Crisis Team Plan for Psychological Emergencies

With Useful Resources for Administrators, Staff, and Parents

Compiled by
BCOE Crisis Response Team

Butte County Office of Education
"WHERE CHILDREN COME FIRST"

Tim Taylor
Superintendent
ttaylor@bcoe.org

Aaron P. Benton
SELPA Director
abenton@bcoe.org

Butte County SELPA
1870 Bird Street
Oroville, CA 95965
(530) 532-5621
Fax (530) 532-5920
http://selpa.bcoe.org

December, 2018

Butte County Schools and Community Members,

Crisis management is a critical component of our responsibility as educators to assure the health, safety, and well-being of our students, faculty, and staff. Crisis, as it applies within a preschool to 12th grade educational setting refers to an unanticipated, traumatic event that actually or potentially disrupts or undermines the normal functioning of a school and/or a school district. It is an event that is extraordinary in nature and cannot be predicted.

The intent of this draft BCOE Crisis Response Manual is to provide best practice guidelines for trained school crisis teams to use should a crisis unfold in our school district or county office. This guide describes an immediate, organized, and effective response to crisis by trained members of this learning community. It reflects a systematic and short-term process that will address the practical and psychological needs of our stakeholders. Our goal is to always respond effectively to the needs of individuals when crisis unfolds and then guide those individuals to recover after the crisis has subsided, to restore our campuses to equilibrium so that learning can occur again.

Please feel free to contact me with any other questions at (530) 532-5620.

Sincerely,

Aaron P. Benton

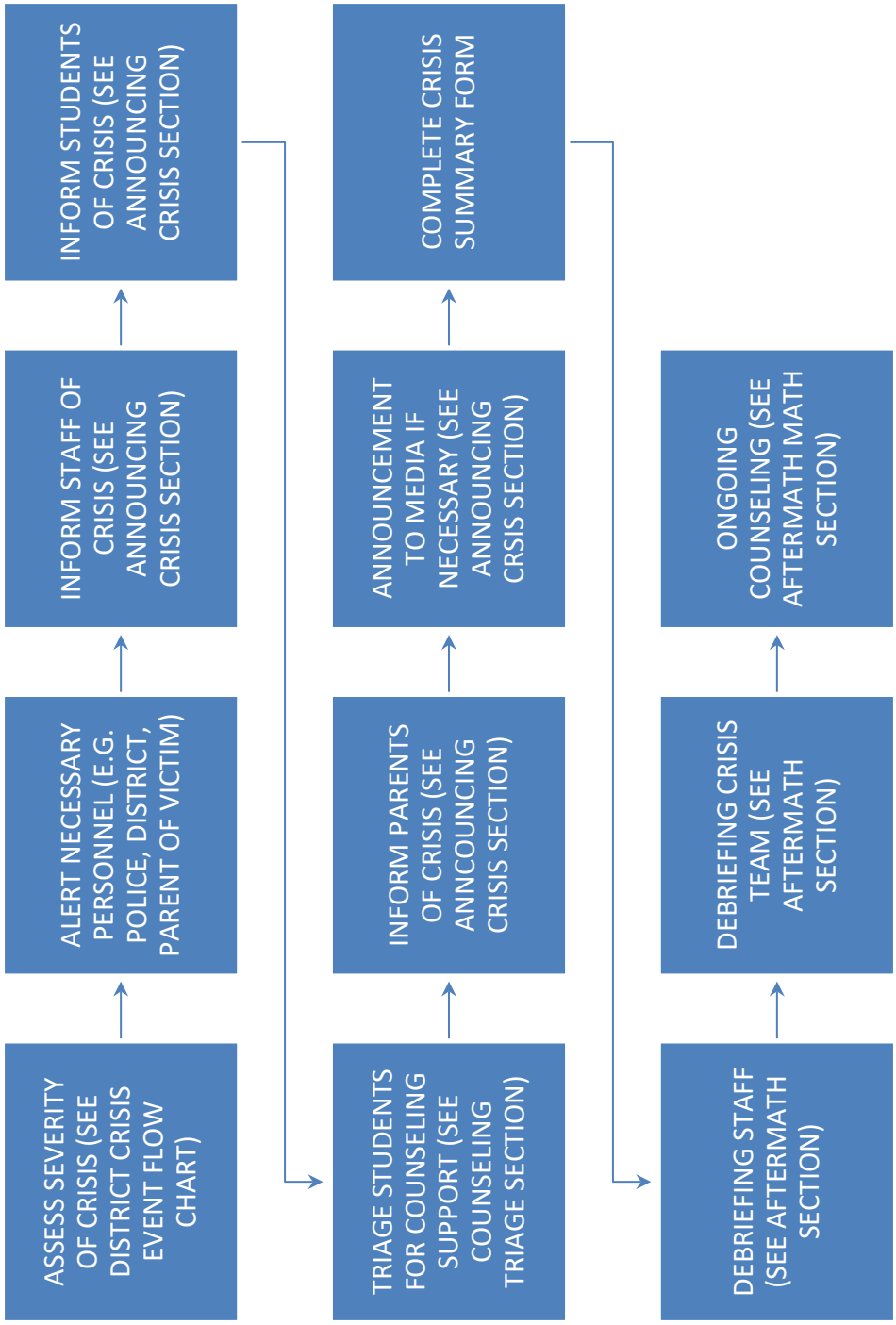
Aaron Benton
SELPA Director

Table of Contents

Section 1

Tools for Administrators and Administrative Shadows

CRISIS ACTION PLAN



Staff Roles During A Crisis

Principal/Administrator

- Remain highly visible
- Address media
- Contact District
- Set tone and direction
- Lead the crisis response

Counselor/Psychologist

- Provide counseling for students
- Plan logistics of counseling
- Coordinate all counseling activities
- Communicate with faculty
- Seek additional counseling support
- Contact feeder schools

Office Manager

- Cancel scheduled activities
- Seek additional secretarial support
- Take parent messages and provide parent handouts

Faculty

- Announce event to students
- Lead class discussion
- Identify students in need of counseling
- Structure and shorten assignments as needed
- Postpone testing as needed

CRISIS RESPONSE PROCEDURAL CHECKLIST

___ **1. Determine Crisis Facts** *(District Contact)*
- ___ Use the crisis intervention Fact Sheet

___ **2. Assess degree of impact on the school** *(Site Admin/Admin Shadow/Triage lead)*
- ___ How many students will be affected and to what degree?
- ___ Can site resources manage the crisis or will district-level assistance be needed?

___ **3. Notify Special Education Office of the crisis situation** *(Site Admin/Admin Shadow)*

___ District crisis response team assistance is requested through the District Office

___ **4. Notify other school sites that may be affected by the crisis** *(District Contact)*

___ **5. Contact the family(ies) of the crisis victim(s)** *(District Contact/Site Admin)*
- ___ Make sure you ask the family what information can be shared.

