

SECTION IV: RECOVERY



Recovery

Recovery is the last phase of the three-stage crisis planning process, and involves providing a caring and supportive school environment so that staff and students can return to learning as soon as possible.

The *recovery phase* quickly restores educational and business operations in schools and school district following an incident. Recovery is an ongoing process that includes:

- Mental, emotional and physical healing process of students, faculty and staff;
- The school's physical (buildings and grounds) recovery;
- Fiscal (daily business operations); and
- Academic (a return to classroom learning) recuperation.

Coping with stress after a critical incident with prolong impact, previous history and/or exposure to traumatic material:

Directly Effected Individuals	Effected Community
One-on-One	Crisis Management Briefing
Group 1. Intervention (10 Minutes; end-of-day) 2. Defusing (Group Talk within 24 hours)	<ul style="list-style-type: none"> • Staff Meetings (Before/After school)
Debriefing (Small Group Discussions)	<ul style="list-style-type: none"> • Community Meetings (Family Factors)

Note: The American Foundation for Suicide Prevention¹ recommends that schools have a "muted response" to suicide.... Students already vulnerable to suicide may be attracted to the idea of getting recognition or gratification in death.

POST-INTERVENTION PLAN²: THE SCHOOL DAY AFTER THE INCIDENT

Action	Progression of Task
1. Crisis Management Briefing for Staff	Emergency Staff Meeting Before School
2. Group Defusing for Students	Individual classroom group discussions at the start of the day.
3. Grieving Period for Students/Staff A variety of school and community personnel will be available to help students during the day.	Regular school schedule to provide some security and routine; yet allowing students the latitude to express grief. <ul style="list-style-type: none"> • Allowing students to talk in the hallways, • go to various individual and group counseling rooms provided, • sit quietly in pairs on the stairway, • be excused from tests and homework, etc.
4. Group Intervention for Staff	Follow-up staff meeting to review the day and prepare for tomorrow.

The Building level administrator after discussion with the Superintendent of Schools

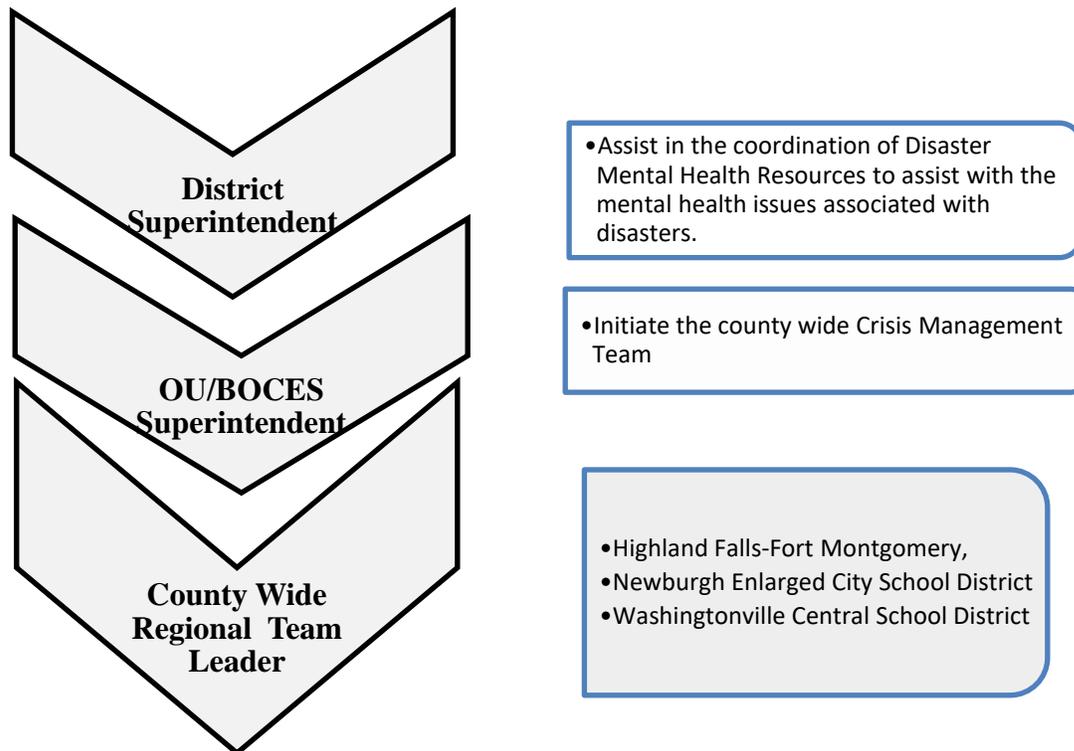
1. *Assess the building's capacity to respond to a critical event.*
2. *Determine the effect or potential effect upon students, staff and families.*
3. *Identification of Family Liaison Person.*
4. *Identification of Media Liaison Person.*
5. *Selection of the Crisis Response Team.*

