

# Millard School District Crisis Response Manual



The purpose of the Crisis Response Manual is to provide guidance and training to effectively respond to a crisis in an organized manner, using best practices that support individuals, school, and community.

Revised 2024

# **Tab 1**

## **Crisis Team**

## **Millard School District Crisis Response Team Members**

### District Office 435-864-1000

David Styler, Superintendent	435-864-7685
Delna Bliss, Director	435-979-6103

### Millard High School 435-743-5610

Derrick Dearden, Principal	435-253-1156
Harold Robison, Vice-Principal	435-253-0417
Bonnie Stewart, Counselor	435-253-2751

### Fillmore Middle School 435-743-5660

Jeremy Teeples, Principal	435-253-0068
Isaac Wallin, Counselor (*Speaks Spanish)	435-231-2947

### Fillmore Elementary School 435-743-5670

Sheila Sheriff, Principal	435-864-8044
Bryant Cummings, Counselor (*Speaks Spanish)	435-590-4925

### Delta High School 435-864-5610

Rob Fowles, Principal	435-979-1286
Jared Christensen, Vice-Principal	801-372-7813
Ken Nielsen, Counselor (*Speaks Spanish)	435-864-7669
Jenifer Smith, Counselor	435-406-1860

### Delta Middle School 435-864-5660

Matt Bassett, Principal	435-406-4143
Lisa Draper, Vice-Principal	435-406-6941
Misty Bliss, Counselor	435-406-4331

### Delta North Elementary School 435-864-5680

Carolee Ferris, Principal	435-864-7758
Ayumi Whatcott, Counselor	435-590-3405

### Delta South Elementary School 435-864-5670

Duane Rawlinson, Principal (*Speaks Spanish)	435-406-7646
Colton, Griffiths, Counselor	435-864-7747

<u>EskDale High School</u>	<u>435-864-5604</u>
Sharon Conrad, Head Teacher	435-760-0042
<u>Garrison Elementary School</u>	<u>435-855-2321</u>
Cecelia Phillips, Head Teacher	435-730-6591
<u>Delta Technical Center</u>	<u>435-864-5710</u>
Brett Callister, Vocational Director	435-864-8176
<u>MSD Office</u>	<u>435-864-1000</u>
Liesl Finlinson, School Psychologist	435-864-7108
Candace Fowles, School Psychologist	435-531-3626

### **Other Agencies**

#### School Health Services

Natalie Ralphs, School Nurse, Fillmore	435-760-9440
Jamie Barrus, School Nurse, Delta	801-971-4336

#### Millard County Sheriff Office

Fillmore Office	435-743-5302
Delta Office	435-864-7775
Kenyon James, School Resource Officer	801-971-4336
Richard Jacobson, Sheriff	435-979-9461
Pat Bennett, Captain	208-244-2375
Dale Josse, Detective Sergeant	435-979-0350

#### Central Utah Mental Health

Fillmore	435-743-5121
Delta	435-864-3073

Division of Child and Family Services	435-864-3869
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<a href="#">Millard School District Office</a>	<a href="#">435-864-1000</a>
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David Styler, Superintendent	435-864-7686
George Richardson, Secondary and Curriculum Director	435-406-7450
Delna Bliss, Spec. Ed. Director, Crisis Team Coordinator	435-979-6103
Jordan Rogers, Technology Director	435-406-5804
Kris Albrecht, School Lunch Supervisor	435-864-8831
Corey Holyoak, Business Administrator	435-531-1885

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<a href="#">Millard School District Office Staff</a>	<a href="#">435-864-1000</a>
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Liesl Finlinson, School Psychologist	435-864-7108
Candace Fowles, School Psychologist	435-531-3626
Bethany Atkinson, Payroll Clerk	435-406-7350
Darlene Brunson, Accounts Payable Clerk	435-864-8680
Jenny Smith, PowerSchool and Data Specialist	435-979-6934
Merrie Jo Smith, Superintendent's Secretary	435-406-1541
Breanne Johnson, Secretary	435-406-1667

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<a href="#">Millard School District Office Transportation</a>	<a href="#">435-864-5696</a>
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Zach Bryan, Transportation Supervisor	435-406-1780
Megan Davies, Transportation Secretary	435-253-0333

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<a href="#">Millard School District Office Maintenance</a>	<a href="#">435-864-5696</a>
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Dean Stephenson, Maintenance Supervisor	435-406-9198
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## **Tab 2**

# **Administration**

## **Crisis Response Checklist**

### **Day 1**

#### **District Administrators (Superintendent or designee)**

- ☐ Gather facts and verify with law enforcement
- ☐ Contact District Crisis Coordinator
- ☐ Coordinate with crisis response leader and crisis team members
- ☐ Designate media spokesperson
- ☐ Prepare media statements
- ☐ Contact all School Administrators & Counselors
- ☐ Assist Principals with administrative needs
- ☐ Assist in timeline and dissemination of information on power announcements if necessary

### **District Crisis Team Leader**

- ☐ Contact Superintendent and building administrator
- ☐ Proceed to the school
- ☐ Collaborate with school's administration to determine needs
- ☐ Determine what members of the crisis team need to be involved
- ☐ Contact crisis team members and convene team
- ☐ Seek out bilingual resources if needed
- ☐ Assess the need to include resources from outside the school (i.e. counselors from other schools)
- ☐ Determine time and location for team members to meet
- ☐ Assist in drafting release statement for teachers to read in the classroom and communications for affected parents
- ☐ Meet with staff members along with building administrators
- ☐ Contact affected feeder schools to determine needs
- ☐ Coordinate needs with administrators, crisis team and staff throughout the day
- ☐ Obtain updates from SRO, law enforcement and keep crisis team informed
- ☐ Coordinate with the Principal to determine whether substitutes are needed before the school day begins
- ☐ If needed, check powerschool for previous log entries of student(s) involved in crisis
- ☐ Assist school administrators with preparing statements and staff meetings
- ☐ Discuss with administrators the need, if any, to distribute an email or posting to parents and what should be included
- ☐ Draft release statements in English and Spanish
- ☐ Discuss need for parent meeting
- ☐ Initiate district- level calling trees, texts, etc to notify other affected schools, students and administrators
- ☐ Provide secretary with crisis team members names and contact information so they may direct calls as needed
- ☐ Assign roles and responsibilities of CRT members
- ☐ Ensure that all CRT members have access to crisis manual



- ☐ Assist in assigning team members to follow deceased or seriously injured student's class schedule
- ☐ Designate CRT member to monitor and respond to social media concerns throughout the day
- ☐ Establish CRT Whiteboard Guide (pg. 18)
- ☐ Provide lunch for faculty, staff, and CRT members
- ☐ Provide water/snacks/lunch for crisis team members
- ☐ Provide updates throughout the day
- ☐ Check on the need and support the emotional well-being of CRT members
- ☐ Initiate debriefing at the end of the day

### **Building level Principals and Administration**

- ☐ Contact law enforcement/ SRO to verify information and to serve as a member of crisis response team
- ☐ Contact superintendent and district crisis leader
- ☐ Contact family/ family spokesperson
  - ☐ Offer condolences
  - ☐ Discuss what information the family would like to be shared with the public
  - ☐ Ask about siblings/friends who may have been present or affected
  - ☐ If possible set up a time to meet in person and determine who the family liaison will be hereafter and how the school can support the family
- ☐ Determine potential impact and resources needed to accurately respond including the possible need for substitutes
- ☐ Determine who will initiate school- and district-level power announcements, emails, text etc. to contact all school personnel; set up school personnel meetings prior to school starting, or as soon as possible, to inform staff of the death and crisis response protocols.
- ☐ Prepare draft release statement for teachers to read in the classroom
  - ☐ Ensure the release statement is provided to Seminary classes
- ☐ Discuss when to meet with faculty and staff to announce the death
  - ☐ If the crisis is learned about during school hours, consider emailing teachers before the faculty crisis briefing to inform them of the crisis
- ☐ Conduct Faculty Crisis Briefing (see Faculty Crisis Briefing Checklist -Section B)
  - ☐ Discuss memorials (see district guidance on memorials- section B)
- ☐ Ensure that all substitute teachers are aware of the crisis. If there is a substitute teacher covering classes, it would be best for an administrator, school counselor, or other teacher to deliver the message to the class
- ☐ Notify students as soon as appropriate
- ☐ Assign CRT member– possibly the secretary– to remove deceased's name from attendance roll and phone call list

- ☐ Inform secretaries how to respond to inquiries (give copy of release statement, give copy of secretary responsibilities (pg 15)
- ☐ Assign a member of the Crisis Response Team to monitor social media pages for inflammatory statements or copycat behaviors
- ☐ Discuss the need for a parent meeting (see guidelines for parent meeting-section B)
- ☐ Provide rooms and space for
  - ☐ CRT to meet with faculty/students
  - ☐ CRT reception area
  - ☐ Provide place for students to “check in” at provided rooms so their location can be verified and monitored
  - ☐ “Calm down space” for students
  - ☐ Identify an area for notes written to the family
- ☐ Intercept any notifications that may inadvertently be sent to the family (i.e. disciplinary letters, attendance letters, testing, scholarships, report cards, etc.)
- ☐ Make arrangements for rescheduling school-based activities, if necessary
- ☐ Conduct faculty crisis briefing (Tab 7)
- ☐ Meet with student leadership officers
  - ☐ Explain district policies on memorials and why they may not be appropriate, especially with a suicide
  - ☐ Ask them to watch social media and inform school leaders about struggling students, rumors and concerns
- ☐ Over the course of the day, observe Teachers' emotional well-being and pass on concerns to CRT as necessary
- ☐ If needed, initiate a crisis plan parent notification system. Provide a script to release facts and information to parents.

**School Resource Officer (SRO)**

- ☐ Depending on the nature of the crisis, the SRO may participate as a crisis response team member
- ☐ Coordinate with other law enforcement officials to obtain necessary information about the crisis
- ☐ Relay information as it becomes available to school administration and crisis response team leads
- ☐ Use resources to help monitor social media and other media sources
- ☐ Help identify students of concern
- ☐ Coordinate with CRT members to determine students in need of emergent psychological evaluation and provide transportation as deemed necessary
- ☐ Coordinate victim services to determine available resources

### **School Counselors**

- ☐ Determine needs of siblings and affected friends and peers attending the same school
- ☐ Provide necessary forms for meeting with students
- ☐ Provide tissue, water, and paper for notes to family
- ☐ Consider the needs of sports or other teams or activities student was involved in
- ☐ Meet with adult staff members who may be affected
- ☐ Discuss friends of the deceased. Check school roster for attendance the day of the death- if absent, call home or make a home visit.
- ☐ Have students sign in to track who has been seen
- ☐ Provide grief counseling with groups or individuals
- ☐ Provide emotional support, risk assessment, and referrals to community supports to students and staff impacted by the crisis
- ☐ Assist classrooms with substitutes or with teachers who are affected
- ☐ Visit the home as appropriate

**Secretary**

- ☐ If directed by principal, remove students name from Powerschool
- ☐ Check school roster for attendance of immediate family members
- ☐ Assist administration with distribution of power announcements if needed
- ☐ Maintain “check-out” log for students who have left during crisis
- ☐ Print and copy crisis forms or handouts as needed
- ☐ Help intercept any notifications that may inadvertently be sent to the family (i.e. disciplinary letters, attendance letters, testing, scholarships, report cards, etc.)
- ☐ Use directions provided by administration about how to respond to inquiries
- ☐ Follow check-out procedures as directed by administration
- ☐ Track student check-out throughout the day. Communicate information with the CRT

## **Crisis Response Team**

- ☐ Attend meeting with school admin and CRT before meeting with students
- ☐ Monitor bus drop-off/ pick-up areas
- ☐ Prepare whiteboard for assignments (see CRT Whiteboard Layout Guide, pg. 18)
  - ☐ List people to check on
  - ☐ List meetings needed to plan and organize
  - ☐ List classrooms to check on
  - ☐ List classes with substitutes
- ☐ Check with secretaries about students that go home during the crisis
- ☐ Assigned members follow deceased or seriously injured student's class schedule
- ☐ Identify location for students' letters to be collected for the affected family
- ☐ Meet with students to provide psychological first aid and assess for risk
- ☐ Keep track of students with whom you have met and follow up if needed
- ☐ Contact parent after meeting with the student
- ☐ Assist secretaries in main office
  - ☐ Coordinate attendance information with attendance secretaries and communicate with members of the CRT
- ☐ Runner/assistant
  - ☐ Help keep areas stocked with tissues/supplies
  - ☐ Escort students to and from class
- ☐ Cover classes if faculty members need a break
- ☐ Track students who met with CRT or were referred to outside resources
- ☐ Monitor areas for struggling students (hallways, parking lot, bathrooms, etc)
- ☐ Monitor bus areas before and after school

### **Meeting with school faculty and staff**

- ☐ Review facts about the death- give only information that is necessary
- ☐ Offer Crisis team assistance to the staff and students
- ☐ Review statement to be read to students
  - ☐ Encourage teachers to take their time reading the statement and reinforce that struggling students may receive assistance in the designated place
- ☐ Direct teachers on appropriate responses
- ☐ Reinforce that It's okay for teachers to share sadness
- ☐ Do not entertain rumors, stick to facts
- ☐ Allow students the opportunity to ask questions and discuss feelings and concerns with teachers
- ☐ If needed, follow up trauma-reducing activities such as art, writing letters to deceased's family, play music, etc. may be used
- ☐ Encourage teachers to return to routine daily schedules as soon as possible
- ☐ For students who need additional support, allow them to go to the designated location where they may meet with members of the crisis team
- ☐ Encourage students to go directly to intake room or to check out of school if leaving
- ☐ Provided grief/warning signs handouts for staff
- ☐ Explain policy on memorials (see Tab 5)