___ **6. Determine what information will be shared with** *(District Contact/Site Admin/Admin Shadow)*
- ___ Students ___ Parents/community
- ___ Staff ___ Media

___ **7. Determine how the information is to be shared** *(Site Admin/Admin Shadow)*
- ___ Written bulletins and/or letters (NOTE: If multiple sites are involved, use same notices)
- ___ Phone calls ___ Parent meetings
- ___ Classroom presentations/discussions
- ___ Assign a logical person to monitor social media, perhaps the LITT or IT can assist with this

___ **8. Initiate psychological/counseling triage and referral process** *(Triage Lead)*
- ___ Make referral forms available to staff
- ___ Designate who will maintain the referral list and where it will be kept
- ___ Designate counseling locations
- ___ Distribute referrals to counseling staff
- ___ Establish a procedure for self-referral

___ **9. Identify high-risk students and plan interventions** *(Triage Lead/Team Members)*
- ___ Designate who will keep high-risk list and where it will be kept
- ___ Decide upon interventions (i.e., individual, small group, classroom)

___ **10. Hold a staff meeting** *(Site Admin/Admin Shadow)*

___ **11. Activate the base of operations** *(Office Manager)*
- ___ Set up a sign-in/sign-out system for support staff/crisis team members
- ___ Set up a message board
- ___ Make sure each crisis team member has an ID so they can be easily identified

___ **12. Computers, attendance registers, and student belongings** *(Office Manager)*
- ___ Following a student's death, delete the name from computers & attendance registers
- ___ Be sure that no one calls the student's home reporting the student absent
- ___ Obtain schedule of deceased, be aware of high impact classes and provide greater teacher support
- ___ Remove student belongings and desk

___ **13. Debrief at the end of the day** *(Site Admin/Admin Shadow/Triage Lead)*
- ___ Review the intervention process
- ___ Plan follow-up actions
- ___ Review status of the referrals
- ___ Provide mutual support
- ___ Prioritize needs

___ **14. Schedule a morning planning session with crisis team** *(Site Admin/Admin Shadow)*

___ **15. Plan memorials** *(Site Admin/Admin Shadow/Triage Lead)*

___ **16. Debrief and evaluate the crisis response** *(Crisis Team)*

CRISIS FACT SHEET

Date: _____ Site/Site Administrator: _____

Summary of known facts:

_____
_____
_____
_____

1. What happened?

   _____
   _____

2. Who was involved?

   _____
   _____

3. How did it happen?

   _____
   _____

4. Where did it happen?

   _____
   _____

5. When did it happen?

   _____
   _____

Information Sources:

_____
_____
_____

CRISIS SUMMARY TEMPLATE (3-4 pages)

District Crisis Team
SAMPLE High School Crisis
DATE

To:
From:
RE:
Team Members:

Brief summary statement of how the team was convened, the school, the persons who are leads in this response. This report is a confidential internal document which will serve to updated and inform members of the district office cabinet and the Board as to the moment-by-moment activities of the crisis response.

Chronology of Response

By every half hour or hour, as statement of the activities and considerations the team is making throughout the day.

7:30am
8:00am
8:30am
9:00am
10:00am
11:00am
Etc.

Assessment

Objective reporting on how the response is being handled whether staff and students needs appear to be met as best they can, an estimate of what more will need to occur to restore the campus to equilibrium.

Other Considerations

What things need to be considered, improvements to the response team, the quality of interaction between the team and administration and staff, do's and don'ts

Section 2

Announcing the Crisis

SAMPLE ANNOUNCEMENTS

In classroom (individual child's loss):
Johnny will not be in school today. His mother was killed in an automobile crash last night. Her car was struck by a truck on Highway 10. Johnny will be very sad for a long time. Perhaps we can discuss some ways Johnny might be feeling and how we can all help him.

In classroom (school-wide loss):
We have something very sad to tell you today. Jennifer was driving home in the rain last night. Her car swerved into an oncoming lane, was struck by another car and went off the road. Jennifer died in the crash. It was sudden and she did not suffer.

Over P.A. system (school-wide loss):
Our school has suffered a great, great loss. Mrs. Doe, the science teacher, has been ill with cancer for many months now. We just received word that her suffering has come to an end and Mrs. Doe has dies. We will be commemorating Mrs. Doe's contribution to our school community. At this time, I'd like each class to discuss the ways they would like to commemorate the life work of Mrs. Doe.

CAUTION regarding use of the P.A. system:
Announcing a tragedy over the P.A. system places the faculty in a very vulnerable position, since they hear the news at the same time as the students. There is no way of knowing how each faculty member will react to the news, and if a teacher takes longer than the students to move from the shock stage, the students will begin reacting to their fight-or-flight response before the teacher can do anything to contain it. Although most teachers will be able to control their emotional reaction, they are still in an awkward position. Share sensitive information with staff in person, preferably at a morning staff meeting when the faculty is together and there is the greatest amount of support. This reduces rumors and allows time to create effective messaging for students when the teachers return to their classrooms.

Excerpt from *School Crisis Survival Guide,* S. Peterson and R. Straub, 1992.

Things To Avoid During Classroom Discussions

- Do not force crisis intervention services upon anyone, especially those who appear capable of independently coping with the crisis.
- Do not ignore individuals who are judged likely to be traumatized, but do not accept crisis intervention.
- Do not be judgmental or make value statements about the feelings, concerns, perceptions, or behaviors of others.
- Do not use the discussion as a means of meeting your own needs, discharging your own feelings, or an opportunity to make your views known. While some modeling of reactions to the event would be appropriate, avoid excessive emotion (i.e., do not agree to be a crisis intervenor if you fear you might become hysterical).
- Avoid using "should, must, never, always, everyone" types of words because of their connotations and judgment quality. Avoid clichés and trite expressions.
- Avoid focusing on the "whats and whys" of the situation.
- Avoid negative implications or statements about individuals or the way they may have reacted to or handled the situation.
- Do not force everyone to participate or express themselves, but also do not isolate anyone who wants to participate. People may need to fee like they belong and are part of the group.
- Do not avoid making yourself available or reaching out to others in need simply because you are feeling similarly or feel unsure about doing so. However, do not force yourself to try to be therapeutic if you are so distraught or uncomfortable doing so that you would be likely to make the situation worse or cannot begin to meet the needs of others.
- Do not avoid topics or issues that others genuinely feel a need to discuss. Do not try to protect others, change the subject, force positive statements or feelings, or show a negative reaction when you become uncomfortable with an issue.
- Avoid trying to make others feel better or to "rescue" them. Each person has to resolve his/her own difficulties at their own pace. Do not expect everyone to recover within a certain time period.
- Do not assume that a person is not reacting or hurting just because they do not show it. They may be in pain now or later and may not be ready to express their feelings or seek help for a while after the time of the crisis.
- Do not allow others to interrupt someone who is struggling to express himself/herself or has not completed what he/she has to say.
- Do not be too structured or demanding. People may not be ready to do or discuss some things or may be very distracted and unable to concentrate.
- Do not expect everyone to see things in the same way or to have the same depth of understanding. Not only do people differ, but also children and adolescents have different capacities and characteristics at different ages and developmental levels.

SUGGESTIONS FOR CLASSROOM ACTIVITIES AFTER A LOSS

- Writing a eulogy
- Designing a yearbook page commemorating the deceased (NOT in the case of suicide, however)
- Honoring the deceased by collecting memorabilia for the trophy cabinet
- Writing stories about the victim or the incident
- Drawing pictures of the incident
- Debating controversial issues
- Investigating laws governing similar incidents
- Creating a sculpture
- Creating a class banner *in memoriam*
- Building a fitness course, a sign for the school, or a bulletin board in memory
- Discussing ways to cope with traumatic situations
- Discussing the stages of grief
- Conducting a mock trial if laws were broken
- Starting a new school activity such as a SADD unit if a child was killed by a drunk driver
- Encouraging students to keep a journal of events and of their reactions, especially in an ongoing situation
- Placing a collection box in the class for notes to the family
- Urging students to write the things they wish they could have said for the deceased
- Practicing and composing a song in memory of the deceased
- Discussing alternatives for coping with depression, if suicide is involved
- Analyzing why people take drugs and suggesting ways to help abusers, if substance abuse is involved
- Writing a reaction paper
- Writing a “where I was when it happened” report
- Discussing historical precedents about issues related to crisis
- Reading to the class (bibliography in the appendix)
- Encouraging mutual support
- Discussing and preparing children for funeral (what to expect, people’s reactions, what to do, what to say)
- Directing energy to creative pursuits, physical exercise, or verbal expression when anger arises
- Creating a class story relevant to the issue

Excerpt from *School Crisis Survival Guide,* S. Peterson and R. Straub, 1992.

