



CRISIS RESPONSE & RECOVERY MANUAL

APPENDIX A

Guidelines for Initial All-Staff Meeting

The first meeting with School Staff is typically conducted by the School Principal and should be held as soon as possible, ideally before school starts in the morning.

However, depending on when the death occurs, there may not be enough time to hold the meeting before students begin to hear the news through word of mouth, social media, or other means. If this happens, the School Principal should first verify the accuracy of the reports and then notify staff of the death/crisis event through the school's predetermined crisis alert system, such as e-mail, instant messaging, or calls to classroom phones. Information about the cause of a death should be withheld until the family has been consulted.

*Resource: [Sample Notification Statements – Appendix A \(pp. 25-29\)](#)

Goals of Initial Meeting:

Allow at least one hour (if possible) to do the following:

- Introduce the Crisis Response Team Lead and CRT members.
- Share accurate factual information about the death/crisis, honoring the family's request for privacy.
- Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional support and refer them to appropriate resources.
- Have substitute teachers available to replace any teachers who are too upset to teach (a task for the Principal/Assistant Principal).
- Remind Staff of the school's policy or response following a student death and any considerations specifically for a suicide death.
- Provide appropriate Staff (e.g., homeroom teachers or advisors) with a scripted message, and arrange coverage for any staff person who is unable to manage reading the statement.

*Resources: [Sample Notification Statements – Appendix A \(pp. 25-29\)](#)

- Prepare for student reactions and questions by providing Staff appropriate handouts/resources.

*Resources: [Interventions, Strategies & Resources – Appendix A \(pp. 30-56\)](#)

- Share with staff how to handle parent inquiries and plans for communicating with parents, including who parents should contact for further information and resources.
- Explain plans for the day, including location of the Care Room or other supports.
- Remind all School Staff of the following:
 - How they respond to the crisis can have a strong impact on their students. They need to project that they are in control and are concerned about their students' mental health.
 - They can play an important role in identifying changes in students' behavior. Discuss a plan for handling students who are having difficulty.
- Brief Staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
- Let Staff know about any outside crisis responders or others who will be assisting.
- Remind Staff of student and Staff dismissal protocols for the funeral.
- Identify which Crisis Response Team member has been designated as the media spokesperson, and instruct staff to refer all media inquiries to him or her.

(After a Suicide: A Toolkit for Schools)

Sample Death Notification Statements

Option 1 – When the Death Has Been Ruled a Suicide

I am so sorry to tell you all that one of our students, [NAME], has died. I'm also very sad to tell you that the cause of death was suicide.

Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling. When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered.

While we may never know why [NAME] ended [HIS/HER] life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Rumors may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all cope with what happened. If you'd like to talk to one of them, just let me or one of your teachers know or look for the counselors in [NOTE SPECIFIC LOCATION] between classes or during lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this difficult time.

(After a Suicide: A Toolkit for Schools)

Option 2 – When the Cause of Death Is Unconfirmed

I am so sorry to tell you all that one of our students, [NAME], has died. The cause of death has not yet been determined.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental

health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in [NOTE SPECIFIC LOCATION] between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this difficult time.

(After a Suicide: A Toolkit for Schools)

Option 3 – When the Family Has Requested the Cause of Death Not Be Disclosed

I am so sorry to tell you all that one of our students, [NAME], has died. The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk that this might have been a suicide death. Rumors may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.

Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay.

I want you to know that your teachers and I are here for you. We also have counselors here to help us all understand what happened. If you'd like to talk to one of them, just let me or one of your teachers know, or you can seek out the counselors in [NOTE SPECIFIC LOCATION] between classes or during your lunch.

We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this difficult time.

(After a Suicide: A Toolkit for Schools)

Option 4 – General Death Notification Statement

(Date)

Dear Staff,

There are times when it is necessary to communicate news that is painful for all of us. During those times we must be prepared to support each other as we deal with the many feelings that we begin to experience. It is with great sorrow that I inform you that (NAME OF PERSON) at (SCHOOL NAME) has died.

Death can be difficult for us to understand, especially when it is sudden. We will all begin to feel different emotions: shock, sadness, confusion, even some anger. What is most important is that we care for and support each other. Sometimes students are affected by the death of someone important to them, and they may need to express their feelings. Please contact appropriate support service site staff if you notice a student who appears to be having more difficulty with his/her feelings than might be expected. (SCHOOL NAME) administration will keep you updated as more information is given to us at the school.

Sincerely, (Principal's name)

(School Crisis Response Manual, San Francisco Unified School District)

Sample Crisis/Threat Notification Statements

Option 1:

Dear [School's Name] parents/guardians,

We want to make you aware of an incident that occurred this morning that affected students on the [School's Name] campus. During [Time Frame], we received a threat toward [School's Name] from [Who? - unidentified individual]. The safety of students and staff is our first concern. We take all threats of this nature seriously. When the threat was received, we contacted local emergency response officials. We directed school personnel to implement safety procedures. With support from police, our crisis team personnel began searching the school and grounds, including conducting a search of incoming school buses. No weapons or suspicious packages were found. While the vast majority of school threats involve situations where no weapons are present, we believe that it is appropriate to always notify public safety officials and conduct a thorough scan of the grounds and facility whenever a threat is received. All threats to our school or students are taken seriously and investigated thoroughly. We are working with officials to conduct a full investigation. Please discuss the day's events with your child and emphasize the seriousness of this issue. If you discover anything that can assist in the investigation, please contact us immediately.

Sincerely,

[School Principal's Name]

[School's Main Office Phone Number]

[Principal's Email Address]

Option 2:

Dear [School's Name] parents/guardians,

I know that today was difficult for the members of our school community. I am proud of our staff and students for how they handled themselves and for following all security procedures.

Open communication is an important part of building a strong partnership with parents. For this reason, I want to provide you with some additional information about the incident that occurred today. At [School's Name], we take all threats to the safety of students and staff very seriously. This morning, I received an email from an anonymous person threatening that they were planning to bring a gun to school today. Our crisis team immediately contacted the authorities and initiated our emergencies procedures. [School's Name] was placed into a lockdown procedure, which requires that students remain in their classrooms. In partnership with the [Name of Police Department], we searched all student backpacks and lockers, and we did a thorough search of the school grounds. During the course of our search, we did not find any weapons or suspicious packages. At this time, we have not identified the person responsible for the threat. At the end of the school day, we had a staff meeting during which we discussed the events of the day and any possible leads that may help us identify the source of the anonymous email.

We need to work together, as a community, to create a safe and supportive learning environment. We ask that you please discuss the day's events with your child, emphasizing the seriousness of this situation. Encourage students to come forward if they have any information, and if in your conversations, you discover any information that can assist us in our investigation, please contact me immediately. School will proceed as scheduled tomorrow. As a precaution, we will search all student backpacks again tomorrow morning. We are also increasing school security and requesting a police presence at [School's Name].

If you have any questions, please contact me. Thank you for your support. Our partnership ensures a safe and supportive learning environment for all of our students.