## **End of the day**

- ☐ Faculty meeting
  - ☐ Hold faculty and staff meeting to debrief
  - ☐ Teachers share what went well– what were challenges
  - ☐ Discuss students that need further follow-up
  - ☐ Discuss plans for the next day
- ☐ Crisis team and school team meeting
  - ☐ Discuss information shared in faculty meeting
  - ☐ Identify weaknesses and strengths of crisis intervention
  - ☐ Review sign in lists and status of students needing additional help
  - ☐ Discuss faculty members in need of further assistance
  - ☐ Prioritize personnel needs for the next day
    - ☐ What crisis team members will be needed for the next day?
    - ☐ Address the “empty chair” with teachers who had the deceased in their classes
    - ☐ Assign crisis team member to follow class schedule the next day
- ☐ Contact family/spokesperson of the deceased
  - ☐ Make a home visit if appropriate (ask family members first, they may prefer visits on day 2)
  - ☐ Express condolences
  - ☐ Discuss actions of the school and consider family requests/needs
  - ☐ Obtain information regarding the funeral if available
- ☐ Provide a time at parents' convenience to clean out child's locker/ desk

## **Parent meeting**

Intent of parent meeting is to give parents tools on how to help children with grief and learn of community resources

- ☐ Determine agenda
- ☐ Send parent link– if deceased student is in elementary school, call parents about the death and parent meeting
- ☐ Have grief handouts and list of community resources available
- ☐ If suicide death, share suicide prevention facts; share district protocol
- ☐ Invite mental health experts to answer questions and meet individually with parents
- ☐ Consider interpretation needs

## **Day#2**

### **Administration**

- ☐ Have crisis team members available
- ☐ Have one CRT member follow deceased student's class schedule
- ☐ Follow up as needed with students and faculty
- ☐ Determine how to release funeral information– do not dismiss school
- ☐ Discuss procedure to excuse absences for students who would like to attend the funeral
- ☐ Contact family of deceased (if not done on day one)
  - ☐ Express condolences again
  - ☐ Obtain funeral arrangements if available
  - ☐ Provide a time at parents' convenience to clean out the deceased student's locker/desk
- ☐ Brief teachers about the empty chair

## **CRT Whiteboard Layout Guide**

1. Name and phone number of person responsible for checking off "To Do's"  
(District Crisis Team Lead or other person assigned)
2. Facts about the incident
3. Feeder schools/affected schools contacted
4. Needs of concerned teachers and students addressed
5. People to check on (include who is going to be meeting with them)
  - a. Friends
  - b. Teachers
  - c. Neighbors
  - d. Students
  - e. Specific students to meet with
6. Meetings to plan and organize
  - a. Faculty crisis briefing
  - b. Student Leadership Crisis Response
  - c. Parent Meeting
7. Classrooms to check on
  - a. Student Schedule
8. Classes with substitutes for announcements and support
9. Other concerns
10. To- Do assignments with name:
  - a. When assignments are completed, notify District Crisis Leaders or other person assigned)

## Office/Secretary communication

Direct calls to appropriate team members as follows. Only factual or verified information should be given.

Obtain a list of crisis member information from the district crisis leader.

Name, position	Phone contact

Sample Communication script to use for incoming phone calls during crisis:

"Hello \_\_\_\_\_ (school), May I help you?"

Take messages on non-crisis related calls

For crisis related calls, use the following general protocol:

Calls From	Response
Police or other security professionals	Immediate transfer to administration
Family members of the deceased	Immediate transfer to administration or anyone else they want to reach at school. If administrators are not available immediately, ask if they would like to talk to a counselor, psychologist, or other crisis team member
Other school administrators	Give out basic factual information on death crisis response and offer to transfer call to principal or others
Parents regarding their child's immediate safety	Reassure parents if you know their child was not involved and outline how children are being supported. If their child is possibly involved, transfer to crisis team member who may have more information
Persons who call with information about others at risk or may be at risk themselves	Transfer to an appropriate crisis team member or keep the person on the phone until an appropriate crisis team member is available. If the caller is in crisis and appropriate team member is not available, the caller the suicide prevention lifeline number, 1-800-273-8255, AND take down the caller's name, phone number and location and give to a crisis team member immediately
Media	Transfer to district administrator or designee

## **Tab 3**

### **Sample Announcements**

## Sample Announcements

**Announcements to students may be prefaced with a statement such as..., "I have been asked to read this letter to you to make sure all students receive the same information."**

### Letter to Students:

#### Sample announcement when the death has been ruled a suicide:

*(Do not refer to the death as a suicide unless it has been confirmed by the family, and the family does not object to the information to be shared)*

It is with great sadness that I must tell you that one of our students, \_\_\_\_\_, died by suicide. (Name) died on (date).

Death can be difficult to understand, especially when it is sudden. We may never know why this death occurred and we will not focus on trying to figure it out. Rumors may begin to circulate, but we ask you not to spread rumors since they may turn out to be inaccurate. Rumors can be deeply hurtful and unfair to \_\_\_\_\_ as well as (his/her) family and friends.

Each of us will react to \_\_\_\_\_'s death in our own way, and we need to be respectful of each other. Feeling shocked, sadness, and confusion are normal responses to any loss. Some of you may not have known \_\_\_\_\_ well and may not be as affected, while others may experience a great deal of sadness.

We can take some time to talk about this now. When most of you are ready to return to our class schedule, we will do so. The school day will remain on schedule. We encourage all students to stay in school today and be in rooms with adults present.

Some of you may find you are having difficulty concentrating on your schoolwork and need more time to return to the schedule. We have counselors available to help our school deal with this sad loss and to help us understand more about suicide. If you would like to talk to a counselor, let me or one of your teachers know, or look for the counselors in (location).

We want you to assure you we care about you and will do whatever we can to help you get through this.

## Letter to Students:

### Sample announcement when the cause is unconfirmed, is uncertain, or the family does not wish to disclose the cause of death:

It is with great sadness that I must tell you that one of our students, \_\_\_\_\_, has died on (insert date or time such as “last night”).

The cause of death has not yet been determined. We are aware that there has been some talk about what happened. Rumors may begin to circulate, but we ask that you not spread rumors since they may turn out to be inaccurate. Rumors can be deeply hurtful and unfair to \_\_\_\_\_ as well as (his/her) family and friends. We will do our best to give you accurate information as it becomes known to us.

Each of us will react to \_\_\_\_\_'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known \_\_\_\_\_ very well and may not be as affected, while others may experience a great deal of sadness.

We can take some time to talk about this now. When most of you are ready to return to our class schedule, we will do so. The school day will remain on schedule. We encourage all students to stay in school today and be in rooms with adults present.

Some of you may find you are having difficulty concentrating on your schoolwork and need more time to return to the schedule. We have counselors available to help our school deal with this sad loss. If you'd like to talk to a counselor, let your teachers know. The counselors are in (location).

We want to assure you we care about you and will do whatever we can to help you get through this.



## Letter to Students:

### Sample announcement following a Sudden Death:

On (date/time), we were given some bad news. \_\_\_\_\_ was (killed in a car accident) and died suddenly. \_\_\_\_\_ was a (e.g., freshman and played on the \_\_\_\_\_ sports team). We know that .... (give only confirmed details, use discretion in what to share). We do not have all the information at this time but will inform you as we learn more.

Each of us will react to \_\_\_\_\_'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known \_\_\_\_\_ very well and may not be as affected, while others may experience a great deal of sadness.

We can take some time to talk about this now. When most of you are ready to return to our class schedule, we will do so. The school day will remain on schedule. We encourage all students to stay in school today and be in rooms with adults present.

Some of you may find you are having difficulty concentrating on your schoolwork and need more time to return to the schedule. We have counselors available to help our school deal with this sad loss. If you'd like to talk to a counselor, let your teachers know. You may go to the designated counseling room located in (location).

We want you to assure you we care about you and will do whatever we can to help you get through this.

## Letter from Principal to STAFF:

(School) staff:

It is with great sorrow that I inform you that \_\_\_\_\_ at (school) has died. We know that .... (give only confirmed details). We do not have all the information at this time but will inform you as we learn more.

There are times when it is necessary to communicate news that is painful for us. During those times, we must be prepared to support each other as we deal with the many feelings we experience.

We ask that you read a written announcement of this loss to your students which will be provided by the administrators.

Your students may react in a variety of ways. Some students may experience little effect and some students will experience a great deal of sadness and have a difficult time concentrating on schoolwork. We have counselors available to help our school deal with this sad loss. If you observe any students who are having a particularly difficult time, you may send them to a designated counseling room located in \_\_\_\_\_.

You may take time to discuss this sad news at the beginning of class. As soon as most students are ready to return to a regular schedule, please do so. The school day will remain on schedule and students are expected to stay at school and be in rooms with adults present.

In memory of (Name), you may choose to do (appropriate activity). School Administrators will keep you updated as more information is given to us at the school.

Sincerely,

(Principal)

## **Sample letter to Parents of Student or Faculty Member Death:**

Dear Parents,

As you may be aware, our school district has experienced the death of a (student/faculty member) that has affected us deeply.

We have support structures in place to help your child cope with this tragedy. It is possible that your child may have some feelings and questions that he/she may like to discuss with you. It is important to give factual information that is appropriate to their age. You can help your child by taking time to listen and encouraging him/her to express feelings.

All children are different and will express their feelings in different ways. It is not uncommon for children to have difficulty concentrating or to be fearful, anxious, or irritable. They may become withdrawn, cry, complain of physical aches and pains, have difficulty sleeping or have nightmares. Some may not want to eat. These are generally short-term reactions.

Over the course of the coming days, please keep an eye on your child and allow him/her to express their feelings without criticism. We anticipate that the next few days will be difficult for everyone, although classes will continue as usual.

(Optional) An information night for parents is planned for (date, time, and place). At that time, further information about how to help children in grief will be given.

We have enclosed some information which you may find useful in helping your child through this difficult time. If you would like advice, you may contact the following people at the school (Names, details).

Sincerely,

Principal's Signature

## **Modelo de carta a los padres del fallecimiento de un estudiante o miembro de la facultad:**

Estimados padres,

Como ya sabrá, nuestro distrito escolar ha experimentado la muerte de un (estudiante/miembro del cuerpo docente) que nos ha afectado profundamente.

Contamos con estructuras de apoyo para ayudar a su hijo a afrontar esta tragedia. Es posible que su hijo tenga algunos sentimientos y preguntas que le gustaría discutir con usted. Es importante brindar información objetiva que sea apropiada para su edad. Puede ayudar a su hijo tomándose el tiempo para escucharlo y animándolo a expresar sus sentimientos.

Todos los niños son diferentes y expresarán sus sentimientos de diferentes maneras. No es raro que los niños tengan dificultades para concentrarse o estén temerosos, ansiosos o irritables. Pueden volverse retraídos, llorar, quejarse de dolores y molestias físicas, tener dificultades para dormir o tener pesadillas. Es posible que algunos no quieran comer. Generalmente se trata de reacciones de corta duración.

Durante los próximos días, vigile a su hijo y permítale expresar sus sentimientos sin críticas. Le adelantamos que los próximos días serán complicados para todos, aunque las clases seguirán con normalidad.

(Opcional) Está prevista una noche informativa para padres para (fecha, hora y lugar). En ese momento, se brindará más información sobre cómo ayudar a los niños en duelo.

Adjuntamos información que puede resultarle útil para ayudar a su hijo en este momento difícil. Si desea asesoramiento, puede comunicarse con las siguientes personas de la escuela (Nombres, detalles).

Atentamente,

Firma del director

## **Sample Letter to Parents when death is a suicide, and the family is willing to share that information.**

Dear Parents,

It is with deep regret that we inform you about a recent loss to our school community. \_\_\_\_\_(Name), one of our (grade) students has died. Our thoughts and sympathies are with their family and friends. The students were given the news of their death by their teacher in class today. I have included a copy of the announcement that was read to them. (Attach copy of announcement to letter/email)

The cause of death was suicide. Suicide is a very complicated act. Although we may never know why (Name) ended their life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's important if you or your child are upset or struggling to reach out for help. Suicide is not the answer. I am including some information that may be helpful to you in discussing suicide with your child. Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at great risk due to exposure to the suicide of a peer. If you or your child needs help right away, call the National Suicide Prevention Lifeline at 988 or call 911, text/call using the SafeUT app, or take your child to the nearest crisis center or emergency department.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service.

If you have any questions or concerns, please contact me or one of the school mental health professionals. We are saddened by the loss of our school community and will make every effort to help you and your child as you need.

