

# Responding to Critical Incidents in Schools

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## A Behavioral Health Plan

This behavioral health plan was developed by members of the NH Disaster Behavioral Health Response Team (DBHRT) in an effort to address the issues related to school-based critical incidents and to complement existing School Emergency Response Plans

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## **Section 1: Introduction**

A comprehensive school emergency response plan should include a section on the behavioral health aspects of critical incidents and define who is available within the school and in the community to respond. During a critical incident, school leadership should assess the needs of the school community and strategically plan for an appropriate response.

For the purposes of this document, a critical incident is any incident that might impact the emotional functioning of members of the school community. This includes students, faculty / personnel, and parents. The International Critical Incident Stress Foundation (ICISF) defines a critical incident as a “stressor event that has the potential to lead to a crisis response in many individuals. This is the stimulus that sets the stage for a crisis response.” Critical incidents do not always involve the death of a student, parent or faculty member. The most common critical incidents however include the serious illness or death of someone in the school or extended school community. Other incidents might include natural disasters such as a flood or ice storm that impacts the whole community as well as the school. Other events might include suicides, terrorist shootings or public health threats such as pandemic flu.

Most schools have access to school based mental health staff such as counselors, guidance counselors, social workers, psychologists and nurses. These staff members generally do a great job managing routine situations. They are capable to intervene, assess, and provide referrals to community resources. In some critical incidents however, the emotional needs of the school might overwhelm the capacity of the school’s mental health staff, who will most likely be impacted themselves.

The assessment process is a necessary first step in determining the appropriate response for a critical incident. Each school’s ability to respond will vary depending on many factors – the nature of the event, the number of people involved, the resources within the school, and the relationships the school has developed with external resources.

Schools often choose to develop relationships with their local community mental health centers or other behavioral health providers. The State of New Hampshire has trained a cadre of volunteer behavioral health professionals to enhance the response capacity when local resources are either overwhelmed or insufficient to meet the need. This Disaster Behavioral Health Response Team (DBHRT) is available at no cost for consultation, training and response upon request (See [Appendix K - Community Resources](#)).

We invite you to read through this document and cut and paste various sections of the Plan to compliment your existing Emergency Response Plan. Including behavioral health language in your emergency planning will greatly enhance your capacity to respond to critical incidents in an effective and compassionate manner.

## [Section 2: Goals for Managing a Critical Incident](#)

Strategic planning is a key part of managing a response to a critical incident. At some level, a school is always in either the planning or response phase of crisis management. The following items are suggested behavioral health goals for a school community.

### **Planning Phase:**

- Have a school or district-wide behavioral health response team in place
- Identify external community behavioral health resources and build relationships before the crisis
- Provide faculty awareness and training in the areas of the emergency response plan, critical incident response roles and responsibilities, psychological first aid, and suicide prevention/postvention
- Include behavioral health issues in school based exercises and drills
- Update faculty and community contact information regularly

### **Response Phase:**

- Ensure safety of students and staff
- Maintain stability of school operations
- Provide leadership, including planning and support for helpers
- Maintain consistency of information control
- Address the emotional needs of students, parents, faculty and staff
- Request assistance when internal school or district resources are overwhelmed or insufficient to meet needs
- Promote sense of community within the school
- Collaborate with external resources as determined by ongoing assessment
- Continue to monitor the behavioral health needs of students and staff during the post-crisis period

### **Section 3: Needs of Various Groups**

Following the impact of a critical incident, it is necessary to assess the needs, including behavioral health needs, of specific groups. The response to this event should take into account these various needs as well as the general goals defined above, so that school administrators have a structured framework at the time of crisis from which to operate. By considering these needs in advance, chaos and spontaneous or emotion-laden decisions may be avoided or minimized.

#### **Common Needs of Everyone Affected:**

- Information about the event
- Permission and a place to grieve, as necessary
- Emotional support

#### **Administrator Needs**

- Information about the deceased or the incident
- System for contacting necessary crisis resources
- Strategy for responding to staff, student, parent, community & media requests

#### **Faculty Needs:**

- Information about the school's response plan
- Preparation for student reactions
- Guidance in structuring the school activities
- Involvement in the identification of high-risk students
- Information about resources within the school and community

#### **Student Needs:**

- Information about the incident, as age appropriate
- Outreach, especially to those students most affected by the incident
- Information about resources within the school and community

#### **Parent Needs:**

- Knowledge about the safety of the children and Information about the school's response
- Information on preparing for their children's reactions and questions
- Opportunity to be of service in appropriate ways

#### **Community needs: (depending on the event)**

- General information about how the school is managing the incident
- Opportunity to be of service in appropriate ways