Sincerely,

[School Principal's Name]

[School's Main Office Phone Number]

[Principal's Email Address]

Sample Physical Catastrophe Notification Statement

(DATE)

Dear Parents/Caregivers:

As you are aware, we have just experienced a (NAME TYPE OF DISASTER). (Insert specific information regarding how the disaster affected the school site. Give information on the activities the school took if the disaster occurred during school hours. Give information on the physical state of the school if the disaster occurred during non-school hours.) A catastrophe like we experienced is frightening to children and adults alike. We will try to return to our normal routine while we provide support to students who may need it. The Crisis Response Team has planned some activities which will hopefully assist our students in coping with their experiences during and after the (NAME THE DISASTER). (Spell out what activities will take place and indicate if there is anything a parent or caregiver can do with their child in relationship to the activities.) Attached to this letter is some information that might be helpful to you if your child is having difficulty handling the disaster. If you are concerned about your child's response to this disaster, please feel free to call (add teacher's, counselor's or some specific person's name). All staff members at (NAME OF SCHOOL) want to ensure that our students' emotional needs are addressed so that teaching and learning can resume at the earliest time.

Sincerely, (PRINCIPAL'S NAME)

(School Crisis Response Manual, San Francisco Unified School District)

Suicide Contagion Information

Key Considerations:

Contagion is the process by which one suicide death may contribute to another. Although contagion is relatively rare (accounting for between 1 and 5 percent of all youth suicide deaths annually), adolescents and teenagers appear to be more susceptible to imitative suicide than adults, largely because they may identify more readily with the behavior and qualities of their peers. It is also important to recognize the impact of highly publicized suicide deaths, such as those of celebrities, which may contribute to contagion.

If there appears to be contagion, schools should consider taking additional steps beyond the basic crisis response outlined in this manual to avoid suicidal behavior and deaths. It is advisable for schools to increase efforts to identify other students who may be at heightened risk of suicide, actively collaborate with community partners in a coordinated suicide prevention effort, and possibly bring in outside experts.

Identifying Other Students at Possible Risk for Suicide

In the face of potential contagion, it is important for schools to use mental health professionals and others who have been trained to identify students who may be at heightened risk for suicide due to underlying mental disorders or behavioral problems (e.g., depression, anxiety, conduct disorder, and/or substance abuse) or who have been exposed to the prior suicide either directly (by witnessing the suicide or by close identification or relationship with the deceased) or indirectly (by extensive media coverage).

Of special concern are those students who:

- Have a history of suicide attempts
- Have a history of depression, trauma, or loss
- Are dealing with stressful life events, such as a death or divorce in the family
- Were eyewitnesses to the death
- Are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, significant others, and acquaintances of the deceased)
- Received a phone call, text, or other communication from the deceased foretelling the suicide and possibly feel guilty about having missed the warning signs
- Had a last very negative interaction with the deceased
- May have fought with or bullied the deceased

Schools can also seek to identify those in the general student body who may be at heightened risk by using a mental health screening tool. It is advised that schools consult with mental health professionals on appropriate strategies for screening and assessment.

(After a Suicide: A Toolkit for Schools, 2018)

Self-Care Checklist for Staff/Debriefing

There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

Make every effort to:

- Seek out and give social support
- Check in with other colleagues to discuss the response to the emergency
- Schedule time for a vacation or gradual reintegration into your normal life
- Prepare for worldview changes that may not be mirrored by others in your life
- Participate in formal health if extreme stress persists for greater than two to three weeks
- Increase leisure activities, stress management, and exercise
- Pay extra attention to health and nutrition
- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid getting overloaded with work
- Pay extra attention to rekindling close interpersonal relationships
- Practice good sleep routines
- Make time for self-reflection
- Find things that you enjoy and make you laugh
- Try at times not to be in charge or “the expert”
- Increase experiences that have spiritual or philosophical meaning to you
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time
- Keep a journal to get worries off your mind
- Ask for help in parenting, if you feel irritable or are having difficulties adjusting to being back at home
- Plan for family/home safety, including making child care and pet care plans
- Accessing supervision routinely to share concerns, identifying difficult experiences and strategizing to solve problem
- Practicing brief relaxation techniques during the work day
- Using the buddy system to share upsetting emotional responses
- Staying aware of limitations and needs
- Recognizing when one is hungry, angry, lonely or tired, and taking the appropriate self-care measures
- Increasing activities that are positive
- Practicing religious faith, philosophy, spiritually
- Spending time with family and friends
- Learning how to “put stress away”
- Writing, drawing, painting
- Limiting caffeine, cigarettes, and substance use

*Be careful of engaging in activities that can hinder your attempts at good self-care.

AVOID:

- Extended periods of solo work without colleagues or working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Common attitudinal obstacles to self-care (e.g., “It would be selfish to take time to rest.”)
- Negatively assessing your contribution
- Use of excessive alcohol, illicit drugs, or excessive amounts of prescription drugs

(Psychological First Aid for Schools Field Operations Guide)

Suggested Talking Points Related to Grief & Loss Support

(Note: Identify any group members who express suicide ideation or have made past suicide attempts; each group should be comprised of 2 -4 students, but group size may be up to 6 – 8).

- Provide known FACTS of the death to the group.
- Ask, “Who knew the deceased?”
- Discuss normal grief reactions: Crying, sleeping, eating, inability to concentrate
- Different emotions will be felt: Denial, sadness, blame, panic, emptiness, anger, fear, guilt, frustration
- Ask, “How is grief affecting you?”
- Ask, “Is this incident bringing up past grief or loss experiences for anyone?”
- Ask, “What was she/he like?”
- -Discuss the positive characteristics/memories of the deceased.
- Ask, “What would you like to say if she/he were here now?”
- Ask, “How are you going to cope for the rest of the day?”
- Ask, “Who do you feel you can talk to if you need help?”

Things Students Can DO to Deal with Grief & Loss:

- Within the first 24-48 hours – periods of physical exercise, alternated with relaxation - will help alleviate some of the physical reactions.
- Structure your time – keep busy.
- Affirm to yourself, “You’re normal and having normal reactions. I’m not crazy.”
- Talk to people. Talking/processing aloud is the most healing process. Share your feelings.
- Don’t attempt to numb the pain with drugs/alcohol. FEELING the pain is essential to LETTING IT GO.
- Reach out. People care about you!
- Maintain as normal of a schedule as possible.
- Spend time with others.
- Give yourself permission to feel sad and share your feelings with others.
- Keep a journal. Write your way through sleepless hours.
- Do things that feel good to you.
- Realize others around you may be grieving in different ways.
- Don’t make big life changes.
- Make as many daily decisions as possible – this will give you a sense of control over your life.
- Get plenty of rest.
- Recurring thoughts, dreams or flashbacks are normal – don’t try to fight them – they’ll decrease over time and become less painful.
- Eat well-balanced and regular meals (even if you don’t feel like it).

Dealing with the Empty Desk

Meeting with the Classmates of the Deceased – CRT Shadow Counselors

The classmates of the deceased are one of the groups most affected by a sudden death. Even if they were not part of that student's friendship circle, these students are visually confronted by the tangible reminder of an empty desk in the classroom. It is hard for them to even momentarily deny the reality that something terrible has happened. The teachers in these classrooms also tend to be affected by the death in a more personal and immediate way than their colleagues who had little or no contact with the deceased. And, unfortunately, just seeing this name on the attendance roster or listed in a grade book will continually remind the teacher about the tragic loss. But what to do for these classes on that day when the death is discovered?