Sincerely,

(Principal's Name)

## **Modelo de carta a los padres cuando la muerte es un suicidio y la familia está dispuesta a compartir esa información.**

Estimados padres,

Con profundo pesar les informamos sobre una pérdida reciente en nuestra comunidad escolar. \_\_\_\_\_(Nombre), uno de nuestros estudiantes de (grado) ha fallecido. Nuestros pensamientos y condolencias están con sus familiares y amigos. Los estudiantes recibieron hoy en clase la noticia de su muerte por parte de su profesor. He incluido una copia del anuncio que se les leyó. (Adjunte copia del anuncio a la carta/correo electrónico)

La causa de la muerte fue el suicidio. El suicidio es un acto muy complicado. Aunque quizás nunca sepamos por qué (Nombre) acabó con su vida, sí sabemos que el suicidio tiene múltiples causas. En muchos casos, una condición de salud mental es parte de ello. Pero estas condiciones son tratables. Es importante que usted o su hijo estén molestos o tengan dificultades para pedir ayuda. El suicidio no es la respuesta. Incluyo información que puede resultarle útil al hablar sobre el suicidio con su hijo. Los miembros de nuestro Equipo de Respuesta a Crisis están disponibles para reunirse con los estudiantes individualmente y en grupos hoy, así como durante los próximos días y semanas. Comuníquese con la oficina de la escuela si cree que su hijo necesita asistencia adicional. Tenga en cuenta que los niños que ya son vulnerables pueden correr un gran riesgo debido a la exposición al suicidio de un compañero. Si usted o su hijo necesitan ayuda de inmediato, llame a la Línea Nacional de Prevención del Suicidio al 988 o llame al 911, envíe un mensaje de texto o llame usando la aplicación SafeUT o lleve a su hijo al centro de crisis o al departamento de emergencias más cercano.

La información sobre el servicio funerario estará disponible tan pronto como la tengamos. Si su hijo desea asistir, le recomendamos intensamente que lo acompañe al servicio.

Si tiene alguna pregunta o inquietud, comuníquese conmigo o con uno de los profesionales de salud mental de la escuela. Nos entristece la pérdida de nuestra comunidad escolar y haremos todo lo posible para ayudarlo a usted y a su hijo según lo necesiten.

Atentamente,

(Nombre del director)

**Tab 4**

**Media**

## **Media**

- Prepare a media statement.
- Designate a media spokesperson (Should be district personnel or designee)
- District designated spokesperson will review district guidelines, expectations, and protocols for dealing with the media.
- Advise staff that only the designated media spokesperson is authorized to speak to the media on behalf of Millard School District.
- Advise students to avoid interviews with the media while at school or on school grounds.
- Refer media outlets to Reporting on Suicide: Recommendations for the media. (See pg. 29)
- Remember, prompt response to the media is critical to help mitigate rumors.
- When speaking to the media, focus on the positive steps of the school's postvention plan to help students through the immediate crisis. Offer information about warning signs and resources where parents and students can get help. (See sample media guidelines)

## **Reporting response to the media**

- Research has shown that graphic, sensationalized or romanticized descriptions of deaths can contribute to increased rates of suicide, particularly among youth.
- Media coverage that details the location and manner of suicide with photos or videos increases the risk of suicide.
- Media should also avoid oversimplifying the cause of death (e.g. "student took his own life after a breakup with his girlfriend"). This gives the audience a simplistic understanding of a very complex issue.
- Instead, remind the public that more than 90% of people who die by suicide have an underlying mental disorder such as depression.
- Media should include links to or information about helpful resources such as local crisis hotlines.
  - National Suicide Prevention Lifeline 988
  - SafeUT App
  - Trevor Lifeline 1-866-488-7386
  - Live on Utah <https://liveonutah.org/give-help>



## **Students, Staff and Parents: Your Rights with the Media**

You have the right to:

- Say “no” to an interview.
- Be treated with respect.
- Select the time and location of the interview.
- Have someone with you during the interview.
- Know the purpose of the story.
- Ask about the questions in advance.
- Request a specific reporter and/or refuse to work with certain reporters.
- Speak to one reporter at a time.
- Release a written statement instead of having an interview.
- Refrain from answering uncomfortable questions.
- Say when the interview is over.
- Ask for a correction if the information is wrong.
- Grieve in private.

## **Media Talking Points and Frequently Asked Questions**

In addition to the below sample talking points, your crisis team should work to create specific talking points in response to individual crises. These talking points are building blocks for you to expand upon and supplement.

- Schools are the safest places for children.
- The school is taking action to promote healing and safety (name the actions).
- Parents can help their children heal.
- Parents have a role in communicating with their children and knowing early warning signs.
- Mental health assistance is available (provide information regarding what is available.)
- Media can help by avoiding images that retraumatize victims.
- We all have a responsibility to create safe schools and communities.
- Communities need to know about early warning signs and help report threats.
- All schools need prevention programs.
- We appreciate the support of the community.
- There is a process for accepting and distributing donations (detail what the process is).

## Samples of Frequently Asked Questions

The below are sample questions and answers that may come from the media or other inquiring sources. It is best to prepare answers or talking points for any questions that may come your way, including any possible difficult questions. You should use what is here to start brainstorming your responses, and build upon them based on the crisis at hand.

Q: What happened?

A: Stick to the facts that you have verified: who, what when, where. Coordinate information release with law enforcement.

Q: How much damage was sustained?

A: **NEVER SPECULATE** on dollar amount of damage. Give factual, clear information as it becomes available (e.g. two classrooms have sustained damage in the fire).

Q: How many people were killed/injured/missing?

A: ONLY RELEASE CONFIRMED NUMBERS. Coordinate with law enforcement.

Q: How can I get updated information?

A: Give time, location of next briefing as well as hotline number.

Q: How can I locate a family member, colleague or student?

A: Provide evacuee information numbers.

Q: How can parents and teachers receive information about how to help children deal with trauma?

A: <https://kidshealth.org/en/parents/trauma-care.html>;  
<https://www.nctsn.org/resources/understanding-child-traumatic-stress-guide-parents> ;  
<https://childmind.org/guide/helping-children-cope-after-a-traumatic-event/> ;

Q: How can I volunteer to help or provide donations?

A: Provide information number, and any items needed now.

Q: Why did this happen?

A: NEVER SPECULATE.

Q: What are you doing next?

A: We are assessing the situation

Instead of this:	Do this:
Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain, Dead at 27").
Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	Use school/work or family photo; include suicide hotline, logo or local crisis phone numbers.
Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.	Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher".
Describing suicide as inexplicable or "without warning".	Most, but not all people who die by suicide exhibit warning signs.
"John Doe left a suicide note saying...."	"A note from the deceased was found and is being reviewed by the medical examiner."
Investigating and reporting on suicide similar to the way crimes are reported.	Report on suicide as a public health issue.
Quoting/interviewing police or first responders about the causes of suicide.	Seek advice from suicide prevention experts.
Referring to suicide as "successful," "unsuccessful", "committed", or a "failed attempt".	Describe as "died by suicide" or "completed" or "ended his/her life"

# **Media Reporting of Death by Suicide Guidelines:**

## **Media Statements – District**

- “We are heartbroken over the death of one of our students/staff members. Our hearts, thoughts, and condolences go out to his/her family, friends, and the entire community.”
- “We will be offering grief counseling for students, faculty and staff starting on (date and time).”
- “We will be hosting an informational meeting for parents and community regarding suicide prevention on (date/time). Experts will be on hand to answer questions.”
- “No TV cameras or reporters will be allowed in the school or on school grounds.”

## **Social Media**

- Oversee school’s use of social media as part of the crisis response
  - Use designated team to monitor social media
- Respect student and family confidentiality
- Consider monitoring social networking sites and other social media in order to:
  - ensure that accurate information is posted
  - become aware of derogatory messages about the deceased
  - become aware of messages that bully or victimize current students
  - identify comments indicating students who may themselves be at risk
  - identify students who may be in need of additional support or further intervention
  - collaborate with students in using these tools to disseminate accurate information
  - promote safe messages that emphasize prevention
  - respond by notifying parents and possibly local law enforcement about student plans of potentially unsafe activities such as late night gatherings, etc.

- Consider needed translation services
- Disseminate information regarding
  - The funeral or memorial services (schools should check with the deceased's family before sharing this information)
  - Where students can go for help or to meet with counselors
  - Local mental health resources
  - [The National Suicide Prevention Lifeline 988](#)
  - [SafeUT App](#)
  - [Trevor Lifeline 1-866-488-7386](#)
  - [Live on Utah <https://liveonutah.org/give-help>](#)

***Please remember that prompt response to the media is critical to help mitigate rumors.***

## Formal statement to Notify Media of Suicide or Sudden Death:

“(School) is sad to report that it has confirmed the death of one of its students/staff, \_\_\_\_\_ by the coroner’s office and the deceased’s family.

(Name), (age) year old, (grade or a teacher at our school), died (day) by (cause of death if officially declared). He/she was a resident of (city/town) and was active in (clubs/athletics, etc.) at the school.

Funeral arrangements are not available currently. School counselors and community mental health representatives are available to any student or staff member who wishes to talk about \_\_\_\_\_’s death. Our school’s primary focus of resources is on the welfare of our school community.”

- List community resources
- List ways the media can be helpful with postvention

### WHAT TO SAY:

- Express appropriate sympathy and concern over the incident
- Give only the basic facts and background information necessary to assure accurate coverage
- Verify a student’s enrollment or staff member’s employment as requested
- Be honest
- If necessary, say “I don’t know” or “I’m not at liberty to talk about that with you.”

### WHAT NOT TO SAY:

- Do not give reporters the name or other information about the victims or perpetrators (in the event of a crime). Refer all such inquiries to the police department
- Do not comment on a student’s grades, school performance, citizenship record or personal characteristics
- Do not say “no comment” but don’t comment when it isn’t prudent

## Talking About Suicide

### Give accurate information about suicide

- Suicide is a complicated behavior. It is NOT caused by a single event such as a bad grade, argument with parents, or the breakup of a relationship

### Do not focus on the method or graphic details

- Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth. If asked, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

Talking to staff about what they can say

# **Tab 5**

## **Memorials**



## Memorial Activities

1. Avoid any activities that glorify, glamorize, or sensationalize death.
2. Memorials should be the same for any student death regardless of cause. Make assertive, proactive efforts to guide students in the direction of safe activities for grieving and honoring the student who died.
3. Respectfully re-position any hallway “shrine” items into the counseling sites.

### ALLOW:

- Positive notes or memories written by students and staff to give to the family
- Dedication pages in school newspapers or yearbooks that treat the dedication equally with that of any other student who dies
- Dedications may include a photograph, name, birth and death dates, and something about what the deceased did while living
- Making a poster board of messages to be displayed in a place where students can avoid if they choose not to participate
- Allow temporary memorials that are monitored by adults. May be taken down and given to the family
- That which honors the student who died and can help the living

### AVOID:

- Memorial services within the school building
- Sending all students to the funeral or canceling classes for the funeral
- Flying the flag at half-mast
- Large student assemblies about the victim or a moment of silence at assemblies
- Dedication of sports events or other events
- Permanent markers or memorials of any kind (e.g. at the student's locker, plaques, trees, benches, retirement of a sports jersey, shrines)
- Requests to distribute t-shirts and buttons with images of the deceased
- That which other vulnerable youth may see as a way to receive recognition for considering suicide

The school can play an important role in balancing the students' need to grieve and the impact the proposed activity will likely have on students, particularly those who were closest to the student who died. It can be helpful for schools to be

equipped with specific, constructive suggestions for safe memorialization. Activities such as these may be helpful:

- Sponsoring a mental health awareness day
- Purchasing books for the school or local library
- Working with the administration to develop and implement a curriculum focused on effective problem-solving
- Making a book available in the school office for several weeks in which students can write
- Flowers to the family
- Donation to a charitable organization

## **Events**

**The guiding principle is that all deaths should be treated the same way. Final decisions about any tributes associated with the school should be approved by the administration.**

## **Tab 6**

### **Parents/Family**

# Communications with Parents

## Guidelines

- Provide school secretaries with information about what is to be released about the death, where to transfer calls of inquiry, and what services are being provided to survivors.
- For parents who walk into the school, it is important to have an orderly process for responding to them, particularly parents who are removing their children from school. Documentation must be kept of who removed the child and when.
- A decision will be made by the administration about delivering an informational letter to parents. It is a balance of a 'need to know' with respecting the confidentiality of the deceased student and the family.
- If it is determined that a letter be sent to parents, it generally includes:
  1. Basic information about the death/crisis
  2. Expression of sadness and condolences for families of those affected
  3. Description of services being provided in schools for survivors
  4. Description of common symptoms of grief or trauma and basic things parents can do to support their children
  5. Who parents can contact in the community or school if they are very concerned about their child's response
  6. Information about any memorial service for the deceased student and about arrangements parents need to make to accompany their child (if information is available and appropriate)

## **Sample letter to Parents of Student or Faculty Member Death:**

Dear Parents,

As you may be aware, our school district has experienced a death of a (student/faculty member) (Provide basic factual info about the death: died on date: etc) (name) death has affected us deeply.

We have support structures in place to help your child cope with this tragedy. It is possible that your child may have some feelings and questions that he/she may like to discuss with you. It is important to give factual information that is appropriate to their age. You can help your child by taking time to listen and encouraging him/her to express feelings.

All children are different and will express their feelings in different ways. It is not uncommon for children to have difficulty concentrating or to be fearful, anxious, or irritable. They may become withdrawn, cry, complain of physical aches and pains, have difficulty sleeping or have nightmares. Some may not want to eat. These are generally short-term reactions.

Over the course of the coming days, please keep an eye on your child and allow him/her to express their feelings without criticism. We anticipate that the next few days will be difficult for everyone, although classes will continue as usual.

(Optional) An information night for parents is planned for (date, time, and place). At that time, further information about how to help children in grief will be given.

We have enclosed some information which you may find useful in helping your child through this difficult time. If you would like advice, you may contact the following people at the school (Names, details).