#### **Section 4: Organizing Behavioral Health Assets**

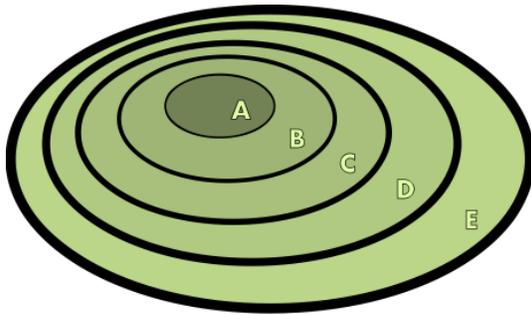
- Identify a Behavioral Health Response Team made up of the principal, guidance counselors or social workers, teachers and school nurses. Ask for volunteers and find those people who are truly interested in being part of this process. Depending on the district, this team may be school based or district wide. Team assignment should take priority over other job assignments so that the team can convene quickly when necessary. A team leader should be appointed who has the decision making authority to coordinate assignments and to communicate with the school administrator. See [Appendix B Checklists for School Leadership](#).
- Identify goals for your team and meet to support those goals – include behavioral health support as you organize, train and test your plan.
- Actively encourage familiarization with the emergency response plan throughout your school community.
- Provide training for all staff in issues related to prevention, intervention and postvention of critical incidents.
- Build relationships with external behavioral health resources for use when overwhelmed. These may include local Community Mental Health Centers (CMHC), local agencies, and the State of New Hampshire’s Disaster Behavioral Health Response Team (DBHRT).
- For more information on DBHRT and Community Mental Health Centers, see [Appendix L](#)

**Section 5: Strategic Assessment and Planning**

During a critical incident there is often chaos and confusion, with many people needing support and others wanting to help. For that reason, it is critical to complete a strategic assessment. Take the time to assemble an appropriate team and gather information before moving forward with plans. See [Appendix A](#) for an assessment tool that may be helpful with this process.

**Assess Damage**

The first step will be to understand what has happened and who potentially may be impacted. Think creatively when listing those affected. There may be siblings in another school or committee members who worked with a teacher. A coach or cafeteria worker may have been close to a child who died. Identify past traumatic events of the school and community as they might impact the recovery process. Consider emotional as well as physical injuries. One technique for assessment is to identify the circles of risk following an incident:



- A. Injured and/or bereaved
- B. Witnesses and/or evacuees
- C. Extended family, friends, responders
- D. Lost homes, possessions, jobs; had preexisting conditions; at risk groups; other disaster responders
- E. Larger community

**Assess Internal Resources**

Begin with the resources available within the affected school. The crisis leadership might include the school administration - superintendent and principal, a critical incident team if one has been formed, mental health and nursing staff. Make note of natural supports for the students affected, or a favorite teacher or coach.

**Assess External Resources**

Resources from other schools within the district might be available. Contact those community agencies that have a relationship with the school. These may include the local Community Mental Health Center, DBHRT or other agencies where relationships have been created.

**Create a Strategic Plan**

The leadership team will review the various goals, checklists and the Section 6: [Structuring a Response](#) section in this document. Use the information gathered in the assessment to create a plan to address the incident. Continue to monitor the needs of students, faculty and parents, and adjust plans as necessary to ensure an appropriate response. A Critical Incident Assessment Tool can be found in [Appendix A](#).

## **[Section 6: Structuring a Response](#)**

The planning of a response to a critical incident needs to happen immediately. The Plan will guide the school community through a very difficult and emotional time. The following outline is designed to help you address behavioral health considerations as you develop your response.

### **Day 1:**

Immediately following the news of a critical incident, the following considerations are recommendations for a school to address:

- Complete the School Assessment Tool in [Appendix A](#)
- Review the checklists for superintendent, principal, behavioral health response team and public information officer listed in [Appendix B](#).
- The school superintendent should be on-site as a show of support and to personally thank staff for helping students make it through this difficult time.
- Determine how the delivery of the news will happen in the school system. Individual classroom announcements to students following a teacher's meeting are recommended. Conversely, announcements over the loudspeaker or large assembly notifications are not recommended.
- Be certain to have sufficient support staff to assist in the support of the students, faculty and parents. This may include both an Internal Team (employees of the school system/district) and an External Team ( such as DBHRT, Community Agencies)
- Set up designated rooms for emotional support for students and an Assistance Center for adults (parents and faculty).
- Provide emotional support to the students, faculty and parents.
- Determine how classes will be run.
- Classroom of deceased – special considerations should be given to the teachers/students/aides who were close with the deceased. Issues such as the individual's personal belongings, desk, and locker need to be discussed. This can invite open discussion amongst students on how to honor the deceased.
- Be prepared for both students and staff asking to go home and consider available resources as much as possible (versus sending someone to an empty home).
- Ask staff to identify potential high-risk students and staff. Some examples may be those individuals who were close to the deceased or anyone who may have witnessed the death.
- Recognize that the media may want information. Review Appendix G for suggestions regarding the media.
- Individual Faculty Assignments are recommended so that when the crisis occurs, faculty are reminded of their assigned roles and can determine if they are able to perform these tasks. They may need to pass the task on to someone else.