Clearly classmates need more support than the general student body. The ideal response is to have at least two members of the Crisis Response Team (Shadow Counselors) follow the daily schedule of the deceased, offering support in a structured way to these teachers and students. With two team members in attendance, there is the option to escort any student who is too upset to remain in the class to one of the care stations where he or she can get individualized support. Your goal in reaching out to each of these classes personally is not to provide a counseling group or what is called a "crisis debriefing." Your role is essential but limited:

- to acknowledge the more personal impact on the students who saw the deceased every day;
- to provide an opportunity to discuss their immediate reactions to the news of the death; and
- to alert them to additional supportive resources in the school and in the community.

Here is a suggested format for addressing the needs of these teachers and students:

- Greet the teacher and acknowledge the personal and professional impact of the loss. ("I know Andrew was in your class and that you may be more affected by his death than those of us who did not see him every day.")
- Explain that you would like to meet with the class to help them work through their immediate reactions. Suggest that the teacher can choose to contribute to the discussion or can participate by simply listening. For teachers who are emotionally affected by the death, not having to process their students' reactions can be a big relief. Other teachers may want to be fully engaged in the discussion. Either option—or somewhere in between—is absolutely fine.
- Greet the class and acknowledge the immediate impact of the death as well. ("I know Andrew was in this class so you may notice his absence today more than many of the other students in the school. For those of you who knew Andrew personally, I am so sorry for your loss.")

(Hazelden Lifelines Postvention, 2010)

Care Room Suggested Supplies & Activities

Supplies:

- Appropriate number and configuration of tables/desks for “care stations”
- *Care Room/Student Meeting Log*
- Name tags/labels
- Bottled water
- Snacks – “Comfort Food”
- Pens/pencils
- Paper for writing/reflection activities
- Art supplies for younger children (e.g., poster boards, markers, construction paper, safety scissors, crayons)
- Kleenex

Activities:

- Younger children should be encouraged to draw/color pictures/depictions that bring them happiness and serve to calm their anxiety/fears. Younger children may be prompted to draw depictions/scenes which remind them of happy/fun times spent with the deceased. They can also be prompted to draw depictions/pictures of people in their life they feel they can rely on, or who love them, or who make them feel safe.
- Older children may be prompted with specific questions geared at helping them express (verbalized aloud or in writing) emotion. Examples:
 - What is your biggest concern about the immediate future?
 - What would help you feel safer right now?
 - What are your favorite memories of the deceased person?
 - What types of activities help you alleviate stress or feel better?
- Practical Coping Strategies encourage students to think about specific things they can do when intense emotions, such as worry or sadness, begin to well up. Examples:
 - Use simple relaxation and distraction skills, such as taking three deep, slow breaths; counting to 10; or picturing themselves in a favorite calm and relaxing place.
 - Engage in favorite activities or hobbies, such as music, talking with a friend, reading, or going to a movie. How do these activities help you?
 - Exercise – What types of exercise do you like? Why?
 - Think about how they have coped with difficulties in the past and remind themselves that they can use those same coping skills now. What skills did you use?
 - Write a list of people they can turn to for support.
 - Write a list of things they are looking forward to.
 - Focus on personal short-term goals, such as returning to a shared class or spending time with a mutual friend. Share a few of your long-term goals

Coping with Grief & Loss

Far from being a sign of weakness, grieving is a healthy and naturally healing process. While certain emotional responses are common, each person’s grief process is individualized, and may be experienced differently. Grief, with its many ups and downs, may last longer than most people expect or realize.

The best way to deal with loss is to recognize it, face and accept your feelings and reactions, and get support during the grieving process.

<u>Tips for Coping with Grief</u>	<u>Common Grief Reactions</u>
<ul style="list-style-type: none"> • Take your time and limit “shoulds.” Don’t judge your reactions. • TALK. Share your feelings and the meaning this loss has for you. • Pay attention to what your body needs. Exercise, adequate rest and sleep, and balanced nutrition are essential. • Participate in meaningful rituals and ceremonies. • Surround yourself with friends and family who love and support you. Don’t isolate yourself. • Be patient with yourself. Tears may come unexpectedly, even when you thought you were finished grieving. • Consistently take time to grieve, as well as giving yourself breaks from the grieving process. • Strive to find a balanced way of dealing with demands of daily life. • Whenever possible, put off major decisions (e.g., changing jobs, partners or residences). • Pray, meditate, reflect, and connect with your religious and spiritual convictions and community. • Be sensitive to and flexible with your new needs and changes in lifestyle. 	<ul style="list-style-type: none"> ➤ Denial, shock, numbness, confusion ➤ Fear, despair, helplessness, relief ➤ Anger and guilt (which may be misdirected) ➤ Sadness, loneliness, tearfulness, depression, regret ➤ Diminished feelings of safety; increased feelings of vulnerability ➤ Disturbances in normal patterns of sleeping and eating ➤ Fatigue, apathy, social withdrawal ➤ Feelings of physical pain (e.g., chest pain) ➤ Feelings of unfinished business or survivor’s guilt ➤ Not having a strong emotional reaction ➤ Both positive and grief-related memories and feelings ➤ Beginning of re-engagement with life ➤ Continuing adjustments to life changes ➤ Gradual lessening of feelings of grief and acceptance of the reality of one’s loss

(Hazelden Lifelines Postvention, 2010)

Common Student Reactions to Trauma

The following reactions to traumatic events can be considered “normal,” but should be brought to the attention of a Counselor:

- ✓ Anxiety, fears, worries (*perceived lack of safety/security*)
- ✓ Fears of re-occurrence
- ✓ Incessant focus
- ✓ Somatic complaints
- ✓ Irritability
- ✓ Guilt (*“I could have prevented it, I should have seen it coming”*)
- ✓ Hyperactivity, hyper-arousal
- ✓ Decreased activity, attention and concentration
- ✓ Withdrawal
- ✓ Anger and aggression (*generalized, or specific to adults for failure to protect or intervene*)
- ✓ Re-creating the event during play
- ✓ Sensitivity to sounds
- ✓ Questions about death and dying
- ✓ Sleep / eating problems (*too much or too little*)

Developmental considerations:

Elementary ages:

Focus: “Will this happen to me?” “Did it hurt?”

Strategy: Has anyone ever had a boo-boo? What did/can you do to make it better?

Junior High School / High School ages:

Watch for contagion, drama, competitive grief

(Hazelden Lifelines Postvention, 2018)

General Information about Suicide/Death

The following principles should inform the Crisis Response Team's approach when supporting a school community that is dealing with death/suicide:

- Schools should treat all student deaths in the same way. Having one approach for a student who dies of cancer (for example) and another for a student who dies by suicide reinforces the negative association that often surrounds suicide and may be deeply painful to the deceased student's family and close friends.
- Adolescents are vulnerable to the risk of suicide contagion, that is, when a struggling student experiences the loss of another student to suicide and becomes at greater risk. Therefore, it is important not to inadvertently simplify, glamorize, or romanticize the student or his or her death.
- Adolescents are also resilient. With the proper information, guidance, and support from school staff, students can learn to cope with the suicide of a fellow student, process their grief, and return to healthy functioning.
- Suicide has multiple causes. However, a student who dies by suicide was likely struggling with significant concerns, such as a mental health condition that caused substantial psychological pain even if that pain was not apparent to others. But it is also important to understand that most people with mental health conditions do not attempt suicide.