Sincerely,

Principal's Signature

# Help with Grief for Families

## **General Information**

Your child has recently experienced a loss, whether through the death of a classmate, or staff person, or has a classmate that has lost a family member. Each child grieves differently. It is most important that children get sympathy and non-judgmental responses from their family members.

Keep communicating with your child to create a safe, supportive environment. Talking about feelings is very important. When children see adults expressing their feelings about a loss in a healthy way, they will likely learn how to do it too.

## **Possible Behavioral Changes**

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

## **Response of Parents/Caregiver**

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

- Simple answers to such questions as, “when will you die?”, “Can I get sick too?”, or “Does everyone die?”, will provide reassurance to children. Adults can seek further information to learn what the child’s concern is. “Are you concerned that I might not be here to care for you?” or “Are you worried you might die soon too?” Brief answers based on fact are best, “I don’t plan to die, for a long time. I hope to take care of you as long as you might need

me” or “You’re safe now, and I will always try to protect you” or “adults are working very hard to make things safe.”

- Everyone in the family needs assurance. Children may ask endless questions. They need information and reassurance given repeatedly. Extra play may be needed to relieve tension related to their grief.
- It is also important to explain to children that the crisis is not their fault.
- Monitor children's media viewing. Images of the tragic event can be extremely frightening to children, so consider limiting the amount of media coverage they see.

## **What can I do as a parent of younger children?**

### **Establish a sense of safety and security**

It is essential that children feel protected, safe and secure in the aftermath of a trauma. Ensure that all basic needs are met, including love, care and physical closeness. Spend extra time to let children know that someone will nurture and protect them. Children will need a lot of comforting and reassurance.

### **Listen actively to your children**

Seek first to understand before trying to be understood. It is often not as important what you say, but that you listen with empathy and patience. It may be easier for children to tell what happened (e.g., what they saw, heard, smelled, physically felt) before they can discuss their feelings about the event. In other instances, children will want to tell their parents the story of trauma over and over. Retelling is part of the healing process.

### **Help your children express all their emotions**

It is important to talk to your children about the tragedy – to address the suddenness and irrationality of the event. Reenactment and play about the trauma is encouraged. It is helpful to ensure that children have time to paint, draw or write about the event. Imagining alternate endings to the disaster may help your children and allow them to feel less helpless in the aftermath of a tragedy.

### **Validate your child's feelings**

Help children understand that following a trauma, all feelings are acceptable. Children will probably experience a myriad of feelings which could include shame,

rate, anger, sadness, pain, isolation, loneliness, and fear. Help your children understand that what they are experiencing is *normal* and to be expected.

### **Allow your children the opportunity to regress as necessary**

This is important so that they may “emotionally regroup.” For example, your children may request to sleep in your bed with the lights on or you may need to drive your children to school. Previously developed skills may seem to disappear or deteriorate. Bed-wetting or thumb sucking may occur. Be patient and tolerant and never ridicule. Remember that most regression following a trauma is temporary.

### **Help children clear up misconceptions**

Help correct misunderstandings regarding the cause or nature of the trauma, especially those that relate to inappropriate guilt, shame, embarrassment, or fear.

Examples may be, “I should have been able to save my brother from the car wreck.” or “God struck my sister dead because God was angry at her.” “My father died of cancer and I will catch it from him.”

### **Help predict and prepare**

If your children need to go to a funeral, carefully explain what will happen each step of the way. Allow your children to ask all kinds of questions.



**Tab 7**

**Teachers/Classroom**

## Classroom Guidelines

The purpose of classroom discussions regarding student death/suicide is:

- Support students who are grieving
- Identify students who may need more support or referral to other agencies
- Prevent a rise in suicide death

All teachers should be able to request classroom support. Support in classes of the deceased student should be automatic. If you cannot meet with your classes due to a personal intense grief reaction, let the principal know so class coverage can be arranged.

## Classroom Discussions

Main procedures for working with students:

- Tell the truth—read the school announcement of death, share information about resources and services. Avoid giving unnecessary information.
- Express sadness and feelings for affected students and the family.
- Students who didn't know the deceased student may still be very affected due to losses in their own lives, many of which may not be known to school staff.
- Help students identify adults in their lives they can seek out for support, now and in the future.
- Do provide time and paper for students to write condolence notes to the family if that is their choice. Activities such as letter writing, journal keeping, discussions, reading literature, writing about a favorite memory of the deceased to compile in a book are also appropriate activities.
- Plan for the return of a bereaved child – guide the class in deciding what to say and how to act when the bereaved child returns to school. The subject should not be ignored, yet students should be aware that the bereaved child may not want to talk about it. Classmates might acknowledge it with statements like, "I'm glad you're back" "I am really sorry your mother died" and then treat the child as they did before the death.

- In the classes of the deceased student, talk about how to deal with the empty chair and the student's permanent absence.
- Help students return to normalcy and planned school activities as soon as possible. Students who are unable to do this may need additional support/counseling.
- Identify students for follow-up or get immediate help if needed – *never leave a student alone if you are seriously concerned. Call administration or send another student runner for help.*
- Supervision is important – keep a list of any students leaving the room during class time. Notify the office of students who are leaving the building.
- Assure siblings of the deceased that they are not responsible for the death.
- Get support for yourself if needed.

### **For a death by suicide:**

- Respectfully make it clear that you believe suicide is not a good choice and that there are other ways to solve problems.
- For older students, reiterate that alcohol and drug use are not effective ways to deal with grief and will often make things worse.
- Make students aware of the warning signs of suicide and where to seek help for themselves or friends.
- Do not copy lyrics or play songs with death or destructive themes.

### **Other considerations:**

- Discipline should not be relaxed or enhanced during bereavement. Structure and consistency are helpful in normalizing their environment again. However, the teacher should be mindful of the emotional needs of the child. Teachers should expect and accept a regression in the quality of work of a bereaved student. Adaptations to curriculum or provisions for after school tutoring may be necessary for a time.
- Remember that ignoring grief will not make it go away. Research shows a relationship between antisocial behavior among adolescents and unresolved grief over the death of a loved one.
- It is not unusual for the school effects of a student death to go on for months. The most common effects are students' decreased concentration on studies,

preoccupation with death, and sometimes behavior changes. Adults have generally learned how to compartmentalize their pain so that they can carry on with life functions. Several students may have a great deal of difficulty in compartmentalizing their lives to maintain optimal functioning.

### **Intermediate Intervention:**

- Talk to students whose work has declined or who seem to have changed, to find out if they are receiving intervention services.
- Negotiate academic requirements with students, with the understanding that modifications may be necessary.
- Contact the parents of students who appear affected to make certain parental support is in place.
- Help students understand that grieving is a long-term process and that when trauma is involved, the emotional impact is often greater. It is “normal” to feel numb, upset, depressed, etc. for some time after a suicide, sudden death, or other critical incident.
- Remind students and staff that no matter how good their previous mental health is, and how well they take care of themselves, higher level meta-cognitive abilities are often compromised for a period in the aftermath of a crisis. Students and staff may be challenged by diminished concentration, memory, and ability to synthesize information. There is no “quick fix” for this problem, but generally healthy individuals will find that their full capacities return over time.
- Be tolerant. Grief may be displayed in many ways – sadness, withdrawal, irritability, anger, oppositional behavior, or stillness. Grief may bring up prior loss experiences or trauma.

### **Elementary Extensions Activities**

#### ***Lunch Time***

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

#### ***Recess Options***

Provide students with the choice of either going out on the playground or staying inside the classroom during recess.

**Buddy System**

Establish a “buddy system” by pairing students for routine school events such as running errands to and from the office or other rooms, and trips to the bathroom.

**Art**

Make a group mural on butcher paper with topics such as, “What happened in your neighborhood (school or home), when \_\_\_\_\_?” Talk about the mural. It is important to end the discussion on a positive note, e.g., a feeling of mastery or preparedness, noting that the community or family pulled together to deal with the crisis.

**Reading**

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

**Creative writing or discussion**

In a discussion or writing assignment, have the children make up a “happy ending” of a traumatic event/disaster. Have the children make up a disaster in which their favorite superheroes “save the day.” Have the children describe in detail a scary, intense moment in time and a happy moment.

## Secondary Extension Activities

### ***Class Discussions***

Allow opportunities to discuss their experiences, to vent, and to normalize their extreme emotions. The students may need considerable reassurance. Always end discussions on a positive note.

### ***Creative Writing***

Ask students to write about an intense moment they remember clearly.

### ***Literature or reading***

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

### ***Health Education Class***

Discuss emotional reactions to the event and the importance of taking care of one's own emotional well-being. Discuss how exercise and healthy eating assist a body's response to stress/crisis.

### ***Things to consider:***

It may be appropriate to facilitate extension activities with smaller groups of students who are more directly impacted by the crisis.

You are the teacher, not the “therapist”. A therapist is responsible for providing treatment, while a therapeutic adult offers support and facilitates referrals for additional services. Listening, showing you care, and assisting a person in getting appropriate help, are the most effective ways to help students cope with crisis.

Be aware of your own need to discuss the crisis vs. the student's need.

Occasionally, adults within the school community are more impacted for longer periods of time than the students.

Activities should be altered to reflect the academic and developmental level of the class.

For more information, see 'Fundamentals for Speaking or Writing about Suicide' ([spanidaho.com](http://spanidaho.com))

## **Tab 8**

# **Crisis Counseling**

## Crisis Counseling Center

*The purpose of the Crisis Counseling Center is to:*

- Help the school to return to a state of normalcy
- Provide support to grieving students as they deal with the crisis. Students with recent or multiple previous crises/losses in their lives are particularly at risk
- Identify students most affected who may need additional resources
- Decrease the likelihood of a rise in suicide

*Crisis Response Tasks include:*

- Provide support in suggesting courses of action to the administration (staff meetings, letters to be sent home and announcements to the student body)
- Locate family members of deceased or seriously injured student and meet with them
- Empower teachers in their efforts to talk with students
- Provide personnel in the classroom to assist staff members who may need emotional support
- Ensure consistency and a continuum of available responding techniques to fit various situations
- Obtain and disseminate accurate information that will help to dispel rumors
- Allow students and staff the opportunity to express their thoughts and feelings and to ask questions in a safe and controlled environment
- Provide support to staff and students during the recovery period

*Decisions for the Crisis Counseling Center to consider:*

- What system will be used to track referrals from the Crisis Counseling Center to other staff, parent or mental health providers? Having a system ensures that no student is inadvertently overlooked, that parents are notified, and avoids duplication of efforts with the same student.
- Are memorials allowed in the center? How is the placement of memorials to be handled?
- When is the center available for students?



## Crisis Center Referral Form

Name of Referred Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Referring Staff, Parent, or Student: \_\_\_\_\_

Description of Concern:

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Level of Concern – referring person check options:

\_\_\_\_\_ Acute risk. Don't leave the student. Call for security or police if needed. Call the administrator or counselor. Phone the parents.

\_\_\_\_\_ Significant concern. Don't leave the student. Call for a counselor or administrator.

\_\_\_\_\_ Needs screening within the day

\_\_\_\_\_ Some concern. Request follow-up within a few days

\_\_\_\_\_ Monitoring requested.

---

### SCREENING OUTCOME

Results:

Staff who screened:

Date:

Name of Parent Contacted:

Date:

Name of Follow-up Case Manager:

Referral given to:

## Authorization for Exchange of Information

I, the parent/legal guardian of \_\_\_\_\_ (first and last name) authorize \_\_\_\_\_ (Organization/Person) to disclose to and or obtain relevant information from \_\_\_\_\_ (Organization/Person).

### **Purpose**

The purpose of this disclosure of information is to improve treatment planning, share information relevant to treatment, and when appropriate, coordinate treatment services.

### **Revocation**

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to \_\_\_\_\_ (name) at \_\_\_\_\_

### **Expiration**

Unless sooner revoked, this authorization expires in one year on the following date: \_\_\_\_\_

### **Forms of Disclosure**

I agree to allow disclosure in any manner that is appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format, or electronically.

I will be given a copy of this authorization for my records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_ Check here if Parent/Guardian refuses to sign for authorization

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

## Information about the Deceased Student

*Having information about the deceased student may aid in identifying students who may be most affected, any additional resources needed, and otherwise planning the response.*

- Was the death by suicide? Known contributing factors? Previous attempts?
- Who were the friends, boy/girlfriends, “enemies”, how socially connected was the student?
- Is there a possible alcohol or drug connection?
- Who are the family members, including siblings, extended family?
- Who are the staff members who might have been close to the student? Mentors/tutors?
- Are there community people who were involved with the student?
- Who was the last person to have contact with the deceased?
- Is there anyone who might feel blame or responsibility for the death?
- Was the deceased student involved in extracurricular activities?
- Were there church or other community affiliations?
- Hobbies/interests of the deceased that may affect persons involved in similar interests?
- Are there cultural or language issues that need to be addressed?

# Student Services Guidelines Responding to Traumatized Students

**Immediate School Response** (first days of week):

***The goal of early response is to restore safety/security to the  
highest degree possible and to give an outlet for feelings.***

- Encourage administrators to help maintain as normal school routine as possible.
- Provide teachers with suggestions on how to help students with trauma. Use these with students who are somewhat traumatized but able to be comforted by teachers or available counseling staff.