Tips for Answering Parent Questions and Phone Calls

- Make sure all staff has a Fact Sheet
- Make sure staff does not deviate from the Fact Sheet
- When parents request information or ask questions not on the Fact Sheet, they should be directed to the principal or site administrator directly
- Office staff should keep handouts (see “Useful Resources and Handouts”) to pass out to parents

SAMPLE STATEMENTS FOR THE MEDIA

"Our third-grade students were on a field trip when they school bus was involved in an accident on I-95. Rescue is on the scene, transporting students to area hospitals. Our assistant principal is also at the scene of the accident now. We have established a special hot-line for parents to call for more information. The number is _____. Our crisis team has gone into action, helping the staff and students. More information will be released as we receive it."

* * *

Important points made in this statement are: the preparedness of the schools for incidents of this nature; access to information for the parent; responsible immediate action taken by a powerful school representative at the scene; and support already provided for students at the school.

* * *

"A fight involving two eleventh-grade students occurred a half block from campus at 7:00 p.m. last evening. The incident resulted in the fatal shooting of one of our students. Police are investigating and no more is known at this time. Our school's crisis plan went into action immediately following the incident and these are the actions already taken:

- Our crisis committee met last night.
- A parent hot-line has been established; the number is _____.
- Resources have been called in to assist our recovery.
- Counseling for students will be provided.
- Review and reinforcement of our school weapons policy is underway."

* * *

Important points made in this statement are: there is no abdication of responsibility even though the incident occurred off campus and after hours; the incident is coupled with a statement about ht e weapons policy thereby portraying the school as a positive force within the community; access to information is made available immediately for concerned parents thus demonstrating the school's forthrightness; the ability of the school to handle emergencies is proven by its quick response in providing counseling to the students.

Excerpt from *School Crisis Survival Guide*, S. Peterson and R. Straub, 1992.

Section 3

Tools for the Crisis Counselors and the Psychological Triage Team

PSYCHOLOGICAL/COUNSELING TRIAGE CHECKLIST

The following outlines steps School Site or District Crisis teams in the evident of a school crisis.

1. **Logistics: Designate rooms/locations/areas**
    a. Individual counseling Location:_____
    b. Group counseling Location: _____
    c. Parents Location: _____
    d. Staff (certificated and classified) Location:_____
2. **Initiate the referral process, including procedures for self-referral.**
    a. Identify a crisis team member to staff all locations
    (Provide bilingual services as needed)
    b. Communicate with staff re: referral process
    c. Distribute appropriate forms for student counseling referrals to staff.
3. **Triage and Assessment**
    a. Crisis team members work with administration/staff/counselors to identify high risk students
    b. Determine risk factors
        i. Direct exposure (witness, victims, suspects, perpetrators)
        ii. On-site: student, faculty, staff, and parents
        iii. Friends or relatives of victim (s)
        iv. Experience of previous trauma
    c. Determine who needs group counseling, individual counseling, or needs to return to class
    d. Track via Psychological Triage Summary form (see handout)
4. **Provide crisis counseling to students using Psychological First Aid (PFA) framework**
    a. Have student sign in
    b. Use Quick Reference Guide for Psychological Triage and/or PFA handout (see handouts)
5. **Identify students that need follow up school based counseling and/or referral for ongoing outside counseling**
    a. If school-based follow up is needed, send parent consent for counseling (see page). Please note that student may be seen once by mental health counselor without parent consent.
    b. If student needs ongoing outside counseling, parent should be contacted and provided with referral information (see form).
6. **Provide as requested by site administrator**
    a. Staff support
    b. Participation in parent/community meetings
    c. Information and educational materials about crisis recovery
    d. Classroom lesson
7. **Debrief meeting**
    a. Review actions of the day
    b. Review the status of students, including who may benefit from additional services
    c. Plan for follow-up actions (next day, week, month, etc.)

Psychological Triage Summary
CONFIDENTIAL- For Crisis Response Team Use Only

Date	Name	Teacher	Risk Category	Crisis Counselor	Parental Contact (Y/N)	Status

Risk Category Codes: V=Victim; I= Directly Involved; W=Witness; F=familiarity with victim(s); MI= preexisting mental illness; TH= trauma history; EM= severe emotional reactions
Status Codes: A= Active (currently being seen); WIC= watch and consult (not currently being seen); FU= needs follow-up; I/A= inactive (not currently being seen and no follow-up needed)

Adapted with permission from the PVUSD Crisis Intervention Team

A Crisis Screening Interview

Interviewer: _____ Date: _____

Name:	DOB:	Age:
Sex:	Grade:	Primary Language:

Note identified problem: _____
Is the student seeking help? (Y/N)
If not, what were the circumstances that brought the student to the interview?
_____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you. In answering, please provide as much details as you can. At times, I will ask you to tell me a bit more about your thoughts and feelings.

1. Where were you when the event occurred? (Directly at the site? nearby? out of the area?)

2. What did you see or hear about what happened?

3. How are you feeling now?

4. How well do you know those who were involved?

5. Has anything like this happened to you or any of your family before?

6. How do you think this will affect you in the days to come? (How will your life be different now?)

7. How do you think this will affect your family in the days to come?

8. What bothers you the most about what happened?

9. Do you think anyone could have done something to prevent it? Y/N? Who?

10. Thinking back on what happened,	not at all	a little	more than a little	very
how angry do you feel about it?	1	2	3	4
how sad do you feel about it?	1	2	3	4
how guilty do you feel about it?	1	2	3	4
how scared do you feel?	1	2	3	4

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Y/N? Who?

15. Is this a matter of getting even or seeking revenge? Y/N? Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what Happened? Y/N Who? How soon?
Is this something we should talk about now? Y/N? What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today? If you are uncertain, let's talk about what you should do?

Center for Mental Health in Schools at UCLA. (2008). Responding to a Crisis at a School. Los Angeles, CA: Author. Copies may be downloaded from: http://smhp.psych.ucla.edu

Crisis Counseling Referral Form

After a critical incident, some students may need external support and crisis counseling services. To maintain order, crisis counselors will summons students from this list.
Complete the form below and provide as much information as possible in the Comments section, such as:

- They have witnessed community violence involving a death or serious injury
- They had a close relationship to the teacher/staff member
- They have experienced a recent loss of family/friend
- Any other relevant information regarding reason for referral

Please return this form to _____ (designated staff/office).

Thank you for your support and cooperation.

PERSON MAKING THE REFERRAL: _____
Date: _____

Name & DOB	Grade/Class	Comments

Adapted with permission from LAUSD, Student Health & Human Services School Mental Health, Crisis Counseling & Intervention Services

Crisis Intervention Permission Slip

I give permission for my child to meet with the school psychologist, school counselor, a counselor/social worker from an agency collaborating with the school district, or other member of the Crisis Intervention Team with my child's school. I understand that they will meet and speak with my child in order to help my child with his/her feelings and reactions in case of a tragic event.