(After a Suicide: A Toolkit for Schools, 2018)

Warning Signs of Suicide (FACTS)

Listen and look for these warning signs of suicidal behavior. Warning signs are the earliest detectable signs that indicate heightened risk of suicide in the near term – that is, within minutes, hours, or days. (Risk factors, in contrast, suggest longer term risk – that is, within a year to a lifetime. Note that aside from a person’s direct statements or behaviors threatening suicide, often a constellation of signs raises concerns, rather than one or two symptoms, alone. Also, remember that due to developmental differences, warning signs for youth may be different from warning signs for adults.

Warning signs of suicide can be organized around the word, “FACTS”:

Feelings

Actions

Changes

Threats

Situations

Feelings

- Hopelessness – feeling like things are bad and won’t get any better
- Fear of losing control, going crazy, or harming oneself or others
- Helplessness – feeling that there is nothing that can make life better
- Worthlessness – feeling useless and of no value
- Self-hate, guilt or shame
- Extreme sadness or loneliness
- Anxiety or worry

Actions

- Increased use of alcohol or other drugs
- Talking or writing about death or destruction, being a burden to others, feeling trapped or unbearable pain
- Looking online for ways to kill oneself
- Engaging in self-destructive or harming behaviors (e.g., cutting)
- Aggression
- Recklessness
- Fatigue

Changes

- Withdrawing from normal activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Changes in physical appearance, dress, grooming habits
- Relief/sudden improvement

Threats

- Clear or vague statements about wanting to kill oneself or not being around anymore
- Statements (verbal or written) about wanting to “die by cop”

Situations

- Stressful life events, like rejection/break-ups, divorce, financial crisis, other life transitions or loss
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide
- Access to lethal means including firearms and drugs

(Hazelden Lifelines, 2010)

Students at Risk for Suicide Following a Suicide

- ✓ Siblings and other relatives
- ✓ Close friends, girlfriends/boyfriends
- ✓ Ex-girlfriends/boyfriends
- ✓ Ex-best friends
- ✓ “Enemies” of the deceased (rivals; those who bullied or were bullied by the deceased, etc.)
- ✓ Students with history of mental illness (depression; substance use problems; Bipolar disorder; Schizophrenia; personality traits of aggression, mood changes and poor relationships; Conduct disorder; Anxiety disorders)
- ✓ Students on same teams, in same clubs or activities
- ✓ Those who sat next to the student in class, lunch, etc.
- ✓ Friends of siblings of the deceased
- ✓ Students who have experienced recent loss or other traumatic event that may be re-triggered by the current situation
- ✓ Students preoccupied with death or suicide
- ✓ Vulnerable students (e.g. drug/alcohol problems, emotional problems, social isolates, toxic stress/trauma, abuse, multiple ACEs, etc.)
- ✓ Neighbors (especially school-aged)
- ✓ Any student with weak support systems or poor coping skills
- ✓ Students hailing from a family with history of suicide
- ✓ Students with previous suicide attempts
- ✓ Students experiencing chronic illness/pain
- ✓ Students with traumatic brain injuries (TBIs)

(Hazelden Lifelines Postvention, 2018)

(American Foundation for Suicide Prevention)

How to Assess Youth for Suicide Risk

***Remember: Talking about suicide *cannot* plant the idea in someone's mind!**

In the aftermath of a death in the school community, especially if the death was a suicide, certain vulnerable students may experience thoughts about suicide themselves. While not all of the students will be actively suicidal, it is important for crisis team members to speak with each of these vulnerable students individually to assess possible suicide risk. This initial assessment generally takes place in the climate of emotional chaos and increased demand for support services that often characterize the first days of postvention.

The following outline provides an abbreviated assessment tailored to the realistic limitations of that situation. If the staff member making this initial assessment has any concern about a student's safety, a call should be made to the student's parent or guardian immediately. A staff member should remain with the student until the parent/guardian arrives, and a referral for a more in-depth assessment should be made immediately (to Student Services Director/Mental Health Specialist). A student in crisis should NEVER be sent back to class.

1. Remember the framework for an effective interview:
 - a. Calmly gather information.
 - b. Be direct and unambiguous in asking questions.
 - c. Use effective listening skills by reflecting feelings, remaining nonjudgmental, and not minimizing the student's feelings.
 - d. Communicate caring, support, and trust while providing encouragement for helpful coping strategies.
 - e. Pay attention to nonverbal cues as well as verbal communication. If you feel a disconnect between the two, ask about it ("You say you're doing fine, but your tears tell me otherwise.").
 - f. Don't assume a student who reports suicidal feelings is simply trying to get attention; consider all thoughts of suicide serious.
2. Begin the interview with questions related to the student's relationship to the student who died. Remember that suicide risk may be unrelated to any relationship between the deceased student and the student you are interviewing.
 - a. Ask about the student's connection to the deceased ("Did you know John?").
 - b. If the student had a close relationship to the deceased, express your condolences for his or her loss.
 - c. Find out how the student learned about the death and what his or her reactions are.
3. Explain that sometimes the death of someone close to us can make us think about death, ourselves. Calmly ask if the student has had any of those thoughts. Ask if the suicide has made the student think about his or her own suicide. Most students will deny suicide ideation. A small percentage of them, however, may admit to having suicidal thoughts.
4. If the student admits to thoughts about suicide, continue with the following questions:
 - a. When did you first have these thoughts?
 - b. Do you have a specific plan?
 - c. Have you shared these thoughts with anyone else?
 - d. Is there anything that would keep you from suicide?
5. Any student reporting even *thoughts* of suicide should be referred to the qualified mental health professional immediately for a more in-depth assessment. This type of comprehensive

assessment requires a level of clinical expertise that is beyond the school's responsibility, especially during a crisis. Even if a school staff member is trained to provide these types of extensive assessments, this is the point where an effective postvention plan turns the responsibility over to the mental health professional or community mental health partners.

6. If a referral for additional services is indicated, the parents/guardians should be contacted immediately, preferable in the presence of the student. (This reflects the focus on clear, open, and unambiguous communication that characterizes all aspects of this postvention model). Explain to the parent/guardian that the student is reacting to the death of a peer by suicide, is having some personal thoughts about suicide, and needs to speak to a mental health professional who can make a more in-depth assessment of what's going on. This is when direct communication is important; be sure to use the word "suicide." If you speak in more euphemistic terms ("Your daughter is having upsetting thoughts," or "We're worried about your son's safety"), the parent/guardian may not pick up on the urgency of your referral request. Provide the parent/guardian with a list of resources to contact to set up this evaluation as soon as possible. Ask them to sign a release of information with the provider so there can be open communication with the school about the ways in which the school can provide an appropriate level of support for the student. Emphasize that the school does not want and will not ask for information about the details of the assessment other than about the student's level of risk for suicide and how to address this in the school setting.
7. If you are worried that a student may be in immediate or imminent risk, convey your concerns to the parent/guardian and offer to make a referral to your local emergency department, School Resource Officer, or crisis-screening center. With the parent's/guardian's permission, call your local emergency provider, explain the situation, and ask for immediate assessment/response.
8. With students who deny suicidal thoughts, you want to remind them that Crisis Response Team Members will continue to be available in the school as well as the community to help them deal with the death of their friend. Tell them you want them to check in with you during the next few days to report how they're holding up. If they don't seek you out, make a point to track them down to follow up.
9. Ask all students to let a member of the Crisis Response Team know if they have any worries about friends or peers. Remind them that at a time like this, everyone needs to look out for each other and realize that lots of resources have been mobilized to provide everyone in the school community with support.
10. When student returns to school, ensure that he or she has a "Safety Plan" in place. In this plan, the student and parent/guardian should meet with the Counselor and formulate a Safety Plan, which should include interventions put in place to keep the student safe. Student Services Coordinators and Mental Health Specialist may serve as consultants in regard to this process. The Mental Health Specialist may also recommend a "Risk Assessment" as a precursor to the Safety Plan and for monitoring purposes.