# **Tab 9**

## **Debriefing**

## After-Care

*The goal of Crisis Response is to help individuals to restore some sense of control after a crisis event or disaster. After-care should be done as soon as possible in order to prevent additional stress and to address emotional needs in a timely manner.*

### Objectives:

- Separate the facts involving the incident from the rumors
- Discuss staff/students' thoughts and feelings related to the incident
- Understand ways that they might respond personally after the incident (nightmares, fear, trouble concentrating, headaches)
- Understand what the site/district has done and will do
- Know how to receive additional support services and information
- Assist staff and students in developing coping skills and resiliency

### Resources Needed for Crisis Team Workers

- Incident Fact Sheet (Tab 8, & Information about the Deceased Student, Tab 9)
  - To be used only by Crisis Team members. Information used only to dispel rumors, and in screening for additional resources needed.
- Common Beliefs to Crisis (Tab 11)
  - If trauma reactions are observed in a student, immediate care may be needed.
- Copy of Letter for Parents (Tab 6)
  - Letters or phone calls may be needed to be given to parents to inform them of the crisis and enlist their help in offering care to their student at home.
- Risk Assessment for Students (Tab 10)
- Intervention Plan for Students (Tab 9)
- Counseling/Information Resources (Tab 8)
  - If a student requires a referral or information about outside resources, a list is provided.

- Developmental Considerations (Tab 11)
  - A student's chronological age is a poor predictor of a child's abilities. A child should receive intervention according to their appropriate developmental level.
- Information about Developing Resiliency
  - Children who may feel helpless can feel empowered by helping others. Engage the child in age-appropriate volunteer work or ask for assistance yourself with tasks that they can master. (See links below for more information.)
  - [Resilience Guide for Parents and Teachers](#)
  - [Building Resilience in Troubled Times: A Guide](#)

# Incident Fact Sheet

## Information about the Deceased Student

For a Crisis Team Worker, having information about the deceased student may aid crisis team members in identifying students who may be most affected, any additional resources needed, and in otherwise planning the response.

- Was the death by suicide? Known contributing factors? Previous attempts?
- Who were the friends, boy/girlfriends, "enemies", how socially connected was the student?
- Is there a possible alcohol or drug connection?
- Who are the family members, including siblings, extended family?
- Who are the staff members who might have been close to the student? Mentors/tutors?
- Are there community people who were involved with the student?
- Who was the last person to have contact with the deceased?
- Is there anyone who might feel blame or responsibility for the death?
- Was the deceased student involved in extracurricular activities?
- Were there church or other community affiliations?
- Hobbies/interests of the deceased that may affect persons involved in similar interests?
- Are there cultural or language issues that need to be addressed?



## Intervention Plan for Students

Objectives: Students will be able to:

- Separate facts involving the incident from the rumors
- Listen to their thoughts and feelings related to the incident, if they would like to share them
- Understand ways that they might respond personally after the incident (nightmares, fear, trouble concentrating, headaches)
- Understand what the site/district has done and will do
- Know how to get help if needed
- Understand skills for coping with crisis in healthy ways
- Identify intentions for behavior change

*Rules for group participation:* Explain that the purpose of the rules is to make it safe for everyone in the group to ask their questions and share their thoughts and feelings

- Everything said is confidential (that means that no will use anyone's name outside the class period when talking about what was discussed). The only exceptions are if someone reveals intent to harm him/herself
- Respect one another's thoughts and feelings
- Everyone has a right to pass
- Listen to whomever is talking. No side talking is allowed because it is disrespectful
- Add any others that the students might suggest

*Discuss the facts.* Depending upon the age of the students and how widespread the incident was, discussion of facts can take place in several ways:

1. Ask the students if they have any questions about the facts of the incident. Dispel any rumors. Take time to separate the facts from the rumor. Any time a student says something that does not reflect the facts, refer back to the incident fact sheet. When a question is asked for which you do not have the answer, explain that if there is an answer, you will find out if possible and let them know. (Be sure to follow through)

2. Provide social support and be available to listen if anyone would like to talk. Do not discourage talking or silence. Every person grieves and processes information in different ways. Facilitate kind and proactive communication in the group.
3. Put students in touch with friends, other people and resources who can offer support.
4. Facilitate teaching and discussion about coping skills and developing resiliency.
5. Conclude the discussion by reviewing some of the primary thoughts and feelings. Point out similar and different reactions to show how people can respond differently to the same situation. Discuss ways they can cope and make it through this.
6. Encourage them to return to their regular life and routine as soon as possible. Encourage healthy distractions (spend time with friends, make dinner, read a book, etc.).

## Reflection Questions

(only to be used if Student would like to process their experience through writing)

Name \_\_\_\_\_ Date \_\_\_\_\_

Directions: Answer each of the following questions. There are no right or wrong answers. Your answers will not be graded. You may also draw a picture to describe your thoughts on the back of this sheet.

What happened?

How do you feel about what happened?

Is there anything or anyone that may help?

What strategies can and will you do to cope with this situation?

## Staff Care

Providing emotional support to those who are grieving or who have been traumatized can be painful for the helper and can leave lasting symptoms. School crisis response providers who continually work with traumatized, grieving, depressed, or suicidal students and school staff, often become traumatized themselves.

After the crisis, caregivers may choose to:

- Reflect on the incident with team members to give and receive supportive feedback and review team functioning
- Obtain services when necessary from another mental health provider
- Talk with others. Talk about your feelings, issues, and events
- Eat well and get plenty of exercise and rest
- Avoid caffeine and alcohol
- Structure your time, focusing on maintaining as normal a schedule as possible
- Reassure yourself that you are normal and having normal reactions to an abnormal situation. Avoid admonishing yourself as weak or ineffective
- Give yourself permission to experience a range of emotions

Self-care can occur over the phone or in person with a supportive colleague

*This process may involve giving the responding crisis team member an opportunity to share thoughts and feelings about the actual crisis, how the intervention went, how he or she felt during the intervention, how he or she feels now, what is going to be done for self-care, what coping strategies will be used, and if any additional assistance is needed.*

## **After the Crisis: Helping Children Heal and Fostering Resilience**

It is not unusual for children to continue to show signs of stress in the first few weeks after a crisis has been resolved. Most children will return to their usual state of physical and emotional health within four to six weeks. These children are demonstrating resiliency, the process of adapting well in the face of adversity, trauma, tragedy, threats, or other significant sources of stress. In short, resiliency is the ability to “bounce back” from difficult experiences. Resilient children and adults have certain skills in common, traits that can be taught and strengthened.

### **Fostering Resilience**

Research has shown that despite exposure to community crisis, children can emerge from challenging life events with a positive outlook on life.

Adults can foster positive outcomes in children after a crisis in the following ways:

- Help build and maintain close relationships with supportive, accepting adults
- Support positive, healthy relationships with other children
- Discuss safe and healthy ways children and teens can calm themselves
- Discuss effective coping skills to avoid smoking, alcohol, drugs, and use of irresponsible behavior for stress reduction
- Teach and model healthy ways of communicating feelings, wants, and needs, as well as regulating the behavioral expression of emotions
- Teach problem-solving skills
- Emphasize empathy, caring, and reaching out to others
- Encourage a positive outlook for the future
- Remind children that negative events are typically temporary and may be managed through planning and coping strategies

# **Section 10**

## **Risk Assessment**

# Elements of Suicide Risk Assessment

## Intent

Are there thoughts of suicide (expressed and observed intent)?

## History of Self- Injury

- The more significant the history of self -injury, the greater the risk
- Prior behavior is the best predictor of future behavior
- Prior suicide attempts = greatest risk, but non-suicidal also increases the danger presented by suicidal thoughts

## Plan

- The greater the planning, the greater the risk
- How? Is there a plan? Is it specific?
- How soon? Is there a time frame for suicidal behavior?
- How prepared? Method, means, has the student been preparing?

## Risk Levels

From information collected, is the student at “No, Low, Moderate, or High” risk for suicide?

- *No risk*- is assigned to the student who does not have suicidal thoughts.
- *Low risk*- assigned to student with suicidal thought but who has no plan to engage in suicidal behavior.
- *Moderate risk to High risk*- assigned to the student who has suicidal thoughts and at least some hint of a suicide plan.
- *Highest risk*- student with suicidal thoughts, a history of prior self-injury, who is in unbearable pain that they are desperate to end, and is unable to identify life sustain resources.

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen with Triage Points for Schools		Past Month	
Ask questions that are in bold and underlined.		YES	NO
Ask Questions 1 and 2			
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>			
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <b><u>Have you been thinking about how you might do this?</u></b>  e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b>  as opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>			
6) <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>  Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.  If YES, ask: <b><u>Was this within the past 3 months?</u></b>	Lifetime		
	Past 3 Months		



Possible Response Protocol to C-SSRS Screening
Item 1: Behavioral Health Referral & Item 2: Behavioral Health Referral
Item 3: Behavioral Health Referral
Item 4: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6: Behavioral Health Referral
Item 6 (3 months ago or less): Student Safety Precautions and psych evaluation by crisis team/EMT/ER

## Suicide Assessment Absolutes

- 1. Do not leave the student alone at any time. Release into the custody of a parent or guardian.**
- 2. Parent Contact**
  - Should be done regardless of the level of risk
  - State who you are and reassure that their child is safe
  - Link to your state legal requirements as part of your justification
  - Discuss the concerns and importance of seeking treatment
  - Assess the parents' intent and willingness to help their child
  - Should not be done if the threat is associated with parental abuse, contact child protective services
  - Document the contact
- 3. Documentation of the assessment**
  - Must be done regardless of the risk
  - Never put that information in the student information system or cumulative file
  - Shred documents of this matter upon graduation of the student
  - Determine where the records must be confidentially stored
- 4. Follow up intervention/safety plan**
  - What support do you need to put into place for the student once they return to school?
- 5. Monitoring**
  - Once the student returns to school with support and interventions, how are you going to track safety and progress?
- 6. Information for connecting students and families to outside resources**
  - Keep the student safe and super (monitor, supervise, and escort)
  - Don't leave an at-risk student alone for any reason
  - Don't allow an at-risk student to leave the school unattended

## CARE CARD/Safety Plan

*A care card is intended to be utilized by at-risk students as a guide and a commitment to self-care*

The person for whom this is intended may write on a small card for pocket or purse. These steps are to be done in order so that the person has time to work through the thoughts.

1. If I have suicidal thoughts, I can (fill in 3-4 spaces with activities):
  - a. Possible activities include physical stress relievers, such as walking, working out, yoga (list 2-3 if possible)
2. Five things to live for:
3. Three things that I am grateful for:
4. Four friends or family members I can call (list names and phone numbers)
5. If the above fail, I will call or text the Suicide & Crisis Hotline 988.
6. If I feel that I am in danger of hurting myself, I will call 911 to be taken to the emergency room.

## Threat Risk Assessment

THREAT ASSESSMENT AND RESPONSE PROTOCOL© Comprehensive School Threat Assessment Guidelines OVERVIEW A threat is a communication of intent to harm someone that may be spoken, written, gestured, or expressed in some other form, such as via text messaging, email, or other digital means. An expression of intent to harm someone is considered a threat regardless of whether it is communicated to the intended target(s) and regardless of whether the intended target is aware of the threat.

Threats may be implied by behavior that an observer would reasonably regard as threatening, planning, or preparing to commit a violent act. When in doubt, treat the communication or behavior as a threat and conduct a threat assessment.

Threats that are not easily recognized as harmless (e.g., an obvious joke that worries no one) should be reported to the school administrator or other team members. The administrator or another team member makes a preliminary determination of the seriousness of the threat. The student, targets of the threat, and other witnesses should be interviewed to obtain information using this protocol. A transient threat means there is no sustained intent to harm and a substantive threat means the intent is present (or not clear) and therefore requires protective action. This form is a guide for conducting a threat assessment, but each case may have unique features that require some modification.

A threat assessment is not a crisis response. If there is indication that violence is imminent (e.g., person has a firearm at school or is on the way to school to attack someone), a crisis response is appropriate. Take immediate action such as calling 911 and follow the school crisis response plan.

## **Procedures:**

1. Complete the CSTAG threat report upon first awareness of a potential threat.

 **CSTAG-02-Threat-Report\_FILLABLE\_School Use.pdf**

2. Complete the CSTAG interview form when a threat is identified to obtain a specific account of the threat by interviewing the student or other person who made the threat, if appropriate to the circumstances. Also interview faculty or staff as applicable.

 **CSTAG-03-Interview-Form\_FILLABLE\_School Use.pdf**

 **CSTAG-09-Teacher\_Staff-Interview\_FILLABLE\_School Use.pdf**

3. Organize a meeting including the district's crisis team members to conduct a systematic threat risk assessment. Use the CSTAG Decision Tree upon assessment completion.

 **CSTAG-Decision-Tree-1-1.pdf**

4. Follow the threat assessment response procedures as outlined in the threat assessment report.

# **Tab 11**

## **General Information**

## Terminology

Some suicide-related terms often used among the general population have been found to increase stigma related to suicide. They may give or imply a false assumption about suicide, leading to misunderstanding of those who are suicidal. Increased stigma and general misunderstandings are both detrimental to the field of suicide prevention. Below are basic guidelines to keep in mind when speaking or writing about suicide.