_____	_____
Student's Name	Birth Date
_____	_____
School	Grade
_____	_____
Signature of Parent or Guardian	Date

NOTIFICATION TO PARENTS / GUARDIANS

DATE _____

Dear Parent/Guardian:

Your child was seen by a school counselor or school psychologist from the <district name> today as part of a comprehensive crisis response to a recent incident that occurred in our school community. Please make some time this evening or tomorrow to give your child some extra "TLC." There are some do's and don'ts in talking to students about serious incidents, so please take time to read the attached handouts that explain how children of different ages experience a crisis, and what types of statements to avoid. The best thing you can do is be there to just listen to your child. If you have any questions or concerns and would like to speak with a school counselor or school psychologist further, please contact them at their phone extension or email below.

Thank you very much.

_____	_____	_____
School Counselor	Phone	Email address
_____	_____	_____
School Psychologist	Phone	Email address

Quick Reference Guide for Psychological Triage

Richard Lieberman, M.A., L.E.P., N.C.S.P., a national expert in suicide prevention and crisis response and head of the LAUSD Suicide Prevention Unit, created the following handout to help assist school-based mental health practitioners in the event of a crisis. The information cards are intended to fit inside one's wallet for immediate and easy access in the event of an emergency. These guidelines are intended to assist the mental health practitioner in evaluating psychological trauma and implementing individual and group psychological first aid. These guidelines are not comprehensive but instead serve to prompt the mental health practitioner through the process. For more comprehensive guidelines, please refer to handout on Psychological First Aid.

Evaluation of Psychological Trauma 1. Crisis Exposure ● Physical proximity to the crisis ● Emotional proximity to the crisis Personal Vulnerabilities ● Avoidance coping, mental illness, poor emotional control, low developmental level, trauma history, poor self-efficacy. 3. Threat Perceptions ● Subjective experience of the crisis, influenced by adult reactions 4. Crisis Reactions ● Dissociation, hyper-arousal, re-experiencing, avoidance, depression, psychosis, dangerous coping behaviors.	**Evaluation of Psychological Trauma** 1. Crisis Exposure ● Physical proximity to the crisis ● Emotional proximity to the crisis 2. Personal Vulnerabilities ● Avoidance coping, mental illness, poor emotional control, low developmental level, trauma history, poor self-efficacy. 3. Threat Perceptions ● Subjective experience of the crisis, influenced by adult reactions 4. Crisis Reactions ● Dissociation, hyper-arousal, re-experiencing, avoidance, depression, psychosis, dangerous coping behaviors.
Individual Psychological First Aid (Re-establish immediate coping) 1. Establish rapport ● Introduction + Empathy, Respect & Warmth 2. Identify & prioritize crisis problems ● Refer to mental health professional if there is any lethality 3. Address crisis problems ● Ask about/facilitate/propose ways to cope with crisis problems. ● Be directive in addressing problems as is indicated. 4. Review progress ● Ensure movement toward adaptive crisis resolution	**Individual Psychological First Aid** (Re-establish immediate coping) 1. Establish rapport ● Introduction + Empathy, Respect & Warmth 2. Identify & prioritize crisis problems ● Refer to mental health professional if there is any lethality 3. Address crisis problems ● Ask about/facilitate/propose ways to cope with crisis problems. ● Be directive in addressing problems as is indicated. 4. Review progress ● Ensure movement toward adaptive crisis resolution
Group Psychological First Aid 1. Introduction ● Review process/rules. Introduce facilitators 2. Provide facts & dispel rumors ● Answer questions 3. Share crisis stories ● What happened? 4. Share crisis reactions ● How do students feel? 5. Empower ● Identify ways to cope with/solve crisis problems 6. Closing	**Group Psychological First Aid** 1. Introduction ● Review process/rules. Introduce facilitators 2. Provide facts & dispel rumors ● Answer questions 3. Share crisis stories ● What happened? 4. Share crisis reactions ● How do students feel? 5. Empower ● Identify ways to cope with/solve crisis problems 6. Closing

Lieberman, Richard, 2013. For *Southwest SELPA Crisis Team Training*, a presentation conducted for Southwest SELPA crisis team members from surrounding school districts.

Aftermath Of A Crisis

Finding Meaning

The time to help students and staff put a crisis in perspective occurs when the incident is over and emotional and physical exhaustion have set in. This allows for individuals to:

- Search for meaning
- Understand and accept their own emotional reactions
- Increase their ability to cope with future adversities

During this time you can:

- Promote maturity and growth in the students and staff
- Refine your plan

Debriefing Faculty

This should occur within the first three days of the crisis event. The meeting should involve the following:

Co-facilitation by principal with counselor/psychologist
Encourage crisis team members to participate
Give teachers time to share their reactions
Allow teachers to provide input for improvement

Debriefing Crisis Team

First level of debriefing – Evaluating Response

- Reconstruct the actions taken by team
- Re-evaluate your plan
- Identify actions implemented correctly and those decisions that could have been improved

Second level of debriefing – Sharing Emotional Reactions

- Allowing crisis members to share their reactions
- Make sure all crisis members are taking care of themselves emotionally

Section 5

Suicide Risk Assessment Packet

To assist practitioners and administrators in intervention and prevention in the area of suicidal ideation or suicidal behavior

CONTENTS

RISK ASSESSMENT PROTOCOL

Introduction

Across the United States, roughly 4,000 youths commit suicide each year. In California, suicide is the third leading cause of death among young people ages 10- 24 years old. School officials need to work collaboratively and intelligently to assess risk in students who manifest signs of suicidal behavior. Through a team approach, staff can feel comfortable they have followed the proper procedures to prevent suicidal behavior and provide interventions to support students in their educational placements. This document will clarify the roles various members of the school team play in the risk assessment process, and it will provide the necessary tools and resources for them to carry out this important work.

Site Administration

If a student may be suffering with suicidal thoughts or feelings, it is important to proceed in a careful manner to protect the student and reduce the likelihood of additional self-injury.

- When a student self-refers or when they reveal such thoughts, first and foremost, **make sure the student is supervised at all times. Do not leave the student unattended!**
- Principals & assistant principals should immediately reach out to the school psychologist and student's counselor to complete the risk assessment process
- Immediately following the assessment, discuss with other team members next steps.
- Parents must always be contacted by an administrator or pupil personnel services staff.
- NOTE: If parent is contacted prior to completion of the assessment, there is a possibility that parents could interfere with the outcome the school team is decided upon, i.e. a referral to the psychiatric emergency team. Please make sure parent contact happens in a manner agreed upon by the entire team.
- NOTE: If child abuse by a parent is suspected or there is reasonable suspicion that contacting the parent may escalate the student's current level of risk, and/or the parents are contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors.

School Psychologist and School Counselor

The site administrator, school psychologist, and school counselor should communicate with each other from the very beginning to make sure they are on the same page regarding the risk assessment process. Best practice is that two adults (could be an administrator and counselor, or counselor and psychologist, or any other combination) should conduct the risk assessment interview together. The following steps should be followed throughout the process:

- In conducting the risk assessment, the school psychologist or school counselor should first establish rapport with the student and inform them they are there to help.
- Use the Risk Assessment Worksheet and keep a copy in personal, locked records
- Based on this information, consult with the other professional about student's answers to the questionnaire (please refer to the Risk Factor Determination)
- Determine the appropriate actions (please refer to the Risk Factor Determination)
- For low risk situations, contact parents and provide them with counseling resources
- For all situations, conduct an Emergency Conference with parents to review the results of the assessment. Mental health staff are encouraged to utilize the Safety Planning worksheet. It is recommended that students be given a copy of the worksheet to take home with them and a copy be kept with staff.
- Complete the Notification of Emergency Conference form and obtain parent signature.
- On Infinite Campus, in the "counseling" tab, and "contact log," please make a note that says, "Risk Assessment conducted on _____ (enter date), by _____ (enter your name(s))." Provide brief outcome details (e.g., Level of Risk & Actions Taken).