¹ **Psychologists: Memorials can trigger more suicide;** By Elizabeth Landau, CNN; March 22, 2010; http://articles.cnn.com/2010-03-22/health/college.suicides_1_suicide-prevention-suicidal-behavior-multiple-suicides?_s=PM:HEALTH

² Thomas T. Frantz; Associate Professor of Counseling and Educational Psychology; State University of New York at Buffalo



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The follow Recovery Section of this document include:.

- **Planning for the Psychological Aftermath of School Tragedy**
 - Post-intervention Plan
 - Reducing fear,
 - Facilitating grieving, and
 - Promoting education
- **County-Wide Response Plan to Sudden Child/Adolescent Death**
 - **Specific Response to Sudden Child/Adolescent Death**
 - Preparatory (before sudden/adolescent death)
 - Alert Day Procedural (after sudden child/adolescent death)
 - Follow-Up Activities Day One (In School)
- **Specific Response to an Event with Multiple Casualties**
 - The Day of the Disaster:
 - The Day(s) After the Disaster:
 - Long-term Response
- **When to Refer a Child to Mental Health Professionals:**
 - Preschool and Elementary
- **“Talking to Children about Violence: Tips for Parents and Teachers”** was revised in 2016 by **National Association of School Psychologists.**

These documents have been incorporated in the Cornwall Central School District’s District -wide Safety Plan to help administrators to learn from the painful experiences of the past and serve to guide staff, students and families through crises which may arise in the future.



Planning for the Psychological Aftermath of School Tragedy³

The plan is designed to go into effect the first school day after the trauma has occurred.

After an incident or natural disaster many specific questions will usually arise:

<ul style="list-style-type: none"> • How and when should students and faculty be informed of the pertinent details surrounding it? • How, when, and where should students be allowed to express their reactions? • What should be done for victims’ close friends? • What should be done for “high risk” students? • Should the school hold a special assembly or memorial service? • Should there be a symbolic expression of grief, such as lowering the flag to half mast? • Should the school close for the funeral? • Who should go to the funeral? • What kinds of commemorative activities or symbols—plaques, memorial funds, etc.—are appropriate? • Should the victims’ parents be contacted and what help can be offered to them? 	<ul style="list-style-type: none"> • What should be done about the concerns of other parents? • How should the school deal with the media? • Should the school turn to outside consultation for help? To whom? • What reactions from students should be expected? • Should a regular school schedule be followed the day after? • How long the school should be concerned about student reactions? • How much grieving or “acting out” should be allowed? • Should students be involved in planning the school’s response? • Who should organize and coordinate the school’s response? • What about siblings or affected students in other schools? • What should teachers say to students in their classes?
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Principles of Post-intervention (Reducing fear, facilitating grieving, and promoting education)

Reduce Fear: Fear is the most overpowering and debilitating human emotion. Fear can cause us to flee in panic, act irrationally, become immobilized, say things we regret, and act in other ways that later are embarrassing to us. To deal with fear, we first recognize that fear breeds in the unknown. People are most afraid of what they don’t understand, of mysterious, dark, different, unknown situations.