Terms to Avoid	Terms to use Instead
<p>"Committed suicide". This gives the false impression that suicidal people are committed to completing suicide.</p> <p>"Committed" is also usually associated with sins or crimes and carries a stigma.</p>	<p><i>"Completed suicide" or "died by suicide"</i></p>
<p>"Successful" or "failed suicide attempt". It is detrimental to associate suicide with success or failure as they imply favorable or inadequate outcomes.</p>	<p><i>"Completed suicide" and "attempted suicide"</i></p>
<p>"Suicide Epidemic" Though the impact of suicide on those left in its wake may make it seem so, suicide is not at epidemic levels. Using such overstatements can lead vulnerable individuals to normalize suicide when, in fact, death by suicide is statistically rare.</p>	<p><i>"Suicide is a critical public health issue"</i></p>

## Common Beliefs vs. Facts

Suicide prevention research has also shed light on commonly held but false beliefs about suicide. These beliefs can add to stigma and misunderstanding and may hamper our willingness or abilities to intervene with suicidal individuals.

Common Beliefs	Fact
<i>Those with serious suicide ideation are committed to dying</i>	Most suicidal individuals are highly ambivalent right up until the last moments.
<i>Suicide is not preventable</i>	Research tells us that 90% of those who die by suicide had a mental health and/or substance use disorder. These conditions are treatable. Additionally, most suicide experts maintain that warning signs for suicide are present close to 100% of the time.
<i>If you stop someone from completing suicide by one means, they will just find another way</i>	Method substitution rarely occurs. Thus, restricting access to lethal means is a highly effective prevention method.
<i>Suicide is an impulsive act</i>	Though impulsivity can play a role in some suicidal behavior among teens, suicide is not an impulsive act. Those who die by suicide were likely to have a plan to do so.
<i>Suicides can have a single cause</i>	Suicide is complex and occurs when diverse risk factors lead to a combination of interpersonal elements resulting in the desire and capability for suicide.
<i>Those who threaten suicide are just seeking attention</i>	All threats of suicide must be taken seriously. Approximately 70% of those who die by suicide make direct or indirect statements related to their suicidality. Additionally, those who go so far as to threaten suicide do require attention.

<i>Suicide is a selfish act</i>	Though the act of suicide may feel selfish to those left behind, those who die by suicide have come to believe that they are a burden to those around them and that their death would be worth more than their life.
<i>Suicide is a common response to bullying</i>	Suicide is not a common response to bullying. Suicide is not a common response to any one factor because suicide is not common. Deaths to suicide are statistically rare. Bullying is one among many risk factors for suicide.



## To the grieving person

- Grief may be displayed in many ways – sadness, withdrawal, irritability, anger, oppositional behavior, or stillness. Grief may bring up prior loss experiences or trauma.
- Be kind and patient with yourself. Treat yourself as well as you treat other people who are grieving.
- Stay close to family and friends for comfort. Allow other people to support you.
- Talk about the person you have lost, allowing yourself to remember the good times you experienced, as well as any anger or frustration.
- Allow yourself some alone time each day to heal. Some helpful ideas may be keeping a journal or enjoying nature.
- If you are feeling anxious and unable to concentrate, that is normal. You may feel as if you are just showing up and going through the motions for a while. That is an important first step in the healing process.
- Some people will say insensitive things to you or may not understand how long the healing process takes. Accept that people may be uncomfortable with grieving. Ignore what you can and give feedback when you choose.
- If you are worried about the severity of your grief or you don't feel you are working through it with time, seek professional help. People who were already struggling with depression or intense stress probably should seek out professional help right away. Your personal health-care provider or clergy are good places to start in seeking professional help.

## Trauma Reactions

Who Experiences Trauma:

- Students
- Parents
- Teachers/Staff

Common Reactions:

- Tremendous fear and anxiety

- Inability to concentrate
- Cognitive dysfunction involving memory and learning
- Changes in behavior, including increased irritability and aggression

#### Other Common Reactions:

- Survival guilt
- Physical health complaints and/or eating disturbances
- Flashbacks
- Traumatic dreams and/or sleep disturbances
- Age regression (acting younger)
- Startling easily
- Detachment, "spaciness"

#### What to Do as a Parent or Staff Member:

- Recognize the signs of trauma.
- Be patient, provide security.
- Nurture at a level that may seem like the level for a younger child.
- Listen. Follow the child's lead in discussing correct misconceptions.
- Recognize your own emotions. Avoid transmitting additional anxiety through long or unnecessary discussions.
- When trauma has resulted from a deliberate act, be prepared to acknowledge that a small percentage of people do evil things.
- Limit media exposure to graphic events.
- Keep a "normal" routine to establish that life goes on.
- Trauma reactions are "normal", but be on the lookout for worsening reactions, particularly among those who have been previously traumatized or who have preexisting emotional conditions. Seek consultation from a mental health provider if conditions worsen.
- Take care of your own mental health as an adult.

## Grief

**1. Grief is not solely related to the death of a loved one.** The symptoms, characteristics, and process of grieving can be similar after other types of loss (e.g., divorce, transition, moving).

**2. Grief is personal.** There is no right or wrong way to grieve. How people grieve can be influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences.

**3. Grief is often characterized by sadness, emotional pain, and introspection** in adults. However, children's grief reactions differ according to age and development level:

**Preschool** – Regressive behaviors, decreased verbalization, increased anxiety

**Elementary** – Decreased academic performance, decreased attention/concentration, and attendance; irritability, aggression, and disruptive behaviors, somatic complaints, sleep/eating disturbances, social withdrawal, guilt, depression, and anxiety; repeated telling of the event.

**Middle and High School** – Decreased academic performance, decreased attention/concentration and attendance, avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing, or depression.

**4. Grieving does not have a timeline.** Schools should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss.

**5. Grieving involves meeting specific milestones.** Individuals are likely to experience (and often re-experience) some or all the following adjustments/responses:

- Accepting the death
- Experiencing the feelings and emotional pain associated with death and separation from the deceased

- Adjusting to changes and an altered environment that no longer includes the deceased
- Finding ways to remember and memorialize the deceased

**6. Grieving is a normal response to loss but may require some support.** Additional assistance should be provided when the following are noted:

- Marked loss of interest in daily activities
- Wishing to be with the deceased loved one
- Fear of being alone
- Significant decreases in academic performance and achievement
- Increased somatic complaints
- Changes in attendance patterns (e.g., chronic absenteeism)

## **7. Things to avoid**

- Euphemisms when referring to the deceased such as “they are sleeping” or “they went away”
- Minimizing statements such as “it was only your great-grandmother, (or dog, neighbor, etc.)”
- Predicting a timeframe to complete the grieving process such as “it has been a month; you should be getting over this.” or “the pain will fade soon”
- Over-identifying (e.g., “I know how you feel”)

## Stages of Grieving

Grieving disrupts normal functioning, but it need not be a long-lasting problem. “Working through” grief can help restore emotional health. Although grief stages may not occur in order, they are described as follows:

- **Denial** – acting as if no loss has occurred. This stage may be expressed by feeling nothing or insisting there has been no change. It is an important stage and gives people “time out” to organize their feelings and responses. Children may make bargains to bring the person back or hold fantasy beliefs about the person's return. Children in this stage need understanding and time.
- **Depression** – frequent crying, lethargy and withdrawal from activities or avoidance behavior. Children need to know that others understand that all things change, including their sadness.
- **Guilt** – self-blame for not having expressed more caring or believes the loss was his/her fault.
- **Anxiety** – panic reactions as reality sets in.
- **Anger** – toward those who might have prevented the loss and sometimes toward the lost person (may have trouble acknowledging anger toward the object of loss, but expressing such anger is seen as helping recovery).
- **Fear** – A crisis that results in death or a crisis can instill fear in children. For example, a child might fear that their own parent/caregiver could die after a classmate's parent dies. Children need reassurance that they will be taken care of during this stage.
- **Acceptance** – loss is accepted (although there may be periods of relapse). Before children can return to equilibrium, they need permission to cease mourning and continue living.

\*Adults experience these stages also. Depending on individual needs, one may stay in a stage for a long time or move back and forth from one stage to another.

## When a crisis involves a death

*Children's Understanding of Death.* Students may experience a number of feelings that may include:

- **Abandonment** – feeling left and no opportunity to say good-bye
- **Acceptance** – final stage of grief
- **Anger** – at the person for dying or increased irritability
- **Anxiety/Panic** – something similar could happen to you or another loved one
- **Confusion/Shock** – inability to answer the “big” questions about life and death
- **Denial/Disbelief** – denial of either the feelings about the loss or about the loss itself
- **Depression** – feeling there is no purpose in life
- **Embarrassment** – feeling uncomfortable with yours and others' display of grief
- **Estrangement/isolation** – feeling disconnected from others
- **Frustration** – you couldn't stop it from happening
- **Grief/Despair** – a pure overwhelming sense of sadness
- **Hyper-vigilance** – scanning the environment for possible danger
- **Numbness/Detachment** – unable to feel anything
- **Remorse & Guilt** – guilt over feeling good (even momentarily) because they feel they are supposed to continually feel bad. Feelings of self-blame that one escaped the tragedy (survivor's guilt)
- **Re-experience the traumatic event** – intrusive thoughts or image of the event, distressing dreams or nightmares, or flashbacks about the event

In addition to a variety of emotional reactions, students may experience both cognitive and physical reactions. Cognitively, students may have difficulty with sustained attention and display slower than normal thought processing. Physically, students may experience headaches, nausea or upset stomach, exaggerated startle response and fatigue. The following tips for managing these typical changes in performance:

- **Forgetfulness** – Help establish routines or develop a schedule. Give reminders to write down assignments and other important things.

- **Disorganization** – Provide structure, rubrics, and breakdown tasks into manageable units with timelines.
- **Inability to concentrate** – Provide redirections and consistent reinforcements and offer short breaks as needed.
- **Inability to retain information** – Encourage the use of study aids (e.g., outline material, highlighting important facts, breaking student sessions into shortened segments).
- **Lack of motivation** – Provide counseling support, encouragement, and structure. Academic support may be necessary if the quality of work is seriously diminished for an extended period.
- **Lowered tolerance level and increased impatience** – Give reminders for monitoring reactions and regulating emotions. Provide strategies for problem-solving and conflict resolution.

## Helping the Bereaved Return to School

Individuals experiencing loss sometimes don't want to return to school. Crisis response plans should address what to do to maximize someone's return after a loss.

**Outreach.** A home visit can help assess needs and how to address them. A step-by-step plan can be made with the individual's family.

**Special support and accommodations at school.** Inform teachers and other staff about plans and specific ways to help a student or colleague readjust. Connect the person to special friends and counselors who will be especially supportive. Ensure that everyone understands grief reactions and is ready to be appropriately responsive. Add support around the classroom learning activities and job functions to help if someone is having trouble focusing.

## Response/Intervention to Crisis

### Preschool – 2<sup>nd</sup> grade:

Generally, around age 4, children have a limited and vague understanding of death. Children of this age generally do not think of death as permanent. They may believe it is reversible and talk of doing things with the person in the future. Preschoolers frequently engage in magical thought and play. They may believe if they pray or wish hard enough, they can bring the dead person back to life. A teacher may overhear a child tell a friend, "My mommy is not dead. She is visiting Grandma." Young children may connect events or things tighter that do not belong together. A child may tell his brother he hates him, and a short time later, the brother is struck and killed by a car. The child may not only have guilt for what he said but feel responsible for the cause of the death. As teachers and caregivers, we must disconnect these events from children's thinking by reassuring them that the events are not in any way related.



Preschool Through Second Grade	
Symptoms	Intervention
Helplessness and passivity	Provide support, rest, comfort, food, opportunity to play or draw
Generalized Fear	Reassure child that they are physically safe at home and in the school building
Cognitive confusion, do not understand that the danger is over	Project a sense of stability and preserve routing events
Difficulty identifying what is bothering them	Provide emotional labels for common reactions
Lack of verbalization	Encourage child to express thoughts and feelings via drawings, coloring, puppet plays
Attributing magical qualities to traumatic reminders	Correct (in simple terms) any misinterpretations of the event
Sleep Disturbance	Encourage them to let their parents and teachers know. Let caregivers know it is normal if symptoms occur for less than a month
Anxious Attachment	Provide consistent caretaking (e.g., assurance of being picked up from school)
Regressive Symptoms	Tolerate regressive symptoms in a time-limited way
Anxiety related to incomplete understanding about death	Give explanations about the physical reality of death
Plan short interventions. Model or explain “feeling” words.	

### **Primary grades 3-5<sup>th</sup>**

Children at this age have begun to grasp the finality of death, but very often they still engage in magical thinking and maintain the belief that their thoughts and wishes may have the power to undo death. This belief in their power may lead to the idea that they could have prevented the death, or they should have been there to protect the person who died. This thinking also is likely to lead to feelings of guilt and responsibility for the person's death.

Reactions from elementary-age students are more directly connected to the crisis even, often resulting in a need for these students to give repetitive verbal descriptions of the event. These students tend to express their feelings behaviorally, sometimes displaying even-specific fear (e.g., expressing fear to go on the bus after witnessing a bus accident). It is not uncommon for students to display difficulties attending or physical symptoms following a crisis event.