Warning Signs of Youth Suicide

Inability to concentrate or think rationally

- Such problems may be reflected in children's classroom behavior, homework habits, academic performance, household chores, even conversation.

Masked depression

- Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.

Depression (helplessness/hopelessness)

- When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.

Changes in physical habits and appearance

- Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.

Sudden changes in personality, friends, and/or behaviors

- Parents, teachers and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.

Death and suicidal themes

- These might appear in classroom drawings, work samples, journals or homework.

Threats

- Threats may be direct (i.e. "I want to die." "I am going to kill myself")
- Threats may be indirect (i.e. "The world would be better without me," "Nobody will miss me anyway").
- In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces.
- Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting-out, violent behavior, often accompanied by suicidal/homicidal threats.

Previous attempts

- Often the best predictor of future behavior is past behavior, which can indicate a coping style.

Efforts to hurt oneself

- Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/marking the body.

Final arrangements

- This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.

Suicide notes

- These are a very real signs of danger and should be taken seriously.

Plan/method/access

- A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the risk.

Adapted from www.NASPonline.org

Suicide Risk Assessment

Referral Date: _____ Time: _____

Student Name:	School:
Grade:	Birthdate:
Age:	Sex:

1. Student lives with:
    a. Parent
    b. Guardian
    c. Other: _____

2. Student referred by:

□ Self	□ Psychologist
□ Parent	□ Administrator
□ Teacher	□ Nurse
□ Counselor	□ Student/Friend
□ Other: _____	

3. Reason for referral? What warning sign (s) initiated this referral? (i.e.: direct or indirect threat, mood swings, signs of depression, self-injurious behavior, etc.)

4. Has the student had recent thoughts about suicide? Is the student thinking of suicide now?

5. Has the student tried to hurt himself or herself before? (i.e.: when, how, etc.)

6. Does the student have a plan to harm himself or herself now?

7. Does the student have the means/access to kill themselves?

8. Has the student demonstrated abrupt changes in behavior and/or mood? (i.e.: sleep pattern, appetites, drug use, attendance, sadness, hopelessness, etc.)

9. In the past year, has the student ever felt so sad he/she stopped doing regular activities?

10. Has the student experienced a traumatic/stressful event? (i.e.: domestic violence, community violence, natural disaster, etc.)

11. Has the student had a recent death of a loved one or a significant loss? (i.e.: death of family member, parent separation/divorce, relationship break up, etc.)

12. Has the student ever lost a loved one by suicide?

13. Does student have a history or mental illness (i.e.: depression, anxiety, etc.)

14. Does the student have a history and/or currently abuse alcohol/drugs?

15. Does the student have a support system of family or friends at school and/or home?

16. Does the student have a sense of purpose in his/her life?

17. Can the student readily name plans for the future, indicating a reason to live?

Adapted from LAUSD Suicide Prevention, Intervention, and Postvention

Risk Factor Determination Worksheet

***** INTERNAL DOCUMENT ONLY *****

Low Risk: Check off Symptoms that Apply	**Interventions Implemented**
□ No history of suicidal behavior □ Thoughts of death but no specific plan, intent or behavior □ No access to weapons or means □ Depressed mood/affect □ Strong protective factors (i.e.: support system, family, reason to live)	□ Contacted parent □ Consulted w/ another staff member (should always work in a team) □ Created Safety Plan with student □ Made Out-Patient Referral □ Provided local/national emergency info □ Notified administration □ Parent signed "Notification of Emergency conference" □ Scheduled follow-up with student □ Other: _____
Moderate Risk: Check off Symptoms that Apply	**Interventions Implemented**
□ Thoughts of suicide with plan but no intent or behavior □ Previous attempts and/or hospitalizations □ Recent mood changes, substance use, self injury or risky behavior □ Multiple risk factors □ Few protective factors (i.e.: support system, family, reason to live)	□ Supervised student at all times (not left physically un-attended) □ Notified administrator □ Consulted w/ another staff member (should always work in a team) □ Contacted parent □ Parent signed "Notification of Emergency conference" □ Released student only to: o Parent who committed to taking student for immediate mental health assessment o Law enforcement o Psychiatric Emergency Team □ Prepared re-entry plan for when student returns after hospitalization (if applicable) □ Scheduled follow-up with student or parent □ Created Safety Plan with student □ Other: _____
High Risk: Check off Symptoms that Apply	**Interventions Implemented**
□ Current thoughts of suicide with specific plan indicating when, where, how, etc. □ Psychiatric diagnosis with severe symptoms □ Acute precipitating event (i.e.: loss of loved one, traumatic event, etc.) □ Access to weapons or means and intent to carry out □ Finalizing arrangements	□ Supervised student at all times (not left physically un-attended) □ Notified administrator □ Consulted w/ another staff member (should always work in a team) □ Contacted parent □ Parent signed "Notification of Emergency conference" □ Released student only to: o Parent who committed to taking student for immediate mental health assessment o Law enforcement o Psychiatric Emergency Team □ Prepared re-entry plan for when student returns after hospitalization (if applicable) □ Scheduled follow-up with student or parent □ Created Safety Plan with student □ Other: _____

OUTCOME: □ Low Risk □ Moderate Risk □ High Risk

Parent Contacted on _____ (date) at _____ (time)

Psychiatric Emergency Team contacted (if applicable) _____ (date) at _____ (time)

SAFETY PLANNING WORKSHEET

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1._____

_____

2._____

_____

3._____

_____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1._____

_____

2._____

_____

3._____

_____

Step 3: People and social settings that provide distraction:

1. Name_____Phone_____

2. Name_____Phone_____

3. Place_____

4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____

2. Name_____ Phone_____

3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____Phone_____

Clinician Pager or Emergency Contact #: _____

2. Clinician Name_____ Phone_____

Clinician Pager or Emergency Contact # _____

3. Local Urgent Care Services: _____

Urgent Care Services Address:_____

Urgent Care Services Phone: _____

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1._____

_____

2._____

_____

The one thing that is most important to me and worth living for is:

_____

Notification of Emergency Conference

Date:_____**Time:**_____**Location**:_____

Student Name:_____**Grade:**_____

I, the parent/guardian of_____, was involved in a conference with school personnel regarding my child.