- The neighbors’ German Shepherd running at you, riding the subway, or driving to Toronto may each be scary the first time, but once you get to know the dog, have taken the subway a few times, or made the trip to Toronto often, you are much less afraid. Experience reduces the unknown and thereby reduces fear.
- An incident or natural disaster, especially one resulting in death, produces so many unanswered questions, leaves so much unknown, and thus creates fear.
 - What made it happen? Will the next one get me? Am I safe at home?
 - Will it happen again? Why didn’t God do something!
 - Is the school really safe? Is there any place that’s really safe?

As a result of so many unanswerable questions, the atmosphere in a school may be tinged with fear. Students and staff may feel unsure of themselves, confused, afraid of what else might happen, and not know how to behave or what to say. Something that wasn’t supposed to be part of the plan, something that wasn’t supposed to happen has happened, and if that can happen, then anything can happen.

It is very difficult for any constructive activity to take place when people are afraid. It’s hard to concentrate, hard to take tests, write essays, or listen to lectures. It’s even hard to feel sadness, remorse, or other normal grief feelings. Hence the reduction of fear is the first major goal for the school following a tragedy. We can’t expect to eliminate it, but we can reduce it by reducing the unknowns.

While exercising sensitivity, we reduce fear by providing students and staff factual information about what happened, the deaths, and the grieving process to be expected in the days ahead by organizing the school day with as few changes as possible and by providing an open, accepting atmosphere allowing the “secret” fears, questions, and feelings of students and staff to come out.

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Facilitate Grieving: Grief is the normal, healthy, appropriate response to death or loss. Anyone who knew those that were killed is going to experience grief, from the parents whose bereavement will normally last 2 to 3 years to tangential acquaintances whose grief will be measured in days. Students and staff don't get a choice of whether to feel grief, but they do get to choose how they'll respond to it.

People who deny their grief, pretend it's not a big deal, or insist they're not going to let it bother them, or try to cover it up with bravado, laughter, or stoicism usually have a much harder time resolving their grief than do people who are able to grieve more expressively.

Each person grieves in his or her own way, a way that has been learned by experience with loss over the years. A student or staff member's way of grieving or coping with loss can be predicted based on past experience with loss.

- Accordingly, a wide range of grieving behavior needs to be tolerated, e.g., screaming in anguish, pounding the lockers in anger, sobbing in the hallway, stunned silence, inability to answer even simple questions, seeming totally unaffected as if nothing happened, or saying as one boy did upon being told of his friend's death, "Good, now I don't have to pay him the ten bucks I owe him." (This last remark was made in shock and he spent the next month being attacked for it and apologizing over and over for it.)
- The initial response of most people to learning that someone they know has died is shock. Shock is usually a numbness, feeling like in a fog or spacey during which the full impact of what's happened may not have sunk in. People in shock usually don't talk a lot and mostly need friends to be patient and not assume that they're unaffected just because they're not emotional.
- Other reactions to be expected for some people following death are anxiety over what else might happen; anger at the person that died (e.g., for not heeding warnings); blame at someone for not doing something to save her; and perhaps guilt for surviving when he didn't. Naturally sadness and feeling the loss will usually replace shock, anxiety and anger and remain as the major result of the death for a long time.

While each person's way of grieving needs to be accepted, people who can get their grief out by talking, crying, expressing anger or guilt, writing, reading, exercise, painting, music, etc. are usually better able to resolve their grief and in less time than those who can't or are not allowed to grieve. Thus, the school's post-intervention program needs to allow and encourage the natural expression of grief, especially immediately after the tragedy, but also, for some students, in the weeks and months ahead.

One of the most predictable and significant consequences of a tragedy is that it will unlock and trigger unresolved grief in many students and staff. That is, there will be a sadness in the school not only because a student has died, but because grief over people's previous losses will be activated. For example, the girl whose father drowned last year, the teacher whose miscarriage at 6 months no one would talk about, the boy whose mother has breast cancer, the custodian whose dad is deteriorating with Alzheimer's disease at a nursing home, the freshman whose parents are fighting out a bitter divorce all will be feeling both the effects of the tragedy and, now even more intensely, the pain of their own life.

The school's post-intervention program must take into consideration both grief over previously unresolved losses and give high priority to facilitating the grieving process of students and staff.