(Hazelden Lifelines Postvention, 2018)

Student Responses & Best Practices/Interventions Related to Crisis/Trauma

Preschool – 2nd Grade:	
Symptoms	Interventions
Helplessness & passivity	Provide support, rest, comfort, food, opportunity to play or draw.
Generalized fear	Re-establish adult protective shield.
Cognitive confusion, do not understand that the danger is over	Give repeated concrete clarification for anticipated confusion.
Difficulty identifying what is bothering them	Provide emotional labels for common reactions.
Lack of verbalization	Help to verbalize general feelings and complaints, so they will not feel alone with their feelings.
Attributing magical qualities to traumatic reminders	Separate what happened from physical reminders.
Sleep disturbance	Encourage them to let their parents and teachers know. Let caregivers know it is normal if symptoms occur for less than a month.
Anxious attachment	Provide consistent caretaking.
Regressive symptoms	Tolerate regressive symptoms in a time limited way.
Anxiety related to incomplete understanding about death	Give explanations about the physical reality of death.

3rd – 6th Grades:	
Symptoms	Interventions
Preoccupation with their own actions during the event, issues of responsibility and guilt	Help to express their secretive imaginings about the event.
Specific fears, triggered by traumatic reminders of being alone	Help identify and articulate traumatic reminders and anxieties, avoid generalizations
Re-telling and replaying the event; cognitive distortions and obsessive detailing	Permit them to talk and act it out; address distortions and acknowledge normality of thoughts and feelings
Fear of being overwhelmed by feelings, crying or being angry	Encourage expressions of fear, anger, sadness, etc., in order to avoid feeling overwhelmed
Impaired concentration and learning	Encourage letting their parents and teachers know when thoughts and feelings interfere with learning
Sleep disturbances, nightmares, fear of sleeping alone	Support them in discussing dreams; provide information about why they have bad dreams

Concerns about their own and others' safety	Help to share worries, reassure with realistic information
Altered and inconsistent behavior, usually reckless	Help them to cope with the challenge to their own aggressive or poor impulse control
Somatic complaints	Help identify the physical sensations felt during the event
Concerns for other victims and their families	Encourage constructive activities on behalf of the injured or deceased
Feeling confused, disturbed or frightened by their grief responses; fear of ghosts	Help retain positive memories as they work through more intrusive, traumatic memories

7th grade – High School	
Symptoms	Interventions
Detachment, shame and guilt; similar to adult response	Encourage discussion about the event, feelings about it and realistic expectations about what could have been done
Self-consciousness about fears, sense of vulnerability and other emotional responses, fear of being	Help them understand the adult nature of these feelings; encourage peer understanding and support
Post-traumatic acting-out behavior; drug use, delinquent behavior, sexual acting-out	Help them understand the acting-out behavior as an effort to numb their responses, or to voice their anger over the event
Life threatening reenactment; self-destructive or accident-prone behavior	Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge of poor impulse control associated with violence
Abrupt shift in interpersonal relationships	Discuss the expected strain on relationships with family and peers
Desires and plans to take revenge	Elicit their actual plans for revenge; address the realistic consequences of these actions; encourage constructive alternatives to lessen the traumatic sense of helplessness
Radical changes in life attitudes which can influence identity formation	Link attitude changes to the event's impact
Premature entrance into adulthood, or reluctance to leave home	Encourage postponement of radical decisions in order to work through their responses to the event and to grieve

(*School Crisis Manual*, San Francisco Unified School District)

Guidelines for Helping Students Deal with a Death

- Deal with your own reactions first. You won't be effective helping students unless you've been able to acknowledge your own reactions and put them into perspective.
- Keep it simple! Students need limited information about death. Remembering these guidelines will help you keep your explanations developmentally appropriate. The bottom line is that all school-aged children need brief, simple information, balanced with reassurances that the daily structures of their lives will not change.
- Listen. Ask students how they are reacting to the death and listen to their reactions. This is not the time to share your personal reactions. Your role is to listen, validate, and support your students, especially in the early days of the crisis.
- Encourage children to put their thoughts and feelings into words, which will help begin the grief process. Labeling what you hear them saying can help in this process ("You sound very sad"; "Boy, you're really angry that your friend didn't tell you what he was planning so you could have had the chance to stop him.")
- Give students permission to express their feelings. Since school is not necessarily a place that encourages active discussion of feelings, you will need to make the invitation to talk about reactions to death very clear. One way you do this is through the provision of Care Stations. And remember, these conversations with students also offer an opportunity to further evaluate them and to provide additional in-school and community resources to assist them if it seems necessary.
- Give students permission to grieve not only the current loss but also whatever past losses may be activated by the event.
- Listen for expressions of guilt or an exaggerated sense of responsibility for the death, and address those misperceptions quickly and directly.
- Remember, BE A GOOD LISTENER!

(Hazelden Lifelines Postvention, 2010)

The Common Stages of Grief

DENIAL: This stage may be expressed by feeling nothing or insisting there has been no change. It is an important stage and gives people “time out” to organize their feelings and responses. Children/adolescents may make bargains to bring the person back or hold fantasy beliefs about the person’s return. Children/adolescents in this stage need understanding and time.

FEAR: A crisis that results in death or a crisis that is the result of violence can instill fear in children. A child or adolescent might fear that their own parent/caregiver might die after a classmate’s parent dies. Children need reassurance that they will be taken care of during this stage.

ANGER: The sudden shattering of the safe assumptions of young people lies at the root of the grief response of anger. It can be expressed in nightmares and fears and in disruptive behavior. Children in this stage need opportunities to express anger in a positive and healthy way.

DEPRESSION: Children may exhibit depression either through frequent crying, lethargy and withdrawal from activities, or avoidance behavior (“running away”). This can be a healthy, self-protective response that protects children/adolescents from too much emotional impact. Children need to know that others understand and that all things change, including their sadness.

ACCEPTANCE: Acceptance of a loss and hope as seen through renewed energy signals entrance into the final stage of grieving. Before children can return to equilibrium, they need permission to cease mourning and continue living.

*Adults experience these stages also. Depending on individual needs, an individual, whether a child or an adult, may stay in one stage for a long time, move back and forth from one stage to another, or move through each stage in the order listed.