I have been notified that my child may be suicidal. ***I have been further advised to seek immediate psychological/psychiatric consultation and intervention from trained professionals in the community*****.**

I also acknowledge that:

- School personnel have provided community referrals for me to contact *immediately* after this meeting to assess my child's safety.
- I understand the seriousness of my child's safety and have had all my questions answered by school personnel and will do everything in my power to keep my child safe.
- School personnel have clarified that the school's role is limited to providing follow-up assistance to support the treatment services of the trained professionals in the community.
- *Before my child returns to school*, I will contact the school to set up a re-entry meeting

Parent/Guardian Signatures

Name(please print):_____Signature:_____
Relationship to Student
❑Mother ❑Father ❑Guardian ❑ Other_____

Name(please print):_____Signature:_____
Relationship to Student
❑Mother ❑Father ❑Guardian ❑Other_____

Personnel Signatures

Name and Title:_____Signature:_____

Name and Title:_____Signature:_____

COPIES: Parent Student Admin Couns/Psych

AUTHORIZATION FOR RELEASE OF INFORMATION

Student _____ **Birthdate** _____
First Middle Last *Month Day Year*

Address _____ **Phone** _____
Street

_____ **School** _____
City Zip Code

We, the undersigned, hereby authorize the release of the following information:

- ❑ **Educational**
- ❑ **Psychological**
- ❑ **Medical**

between the<district name> and the person or agency listed below:

NAME _____ **PHONE**_____

ADDRESS _____ **ATTN.** _____

_____ **TITLE** _____

We also authorize the release of the information that the <district name> has from the following agencies:

Agency: **Type of Information:**

1. _____
_____

2. _____
_____

Purpose for which the information may be used:
_____
_____

_____ _____ _____
Signature of Parent / Guardian **Relationship** **Date**

***This release is valid for the duration of student's enrollment in the district unless parent subsequently revokes consent to release information. <district name> may forward the information to another public school system within the State of California if the student transfers to another district. These records will be shared only with professionals who are directly concerned with helping the student. The District will comply with the mandates of the* Family Rights and Privacy Act.**

FOR OFFICE USE ONLY

SENT BY: _____ **DATE:**_____/_____/_____
Signature / Title **Month Day Year**

SCHOOL / DEPARTMENT: _____ **PHONE #:**_____

Rev. 8/12 (apb) **COPIES:** **White - Mailed to Agency** **Yellow - Parent**

Best Practices for Student Re-Entry

In planning for the re-entry of a student who has been out of school for any length of time, including mental health hospitalization, or if the student will be transferring to a new school, the school site administrator/designee may consider any of the following action items:

Returning Day	Have parent escort student on first day back. Develop re-entry communication and safety plan in the event of future emergencies.
Hospital Discharge Documents	Request discharge documents from hospital.
Meetings with Parents	Engage parents, school support staff, teachers, and student, as appropriate in s Re-Entry Planning Meeting. - Identify on-going mental health resources in school and/or in the community. - Modify/provide accommodations to academic programming, as appropriate. - Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed. - Notify student's teachers, as appropriate and as agreed upon by team. - Discuss the need for an assessment for special education services.
Identify Supports	Assist the student in identifying adults they trust and can go to for assistance at school and at home.
Address Bullying, Harassment, Discrimination	As needed, ensure that any bullying, harassment, discrimination is being addressed.
Designate Staff	Designate staff (i.e.: academic counselor) to check in with the student during the first couple weeks periodically.
Release/Exchange of Information	Obtain consent by the parent to discuss student information with outside providers.
Manage and Monitor	Manage and monitor case to ensure student is receiving and accessing the proper mental health and educational services needed.

Adapted from LAUSD Suicide Prevention, Intervention, and Postvention

Section 6

Useful Resources for Administrators, Staff, and Parents

HOW TO PROMOTE
PSYCHO-SOCIAL WELL-BEING IN EMERGENCIES

(Ressler, Tortorici, and Marcelino, 1993. Adapted with permission)

- Provide a safe place and time for the survivors to talk about what happened to them and their peers as soon as possible after the incident.
- Provide a safe area for caregivers to rest, eat, and talk with a designated counselor, if desired.
- When talking with survivors, focus on coping strengths, not simply on distress and injury.
- Do not force people to talk about topics they may wish to remain silent about, and do not allow anyone else to do so.
- Use supportive interventions that do the least harm and do not re-traumatize.
- Stress culturally appropriate intervention, using familiar, local school site and community resource people whenever possible.
- Use age-appropriate interventions.
- Be sensitive to particular meanings traumatic experiences may have in various cultures.
- Be aware that survivors of past trauma, or those with many unmet needs, may react more strongly to current stressors, may take longer to recover, and may need more specialized intervention.
- Ensure that the psycho-social needs of all members of the school community are met, regardless of the side of a conflict that they, their families, or their communities may be on.
- Avoid institutionalization of removal of distressed students from their families or communities for treatments.
- Help prevent psycho-social difficulties by stimulating social interaction, cultural activities, and by allowing time for supportive religious practices for those who wish them.

Excerpt from *School Mental Health Crisis Intervention Teams*, a LACOE publication.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Helping Children Cope With Loss, Death, and Grief Tips for Teachers and Parents

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

Expressions of Grief

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

- Emotional shock and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment;

- Regressive (immature) behaviors, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent's bed or an apparent difficulty completing tasks well within the child's ability level;

- Explosive emotions and acting out behavior that reflect the child's internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control;

- Asking the same questions over and over, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event. Helping Children Cope The following tips will help teachers, parents, and other caregivers support children who have experienced the loss of parents, friends, or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

- Allow children to be the teachers about their grief experiences: Give children the

opportunity to tell their story and be a good listener.

- Don't assume that every child in a certain age group understands death in the same way or with the same feelings: All children are different and their view of the world is unique and shaped by different experiences. (Developmental information is provided below.)

- Grieving is a process, not an event: Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume "normal" activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.

- Don't lie or tell half-truths to children about the tragic event: Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life's future tragedies or losses.

- Help all children, regardless of age, to understand loss and death: Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.

- Encourage children to ask questions about loss and death: Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.

- Don't assume that children always grieve in an orderly or predictable way: We all grieve in different ways and there is no one "correct" way for people to move through the grieving process.

- Let children know that you really want to understand what they are feeling or what they need: Sometimes children are upset but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.

- Children will need long-lasting support: The more losses the child or adolescent suffers, the more difficult it will be to recover. This is especially true if they have lost a parent who was their major source of support. Try to develop multiple supports for children who suffer significant losses.

- Keep in mind that grief work is hard: It is hard work for adults and hard for children as well.

- Understand that grief work is complicated: Deaths that result from a terrorist act or war can brings forth many issues that are difficult, if not impossible, to comprehend. Grieving may also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: the conflict may continue and the nation may still feel at risk. The

sudden or violent nature of the death or the fact that some individuals may be considered missing rather than dead can further complicate the grieving process.

- Be aware of your own need to grieve: Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counseling, as well as individual sources of support. Developmental Phases in Understanding Death It is important to recognize that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

- Infants and Toddlers: The youngest children may perceive that adults are sad, but have no real understanding of the meaning or significance of death.

- Preschoolers: Young children may deny death as a formal event and may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death. For instance, as a result of the World Trade Center disaster, some children may imagine that going into tall buildings may cause someone's death.

- Early Elementary School: Children at this age (approximately 5-9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that, if large planes crash into buildings, people in the planes and buildings will be killed. In case of war images, young children may not be able to differentiate between what they see on television, and what might happen in their own neighborhood. However, they may over-generalize, particularly at ages 5-6—if jet planes don't fly, then people don't die. At this age, death is perceived as something that happens to others, not to oneself or one's family.

- Middle School: Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news but are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviors as a means of coping with their anger, vengeance and despair.

- High School: Most teens will fully grasp the meaning of death in circumstances such as an automobile accident, illness and even the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behavior and chemical dependency are at particular risk for prolonged and

serious grief reactions and may need more careful attention from home and school during these difficult times. Tips for Children and Teens with Grieving Friends and Classmates Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Following are some suggestions teachers and parents can provide to children and youth to deal with this "secondary" loss.

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under "helping children cope."

- Seeing their classmates' reactions to loss may bring about some fears of losing their own parents or siblings, particularly for students who have family in the military or other risk related professions. Children need reassurance from caregivers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.

- Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., "Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route....") and what to expect (see "expressions of grief" above).

- Help children anticipate some changes in friends' behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.

- Explain to children that their "regular" friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.

- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.

- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.

- Parents and teachers need to be alert to children in their care who may be reacting to a friend's loss of a loved one. These children will need some extra support to help them deal with

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

- Deaton, R.L. & Berkan, W.A. (1995). Planning and managing death issues in the schools: A handbook. Westport, CT: Greenwood Publishing Group.

- Mister Rogers Website: www.misterrogers.org (see booklet on Grieving for children 4-10 years)

- Webb, N.B. (1993). Helping bereaved children: A handbook for practitioners. New York: Guilford Press.

- Wolfelt, A. (1983). Helping children cope with grief. Bristol, PA: Accelerated Development.

- Wolfelt, A (1997). Healing the bereaved child: Grief gardening, growth through grief and other touchstones for caregivers. Ft. Collins, CO: Companion.

- Worden, J.W. (1996). Children and grief: When a parent dies. New York: Guilford Press

- Helping Children Cope With Death, The Dougy Center for Grieving Children, www.dougy.org. For Children

- Gootman, M.E. (1994). When a friend dies: A book for teens about grieving and healing. Minneapolis: Free Spirit Publishing.

- Greenlee, S. (1992). When someone dies. Atlanta: Peachtree Publishing. (Ages 9-12).

- Wolfelt, A. (2001). Healing your grieving heart for kids. Ft. Collins, CO: Companion. (See also similar titles for teens and adults) Adapted from material first posted on the NASP website after September 11, 2001. NASP has made these materials available free of charge to the public in order to promote the ability of children and youth to cope with traumatic or unsettling times. The materials may be adapted, reproduced, reprinted, or linked to websites without specific permission. However, the integrity of the content must be maintained and NASP must be given proper credit. © 2003, National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814, 301-657-0270, www.nasponline.org

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

The Seven Ingredients of Resilience: Information for Parents

Communiqué Handout: March/April 2010, Volume 38, Number 6 1
Communiqué is the newspaper of the National Association of School Psychologists │ www.nasponline.org │ (301) 657-0270

You've probably heard of the 3 Rs: Reading, Writing, Arithmetic—a focus of education. What about the fourth R—Resilience? Resilience is the ability to bounce back from setbacks, learn from failure, be motivated by challenges, and believe in your own abilities to deal with the stress and difficulties in life. Resilience skills are as important as the other 3Rs. Why? Because every child's life will be touched by setbacks as well as achievement, pain as well as joy, loss as well as triumph. In order for children to reach their fullest potential, they need to know how to approach life with resilience.What you might not know is that, just like reading, writing, and arithmetic, resilience can be learned.. Children can learn—from their parents, teachers, and coaches—how to develop the skills of resilience. Resilience enables your child to thrive no matter what life puts in his or her path.

THE SEVEN INGREDIENTS OF RESILIENCE

Resilience is not all or nothing. It comes in amounts. You can be a little resilient, a lot resilient, resilient in some situations but not others. And, no matter how resilient your child is today, you can help him or her become more resilient tomorrow. Research has identified a variety of important ingredients of resilience but there are seven that we can most easily teach our children. Emotion awareness and control. One of the myths about resilience is that resilient people tough it out without expressing emotion: They keep it all inside and are stoic in the face of adversity. This view of resilience might be common, but it's not accurate. Resilient people—adults and children—are comfortable with their feelings and they express them. In fact, resilient children experience abroad array of emotions—happiness, joy, fear, and sadness. They have a good understanding of their own emotions and they feel comfortable talking about what they are feeling with people they trust. So, when a resilient child goes through a tough time, she does feel sad or scared or anxious.

After all, she is human! However, there is an important difference that distinguishes the more resilient from the less resilient. Resilient children don't get "stuck" in an emotion. Although they might feel sad or scared, these feelings don't prevent them from coping with the situation and moving forward. When an emotion is too strong, so strong that it interferes with the person's ability to cope, the resilient person knows how to control her emotions so that she is able to push forward with a plan of action.

Impulse control. We all have impulses to do things and say things that aren't in our best interest or helpful or kind to others. Resilience doesn't require that you stop having these impulses, but it does require you to stop yourself from acting on every impulse you have. Resilient children have internalized the "stop and think" message and use it to make choices about their actions. The good news is that impulse control can be learned. So even if your child is impulsive, you can learn some simple strategies to teach him to handle situations better.

The Seven Ingredients of Resilience: Information for Parents

Realistic optimism. Optimism is another key ingredient of resilience. The research on optimism is clear: Optimistic people are happier, healthier, more productive, have better relationships, succeed more, are better problem solvers, and are less likely to become depressed than pessimistic people. Programs have been developed that teach children and adolescents critical optimism and resilience skills. Research shows that kids can learn these skills and that optimism and resilience protect children against depression and anxiety. This is critical because at any one point in time as many as 10%–19% of adolescents report moderate to high level symptoms of depression. Children and adolescents with high symptoms of depression are more likely than their peers to have academic difficulty, smoke cigarettes, abuse alcohol or other drugs, and attempt suicide. You notice, however, that we talk about "realistic optimism." This is important. Resilience is not served by denying problems when they exist, believing that you never make mistakes, and blaming others whenever things go wrong. Resilience is about seeing yourself and situations as optimistically as you can—but within the bounds of reality. Realistic optimism keeps you shooting for the stars without losing sight of the ground below.

Flexible thinking. Resilient children are flexible thinkers. They view problems from several different perspectives. When a resilient child has a fight with her best friend, she is able to view the situation from the friend's perspective as well as her own. When a resilient child doesn't do well on a test, he is able to come up with a variety of factors that might have led to the poor outcome. Why does this matter? It matters because flexible thinking increases the likelihood that you'll be able to come up with solutions to the problem you're confronting. Flexible thinking means that you'll generate a number of different ways to handle the situation so, if your first solution doesn't work, you'll have a Plan B ready.

Self-efficacy. A basic ingredient in resilience is belief in one's self: self-confidence. Resilient children believe that they are effective in the world. They have learned what their strengths and weaknesses are, and they rely on their strengths to navigate the challenges in life. For one child this might mean using his sense of humor to deal with stress; for another child it might mean using her creativity to come up with new ways to handle problems. But don't confuse self-efficacy with selfesteem.

Self-esteem is about feeling good about one's self and self-efficacy is about effecting change in the world. The road to resilience is through self-efficacy, not self-esteem. If your child is confident and knows how to master what life throws in his path, self-esteem will follow.

Empathy. Resilient children are connected with others. In fact, some of the landmark studies in resilience show that children who have at least one enduring relationship with a caring adult (a parent, a neighbor, a teacher, a coach) do well and can overcome even the most difficult

hardships. Empathy is an important component of strong social relationships. Children who care about others, are interested in other people's feelings and experiences, and want to help others through tough times are more likely to have strong, healthy friendships. Empathy serves resilience by facilitating strong relationships. Children who have a strong network of friends and adults who care about them have a support system that they can turn to when they need help.

Reaching out. Resilient children take risks. This doesn't mean hurling themselves off mountaintops or riding motorcycles without helmets. It means appropriate, horizon expanding risks. Children who are resilient don't see failure as something to be avoided. They are willing to try new things because deep down they know that by trying new things and taking risks they will learn more, achieve more, and enjoy life more. The risk taking might take the form of signing up for a hard class or talking with someone they've never met before or even just trying a new food. Their optimism fuels them and their self-efficacy gives them the confidence to try, even when that means risking failure.