Promote Education: The purpose of a school is to educate its students and (if Anna who says in *The King and I*, "by our students we'll be taught" is right) staff. Since we learn more from problems, crisis, and tragedies than on average days, it will be an intense time of learning—not reading and arithmetic, but of things perhaps more important.

The post-intervention program must be developed to promote constructive and useful learning in the aftermath of tragedy. Students and staff can be helped to learn how they react in a crisis, what people do that help most, how to help other people, what they really believe about death, that people can cry and still be strong, and, measured against the criterion of death, what's really important in life.

Obviously no one wants a student to die; however, given that the death has happened, inevitably learning is going to take place. The only question is whether the school going to allow it to occur haphazardly or will a post-intervention program be developed to promote constructive grieving, ways of helping others, and understanding of death and people in crisis.



County-Wide Response Plan to Sudden Child/Adolescent Death

I. Introduction

The tragic phenomenon of sudden child/adolescent death has, in recent years, represented a significant social problem for many school communities throughout the county. Unfortunately, several regional and county area school districts have also experienced child/adolescent suicides and deaths from other causes. Recently, educational leaders throughout the Orange-Ulster BOCES area have recognized the need for an organized approach on a county-wide basis to deal with this potential crisis situation. In deference to such concern, the Orange-Ulster BOCES has organized an alliance of local educational and public mental health professionals for the purpose of developing a County-wide Response Plan to Sudden Child/Adolescent Death. The result of this “Response Plan” is to offer local school districts the opportunity to receive supplemental support personnel for one or two days and to provide procedural guidelines should the unfortunate case of sudden child/adolescent death occur.

The County-wide Response Plan to Sudden Child/Adolescent Death contains the following two provisions.

- A. The “Response Plan” establishes a County-wide Crisis Team consisting of professionals from local school districts and from the Orange County Department of Mental Health. These dedicated individuals are offering their experience and expertise with the support of their respective superintendents of schools on a request basis to local school districts during a time of crisis. School districts without sufficient experience in dealing with the delicate issue of child/adolescent death, or in need of additional staffing, required to implement a response plan, may contact the Orange-Ulster BOCES to request expertise and assistance. Support may be in the form of consultant services or direct intervention as determined by a requesting district.
- B. The “Response Plan” presents specific Preparatory and Procedural Response guidelines that school districts may follow in the constructive treatment of a sudden death crisis within their districts.

The County-wide Response Plan was developed to provide guidelines for school administrators and clinical personnel in preparing for and reacting to the sudden death of a student, faculty member or staff member. This plan provided strength and guidance during events on a large scale; specifically, the tornado at East Coldenham Elementary School, Valley Central School District, and a Monroe-Woodbury bus accident which resulted in the death of a student. Following these events, the knowledge and insights gained by the individuals who dealt with the aftermath of these tragedies were incorporated into the County-wide Response Plan.

Members of the County Wide Crisis Management Team volunteer to respond to incidents in Cornwall are associated with the Highland Falls-Fort Montgomery, Newburgh Enlarged City School District and the Washingtonville Central School District to assist with the mental health issues associated with disasters.

II. Specific Response to Sudden Child/Adolescent Death

A. Preparatory (before sudden/adolescent death)

1. School districts designate which in-district clinical support staff (psychologist, social workers, guidance counselors, etc.) will be assigned, as Crisis Team Member, to each building in the district should a crisis occur.
2. School Principals designate the potential locations of crisis centers.
3. School districts should project the extent of their need for support from the county-wide crisis team prior to a crisis situation.
4. School districts designate a primary spokesperson to deal with the media.
5. School principals designate, in advance, which building staff member will serve as an assistant organizer/decision maker during the time of crisis.