(Elisabeth Kubler-Ross, American-Swiss Psychiatrist)

Tips for Talking About Suicide

1. **Begin with a brief statement acknowledging the death.** *“Our school experienced a sad event. One of our students, [name], died on [day]. As some of you may know, he took his own life.”* Do not use the term “committed suicide” because it conveys the negative stigma associated with “committing a crime” or “committed to a mental institution.” Instead, use the terms, “died by suicide,” “completed suicide,” or “took his or her own life.” Avoid referring to the suicide as “successful,” as it implies that the suicide is a positive accomplishment.
2. **Dispel rumors:** *“I know there is a lot of information floating around about what happened, but I can’t comment on that. I do want to remind you that you know you can’t believe everything you see online.”*
3. **Move the students off discussions about how the student died or the circumstances of the death to the reality of the loss.** *“What matters now is that [student’s name] is no longer here with us, and I’m really sad about that.”* “Rumors can distract us from the sad fact that this person we knew is dead.”
4. **Refocus on the meaning of the loss to the school community.** Explain that the feelings of sadness, disbelief and loss are shared by faculty, staff and administrators. *“I know that everyone at [school’s name] is disturbed by what happened. Some of us will feel it more than others, but I know we all wish we could change what happened to one of our students.”*
5. **Reiterate safety concerns for the entire student body.** *“Another thing I know for sure is that everyone in our school is concerned about each other, and we want to make sure that no other student is at risk for suicide. It’s important for all of us to watch out for each other. So, if you have any worries about yourself or someone you know, please let me or one of the Counselors at school know.”*
6. **If asked, answer questions about the suicide honestly.** *“I understand that you have a lot of questions about suicide. [CRT member or Counselor name], who is a member of the school crisis team, is available for additional questions you may have about this sad event.”*
7. **How to answer the “WHY?” question - “Why did she do this? Or “Why would anyone take their own life?”**
 - The reasons for any suicide are always very complicated.
 - *“All we can really say for sure is that [student’s name] was struggling with some very serious issues, made a very desperate choice, and wasn’t aware at the time that there were safer solutions.”*
 - Emphasize that while everyone in the school wishes he or she could have done something to prevent the death – and may even think he or she could have stopped it – the only person who that that responsibility was the person who died.
8. **Provide information about suicide prevention.**
 - *Suicide is a painful choice made by someone who is not thinking clearly.*
 - *A suicide can lead to the presence of suicidal thoughts in others.*
 - *There is a difference between thoughts of suicide and planning to act on those thoughts.*
 - *It is important not to keep these thoughts to yourself, but to share them with a trusted adult.*
 - *It is important NOT to keep the suicidal confidence of a peer.*
9. **Identify in-school resources – those “go-to’s” for students in the building.**

(Hazelden Postvention, 2018)

Dealing with the Empty Desk

(Instructions for Impacted Teachers)

Classmates and teachers of the deceased are two of the groups most affected by a sudden death. Even if they were not part of that student's friendship circle, these students are visually confronted by the tangible reminder of an empty desk in the classroom. It is hard for them to even momentarily deny the reality that something terrible has happened. The teachers in these classrooms also tend to be affected by the death in a more personal and immediate way than their colleagues who had little or no contact with the deceased. And, unfortunately, just seeing this name on the attendance roster or listed in a grade book will continually remind the teacher about the tragic loss.

But what to do for these classes on that day when the death is discovered? Clearly classmates need more support than the general student body. The ideal response is to have at least two members of the crisis team follow the daily schedule of the deceased, offering support in a structured way to these teachers and students. With two team members in attendance, there is the option to escort any student who is too upset to remain in the class to one of the Care Room stations where he or she can get individualized support.

Your role, as a teacher, is not to provide a counseling group or what is called a "crisis debriefing." Your role is essential but limited:

- to acknowledge the more personal impact on the students who saw the deceased every day
- to provide an opportunity to discuss their immediate reactions to the news of the death
- to encourage them to take care of themselves and each other
- to alert them to additional supportive resources in the school and in the community

Here is a suggested format (for Crisis Response Team Counselors) for addressing the needs of these teachers and students:

- Greet students and acknowledge the personal and professional impact of the loss. ("I know Andrew was in our class and that you may be more affected by his death than those of us who did not see him every day.")
- The two members of the Crisis Team will greet you, the teacher, and will want to meet with the class to help them work through their immediate reactions. They will suggest that the teacher can choose to contribute to the discussion or can participate by simply listening. For teachers who are emotionally affected by the death, not having to process their students' reactions can be a big relief. Other teachers may want to be fully engaged in the discussion. Either option—or somewhere in between—is absolutely fine.
- The two members of the Crisis Response Team will greet the class and acknowledge the immediate impact of the death as well. ("I know Andrew was in this class so you may notice his absence today more than many of the other students in the school. For those of you who knew Andrew personally, I am so sorry for your loss.")

(Hazelden Lifelines Postvention, 2010)

Extension Activities for Elementary School-Aged Children Experiencing a Traumatic Event

PLAY REENACTMENT

For younger children, availability of toys that encourage play reenactment of their experience and observations during the traumatic event can be helpful in integrating experiences. Toys might include ambulances, dump trucks, fire trucks, building blocks and dolls.

PUPPETS

Play with puppets can be effective in reducing inhibition and encouraging children to talk about their feelings and thoughts. Children will often respond more freely to a puppet asking about what happened than to an adult asking the questions directly. Help or encourage the children to develop skits or puppet shows about what happened in the event. Encourage them to include anything positive about the experience as well as those aspects that were frightening or disconcerting.

ART AND DISCUSSION GROUPS

Do a group mural on butcher paper with topics such as, “What happened in your neighborhood (school name, or home) when _____.” This is recommended for small groups with discussion afterward, facilitated by an adult. This type of activity can help them feel less isolated with their fears and provide the opportunity to vent feelings. Have the children draw individual pictures and then talk about them in small groups. It is important in the group discussion to end on a positive note, e.g., a feeling of mastery or preparedness; noting that the community or family pulled together to deal with the crisis; in addition to providing the opportunity to talk about their feelings about what took place.

DISASTER PLANS

Have the children brainstorm about their own class room or family disaster plan. What would they do if they had to evacuate? How would they contact parents/caregivers? How should the family be prepared? How could they help the family? (This activity helps children regain control over their environment.)

READING

Read aloud or have the children read stories that talk about children or families dealing with stressful situations and demonstrate families pulling together during times of hardship, etc.

CREATIVE WRITING OR DISCUSSION TOPICS

In a discussion or writing assignment, have the children make up a “happy ending” of a traumatic event/disaster. Have children make up a disaster in which their favorite super-heroes “save the day.” Have the children describe in detail a scary, intense moment in time and a happy moment. Create a group story recorded by the teacher about a dog or cat that was in an earthquake, flood, etc. What happened to him? What did he do? How did he feel? You can

help the students by providing connective elements; emphasize creative problem solving and positive resolution.

PLAYACTING

In small groups, play the game, “If you were an animal, what would you be?” You might adapt discussion questions such as “If you were that animal, what would you do when _____?” Have the children take turns acting out an emotion in front of the class (without talking) and have the rest of the class guess what the feeling is and why he/she might have that feeling. (Use good as well as bad feelings.)