- Have a Telephone Tree in place so that the communication flow happens smoothly, efficiently and correctly. Consider activating the emergency alert system if applicable via phone/email etc.
- Address use of cell phones, Facebook, and other social media by students and possibly media to minimize the spread of rumors and inaccurate information.
- Be aware of the emotional and physical wear that will occur this day. Remind students and staff to drink plenty of water and practice self-care techniques.
- The State Disaster Behavioral Health Coordinator (603) 271-9454 can provide consultation about appropriate handout materials, support services and interventions might be appropriate at this stage. Requests for DBHRT assistance should be made by contacting the Coordinator.
- Review Handouts and Sample Letters in [Appendix C, D, E](#) and prepare support materials for teachers and staff, and appropriate letters to go home with students. These handouts and sample letters can be adjusted to meet the specific needs of the school and the unique aspects of the critical incident. Inform staff and parents about the particular issues you are able to discuss and how the school is handling the incident. Include resources for immediate connections to external teams, clergy, or community agencies that may be of assistance.
- Determine if an Assistance Center needs to be established. The Assistance Center is a private, quiet area where parents or faculty can stop by to receive support, information and ask questions. See [Section 9 - Assistance Center](#) for more information.
- If necessary, designate a staff member to be the school contact for parents of impacted students (the family of an accident victim in critical condition, or the family of the deceased). This staff member can share information between the school and family.
- If needed, designate a staff member to coordinate volunteers and donations.
- A brief staff meeting at the end of the day should be held to allow faculty to review the day, share information, resources, stress/grief reactions and coping strategies. See [Appendix C – Self Care Suggestions](#).

#### **Day 2:**

- Assess whether continued staff meetings are needed. Depending on the nature of the event, regular staff meetings allow connection, information sharing, and continued planning.
- Evaluate continuing needs for support services. The grief process differs for each individual. People may be just coming to terms with the incident. Thus, continued support is important. Promote peer support, especially for teenagers, as it is a natural support for them.
- Continue to assess students, especially those most closely impacted or otherwise at-risk.
- Determine the school's involvement in the Memorial or Service. What services the school can provide – space, food, pictures, speaker for service?

### **Day of Funeral:**

Parents and caretakers may be asking you if it is appropriate for their child to attend wake, funeral and or burial services. There is no clear cut answer, however various factors that such as the student's wishes, the parent's knowledge of their child's development, temperament and capabilities should all be considered when making the decision regarding their attendance. See [Appendix E – Parent Considerations for Children at Services](#) for a more thorough discussion of this subject.

### **School's Attendance at the Service**

With regard to attendance of their loved one's services, the wishes of the family of the deceased must be considered. The family may openly invite and encourage the schools' and students' attendance and participation. On the other hand there may be factors, including cultural, that may lead them to not want the presence of students. Gain knowledge of the facts of the Service including the length, what will occur and whether there will be a casket, cremation, etc. If there was a sudden, traumatic or violent death, the emotional responses by adults attending may be overwhelming for certain age children. Sitting through a long service may be too much for younger children.

The school may choose to do their own type of Service which can be a wonderful way for the school as a system to honor the individual. An assembly with music and speeches and dedications may be structured towards the age and developmental needs of the students.

Please refer to the memorial section for important aspects for schools to consider when deciding whether to host a memorial service.

Allow school faculty and staff to attend services if during a school day. This type of closure and ritual is an important aspect in many peoples' lives. Structuring school and class time can be designed to accommodate these needs.

If many teachers are interested in attending services, decide how to handle their absences or whether to close the school.

Recognize that the day of the funeral may be difficult. Have additional support available.

### **Ongoing/Post Memorial Service**

- Continue to monitor stress or grief reactions in both students and staff.
- Provide support services as necessary
- Update plans and phone tree as needed to prepare for the future.
- Schedule an After Action Meeting to review the response to the critical incident, the school's emergency response plan and to capture any lessons

learned from the incident. See [Appendix F: After Action Review](#) for an After Action Report Template.

- Note the date for anniversary planning. Designate a staff member to notice milestones that may come up as the year moves along and plan how to manage these times with students and staff.

**Anniversary:**

- Recognize that the anniversary date may evoke stress or grief reactions from involved parties.
- Provide support or check in with students or staff who may have been significantly impacted.

### **Section 7: Working with Traumatized Staff**

It is important to remember that faculty may be traumatized by the death of a student, fellow staff member or a critical incident. Following the death of a member of the school community or a major critical incident it is recommended to put supports in place for those people who were closest to the event or people who died. Reassigning paraprofessionals or bringing in substitute teachers can allow the teacher the time needed to grieve or to leave the classroom when becoming overwhelmed.

When teachers are asked to make phone calls home to share traumatic information with their students' families, they may become distressed and be in need of support. Having behavioral health professionals in the building to check in with teachers between phone calls can be quite helpful.

Behavioral health supports need to be available for staff as well as students. Teachers rarely want to turn their class over to another individual but will appreciate supports being in place should they become distressed or overwhelmed with grief. Placing behavioral health professionals in classrooms can give teachers and staff the support they might need to get through some difficult conversations that may come up in the classroom with their students.

## **Section 8: Memorialization**

A school death is a tragic event. Together, the school “family” grieves. More often today, we see the trend for Memorializing the deceased occur and even more commonly, these memorial tributes happen at a very rapid pace.

Having a school-wide policy on memorials may be a consideration for school administrators to address early. There are many ways in which a memorial can be made and honor given to the deceased individual’s life. However, there are certain aspects of the process that need to be considered.