B. Alert Day Procedural (after sudden child/adolescent death)



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1. Student found dead of an apparent suicide. This usually occurs after school hours or on weekends.
2. District representative (school principal, central office administrator, psychologist) contacts Crisis Team members (in-district) as soon as possible.
3. District representative contacts the District Superintendent or Deputy or Assistant Superintendent of Orange-Ulster BOCES, requesting assistance from COUNTY WIDE Crisis Team.
4. Local superintendent contacts and confirms the district professional who is the designated primary spokesperson to deal with the media.
5. Building principal contacts and confirms as assistant organizer/decision maker to facilitate response plan in the school building that has been affected.
6. Building principal or crisis team member in building where sudden death has occurred contacts crisis team members in other district schools. This is important to provide support for siblings, relatives and close friends in other schools.
7. Building principal designates an individual who will have primary responsibility for answering parent questions.
8. Building principal activates telephone chain to announce a faculty meeting prior to the opening of school on the next day.

○ **Follow-Up Activities DAY ONE (IN SCHOOL)**

The Crisis Team shall suggest follow-up activities to the building principal and superintendent of schools that shall determine the most appropriate course of action. It is further suggested that staff be reminded that there is one media contact person.

- Outside consultants may be called upon. At this point, it maybe helpful to have “outside” professionals because they are not emotionally involved and can, therefore, provide objective support and direction. Some of the services they can provide are:
 - Recommend to parents private evaluations for “high-risk” students.
 - Speak at a general faculty meeting on the issue of adolescent suicide, identification, prevention, response.
 - Conduct evening informational meetings for all concerned community members.
- Guidance and clinical staff continue meeting with individual students and small groups to provide support, and to further identify “high risk” students and faculty.
- Contact all parents of students identified as “high risk” to express concern and to suggest possible follow-up evaluation by informing parents of community and Orange and Ulster County resources available.
- Outside consultant and school staff may conduct an evening meeting of all concerned parents to answer questions and allay concerns.
- Guidance and clinical staff continue crisis intervention, answer phone calls of anxious parents, and meet with concerned staff.
- The principal and superintendent of schools will determine whether letters should be sent to parents of “high risk” students reminding them to seek a private or community professional evaluation, in order to insure the health and safety of the child. (Return receipt mail is suggested.)
- “School/Community Steering Committee” can be formed and can plan a meeting of the teenagers of the town.
- “Front-line” staff that has been dealing directly with the crisis should meet with a consultant for expression of feelings and mutual support. (This is a very necessary ingredient).

Closing Comment: An outside support consultant can help the superintendent, principal and other key coordinators to examine their own view of the situation and, at the same time, validate key responsibilities toward children, teachers, parents and/or the community as a whole.

APPENDIX B



I. Specific Response to an Event with Multiple Casualties

The Day of the Disaster: The Superintendent of Schools and/or designee(s) will:

1. **Notify emergency services**, e.g., police department, fire department, mutual aid, and ambulance.
2. **Assess the damage and the amount of support needed.**
3. **Notify the OU/BOCES “District Superintendent” to activate the county-wide Response Plan.** The District Superintendent will need to know:
 - a. the nature and extent of the disaster (numbers of students involved);
 - b. the approximate number of Crisis Team members needed (assess high); and
 - c. the type of Crisis Team members needed, e.g., school psychologists, social workers, nurses.
4. **Organize school personnel** to quickly respond to the disaster by assigning staff to committees to provide the services listed below. These committees should meet daily throughout the crisis phase in order to
 - **Coordination:** Assign personnel to coordinate the intervention effort, establish working committees and advise district administration about needs and status of services.
 - **Notification of Parents:** Assign personnel to a calling committee to inform parent(s) or Guardians about the disaster and related procedures. (E.g., bussing, pick up of children, school closing and support services that will be provided.)
 - **Release of Students:** Assign personnel to set up a temporary shelter area, identify procedures for release of students to parents and monitor release of students to parents.
 - **Counseling and Direct Intervention:** Assign staff and temporary personnel, assigned through the County-wide Response Plan to provide direct intervention to affected individuals. A team leader from the district should coordinate assignments, brief staff and temporary personnel and provide information to the coordinating committee.
 - **Media Control:** Assign a person(s) to prepare sample press releases, identify a media center, direct media away from the crisis area until the situation is stabilized, help to conduct briefing sessions, act as a liaison between the crisis area and the press room and establish procedures for photography and/or videotaping. Note: The area may need to be secured for police or insurance purposes.
 - **Coordinate Volunteers:** Assign personnel to coordinate volunteer services such as food, shelter, transportation, babysitting and donations and to maintain lists of volunteers and services provided.
 - **Notification of Other Individuals:** Assign personnel to coordinate a telephone committee to identify siblings, neighbors and other related individuals (e.g., club members or non-public students) who may need to be informed of available support services.
5. Designate an Official spokesperson (usually the Superintendent of Schools) to deal with the press.
6. Obtain additional crisis intervention support personnel from sources such as County, State and State Police, if needed.
7. If students or staff is hospitalized, assign Crisis Team members to the hospital(s) to work with families, students, faculty and staff, as needed.
8. Close school in the affected building or district-wide, if needed. Notify media of closing, following established district procedures. Note: The integrity of the building may need to be determined by a structural engineer prior to occupying the building again.
9. Identify counseling support areas. Large areas should be provided for food and general talk; small, more intimate areas should be provided for private discussions.