OTHER DISASTERS & EMPATHY BUILDING

Have the children bring newspaper clippings on disasters that have happened in other parts of the world. Ask the students how they imagine the survivors might have felt or what they might have experienced. “Have you ever had a similar experience or feeling?”

TENSION BREAKERS

A good tension breaker when the children are restless is a “co-listening” exercise. Have the children quickly pair up with a partner. Child #1 takes a turn at talking about anything he/she wants to while child #2 simply listens. After three minutes they switch roles and child #2 talks while child #1 listens. When the children are anxious and restless, any activities that involve large muscle movements are helpful. You might try doing your own version of jazzercise (doing exercise to music), skipping, jumping, relaxed breathing, etc.

LUNCH TIME

Allow the students to eat in the classroom during the lunch period. Eating together may help to provide further emotional support through the “family” atmosphere of the classroom.

RECESS OPTIONS

Provide students with the choice of either going out on the playground or staying inside the classroom during the recess periods. Offering such a choice may allay feelings of apprehension associated with the disaster particularly for those boys and girls who are typically without friends during recess activities.

ESTABLISH PARTNERSHIPS

Establish a “buddy system” by pairing students for routing school events such as running errands to and from the office, trips to the bathroom and traveling to and from other classrooms which can work to relieve students of the concern regarding being alone.

(School Crisis Manual, San Francisco Unified School District)

Extension Activities for Secondary School-Aged Children Experiencing a Traumatic Event

HOMEROOM CLASS

Group discussions of their experiences of the event are particularly important among adolescents.

- They need the opportunity to vent as well as to normalize the extreme emotions that may have come up for them.
- The students may need considerable reassurance that even extreme emotions and “crazy thoughts” are normal in a traumatic event/disaster. It is important to end discussions on a positive note.

CREATIVE WRITING

Ask the students to write about an intense moment that they remember clearly. Make up a funny disaster. Pretend you are a “super-person” and have the opportunity to save the world from a terrible calamity. Write a story about a person who is in a disaster and give it a happy ending.

LITERATURE OR READING

Have the students read a story or novel about young people of families who have experienced hardship or disaster. Have a follow-up discussion on how they might react if they were the character in the story.

PEER COUNSELING

Provide special information on common responses to traumatic events. Use structured exercises utilizing skills they are learning in class to help each other integrate their experiences. Point out that victims need to repeat their stories many times. They can help family and friends affected by the event by using the listening skills they are developing in class.

HEALTH EDUCATION CLASS

Discuss emotional reactions to the event and the importance of taking care of one’s own emotional well-being. Discuss how exercise and healthy eating assist a body’s response to stress/crisis. Discuss health hazards in a disaster, e.g., water contamination, food that may have gone bad due to lack of refrigeration, discuss health precautions and safety measures. A guest speaker from Weber Morgan Health Department and/or a mental health provider/agency might be invited to the class. Invite someone from the Fire Department to talk to the class about home safety.

(School Crisis Manual, San Francisco Unified School District)

Ways for Families to Help Youth w/ Grief

General Information:

Your child has recently experienced a loss at school, either through the death of a classmate or staff person, or has a classmate that has lost a family member. Each child grieves differently. It is most important that children get sympathy and nonjudgmental responses from their family members. Keep communicating with your child to create a safe, supportive environment. Talking about feelings is very important. When children see adults expressing their feelings about a loss in a healthy way, they learn how to do it, too.

Possible Behavioral Changes:

- Restlessness and change in activity level
- Expression of security issues: Will this happen to me or others
- Clinging to parents, fear of strangers
- Withdrawal and unwillingness to discuss the loss
- Fearfulness, especially of being left alone
- Regression to younger behaviors—bedwetting, thumb-sucking, etc.
- Symptoms of illness: nausea, loss of appetite, diffuse aches and pains
- Feeling guilty that it is their fault

Response of Parents/Caregivers:

Children need a sense of security when a loss occurs. It is important to keep to the family routine as much as possible. Children may need more personal attention at bedtime.

- Simple answers to such questions as, “When will you die?,” “Can I get sick too?,” or “Does everyone die?” will provide reassurance to children. Adults can seek further information to learn what the child’s concern is, “Are you concerned that I might not be here to care for you?” or “Are you worried you might die soon too?” Brief answers based on fact are best: “I don’t plan to die for a long time. I hope to take care of you as long as you might need me.” or “We all die. However, I don’t think you need to worry that you will die yet. We are going to try and keep you well for many years.”
- Everyone in the family needs reassurance. Children may ask endless questions. They need information and reassurances given repeatedly. Extra play may be needed to relieve the tension related to their grief.
- It is also important to explain to children that the crisis is not their fault.

(Hazelden Lifelines Postvention, 2010)

Parent Guidelines for Helping Youth after Mass Violence

This recent attack has been an extremely frightening experience, and the days, weeks, and months following can be very stressful. Your children and family will recover over time, especially with the support of relatives, friends and community. Keep in mind that families and youth had different experiences during and after this violent incident, including those who experienced physical injury, were involved in police investigation, or worried about the safety of family members and friends. This attack might also act as a reminder to other violent events that family members have experienced in the past. How long it takes to recover will depend on what happened to you and your family during and after this event. Some adults and children have been seriously injured and will require medical treatment and long-term rehabilitation. Some are adjusting to the death of a loved one. Over time, some youth and adults will return to normal routines, while others may struggle. Children and teens may react differently to the attack depending on their age and prior experiences. Expect that youth may respond in different ways. Be supportive and understanding of different reactions, even when you are having your own reactions and difficulties.

Children's and teen's reactions are strongly influenced by how parents, relatives, teachers, and other caregivers respond to the attack. They often turn to these adults for information, comfort and help. There are many reactions that are common after mass violence. These generally diminish with time, but knowing about them can help you to be supportive, both of yourself and your children.

Common Reactions

- Feelings of anxiety, fear, and worry about the safety of self and others
- Fears that another violent incident may occur
- Changes in behavior:
 - Increase in activity level
 - Increase in irritability and anger
 - Decrease in concentration and attention
 - Sadness, grief, and/or withdrawal
 - Radical changes in attitudes and expectations for the future
 - Increases or decreases in sleep and appetite
 - Engaging in harmful habits like drinking, using drugs, or doing things that are harmful to self or others
 - Lack of interest in usual activities, including how they spend time with friends
- Physical complaints (headaches, stomachaches, aches and pains)
- Changes in school and work-related habits and behavior with peers and family
- Staying focused on the violent event (talking repeatedly about it)
- Strong reactions to reminders of the attack (seeing friends who were also present during the attack, media images, seeing a truck speeding, police)
- Increased sensitivity to sounds (screaming, tires screeching)

Things I Can Do for Myself

- Take time to reflect on how this attack has impacted you. Take a few moments for yourself so you can express your own emotions and also find the words you want to use to your children about what happened.
- Take care of yourself. Do your best to drink plenty of water, eat regularly, and get enough sleep and exercise.
- Help each other. Take time with other adult relatives, friends, or members of the community to talk or support each other.
- Put off major decisions. Avoid making any unnecessary life-altering decisions during this time.
- Give yourself a break. Take time to rest and do things you like to do.

