the sad kind, called major depression, and manic-depression or bipolar disorder, when feeling down and depressed alternates with being speeded-up and sometimes reckless.

You should get evaluated by a professional if you've had five or more of the following symptoms for more than two weeks or if any of these symptoms cause such a big change that you can't keep up your usual routine.....

When You're Depressed...

- You feel sad or cry a lot and it doesn't go away.
- You feel guilty for no reason. You feel like you're no good; you've lost your confidence.
- Life seems meaningless or like nothing good is ever going to happen again. You have a negative attitude a lot of the time, or it seems like you have no feelings.
- You don't feel like doing a lot of the things you used to like—like music, sports, being with friends, going out—and you want to be left alone most of the time.

- It's hard to make up your mind. You forget lots of things, and it's hard to concentrate.
- You get irritated often. Little things make you lose your temper; you overreact.
- Your sleep pattern changes; you start sleeping a lot more or you have trouble falling asleep at night. Or you wake up really early most mornings and can't get back to sleep.
- Your eating pattern changes; you've lost your appetite or you eat a lot more.
- You feel restless and tired most of the time.
- You think about death, or feel like you're dying, or have thoughts about committing suicide.

When You're Manic...

- You're rebellious or irritable and can't get along at home or school, or with your friends.
- You feel high as a kite...like you're "on top of the world."
- You get unreal ideas about the great things you can do...things that you really can't do.
- Thoughts go racing through your head, you jump from one subject to another, and you talk a lot.
- You're a non-stop party, constantly running around.
- You do too many wild or risky things: with driving, with spending money, with sex, etc.
- You're so "up" that you don't need much sleep.

Talk to Someone

If you are concerned about depression in yourself or a friend, **TALK TO SOMEONE** about it. There are people who can help you get treatment:

- a professional at a mental health center or Mental Health Association
- a trusted family member
- your family doctor
- your clergy
- a school counselor or nurse
- a social worker
- a responsible adult

Or, if you don't know where to turn, the telephone directory or information operator should have phone numbers for a local hotline or mental health services or referrals.

Depression can affect people of any age, race, ethnic or economic group.

Let's Get Serious Here

Having depression doesn't mean that a person is weak, or a failure, or isn't really trying...it means they need **treatment.**

Most people with depression can be helped with **psychotherapy, medicine, or both together.**

Short-term **psychotherapy,** means talking about feelings with a trained professional who can help you change the relationships, thoughts, or behaviors that contribute to depression.

Medication has been developed that effectively treats depression that is severe or disabling. Antidepressant medications are not "uppers" and are not addictive. Sometimes, several types may have to be tried before you and your doctor find the one that works best.

Treatment can help most depressed people start to feel better in just a few weeks.

So remember, when your problems seem too big and you're feeling low for too long, **you are not alone.** There's help out there and you can ask for help. And if you know someone who you think is depressed, **you can help:** Listen and encourage your friend to ask a parent or responsible adult about treatment. If your friend doesn't ask for help soon, talk to an adult you trust and respect—especially if your friend mentions suicide.

What You Need to Know About Suicide...

Most people who are depressed do not commit suicide. But depression increases the risk for suicide or suicide attempts. It is not true that people who talk about suicide do not attempt it. Suicidal thoughts, remarks, or attempts are **ALWAYS SERIOUS**...if any of these happen to you or a friend, you must tell a responsible adult **IMMEDIATELY**...it's better to be safe than sorry....

Why Do People Get Depressed?

Sometimes people get seriously depressed after something like a divorce in the family, major financial problems, someone you love dying, a messed up home life, or breaking up with a boyfriend or girlfriend.

Other times—like with other illnesses—depression just happens. Often teenagers react to the pain of depression by getting into trouble: trouble with alcohol, drugs, or sex; trouble with school or bad grades; problems with family or friends. This is another reason why it's important to get treatment for depression before it leads to other trouble.

Depression and Alcohol and Other Drugs

A lot of depressed people, especially teenagers, also have problems with alcohol or other drugs. (Alcohol is a drug, too.) Sometimes the depression comes first and people try drugs as a way to escape it. (In the long run, drugs or alcohol just make things worse!) Other times, the alcohol or other drug use comes first, and depression is caused by:

- the drug itself, or
- withdrawal from it, or
- the problems that substance use causes.

And sometimes you can't tell which came first...the important point is that when you have both of these problems, the sooner you get treatment, the better. Either problem can make the other worse and lead to bigger trouble, like addiction or flunking school. You need to be honest about both problems—first with yourself and then with someone who can help you get into treatment...it's the only way to really get better and stay better.