### Third Through Fifth Grade

Symptoms	Interventions
Preoccupation with their own actions during the event, issues of responsibility and guilt	Encourage child to verbally express their perceptions of the event, as well as express their reactions or fears. Allow them to draw, chronicle events in a personal journal, and read books
Specific fears, triggered by traumatic reminders	Help identify and articulate traumatic reminders and anxieties
Re-telling and replaying the event; cognitive distortions and obsessive detailing	Help them sort out fact from fantasy or hearsay
Fear of being overwhelmed by feelings of crying or being angry	Reassure students regarding self-adequacy, assist in realistically assigning responsibility for the origin of the crisis, and reassure and help students to anticipate what might happen in the future
Impaired concentration and learning	Encourage letting their parents and teachers know when thoughts and feelings interfere with learning
Sleep disturbances, nightmares, fear of sleeping alone	Support them when they report bad dreams; provide information about why we have bad dreams
Concerns about their own and others' safety	Emphasize their safety within the school environment
Altered and inconsistent behavior, usually reckless	Help them to cope with the challenge to their own aggressive or impulse control
Somatic complaints	Offer stress relief activities and physical outlets
Concern for other victims and their families	Encourage constructive activities on behalf of the injured or deceased
Feeling disturbed, confused, and frightened by their grief	Validate their feelings by highlighting the normalcy of general feelings and actions

May fall behind socially/academically	Give extra support and accommodation as needed (e.g., more time on assignments). Assign peer buddies to stay with them in social situations (recess, etc.)
Acting out behaviors	Discipline should not be relaxed or enhanced during bereavement. However, some expressions of anger may be allowed as long as there is no harm to the child or others

**With Elementary students, remember:**

- Don't use "baby" talk  
Children depend on their world having specific, reliable, and predictable expectations. Adjust your vocabulary to their level. Slow down your communication.
- Watch and listen  
Listen to what they are saying. Let them guide. If you listen, you will know their needs. Consider the child in the context of the family. They mirror what is going on in the family. Be patient.
- Grief outlets often take concrete forms  
Children are more sensitive to change. They do not have the cognitive skills to deal with changes. Maintain routine and stability. Let the children make cards, a memory box, write letters, and color pictures. Allow the children to comfort others. Children cannot sustain long periods of grieving. Plan for "chunks" of grief over a longer period of time.
- They may not follow your thinking  
Be open and honest. Avoid clichés or euphemisms. Adult logic does not match a child's, especially with feelings and wants (children are egocentric). Death is not contagious – help them differentiate. Children especially enjoy stories. Allow them to see and feel the emotions of others through stories. With your guidance, let them construct meaning.
- Let them teach you  
Be willing to 'sit in the back seat and let them drive'. Don't always be the expert. Do not reject their emotions.

## **Middle and High School**

By the time children reach middle school, they most likely understand that death is permanent, and it happens to everyone eventually.

Reactions are more adult-like compared to younger students. Peers continue to be important. Students may show grief or not show grief to “fit in”. Worry about death and realization of their vulnerability becomes an issue. Other behaviors that may surface are school avoidance, self-injurious ideation or behavior, attention difficulties, or substance abuse. These students may display oppositional and aggressive behaviors to regain a sense of control.

### Adolescents (Sixth grade through High School)

Symptoms	Interventions
Detachment, shame and guilt; similar to adult response	Encourage discussion of the event, feelings about it, and realistic expectations about what could have been done. Validate the confusion that they are presently experiencing
Self-consciousness about fears, sense of vulnerability and other emotional responses	Emphasize their safety within the school environment. Assisting child in differentiating facts from rumors or hearsay
Life-threatening reenactment, self-destructive or accident-prone behavior, aggression or acting out	Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence. Review coping strategies to use in this event
Abrupt shift in interpersonal relationships	Discuss the expected strain on relationships with family and peers
Desires and plans to take revenge	Elicit their actual plans for revenge, address the realistic consequences of these actions, encourage constructive alternatives to lessen the traumatic sense of helplessness. Review steps in sound decision making
Radical changes in life attitudes which can influence identity formation	Discuss the commonality of shared experiences with crisis
Premature entrance into adulthood, or reluctance to leave home	Encourage postponement of radical decisions in order to work through their responses to the event and to grieve. Review steps in sound decision making. Normalize their feelings and actions, and help to anticipate future experiences
Desire to “do” something	Help facilitate self-expression and memorializing (drawings, painting, poems, journaling, discussions, and letters and cards to the family of the deceased)

**With teens remember:**

- Rumors become fact
- Peers are paramount
- They may be confused; use attentive listening
- Do not lecture – give explanations as needed, explore
- Be specific in communication
- Stress and define what is important
- Define what is unimportant, ignore it
- Their perception is reality to them
- Facilitate mourning needs
- Know when to be serious, when to use humor
- Know when to refer for additional services

**It is normal for teens to:**

- Engage in limit testing, become rebellious
- Increase reliance on peers
- Be egocentric
- Be impulsive, lack common sense

## Talking with a Bereaved Student

- Listen, Let them tell it over and over
- Resist the urge to “fix”, minimize, or give advice
- Be honest at all times
- Reassure students that anger, sadness, guilt, fear, shock etc., are normal feelings
- Use your normal voice and say “dead, died, dying, death” as needed
- Be straightforward, “I’m sorry your brother died.” “I don’t know what to say.” “I am concerned about you and will listen if you want to talk.”
- Remember it's appropriate to say, “I don't know.”
- Use the deceased's name when talking to them
- Say, “It’s okay to cry.”
- Help students find appropriate ways to express their feelings
- Encourage the student to express fears and concerns
- Reassure the student that death is NOT his or her fault. Death is NOT contagious and is not likely other loved ones will die soon
- Avoid saying, “I know how it feels” but do share your own feelings
- Expect volatile reactions, view the loss from their unique perspective
- Support students who choose not to verbally express their feelings
- Explain that someone can be sad even if they are not crying
- Allow time for students to grieve and mourn – it takes time



## What Do I Say?

### Phrases that DO help:

"I'm sorry."

"I'm sad for you."

"How are you doing with all of this?"

"This must be very painful for you."

"You were very close to her."

"It must be hard to accept."

"I'm going to pick up some groceries for you. Is there anything else you need?"

"I really miss (name). But that can't compare to how much you must miss him/her."

"Tell me how you are doing."

"What can I do to help?"

"How are you really doing?"

"I'm coming over to vacuum. When would be a good time for you?"

"One thing I remember about (name) is...."

"If you feel like talking, I'll listen. If not, that's okay too."

### Phrases that DO NOT help:

"He's better off."

"Things always work out for the best."

"I know how you feel."

"There must have been a reason."

"Call me if you need me."

"It will get better. Life goes on."

"At least she wasn't young."

"You've got to get on with your life."

"He wouldn't want you to be sad."

"You should be getting better now."

"You should be going to church."

"You should not cry so much."

"You should go on a vacation."

"You should quit worrying."

"You should get your chin up."

"You should feel relieved."

"You're still young. You have your whole life ahead of you."

"Call me when I can help."

"At least you have another child."

## What to Say to Someone who is Dying

- Call first and arrange a time to visit.
- Relax.
- Ask about the pain and illness. Refer to the truth.
- Visit about what you normally would: politics, jokes, in-laws, family, vacations, etc. (Any topic you would talk about if the person weren't terminally ill)
- Flowers or treats don't matter as much as time and caring.
- Keep the visit short if the person is in pain.
- Touch is important. Touching the person's hand or shoulder may be comforting.
- Phone or visit when you can. Consistent contact is helpful.
- Remember that dying people are often lonesome. Your company is generally welcome.
- Don't be afraid to talk about their illness or about death if the person wants to. If they don't want to talk about it, that is okay too.

## Death of a Classmate or Teacher

- If the teacher has died, rather than abruptly introducing an unknown substitute, the principal or counselor should take over the class and assist in transitioning the children to a new and carefully chosen teacher.
- The child's or teacher's desk should not immediately be removed. Leaving it as it is for several days may help acknowledge the death. Some classrooms have voted to keep the desk through the remainder of the school year.
- Get as much information as possible from the family and ask their permission to share it with the class. Ask if they have any objections to students attending the funeral.
- Tell the class before telling the rest of the school. Let the class know that they may attend the funeral, with their parents.
- Tell the truth, allow for venting, and affirm all expressions. You might talk about fond memories of the deceased and ask children to do the same if they would like. You might write a paragraph or draw a picture, allowing expression or memories. Children may choose to participate or not.
- Allow breaks. Children grieve intermittently and cannot focus on their grief for extended periods. Resume the regular classroom schedule as soon as possible.
- Watch for trouble signs among the children such as increased aggression, withdrawal, risk-taking, clumsiness or regression. Additional support and intervention may be needed.

## Talking with Bereaved Families

"I'm glad to see you. This must be a painful time for you."

"I am so sad about the death of \_\_\_\_\_."

"I thought of you again this morning. I want you to know I care."

"I cannot imagine how painful it must be to have your child die."

"I will always remember \_\_\_\_\_ and their happy smile."

"Our class just isn't the same without \_\_\_\_\_ here."

"When you want them, we have saved the items in his/her locker/desk and work he/she completed. I can make a copy of his/her records for you."

"I wish I could ease your pain somehow."

"Thank you for coming to school. It must have been very difficult for you to return. I want you to know, you are always welcome here."

## How to Cope When a Crisis Happens

Handout for students

- Know that you can survive, even if you feel you can't.
- Spend time with people who are willing to listen when you need to talk and who also understand your need to be silent.
- Seek professional help if you feel overwhelmed.
- You may feel overwhelmed and frightened by your feelings. This is normal.
- You may feel angry at the person who has died. It's okay to express it.
- You may feel guilty about what you did or did not do. Healing takes time. Allow yourself the time you need to grieve.
- Every person grieves differently and at a different pace.
- Delay making any big decisions if possible.
- Talk to your friends, family, and teachers. Talking is an important healing medicine.
- Remember you are normal and are experiencing normal reactions.
- It is okay to cry.
- It is okay to smile. Allow yourself to laugh with others and at yourself.
- If your feelings and reactions seem different from those of your friends, remember everyone reacts differently.
- When the stress level is high, there is a temptation to try to numb the feelings with alcohol and drugs. This complicates the problems, rather than relieving them.
- Some people find that writing or drawing is helpful. What about writing a note or letter to the family of the person who died or the person themselves?
- Spend time with people who have a positive influence on you.
- Make as many daily decisions as possible. This will give you a feeling of control over your life, e.g., if someone asks you what you want to eat, answer them, even if you're not sure.
- Recurring thoughts, dreams, or flashbacks are normal. Don't try to fight them, they'll decrease over time and become less painful.
- Make a special effort to take care of yourself during this time. Try to get some extra sleep, eat nutritious foods, and get some exercise, even if it is just a walk.

- Sticking to your normal routine helps. Structure your time – keep busy.
- Take time out – go for a walk or kick a football.
- Provide some balance to the negative things that have gone on by doing something special for fun for yourself. Think about something that makes you feel good. Then make it happen – like going to the movies, listening to music, calling a friend, etc. Laughter is good medicine. Watch a funny movie or play a silly game with younger children to lighten your spirits.
- Use of social media can help but do not rely on it as your only source of support.

## **Tab 12**

### **Serious Accident/Injury**

## Classroom Guidelines

The purpose of classroom discussions regarding student serious accident/injury is:

- Support impacted students
- Identify students who may need more support or referral to other agencies

All teachers should be able to request classroom support. Support in classes of the injured student should be automatic.

## Classroom Discussions

Main procedures for working with students:

- Tell the truth—read school announcement of accident/injury, share information about resources and services. Avoid giving unnecessary information.
- Stress the prevention of rumors. Reassure students you will let them know of any changes when they are made known to you.
- Express concern and feelings for affected students and the family.
- Students who didn't know the injured student may still be very affected due to experiences in their own lives, many of which may not be known to school staff.
- Help students identify adults in their lives they can seek out for support, now and in the future.
- Help students return to normalcy and planned school activities as soon as possible. Students who are unable to do this may need additional support/counseling.
- Identify students for follow-up or get immediate help if needed – *never leave a student alone if you are seriously concerned. Call administration or send another student runner for help.*
- Supervision is important – keep a list of any students leaving the room during class time. Notify the office of students who are leaving the building.



## Letter to Read to Students Following Accident/Injury

On \_\_\_\_\_, we were given some bad news. \_\_\_\_\_ was (ex. struck by a car after school yesterday and is hospitalized). We know that he/she is being well cared for. \_\_\_\_\_ is in \_\_\_\_\_ grade. (add any other information that is pertinent to the incident here) \_\_\_\_\_. We do not have all the information at this time but we will inform you as we learn more.

Rumors may begin to circulate, but we ask you not to spread rumors since they may turn out to be inaccurate.

Each of us will react to \_\_\_\_\_'s accident in our own way, and we need to be respectful of each other. Some of you may not know (Name) very well and may not be as affected, while others may experience a wide range of emotions.

We can take some time to talk about this now, and if you need more time the refocus room and counseling office are open. The school day will remain on schedule.

## **Tab 13**

# **Professional Development**

# Professional Development.....Crisis Response Training

## Introduction

Every member of the school staff (faculty, counselors, administrators, secretaries, paraprofessionals, janitors, etc.) should receive annual professional development about the site's crisis response plan.

In addition, if outside agencies, organizations and regular volunteers are providing service on the site, they should be in attendance or provided written material on the site's crisis response plan.

Sample Crisis Response/Training Handouts or PowerPoint slides

### 1. Crisis Response: Definition I

Intervention to restore a school and community to baseline functioning and to help prevent or minimize damaging psychological results following a crisis situation.

### 2. Crisis Response: Definition II

Helping students and staff return to previous emotional equilibrium. If left unchecked, some emotional responses may become internalized and exhibit themselves in unusual behaviors.

### 3. School Crisis Response Team

Who is on the school team?

What are the possible CRT roles?