Schools are encouraged to develop a policy for memorials before being faced with making decisions under the time pressure and emotional grief which occurs after a sudden death. Consistency is an important consideration when developing a policy regarding memorials. Will you handle all the deaths and memorialization the same or will it differ for different types of death. Examples of sudden deaths schools are faced with include:

- Death from cancer or other medical condition
- A drug overdose death
- Suicide death\*
- A homicide death
- Death of an individual killed by a drunk driver
- Death of a drunk driver who killed another individual.

Schools may view these deaths differently, but many families will expect that the same type of memorialization occurs regardless of the circumstances of the death. This is why having a policy is so important. Given the complexity of these situations some schools adopt a policy which minimizes their role in memorialization and encourages memorialization to occur in the community.

\*If the death was a suicide, care should be taken to reduce the risk for contagion. Although it is an area where more research is needed, *how* an individual is memorialized may inadvertently increase the chance that other youth (who are already at risk) may act on their suicidal thoughts. Please refer to guidance regarding postvention (interventions to reduce risk and promote healing after a suicide) to prevent the idolizing of the death and possible future suicidal behavior. (See [Appendix I – Suicide Considerations, the Connect Project](#)).

### **Temporary Memorials**

These types of memorials are again typically quick in forming and help individuals begin the grieving process. In school settings, one may see the locker of a deceased student or the desk of a student or even teacher serve as a temporary memorial. Here the students as well as the school ‘family’ may leave letters, flowers, pictures, notes. Set a time frame for this type of memorial and address any safety issues, such as safe passage around a locker or flowers left in a classroom in which students may have allergies. At the end of the time period, someone from the school family may present the material to the family of the deceased.

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### **Living Memorials**

Living memorials are very popular and may include planting a tree or a wildflower garden as a tribute to the individual. As popular as these ideas are, there are specific aspects to be considered.

- Maintenance of the memorial: Create a plan to keep the garden watered.
- Remembering the importance of the memorial: perhaps in a school historical document, so that the memory is not forgotten. If an addition is made to the school, a garden may need to be moved or replanted.
- Equality: If the school plants a garden for this student, assure that there be space for another garden when another student dies. Thinking about how this decision may play out in the future (e.g. multiple living memorials) may inform current choices regarding memorials.

With thoughtful and future-oriented planning, living memorials can become important reminders of people who were valuable contributors to a school community.

### **Scholarship Funds**

Scholarship Funds may be set up in the name of the individual. This recognition each year at an event or graduation helps keep the memory alive. Group efforts may involve fund-raising activities and choosing who receives the proceeds of the fund.

### **Candlelight Vigils**

Candlelight vigils are typically held within a few days after the death of an individual. A school community may be involved in organizing or hosting a vigil.

### **On-Line Memorials**

A growing and popular form of Memorializing, On-line or Internet Memorials offer a wide variety of ways individuals can honor the individual lost. Word messages, poems or pictures may be included and the memorial is ongoing, thus changing in tone as the grieving process for individuals changes. Funeral Homes sometimes have an on-line tribute where messages are made to the deceased as well as family and friends. Researching what may be best for the individual being honored and asking the family for their input and desire for such a tribute may be important to consider.

### **Picture – Plaques**

Pictures, plaques, or age appropriate inspirational posters are also a way to remember a deceased school community member. Often a hallway bulletin board can hold photos and notes which will later be given to the family of the deceased. If a plaque is to be permanent, having a special area in the school designated for these types of memorials is important to consider. Age appropriate inspirational posters that reflect the character of the deceased are also a way of memorializing the individual.

### **Memory Books**

Another way to help family members who have lost a loved one may be the creation of a memory book. These books can include letters about the individual, with favorite memories and stories, pictures and drawings. This book can be made for the parent(s) of a child who died or for a student who has lost a parent or sibling. Having an assigned coordinator for this effort is important.

### **Cost and Equity Issues**

There is the consideration of cost and equity issues. Many times, in communities, memorials are made for individuals and funding for the memorials may vary from memorial to memorial. Some families may feel burdened when they are not able to put a large sum of money into a certain type of memorial, whereas more affluent families may be able to produce a very generous memorial. Ideally, these discussions are held within the school community during a planning phase, so that when the issue arises, the school already has a thoughtful policy in place.

### **Other Ideas**

Unique memorials may be fashioned to the likes or interests of the person you are honoring. Bird Feeders, a special bench, gym equipment, donated books for the school library or a swing set are all possibilities. Again the upkeep of such donations needs to be addressed.

Memorials are truly meant for the living. They help individuals move through the grieving process and realize that this person, their loved one, will not be forgotten. These memorials help the living make the transition back into their daily life and routine.

### **Section 9: Assistance Center**

After a critical incident, an Assistance Center may be set up. It is a place where parents and faculty members can receive information, resources and support. Behavioral health professionals should be present to help parents and faculty cope with the critical incident. It provides a place for the adults to come together for peer or individual support as needed.

The Assistance Center can also help provide factual information, preferably in regular updates and before such information is given to the media. It also provides the opportunity for parents and faculty to ask questions and seek advice.

In an incident that would involve the closure of a school building, the Assistance Center should be geographically located away from the area of the event itself so as not to re-traumatize adults or children who may have witnessed the original situation that created the need for such an intervention.