Note: Traumatic experiences cause people to forget information, retain only pieces of information or confuse facts, therefore, important information will need to be repeated frequently.
10. To promote continuity and structure, develop and distribute the following materials:
 - a. Crisis Team assignment rosters which lists name, organization, home phone, work phone, length of time available and assignment should be distributed to the Crisis Team and Building Administrators;
 - b. A Crisis Plan overview which describes the response plan and the role of the support services should be distributed to the Crisis Team;



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- c. Building floor plans should be distributed to the volunteer workers and the Crisis Team;
- d. Lists of community resources and phone numbers should be distributed to the Crisis Team and volunteer workers;
- e. Copies of materials describing reactions and how to cope with crisis should be available for faculty members and parents;
- f. Copies of clinical materials about crisis, expected reactions, Post-traumatic Stress Reaction, etc. should be made available to counselors and the Crisis Team; and
- g. Copies of forms to be used to identify “high risk” individuals who appear to be suffering traumatic reaction should be distributed to the Crisis Team.

The Day(s) After the Disaster: The Superintendent, Building Administrator and/or other individuals designated by the Superintendent may need to coordinate long-term response efforts and identify and respond to long-term crisis needs. Following are suggested activities which will provide this support:

1. Cancel regular classes on the day(s) following a disaster, if needed. The Crisis Team should be available to meet with parents, students and staff at the affected site or another designated site. Provide childcare services. Teachers should be available (in their classrooms, if possible) to provide a sense of “normalcy” and support.
2. Develop press releases, as needed.
3. Maintain complete rosters of:
 - a. Crisis Team members—name, district or agency affiliation, address, home and work phone numbers and the length of time available; and
 - b. Volunteer Workers—name, home and work phone numbers, service provided and date. These rosters can be used later to generate thank you letters.
4. Determine the need for attendance at funerals, arrangement of memorial or ecumenical services and provision of counseling services.
5. If students or staff are hospitalized, daily hospital visits by teachers and administrators are advised.
6. Determine the need, nature, content, timing and location of public meeting(s) to review the disaster; describe crisis intervention, insurance and other responses; and allow structured community comment. Obtaining an outside expert on disaster or trauma may be advisable; a “neutral” expert may help to diffuse some of the emotion surrounding the incident
7. Arrange for direct billing to the insurance company or school to avoid billing the families of injured students.
8. Conduct regular briefing meetings with all administrators, Crisis Coordinating Committee, Crisis Team leaders, Crisis Team members, teachers and staff (this should be continued daily throughout the crisis phase). The focus of these meetings should be to:
 - a. Provide current information regarding the event such as medical conditions of the injured, funeral arrangements for the deceased, role of the Crisis Team members, role of district staff, daily response plan and overall Crisis Response Plan;
 - b. Distribute materials (items b, e, f and g, above), as needed;
 - c. Announce daily Crisis Team assignments;
 - d. Review organization and communication chain;
 - e. Provide daily contact with coordinating agencies to define needs and roles of support personnel;
 - f. Determine a need for teacher substitutes.
 - g. Share information about perceived student, staff and community needs; and
 - h. Provide a mechanism for interaction among teachers, support personnel and clinical staff.