- Team Leader
- Media Contact Person
- Debriefing Leader
- Parents/caregivers/community leader
- Building/grounds leader

#### 4. Teacher Responsibilities during and after a crisis

- Maintain the safety of the students
- Follow the lead of the Crisis Response Team
- Facilitate classroom discussion
- Model appropriate behavior

#### 5. Crisis Response Checklist

- Call police 911
- Notify Superintendent, Dave Styler, and Crisis Team Director, Delna Bliss
- Prepare a formal statement or announcement.
- Identify students, staff, and parents most likely to be affected by news.
- Assess the need for additional community resources.
- Review and distribute Debriefing Exercise discussion questions to teachers.
- Find appropriate replacements for absent/affected/substitute teachers.
- Distribute official announcements to larger communities, including families.
- Update staff on a regular basis.
- Provide opportunity for staff to discuss feelings and reactions.
- Complete and forward Incident Report to designated Central Office.
- Assess procedure.

#### 6. Crisis Response Manual (CRM)

- Where is the school CRM?
- Who is responsible for the CRM?
- CRM table of contents

#### 7. Crisis Response Resources/Site Resources

- Crisis Team
- District Team
- School Counselors/Psychologists
- School Nurse
- School Resource Officer

## 8. Scenario 1

It is nearly 5 pm. You are getting ready to leave the building after a long day. You're looking forward to it being Friday tomorrow. The administrator sees you and calls you into the office. There is a police officer whom you do not recognize, sitting in the office.

You are told that a sophomore student has been shot and killed at a bus stop about six blocks from school. You do not know the student personally. Other students were present at the time. None of them were hurt.

The officer states that at this time they are unable to state definitively who might be involved in the shooting, and whether the student was the intended target.

The administrator tried to contact the parents but was told they were still at the hospital. He has spoken with an aunt who was staying with the younger siblings.

## 9. Using the General Crisis Intervention Checklist, develop a plan of action.

(other scenarios and plans may be practiced)

# **Tab 14**

## **Research**

## *Research practices and recommendations*

### *Effectiveness of School-Based Crisis Interventions: Research and Practice*

#### STRONGLY RECOMMENDED PRACTICES:

- Create school crisis intervention team
- Train crisis team and staff prior to crisis
- Identify at-risk students for intervention planning
- Provide crisis support to school
- Facilitate classroom discussions regarding crisis event
- Make informal resources (handouts, etc.) available to parents, staff, students
- Complete follow-up monitoring with affected students

#### RECOMMENDED PRACTICES

- Develop county crisis response policy/procedures
- Select crisis team members by role and responsibilities
- Implement prevention programs
- Verify facts of the crisis event
- Ensure the PowerAnnouncements are working in PowerSchool
- Identify media liaison
- Provide information to community directly and honestly
- Notify parents through written letters, phone calls, or texts
- Notify students of crisis event and answer questions
- Respond to the crisis rather than ignore it
- Facilitate a crisis team planning meeting
- Assess the degree of impact of the crisis event
- Identify at-risk staff for intervention planning
- Train outside responders and school staff regarding crisis response
- Provide individual crisis support to students
- Provide group crisis support to students
- Provide crisis support to staff members
- Provide crisis related activities (art, writing, etc.) for students
- Evaluate the effectiveness of the school response crisis response
- Refer to/follow-up with community care providers
- Implement prevention programs

#### PRACTICES **NOT** RECOMMENDED

- Using public announcement system to share crisis information
- Use large school assemblies to share crisis information
- Failing to implement structures for media control
- Create memorials for victims

## **Tab 15**

# **Community Resources**



## Millard County Community Agency List

Mental Health Resources	
<b>Central Utah Counseling Center</b> 90 North Main, Fillmore, UT 84631	435-743-5121 (During Office Hours) 877-469-2822 (24 Hour Emergency Services)
<i>*The mission of Central Utah Counseling Center is to provide competent and compassionate behavioral healthcare to individuals and the community. Services include outpatient treatment and any treatment.</i>	
<b>Delta Family Medicine</b> 140 White Sage Ave, Delta, UT 84624	435-864-333
<b>Delta Community Medical Hospital</b> 125 White Sage Ave, Delta, UT 84624 deltacommunityhospital.org	435-864-5591
<b>Fillmore IHC Clinic</b> 700 Utah Hwy 99, Fillmore, UT 84631	435-743-5555
<b>Fillmore Community Hospital</b> 674 South Hwy 99, Fillmore, UT 84631 fillmorecommunityhospital.org	435-743-5591
<b>Millard Behavioral Health Community Network</b>	435-864-1512
<b>LDS Family Services</b> Contact local Bishop or Stake President or call Richfield Office 190 West 100 South, Richfield, UT 84701	435-896-6446 (Richfield Office) 385-343-4199 (Text 24 hours)
<b>National Suicide Prevention Lifeline</b>	1-800-273-TALK(8255) (24 hours a day) 1-800-799-4889 (Deaf/Hard of Hearing)
<i>*The national Suicide Prevention Lifeline provides emotional support, crisis intervention, and suicide prevention services. This lifeline provides help for anyone that is depressed, despairing, going through a hard time, or those who are thinking about suicide.</i>	
<b>National Statewide Crisis Line</b>	1-800-587-3000 *988
<b>The Warm Line</b> Staffed by Peer Support Specialists	801-587-1055 Hours: 8:00 am to 11:00 pm

<b>Utah Div. of Child and Family Services</b> <i>To report suspected abuse of a child</i>	1-855-323-3237
<b>Utah Department of Human Services</b>	1-833-SAFE-FAM (723-3326)

<b>Websites for Mental Health Information</b>	
Mental Health First Aid	<a href="http://www.mentalhealthfirstaid.org">www.mentalhealthfirstaid.org</a>
Utah Suicide Prevention Coalition	<a href="http://www.utahsuicideprevention.org">www.utahsuicideprevention.org</a>
Utah Chapter of the National Alliance of Mental Illness	<a href="http://www.namiut.org">www.namiut.org</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.findtreatment.samsha.gov">www.findtreatment.samsha.gov</a>
Mental Health Youth.gov	<a href="http://youth.gov/youth-topics/youth-mental-health">http://youth.gov/youth-topics/youth-mental-health</a>
Teen Mental Health	<a href="http://www.teenmentalhealth.org">www.teenmentalhealth.org</a>

<b>General Resources</b>	
Adult Protective Services (APS) Reporting	1-800-371-7897
Child Protective Services (CPS) Reporting	1-877-797-3237 435-864-3869 (Delta Office) 435-743-6611 (Fillmore Office)
Guardian Ad Litem/Court Appointed Special Advocate (CASA)	435-529-7413

<b>Child/Youth/Family Services</b>	
Central Utah Youth Center	1-866-803-3492
Childcare Resource and Referral-Western	1-888-344-4896
Head Start	435-864-4809 (Delta) 435-743-6339 (Fillmore)
National Runaway Switchboard	1-800-786-2929

Millard County School District	435-864-1000
The Nine Line	1-800-999-9999

### **Courts and Sheriff's Department**

Fourth District Court	435-743-6223
Juvenile District Court	435-743-6608
Justice Court	435-864-1403 (Delta) 435-743-6952 (Fillmore)
Adult Probation and Parole	435-743-5830 (Fillmore)
Sheriff's Department	435-864-4523 (Delta Satellite Office) 435-743-5302 (Fillmore)

### **Domestic Violence**

Domestic Violence Information Line	1-800-897-LINKS (5465)
New Horizons Crisis Center (Richfield)	435-896-9294 1-800-343-6302
Office of Crime Victim Reparations (CVR)	1-800-621-7444
Utah Legal Services	1-800-662-4245
VINE (Victim Information & Notification Everyday)	1-877-884-8463
Millard County Victim Advocate	435-743-6522

### **Employment/Job Training**

Division of Rehabilitation Services	435-864-2509
Easter Seals Seniors 55+ - Cedar City Office	435-865-6555
Job Corps	1-800-426-5627
Labor Commission	1-800-530-5090

Anti-discrimination and Labor Issues	1-800-222-1238
Utah Dept of Workforce Services (DWS)	435-864-3860 (Delta) 435-743-5304 (Fillmore)
Extension Services - USU	435-864-1480 (Delta) 435-743-5412 (Fillmore)

<b>Financial Counseling</b>	
AAA Fair Credit Foundation	1-800-351-4195
American Credit Foundation	1-800-259-0601
Bankruptcy Hotline	1-801-374-6766
Cornerstone Financial Education	1-800-336-1245

<b>Food Assistance Sharing</b>	
Central Utah Food Sharing	435-864-5523
Food Stamps Utah Dept of Workforce Services (DWS)	435-864-3860
Home Delivered Meals/Congregate Means Six Counties Agency on Aging (Senior Citizens)	435-896-0725
Pahvant Senior Center (Fillmore)	435-743-5428
West Millard Senior Center (Delta)	435-864-2682
Central Utah Public Health Department WIC (Women, Infants & Children)	435-864-3612 (Delta) 435-743-5723 (Fillmore)

<b>Government Services</b>	
Millard County Assessor	435-864-3901 (Delta) 435-743-5719 (Fillmore)
Clerk	435-864-2440 435-743-6223

Recorder	435-864-3901 (Delta)
Treasurer	435-864-3901 (Delta) 435-743-5322 (Fillmore)
Justice of the Peace (Delta)	435-864-2759 (Delta) 435-743-5425 (Fillmore)
Public Works (Delta)	435-864-2759
Fillmore City Offices	435-743-5233
Division of Motor Vehicles (DMV)	1-800-DMV-UTAH (368-8824) 435-864-1400 (Delta) 435-743-5719 (Fillmore)
Drivers License Division	1-888-353-4224 435-864-4665 (Delta) 435-743-6653 (Fillmore)
United States Postal Services (USPS)	1-800-ASK-USPS (275-8777)

Healthcare/Hospital/Clinics	
Caring Foundation for Children (Dental Insurance)	1-888-589-5437
Central Utah Public Health	435-896-5451 (Richfield) 435-864-3612 (Delta) 435-743-5723 (Fillmore)
Delta Community Hospital	435-864-5591
Fillmore Community Hospital	435-743-5591
Utah Comprehensive Health Insurance Pool	1-800-705-9173
Medicaid, CHIP, PCN & UPP (DWS) Medicaid/PCN Beneficiaries Information	1-866-435-7414 1-800-662-9651
Children's Health Insurance Program (CHIP)	4-877-KIDS-NOW
Primary Care Network (PCN) Utah's Premium Partnership for Health (UPP)	1-888-222-2542
Planned Parenthood Association of Utah	1-800-627-9558

Facts of Life Line (Recorded Message)	1-800-344-4134
Utah Health Insurance Division	1-800-439-3805
Veterans Community Based Outpatient Clinic	435-623-3129

### **Housing/Utilities**

American Red Cross	801-373-8510
Dominion Energy (Gas Leaks)	1-800-323-5517
Blue Stakes	1-800-662-4111
Six County Association of Gov (SCAOG)	1-888-899-4447
Utah Department of Workforce Services (Emergency Assistance for Rent/Utilities)	1-866-435-7414
Rocky Mountain Power	1-888-221-7070
UTAP (Utah Telephone Assistance Program)	1-800-948-7540

### **Law Enforcement/Emergency Services/Fire**

Emergencies (Fire, Hazardous Materials, Medical, Police)	9-1-1
Millard County Sheriff (Dispatch)	435-864-4523 (Delta) 435-743-5302 (Fillmore)
Millard County Jail	435-743-5585

### **Legal Information/Consultation**

Consumer Protection	1-800-662-9080
Disability Law Center	1-800-662-9080
Lawyer Referral	<a href="http://www.utahbar.org">www.utahbar.org</a>
Utah Legal Services	1-800-662-4245

<b>Libraries</b>	
Public Libraries	435-864-4945 (Delta) 435-743-5314 (Fillmore)

<b>People with Disabilities</b>	
711 Relay Utah	7-1-1
Access Utah Network	1-800-333-8824
Division of Rehabilitation Services	435-864-2509 (Delta) 1-800-531-9914
Division of Services for People with Disabilities	435-864-3869 (Delta)
Utah Parent Center and Autism Information Resources (Parents of children with disabilities)	1-800-826-8662

<b>Pregnancy</b>	
Baby Your Baby Hotline	1-800-826-8662
Planned Parenthood Association of Utah	1-800-627-9558
Pregnancy Riskline	1-800-822-BABY(2229)
Children's Service Society of Utah	1-800-839-7444

<b>Rape/Sexual Assault</b>	
Rape/Sexual Assault Crisis Line	1-888-421-1100
Utah Coalition Against Sexual Assault (UCCASA)	1-866-878-2275

<b>Sexually Transmitted Diseases/AIDS Info</b>	
People with AIDS Coalition of Utah	1-801-484-2205
Planned Parenthood Association of Utah	1-800-627-9558

STD/HIV/AIDS Education Central Utah Public Health	435-896-5451 (Richfield) 435-864-3612 (Delta) 435-743-5723
Utah AIDS Foundation	1-800-FON-AIDS(366-2437)

<b>Substance Abuse</b>	
AA (Alcoholics Anonymous)	www.utahaa.org
MATR Behavioral Health Services	435-462-2781 (Mt. Pleasant)
Narcotics Anonymous	801-687-6292 (Provo)
Tobacco Quit Line	1-888-567-TRUTH(8788)
Veterans Community Based Outpatient Clinic	435-623-3129

<b>Welfare and Financial Services</b>	
Office of Recovery Services (ORS)	1-801-536-8500
Social Security Administration	1-800-772-1213 (National)
Unemployment Insurance Center	1-888-848-0688
Utah Dept of Workforce Services (DWS)	1-866-465-7414