The Assistance Center can be a point of resource and referral. Parents and faculty can have access to written materials. Helpful handouts can include information regarding children and trauma or grief, strategies for self-care and a list of local service providers. See [Appendix C](#) for sample handouts.

An Assistance Center can also be utilized to provide parents or guardians with relevant workshops and/or post-event activities.

## Appendix A – Critical Incident Assessment Tool

**Date:**

**Person Completing the Assessment:**

**Description of Event:** (date & time of occurrence, location, name(s) of decedents, official cause of death)

**Who were the responders to the incident?** (i.e. police, fire, school personnel, others)

**Who has been contacted so far?** (Superintendent, Principal, Assist. Principal, Other Schools, External Teams)

**Who is aware of the incident so far?** (students, parents, media, etc.)

**Were there witnesses to the incident?**

**If the incident involves a student(s):**

Was he/she/they involved in any sports, clubs, band/choir, PEAK, daycare, etc.?

**Are there siblings? Which schools do they attend? Have they been notified?**

**What are the predominant rumors thus far? Is the media involved?**

**Is there a history of previous events that have the potential to impact the response to this event?**

**What Behavioral Health Supports are available?** (Community Mental Health Centers, Churches, DBHRT, Victims Inc.)?

**Recommendations:**

**Key Contacts and Phone Numbers:**

- 1.
- 2.
- 3.

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**Appendix B – Checklists for School Leadership (Superintendent, Principal, Behavioral Health Response Team and School Public Information Officer)**

**Checklist: School Superintendent**

- Contact law enforcement to verify death and circumstances
- Notify key District Administrators
- Notify School Based Behavioral Health Response team, if appropriate
- Appoint one media spokesperson (PIO); designate back-up
- Provide support to survivor school(s)
- Set District policy for faculty, staff and student participation in memorial activities

**[Checklist: Principal](#)**

- Contact and mobilize the school based behavioral health response team if one exists, or in lieu of this the school behavioral health assets (psychologists, guidance counselors, nurses).
- Notify faculty and other school staff via telephone chain or other methods and plan a faculty meeting prior to school opening (if the critical incident is learned about during the school day, schedule a faculty meeting at end of day)
- Alert local behavioral health resources to school situation and plans. See [Appendix L, Community Resources](#)
- Write statements/letters for release to faculty, parents and students. See [Appendix D – Sample Memos to Faculty](#) and [Appendix E - Addressing Parental Concerns](#) for sample statements/letters.
- Plan strategy to respond to requests from parents for information
- Reach out to family of deceased personally to express condolences.
- Keep an informal log of response activities.
- Relay information about visiting hours and funeral to students, staff and community as it becomes available.
- Review [Section 8: Memorialization](#) and prepare to respond to requests for memorialization.
- Meet with faculty and School Based Behavioral Health Response Team (typically at the end of the day) during the crisis period.

**Checklist: School Based Behavioral Health Response Team**

- Attend initial faculty meeting where tasks and roles are identified.
- In consultation with Principal, contact community behavioral health agencies for support and assistance in the school's response if needed.
- Determine private areas for individual support and location for an Assistance Center if one is established.
- Develop talking points for first period teachers to share information with students regarding the incident.
- Brief School Based Behavioral Health Response Team and community behavioral health supports regarding the response plan.
- Identify and monitor at-risk students and faculty
- Contact counselor and nurse at schools where any siblings or children of deceased are enrolled.
- In consultation with the Principal, assign one team member to contact the family of the deceased to express condolences, clarify plans for funeral and family's charity request and to provide the family with local behavioral health resources and support groups
- Review special considerations in managing the aftermath of suicide to avoid copycat behavior.
- Provide stress management and self-care techniques for faculty.
- Schedule daily meetings with the School Based Behavioral Health Response Team as necessary to assess the current status of the crisis and the effect of the interventions.

**Checklist: School Public Information Officer (PIO)**

- Review [Appendix G – Working with the Media](#)
- Meet with School Based Behavioral Health Response Team to consult about issues regarding the media
- Understand both the school policy regarding confidential information and any issues regarding privacy requests by involved parties (i.e. parents of involved student)
- If requested, provide media with written statements
- If requested, meet with media
- Provide staff with instructions for personal contact with media
- Provide staff with instructions for phone contact with media
- Reinforce school and community prevention strategies with media

### [Appendix C – Handouts](#)

Handouts are available at the HSEM web site [www.nh.gov/safety/divisions/hsem](http://www.nh.gov/safety/divisions/hsem) Disaster Behavioral Health Page in the following languages: Bosnian, Spanish, Vietnamese, French and Arabic

The following handouts are included in this appendix

- Common Student Reactions to Loss And Grief
- After The Disaster
- Después De La Catástrofe
- Children's Reactions to Disaster
- Reacciones De Los Niños Ante Una Catástrofe
- Parent Considerations for Children Attending Services
- Self-Care Suggestions

Feel free to copy and use as appropriate with your school community.

### Common Student Reactions to Loss and Grief

Children experience loss and grief in their own way. Factors that need to be considered as you work with the student include the age of the child or teenager, their personality, developmental stage, temperament as well as familial and cultural factors.

#### **Normal Grief Responses**

Typical grief responses may be seen through various behaviors, emotional responses, physical manifestations and thought patterns.