Things I Can Do for My Children

- **Spend time talking to your children.** Let them know they are welcome to ask questions and express their concerns and feelings. You should remain open to answering new questions and providing helpful information and support. You might not know all the answers and it is OK to say that. At the same time, don't push them to talk if they don't want to. Let them know you are available when they are ready to talk.
- **Find time to have these conversations.** Use time such as when you eat together or sit together in the evening to talk about what is happening in the family as well as in the community. Try not to have these conversations close to bedtime, as this is the time to rest.
- **Promote your children's self-care.** Help children by encouraging them to drink enough water, eat regularly, and get enough rest and exercise. Let them know it's OK to take a break from talking with others about the recent event or from participating in any of the community events.
- **Help children feel safe.** Talk with children about their concerns over safety and discuss changes that are occurring at school and in the community to promote safety. Encourage your children to voice their concerns to you or to teachers at school. If they know the circumstances of the attack, encourage them to talk with you if they continued worry so you help differentiate what happened during the attack and what they are worried about now.
- **Maintain expectations or "rules."** Stick with family rules, such as curfews, checking in with you while with friends, and keeping up with homework and chores. On a time-limited basis, keep a closer watch on where teens are going and what they are planning to do to monitor how they are doing. Assure them that the extra check-in is temporary, just until things stabilize.

- **Address acting out behaviors.** Help teens understand that “acting out” behaviors are a dangerous way to express strong feelings over what happened. Examples of “acting out” include intentionally cutting oneself, driving recklessly, engaging in unprotected sex, and abusing drugs or alcohol. Talk with children about other ways of coping with difficult/painful feelings (distraction, exercise, writing in a journal, spending time with others).
- **Limit media and social media exposure.** Protect your teen from too much media coverage and social media about the incident, including on the Internet, radio, TV, or other technologies (e.g., texting, Facebook, Instagram, Twitter, Snapchat). Explain to them that media coverage and social media technologies can trigger fears of the violent event happening again and also spread rumors. Let them know they can distract themselves with another activity or that they can talk to you about how they are feeling. Also, ask them to describe what they have seen online already so you can correct any misinformation or provide support.
- **Be patient.** Children may be more distracted and need added help with homework or projects once school is in session. They may need temporarily extra time to complete their work or more frequent breaks. Make sure they are patient with themselves as well.
- **Manage reminders.** Help children identify different reminders (people, places, sounds, smells, feelings) and to clarify the difference between the event and the reminders that occur after it.
- **Monitor changes in relationships.** Explain to children that strains on relationships are expected. Emphasize that everyone needs family and friends for support during this time. Spend more time talking as a family about everyone is doing. Encourage tolerance for how your family and friends may recovering or feeling differently. Accept responsibility for your own feelings, by saying “I want to apologize for being irritable with you yesterday. I was having a bad day.”
- **Get adults in your children’s life involved.** If there has been a serious injury of your child or a death of a loved one, or if your child is having difficulties, let your child’s teacher or other caring adults know so they can be of help.
- **Empower your child to get involved in their medical care.** For children with injuries and long-term medical needs, encourage them to participate in medical discussions and decisions as much as possible. Have them ask their own questions and give opinions about different procedures. Teens are especially concerned about their physical appearance, fitting in, and their privacy. Talk with them about their concerns, problem-solve ways to address them, and respect their privacy.
- **Seek professional help.** If children have continued difficulties for a couple of months after the attack, parents should consult a trusted helper – a doctor or mental health professional.

(National Child Traumatic Stress Network, www.NCTSN.org)

APPENDIX B - Community Partners/Resources

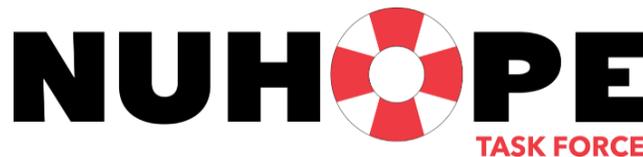


237 26th Street Ogden, UT 84401
Tel: 801-625-3700

<https://www.weberhs.net/emergency-crisis-services/>

Emergency or Crisis Services

Licensed professionals provide 24-hour emergency or crisis services with consultation available from a psychiatrist to all residents of Weber and Morgan Counties. Walk-in hours for emergency or crisis services are 8:00 a.m. - 5:00 p.m. Emergency or crisis services are also available by phone, 24-hours a day by calling 801-625-3700. In the event of a medical emergency, clients are encouraged to go directly to McKay-Dee Emergency Department or call 911.



<https://nuhopeutah.org/>

*If you or someone you know is in crisis, please dial 9-1-1 or call the National Suicide Prevention Lifeline at **800-273-TALK**.*

The Northern Utah Hope task force is an active coalition of mental health/social service providers, educators, survivors, law enforcement, veteran's advocates, and concerned citizens working together to increase suicide awareness and prevention in Weber County. Spearheaded by Intermountain McKay-Dee Hospital, the task force provides suicide prevention training to local students and community members, holds an annual suicide awareness walk, and works with survivors to facilitate healing and remembrance of those they have lost.



Resources for LGBTQ Individuals in Crisis:

If you or your loved one are in crisis and a member of the LGBTQ+ community, and are looking for someone who may be more understanding, check out the resources created just for you:

- The Trevor Project offers a number of resources for you including:
 - A 24/7 TrevorLifeline can be reached by calling 1-866-488-7386. Call them **any time**.
 - Talk with a Crisis Counselor online via TrevorChat. Available 1 p.m. to 8 p.m. mountain time daily.
 - Text TrevorText by sending **TREVOR** to **1-202-304-1200**. Available 1 p.m. to 8 p.m. mountain time daily.
- Trans Lifeline is available 24/7 for transgender people, staffed by transgender people. Call 1-877-565-8860 any time for support.
- OUTReach Resource Centers, a program of Ogden Pride, are available for LGBTQ+ teens in Northern Utah.
- Reach out to the LGBT National Resource Center.
- Looking to learn how to support your LGBT loved one? Check out the Family Acceptance Project or Encircle, a Utah-based LGBTQ+ Family and Youth Resource Center.

Resources for Teens:

Many suicide prevention resources exist especially for teens. Those include:



- The Safe UT App provides 24/7 access to crisis counseling or tip reporting for youth in the state of Utah. Available on [Android](#) and [iOS](#).
- Don't hesitate to reach out to your School Counselor. They can be a great help, and they have access to many resources to help you.
- If your school has a HOPE Squad and you feel comfortable, reach out to one of them. They know whom to talk with to get you the help you need.



TWLOHA is not a 24-hour helpline, nor are we trained mental health professionals.

TWLOHA hopes to serve as a bridge to help.

> If this is an emergency or if you are worried that you or someone you know may be at risk for suicide, please call your local authorities (dial 9-1-1).

The hotlines below are 24 hours and are confidential:

Text TWLOHA to 741741

<https://twloha.com/>



Our **Mission**

To assess, promote and protect the public health needs of our community, enhance the quality of our environment and assure access to appropriate services delivered by a professional staff dedicated to excellence and innovation.

www.webermorganhealth.org/

- *National Child Abuse Hotline - 1-800-422-4453*
 - *National Domestic Violence Hotline - 1-800-799-7233*
 - *Rape, Abuse and Incest National Network (RAINN) - 1-800-656-4673*
-



Student Services Department

801-476-7811

<http://wsd.net/departments/education/student-services/>