YOUR RESILIENCE CUPBOARD

Take a moment and reflect on the seven ingredients of resilience. Make a list of the ingredients you have in abundance (your resilience strengths) and make a list of the resilience ingredients you are low on (your resilience weaknesses). Do the same for your child. Remember, we can all become more resilient tomorrow than we are today. You don't need to have your cupboard overflowing with each of the seven ingredients. Challenge yourself to use your resilience strengths more fully and see if you can devote some energy to increasing one of the ingredients you are low on.

RESOURCES

NASP–Fishful Thinking Partnership website http://www.nasponline.org/families/fishful/index.aspx

NASP Optimism and Resilience Resources http://www.nasponline.org/families/optimism.aspx

Gotlib, I. H., Lewinsohn, P. M., & Seely, J. R. (1995). Symptoms versus a diagnosis of depression:
Differences in psychosocial functioning. Journal of Consulting and Clinical Psychology, 63(1), 90–100.

Reivich, K. J., Gillham, J. E., Chaplin, T. M., & Seligman, M. E. P. (2005). From helplessness to optimism: The role of resilience in treating and preventing depression in youth. In S. Goldstein & R. Brooks (Eds.), Handbook of resilience in children. New York: Springer.

Reivich, K., & Shatte, A. (2003). The resilience factor: 7 keys to finding your inner strength and overcoming life's
hurdles. New York: Broadway Books.

This parent resource is part the National Association of School Psychologists and Pepperidge Farm Fishful Thinking Partnership and
is adapted from work by Karen Reivich, PhD, University of Pennsylvania.

Developmental Ages and Possible Reactions to Death

Age	What they Think	What they Feel	What they Do
3-5 years (preschool)	• Death is temporary and reversible • Finality of death is not evident • Death mixed up with trips, sleep • May wonder what deceased is doing	• Sad • Anxious • Withdrawn • Confused about changes • Angry • Scared • Cranky (feelings are acted out in play)	• Cry • Fight • Are interested in dead things • Act as if death never happened
6-9 years	• About the finality of death • About the biological process of death • Death is related to mutilation • A spirit gets you when you die • About who will care for them if a parent dies • Their actions and words caused the death	• Sad • Anxious • Withdrawn • Confused about changes • Angry • Scared • Cranky (feelings are acted out in play)	• Behave aggressively • Behave withdrawn • Experience nightmares • Act as if death never happened • Lack of concentration • Have a decline in grades
9-12 years	• About and understand the finality in death • Death is hard to talk about • That death may happen again, and feel anxious • About death with jocularity • About what will happen if their parent(s) die	• Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried	• Behave aggressively • Behave withdrawn • Talk about physical aspects of death • Act like it never happened, not show feelings • Experience nightmares • Lack of concentration

	• Their actions and words caused the death	• Isolated	grades
12 years and up (teenagers)	• About and understand the finality of death • If they show their feelings they will be weak • They need to be in control of their feelings • About death and jocularity • Only about life before or after death • Their actions and words caused the death	• Vulnerable • Anxious • Scared • Lonely • Confused • Angry • Sad • Abandoned • Guilty • Fearful • Worried • Isolated	• Behave impulsively • Argue, scream, fight • Allow themselves to be in dangerous situations • Grieve for what might have been • Experience nightmares • Act like it never happened • Lack of concentration • Have a decline in grades

Approximate Developmental Age	**Grief Reactions**	**Helpful Approaches**
Infant to 2 years	• General distress • Sleeplessness • Shock, despair, protest • Child responses to parental grief	• A consistent, nurturing figure to take the place of the lost family member • Include in funeral rituals
Ages 2-5 years	• Confusion • Agitation at night, frightening dreams, regression • Child often understands that a profound event has occurred • May appear unaffected	• Simple, honest words and phrases • Reassurance • Drawing, reading books • Play together • Include in funeral rituals

	• Child's understanding of death is limited	• Secure, loving environment
Ages 5-8 years	• Wants to understand about death in a concrete way, but think "won't happen to them" • Denial, anger, sorrow • General distress, disoriented, confused • May behave as though nothing has happened • May ask questions repeatedly • Desire to confirm w/peers • May need physical activity on a regular basis	• Simple, honest words and phrases • Answer questions simply and honestly • Look for confused thinking • Offer physical outlets • Reassurance about the future • Drawings, reading books, play together • Include in funeral rituals
Ages 8-12 years	• Shock, denial, anxiety, distress • Facade of coping • May need physical activity on a regular basis • Finality of death understood, phobic behavior, morbid curiosity, peer conformity	• Answer questions directly and honestly • Reassurance about future • Create times to talk • Offer physical outlets • Reading
Adolescents	• Shock, anxiety, distress, denial, anger, depression, withdrawal, aggression	• May react similar to adult but have less coping mechanisms • May feel young and vulnerable, and need to talk

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

MEMORIAL ACTIVITIES AT SCHOOL: A LIST OF "DO'S" AND "DON'TS"

Memorial activities can be a valuable way for schools to help students and staff deal with trauma and loss. How a school approaches a memorial can make the difference in the healing nature of the process. Following are a few Do's and Don'ts to avoid further traumatizing students and promote a positive experience. For more information on memorials and helping children cope, go to www.nasponline.org

DO	*DON'T*
Do prepare for the needs of youth both preceding and following memorial activities in the community or school.	***Don't*** underestimate the resurfacing of intense common grief reactions, including sadness and anger.
Do keep parents and staff informed of all upcoming activities related to the memorial plan, and allow any student, with parental permission, to attend a memorial activity.	***Don't*** require all students or staff to attend a memorial activity.
Do provide staff and parents with information regarding possible related behaviors and emotions that students may display.	***Don't*** pathologize normal grief reactions. Conversely, do not minimize serious, atypical grief reactions that may require closer clinical investigation.
Do focus on the needs and goals related to the students, and include parents and community members in activities as appropriate.	***Don't*** try to accomplish all things in the school context; there are multiple forums to which the school staff, administration, and faculty may contribute that do not occur at school.
Do be sensitive to developmental and cultural differences when developing memorials.	***Don't*** assume that "one size fits all" when it comes to developing a memorial.
Do develop living memorials (e.g., tolerance programs) that address the problems that lead to the crisis event.	***Don't*** allow the memorial to be a forum for expressions of hatred and anger toward the perpetrators of crises.
Do something to prevent other crises from happening. Try to move students from the role of "victims" to the role of "doers."	***Don't*** focus the memorial on the uncontrollable aspects of the crisis.
Do emphasize signs of recovery and hope in any memorial activity.	***Don't*** allow a memorial to simply recount tales of the traumatic stressor.
Do allow students to discuss, in small group settings, such as classrooms, how they feel about their memorial experiences.	***Don't*** schedule a memorial at such a time that it will not allow students to discuss or process their experiences.
Do encourage communication (e.g., writing letters and exchange of ideas) related to memorial activities.	***Don't*** force students to participate or share feelings and ideas.
Do provide a referral system (school and community based) to identify youth who display complicated grief reactions and ensure appropriate support services are available.	***Don't*** expect that staff and faculty will be able to independently identify individuals in need of mental health assistance.
Do establish an infrastructure (plans and processes) to provide assistance and support to students in immediate need.	***Don't*** anticipate that students will independently seek out the appropriate professional assistance.

Adapted from J. Sandoval & S. E. Brock, 1995, The school psychologist's role in suicide prevention. *School Psychology Quarterly*.