- **Behavior** – Sleep disturbance and differences from the child’s typical pattern, sleep interruption, social withdrawal, appetite changes, nightmares, anxiety over activities, going to school, being left alone, avoidant behavior (missing or skipping school, not engaging in friendship, sports or activities, etc.
- **Emotional Responses** – For each individual this will differ. There is NO right way to grieve; everyone has his or her own path with this. One may experience sadness, anxiety, guilt, shock, feeling numb, feeling lonely, worried. A sense of relief may be felt after the death of a loved one or a close individual who was suffering. This sense of relief may not be understood by the child and may lead to guilt.
- **Physical Manifestations** – common signs and symptoms a child may experience include changes in appetite (little or no appetite to overeating), feelings of being tired/low energy/lethargic, headaches, stomach aches, being hypersensitive to certain stimuli (loud noises, certain smells, etc).
- **Thought Patterns** – changes in a child’s thought process and reactions may occur, including nightmares, fears that did not exist before, confusion, difficulty concentrating for any length of time (may be seen in school, doing homework, watching television), denial about the loss of the deceased, etc.

#### **Age Considerations**

Developmental factors play a large role in the child’s reaction to the death of a loved one/friend/teacher/coach, etc. The following recommendations and information is from the Children’s Grief Education Association.

##### **Ages 6-10**

Around the age of six, children begin to understand that the loved one is not returning. This can bring about a multitude of feelings at the time of other significant changes in a child's life, including entering first grade. Children who do not remember their parent may feel an acute sense of loss as they see peers with their parents and hear their family stories.

Elementary school aged children are interested in biological processes about what happened to their loved one. Questions about disease processes and what happens to the body are of keen interest. When asked questions, it is important to clarify what it is the child wants to know.

Children's worlds are sometimes messy and have a high level of energy. Grief is also messy sometimes. It does not always take a form that makes adults comfortable. Allowing your child to express feelings through creative, even messy, play can be helpful (i.e. finger painting, making mud pies and throwing them, etc.). You may want to join in the creative play.

Peer group support is helpful for children of this age.

### **Ages 11-13**

Middle school aged children are faced with a tumultuous time of body changes and increased performance expectations. When a death loss is added to that, it increases their sense of vulnerability and insecurity.

Grades may be affected by the death. It may be difficult to find a balance between studies/emotional distraction, but this is a time to be a bit more careful about insisting too harshly on schoolwork. With time, middle school children will return to their normal capacity for attention.

Middle school is also a time when abstract thought begins to accelerate. Children may be considering spiritual aspects of life and death, perhaps questioning their beliefs. Be open to talking with them or support them in finding someone who is comfortable discussing these issues.

### **Ages 14-18**

Teens are usually in a place of growing independence. They may feel a need to hide their feelings of grief to show their control of themselves and their environment. Teens often prefer to talk with peers rather than adults when they are grieving.

Teens are more likely to engage in high-risk behavior, especially after a death loss. One young person expressed that her mom was always careful and followed all the safety rules, but died anyway. She asked, "Why should I be careful?"

As with all ages, maintain routines. If one parent died, be clear about who will care for them and what to expect if you die

It is important to remember that as a child grows they will continue to grieve their loss in different ways as they progress through each developmental stage.

### After The Disaster

After experiencing the shock and pain of the disaster, you will be very busy for the next few days or weeks. Caring for your immediate needs, perhaps finding a new place to stay, planning for cleanup and repairs, and filing claim forms may occupy the majority of your time. As the immediate shock wears off, you will start to put your life back together. Most people experience normal reactions as a result of the disaster. Generally, these feelings don't last long, but it is common to feel let down and resentful many months after the event. Some feelings or responses may not appear until weeks or even months after the disaster.

Some common responses are:

- Irritability/Anger
- Fatigue
- Loss of appetite
- Inability to sleep
- Nightmares
- Sadness
- Headaches or nausea
- Hyperactivity
- Lack of concentration
- Increased alcohol or drug consumption

Many victims of disaster will have at least one of the above responses.

Acknowledging your feelings and stresses is the first step to feeling better. Other helpful actions include:

- Talk about your disaster experiences. Sharing your feelings rather than holding them in will help you feel better about the experience.
- Take time off from cares, worries, and home repairs. Engage in recreation, relaxation, or a favorite hobby. Getting away from home for a day or a few hours with close friends also can help.
- Pay attention to your health, a good diet, and adequate sleep. Relaxation exercises may help if you have difficulty sleeping.
- Prepare for possible future emergencies to help lessen feelings of helplessness and to achieve peace of mind.
- Rebuild personal relationships in addition to repairing other aspects of your life. Couples should make time to be alone together, to talk, and to have fun.
- If stress, anxiety, depression, or physical problems continue, you may wish to contact the post-disaster services provided by your local mental health disaster recovery program.

Please take this sheet with you today and reread it over the next few weeks and months. Being aware of your feelings and sharing them with others is an important part of your recovery.