Note: It is important that the Principal retain control and authority in the building; students, faculty, parents and the community will look to the Principal for leadership and stability. Other Administrators and the Crisis Coordinating Committee should support the Principal’s role, providing direction and advice to him/her, as appropriate. If possible, the Principal should make personal daily contact with injured students and families.

Also Note: Personnel who have been directly involved in the disaster may be traumatized; additional support and/or temporary relief from decision making processes may be needed.
9. Provide follow-up counseling sessions for staff, faculty and transportation personnel, emergency workers (e.g., police, rescue squads or hospital staff) and Crisis Team members, as needed.



10. Obtain a trained trauma counselor to debrief traumatized teachers, students, support personnel and community members.

Long-term Response

By the second or third day of the crisis, district personnel should be assigned by the Superintendent and Building Administrator to:

1. Meet with the Crisis Coordinating Committee to determine long-term needs;
2. Arrange for replacement counselors, if needed;
3. Arrange for long-term clinical personnel (District, County, State, Private) to be available for intervention or referrals;
4. Identify high-risk individuals and arrange for continued support services;
5. Designate an individual to document and summarize the Crisis Response efforts in a written report;
6. Review staffing patterns in anticipation of increased mental health needs in the school(s) and community;
7. Meet with representatives of mental health intervention resources to ensure that the “hand-off from the crisis phase to the long-term phase is organized, defined and efficient; and
8. Formally acknowledge, in writing, the voluntary contributions of all personnel engaged in the crisis response effort.

WHEN TO REFER A CHILD TO MENTAL HEALTH PROFESSIONALS: PRESCHOOL AND ELEMENTARY SCHOOL STUDENTS

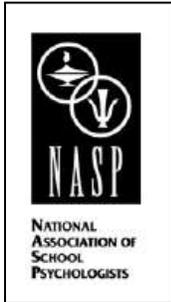
There is a wide range of normal reactions following a disaster. Usually, these reactions can be handled by support at home and at school. However, this is not always the case. As teachers you may need to recommend professional intervention to some parents. In making such a referral, it is important to stress that it is not a sign of failure if parents find that they are not able to help their child by themselves. It is also important to note that early intervention will help the child return to normal and avoid more severe problems later. Young children are the ones most likely to act out the tensions within the family. Family participation in the consultation or treatment is always desirable.

Consider referring the family for professional help if the child:

- Seems excessively withdrawn and depressed; does not respond to special attention or attempts to draw him/her out;
- Engages in overly self-destructive behavior such as holding his/her breath, head-banging, eating inedible objects or substances, intentionally injuring self or having repeated “accidents” that result in injury;
- Continues to have physical complaints (such as diarrhea or constipation) after clearance by pediatrician;
- Acts out in an excessively aggressive manner that poses a danger to children or adults around him/her.

If any of the symptoms described in the next section (Emotional and Behavioral Reactions of Children to Disasters), persist 2 to 4 weeks after the disaster, special attention may be required. It is important to watch for significant changes in the child’s temperament or personality. A normally excitable child who becomes docile and quiet, or a quiet, obedient child who becomes aggressive and belligerent, may be demonstrating an inability to cope with stress.

Children who have lost family members or friends and children who were physically injured, or felt that they were in life-threatening danger, are at special risk. Children who have been in previous disasters or who are involved in a family crisis (e.g. parental separation) in addition to the disaster may have more difficulty coping. Counseling may be recommended when these circumstances exist or when the student is unfamiliar and is showing unusual behavior.



Talking to Children About Violence: Tips for Parents and Teachers

High profile acts of violence, particularly in schools, can confuse and frighten children who may feel in danger or worry that their friends or loved-ones are at risk. They will look to adults for information and guidance on how to react. Parents and school personnel can help children feel safe by establishing a sense of normalcy and security and talking with them about their fears.