Be Able to Tell Fact From Fiction

Myths about depression often prevent people from doing the right thing. Some common myths are:

Myth: It's normal for teenagers to be moody; teens don't suffer from "real" depression. **FACT: Depression is more than just being moody, and it can affect people at any age, including teenagers.**

Myth: Telling an adult that a friend might be depressed is betraying a trust. If someone wants help, he or she will get it. **FACT: Depression which saps energy and self-esteem, interferes with a person's ability or wish to get help. It is an act of true friendship to share your concerns with an adult who can help.**

Myth: Talking about depression only makes it worse. **FACT: Talking through feelings with a good friend is often a helpful first step. Friendship, concern, and support can provide the encouragement to talk to a parent or other trusted adult about getting evaluated for depression.**

For Additional Information About Depression Write To:

6001 Executive Boulevard, Room 8184, MSC 9663
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Web site: http://www.nimh.nih.gov

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IF YOU ARE IN A CRISIS

If you are thinking about harming yourself or attempting suicide, tell someone who can help right away:

- Call your doctor's office.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Hopeline Network at **1-800-SUICIDE (1-800-784-2433)** to be connected to a trained counselor at a suicide crisis center nearest you.

Ask a family member or friend to help you make these calls or take you to the hospital.

IF YOU HAVE A FAMILY MEMBER OR FRIEND IN A CRISIS

If you have a family member or friend who is suicidal, do not leave him or her alone. Try to get the person to seek help immediately from an emergency room, physician, or mental health professional. Take seriously any comments about suicide or wishing to die. Even if you do not believe your family member or friend will actually attempt suicide, the person is clearly in distress and can benefit from your help in receiving mental health treatment.

United States Department of Health and Human Services - Substance Abuse and Mental Health Services Administration
SAMHSA'S
National Mental Health Information Center
Center for Mental Health Services

Emergency Mental Health and Traumatic Stress

Tips for Teachers

When Talking Doesn't Help: Other Ways to Help Children Express Their Feelings Following a Disaster

While many children begin to heal by talking about their experiences and feelings following a disaster, talking for some children is not helpful. In some cultures, for example, talking openly is not comfortable, appropriate, or even "polite." Some children have been raised in families or situations where talking about one's feelings was not possible, supported, or practiced. Other children simply prefer not to discuss their feelings openly, due to the nature of their personality, worries about privacy, or a lack of trust in the process.

To help children through the recovery process, begin by informing and educating them about the disaster to make it less threatening. Point out that there are many ways other than talking to express feelings. The suggestions listed below should be presented to the child as options, not as required activities:

- Use puppets to help children "tell" or "live" a story.
- Read stories from children's books related to rescue and recovery efforts.
- Introduce drawing as a way of "talking silently." Encourage children to draw people, places, and activities they associate with the disaster.
- Write a book together and draw pictures to illustrate it.
- Create a skit or play, or do role-playing, related to the disaster. Provide clothes for children to "dress up" in to play the role of emergency workers seen during the disaster.
- Create a collage. Have children cut and paste photos, magazine pictures, articles, and fabric pieces around a central theme. Tell children they may draw what they cannot find in magazines. Collages are a safe form of art because a child gets to use others' symbols.

- Draw a mural or make a quilt that tells a "collective story." Murals and quilts promote teamwork. They also feel safer for some children than individual art. When creating a mural or quilt:

    - Role of religion and/or spirituality in everyday life.
    - Body language, personal interaction, and boundaries regarding personal space.
    - As the teacher, you should do very little drawing.
    - Allow children to tell you what to draw.
    - Give it a place of honor in the classroom.
    - Hang it in a place where children can see and add to it every day.
    - Make it an ongoing project.
    - Take photos when it is finished.

    Allow a full range of expression during these activities. Provide reassurance that there is no "right way" to do them. Exercise as little control as possible. Emphasize to the children that their creations will not be judged or graded. Don't exhibit writing and artwork if a child does not want to share it with others. When these activities are over, allow children to talk about them if they want to. Discussion can help to bring closure to the experiences and feelings related to the disaster, which is

an important step in the process of healing. Other children will find closure by listening to their peers.

Every classroom should also have a suggestion box - a place where children can drop notes, questions, and concerns for the teacher to address. Make the box available at all times. As a teacher, you should address each concern in some way. Your classroom should also have a file or bulletin board of information to educate the children further about disasters. This file or bulletin board should be in a place where children always have access to it. Encourage children to add to the information. By using some of these techniques and adding some of your own, you can play an important role in helping children to recover from the trauma related to a disaster. If these classroom activities reveal clues to more serious problems, issues, or feelings within a child, ask a school counselor or mental health specialist for help.

Additional resources can be found here:
www.mentalhealth.samhsa.gov/cmhs/EmergencyServices/links.asp