### Después De La Catástrofe

Después de haber sufrido la conmoción y el dolor provocados por la catástrofe, habrá mucho para hacer en los días y semanas siguientes. Gran parte de su tiempo deberá dedicarlo a ocuparse de sus necesidades básicas; tal vez deba hallar un nuevo alojamiento, planificar la limpieza y las reparaciones que hagan falta, y presentar formularios de demandas. Cuando pase la conmoción, volverá a organizar su vida. La mayoría de las personas experimentan reacciones normales como consecuencia de la catástrofe que, por lo general, no se prolongan. Pero es frecuente sentirse desanimado y resentido durante varios meses después del episodio. Ciertos sentimientos y reacciones pueden aparecer recién semanas o hasta meses después de la catástrofe.

Algunas reacciones frecuentes son:

- Irritabilidad/enojo
- Cansancio
- Inapetencia
- Insomnio
- Pesadillas
- Tristeza
- Dolor de cabeza o náuseas
- Hiperactividad
- Dificultad para concentrarse
- Aumento del consumo de alcohol o de drogas

Muchas víctimas mostrarán por lo menos una de las reacciones mencionadas. El reconocimiento de sus propios sentimientos y angustias constituye el primer paso para sentirse mejor. Otros recursos útiles son:

- Hablar acerca de sus experiencias durante la catástrofe. Compartir con otros sus sentimientos en vez de ocultarlos; esto lo ayudará a sentirse mucho mejor al respecto.
- Dejar de lado los cuidados, las preocupaciones y las reparaciones de la casa. Buscar distraerse, relajarse o practicar su pasatiempo favorito. También es útil pasar unas horas o todo un día fuera de casa en compañía de amigos.
- Cuidar la salud, mantener una dieta saludable y dormir lo necesario. Los ejercicios de relajación pueden ayudar si tiene insomnio.
- Tratar de estar preparado para eventuales emergencias con el fin de no sentirse tan desamparado y conservar la serenidad.
- Tratar de reconstruir sus relaciones personales, además de mejorar otros aspectos de su vida. Las parejas deben hacerse tiempo para estar juntos en la intimidad, conversar y distenderse.

Si persiste el estrés, la ansiedad, la depresión o los problemas de salud, le sugerimos que recurra a los servicios de ayuda en caso de catástrofes que brinda el programa de recuperación de la salud mental en casos de catástrofes de su localidad.

Le pedimos que conserve esta hoja y la vuelva a leer en las próximas semanas y meses. El hecho de ser consciente de sus sentimientos y compartirlos con los demás es un aspecto fundamental para su recuperación.

### Children's Reactions to Disaster

A disaster, whether community wide or involving only a single family, may leave children especially frightened, insecure, or upset about what happened. They may display a variety of emotional responses after a disaster, and it is important to recognize that these responses are normal. How a parent reacts will make a great difference in the child's understanding and recovery after the disaster. Parents should make every effort to keep the children informed about what is happening and to explain it in terms they can understand.

The following list includes some of the reactions parents may see in their children:

Crying/Depression	Inability to concentrate
Bedwetting	Withdrawal and isolation
Thumb sucking	Not wanting to attend school
Nightmares	Headaches
Clinging/fear of being left alone	Changes in eating and sleeping habits
Regression to previous behaviors	Excessive fear of darkness
Fighting	Increase in physical complaints

Some things that will help your child recover are to:

- Hug and touch your child often.
- Reassure the child frequently that you are safe and together.
- Talk with your child about his/her feelings about the disaster. Share your feelings too. Provide information the child can understand.
- Talk about what happened.
- Spend extra time with your child at bedtime.
- Allow children to grieve about their lost treasures: a toy, a blanket, and a lost home.
- Talk with your child about what you will do if another disaster strikes. Let your child help in preparing and planning for future disasters.
- Try to spend extra time together in family activities to begin replacing fears with pleasant memories.
- If your child is having problems at school, talk to the teacher so that you can work together to help your child.
- Usually a child's emotional response to a disaster does not last long. Be aware that some problems may not appear immediately or may recur months after the disaster.

Talking openly with your children will help them to recover more quickly from the loss. If you feel your child may need additional help to recover from the disaster, contact your Community Mental Health Agency.

### Reacciones De Los Niños Ante Una Catástrofe

Una catástrofe, que afecte ya sea a toda la comunidad o solamente a una familia, puede hacer que los niños se sientan particularmente aterrorizados, inseguros o perturbados por lo ocurrido. Los niños pueden manifestar diversas reacciones emocionales luego del hecho, y es importante saber que se trata de respuestas normales. La reacción de los padres resulta crítica para que el niño asimile la situación y pueda recuperarse después de la catástrofe. Los padres deben esforzarse al máximo para lograr que los hijos estén al tanto de todo lo que sucede y explicarlo de manera que puedan comprenderlo.