1. **Reassure children that they are safe.** Emphasize that schools are very safe. Validate their feelings. Explain that all feelings are okay when a tragedy occurs. Let children talk about their feelings, help put them into perspective, and assist them in expressing these feelings appropriately.
2. **Make time to talk.** Let their questions be your guide as to how much information to provide. Be patient; children and youth do not always talk about their feelings readily. Watch for clues that they may want to talk, such as hovering around while you do the dishes or yard work. Some children prefer writing, playing music, or doing an art project as an outlet. Young children may need concrete activities (such as drawing, looking at picture books, or imaginative play) to help them identify and express their feelings.
3. **Keep your explanations developmentally appropriate.**
 - **Early elementary school** children need brief, simple information that should be balanced with reassurances that their school and homes are safe and that adults are there to protect them. Give simple examples of school safety like reminding children about exterior doors being locked, child monitoring efforts on the playground, and emergency drills practiced during the school day.
 - **Upper elementary and early middle school** children will be more vocal in asking questions about whether they truly are safe and what is being done at their school. They may need assistance separating reality from fantasy. Discuss efforts of school and community leaders to provide safe schools.
 - **Upper middle school and high school** students will have strong and varying opinions about the causes of violence in schools and society. They will share concrete suggestions about how to make school safer and how to prevent tragedies in society. Emphasize the role that students have in maintaining safe schools by following school safety guidelines (e.g. not providing building access to strangers, reporting strangers on campus, reporting threats to the school safety made by students or community members, etc.), communicating any personal safety concerns to school administrators, and accessing support for emotional needs.
4. **Review safety procedures.** This should include procedures and safeguards at school and at home. Help children identify at least one adult at school and in the community to whom they go if they feel threatened or at risk.
5. **Observe children's emotional state.** Some children may not express their concerns verbally. Changes in behavior, appetite, and sleep patterns can also indicate a child's level of anxiety or discomfort. In most children, these symptoms will ease with reassurance and 2 time. However, some children may be at risk for more intense reactions. Children who have had a past traumatic experience or personal loss, suffer from depression or other mental illness, or with special needs may be at greater risk for severe reactions than others. Seek the help of mental health professional if you are at all concerned.
6. **Limit television viewing of these events.** Limit television viewing and be aware if the television is on in common areas. Developmentally inappropriate information can cause anxiety or confusion, particularly in young children. Adults also need to be mindful of the content of conversations that they have with each other in front of children, even teenagers, and limit their exposure to vengeful, hateful, and angry comments that might be misunderstood.
7. **Maintain a normal routine.** Keeping to a regular schedule can be reassuring and promote physical health. Ensure that children get plenty of sleep, regular meals, and exercise. Encourage them to keep up with their schoolwork and extracurricular activities but don't push them if they seem overwhelmed.

Suggested Points to Emphasize When Talking to Children

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- Schools are safe places. School staff works with parents and public safety providers (local police and fire departments, emergency responders, hospitals, etc.) to keep you safe.
- The school building is safe because ... (cite specific school procedures).
- We all play a role in the school safety. Be observant and let an adult know if you see or hear something that makes you feel uncomfortable, nervous or frightened.
- There is a difference between reporting, tattling or gossiping. You can provide important information that may prevent harm either directly or anonymously by telling a trusted adult what you know or hear.
- Although there is no absolute guarantee that something bad will never happen, it is important to understand the difference between the possibility of something happening and probability that it will affect you (our school community).
- Senseless violence is hard for everyone to understand. Doing things that you enjoy, sticking to your normal routine, and being with friends and family help make us feel better and keep us from worrying about the event.
- Sometimes people do bad things that hurt others. They may be unable to handle their anger, under the influence of drugs or alcohol, or suffering from mental illness. Adults (parents, teachers, police officers, doctors, faith leaders) work very hard to get those people help and keep them from hurting others. It is important for all of us to know how to get help if we feel really upset or angry and to stay away from drugs and alcohol.
- Stay away from guns and other weapons. Tell an adult if you know someone has a gun. Access to guns is one of the leading risk factors for deadly violence.
- Violence is never a solution to personal problems. Students can be part of the positive solution by participating in anti-violence programs at school, learning conflict mediation skills, and seeking help from an adult if they or a peer is struggling with anger, depression, or other emotions they cannot control.

NASP has additional information for parents and educators on school safety, violence prevention, children's trauma reactions, and crisis response at www.nasponline.org.

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