La lista siguiente incluye algunas de las reacciones que los padres pueden observar en sus hijos:

Llanto/depresión	Incapacidad para prestar atención
Orinarse en la cama	Reclusión y aislamiento
Chuparse el dedo	Negarse a ir a la escuela
Pesadillas	Dolor de cabeza
Sensación de apego/temor de quedarse solos	Modificación de los hábitos de alimentación y de sueño
Regresión a conductas anteriores	Excesivo temor a la oscuridad
Belicosidad	Quejarse demasiado de síntomas físicos

Algunos consejos para contribuir a la recuperación de su hijo:

- Abrácelo y hágale caricias a menudo.
- Tranquilícelo haciéndole ver que están seguros y juntos.
- Hable con su hijo sobre los sentimientos que él tiene respecto de la catástrofe. También comparta sus propios sentimientos con él. Bríndele sólo la información que pueda comprender.
- Conversen sobre lo ocurrido.
- Permanezca más tiempo con su hijo a la hora de ir a dormir.
- Permita que sus hijos se lamenten por haber perdido sus pertenencias: un juguete, una frazada, la casa.
- Explique a su hijo qué piensa hacer si sobreviene otra catástrofe. Permítale ayudar a prever y a prepararse para una eventual catástrofe.
- Intente pasar más tiempo haciendo actividades en familia para que los recuerdos gratos reemplacen progresivamente a los temores.
- Si su hijo tiene problemas en la escuela, converse con el maestro para que juntos puedan ayudarlo.
- Por lo general, las respuestas emocionales infantiles ante un desastre no se prolongan. Esté atento a la aparición de problemas nuevos o que se repiten varios meses después de la catástrofe.

La conversación franca con los hijos favorece una recuperación más rápida de las pérdidas. Si cree que su hijo necesita ayuda adicional para restablecerse, acuda al Organismo de Salud Mental de su comunidad.

### Parent Considerations for Children Attending Services

**Consider your expectation and involvement in the service.** Parents need to understand their own involvement as they decide whether to bring their child to a funeral or memorial service. If a parent is going to be involved in the service, they may want to ask a trusted person to accompany their children.

**Consider what the child wants.** If the child is adamant in not attending, this wish needs to be seriously considered. Generally, children appreciate the opportunity to make their own decisions about attendance. They may not be ready for this type of life experience. ASK a trusted individual to stay with the child during the service and connect with them immediately afterward. Although not physically present at the service, they may have questions or may feel guilty that they could not attend.

**There is no magic age in which attendance at a service is recommended.** The child's personality and developmental issues need to be taken into account.

Explain the ritual of the service they will be attending. Considerations may include:

- Length and type of Service
- Open casket – if there is a body to view, explain that the deceased is not hurting, hungry or cold.
- Cremation – assure the child that the deceased was in no pain during cremation
- Projected emotional responses by those attending
- Child's development, temperament, capability to acclimate
- Child's relation to the deceased
- Child's wishes as to whether or not they want to attend. It is not recommended to force a child to attend
- Wake, Religious or Memorial Service, Burial Service - consider who may be there or the amount of people in attendance.
- Spending time with your child after the service is important as emotions may arise after the fact.
- Children are learning from their parent during this process. It is perfectly okay to cry and show emotion.
- Be prepared for many questions after the service. These questions and concerns from the child may not come until weeks later as the child begins to work through their grief. Older children may be hesitant to start the conversation. It is recommended to check in often with your child.
- If the child does not go they may feel guilty, disappointed in their self, or feeling as if they let the deceased person down. Be prepared to attend to these needs.

If you or your child does not attend the services there may be other opportunities for honoring the deceased individual. The child (and parents) might bake for the family, collect pictures of the deceased or flowers to give to the family, hand craft a card with a special message inside, or assist in a Memorial that is occurring in the community, such as a school based activity, a fund-raiser for a scholarship memorial, or the building of a wildflower garden.

### Self Care Suggestions

- **Take care of your physical needs**
  - Hydrate- Drink enough water to increase urination in order to remove adrenaline from your system. Adrenaline dehydrates the body.
  - Eat well - Increase protein and decrease carbohydrates during times of change. Increase vegetable and fruit intake.
  - Stay sober - It is recommended that you do not use alcohol or non-prescription drugs during high stress.
  - Exercise – Do not exercise more than you normally do. If you do not exercise regularly, exercise gently. Plan to make exercise part of your regular routine.
  - Sleep - Healing takes place during sleep. If there is difficulty falling asleep, consider restful and meditative activities that will assist you in getting to sleep. Try prayer, herbal teas, showers, hot baths, soothing music etc.
- **Take care of your emotional needs:**
  - Get grounded – Sit comfortably and really feel your feet on the floor. Notice your butt in the chair. Observe your heart rate and your breath. Notice what happens as you pay attention to your system.
  - Talk to friends, family, counselor, or cleric. Do not isolate. Carry a list of friends you care about, who support you no matter what, and who are available to talk at any hour, and vice versa.
  - Write in your journal. Follow your spiritual practice, if you have one. Review your personal beliefs about meaning and purpose.
  - Have fun, laugh. Laughter is a powerful elixir. Many people feel uncomfortable laughing or having any fun when life is feeling chaotic. This discomfort is common; however it is equally normal to find yourself laughing as part of healing and coping.
- **Learn to put on your own oxygen mask before helping others with theirs:**
  - Continue to learn about normal reactions to change.
  - Remember that you are responsible for your own attitudes and reactions. Recognize that feeling overwhelmed by change and chaos may signal a need for consultation or support.
  - Recognize your own warning signs of stress – buddy up and commit to checking in with a partner. It may be difficult to assess your own reactions, especially as your personal trauma history may be triggered.
  - Manage your work load – take breaks and set yourself manageable goals.

## [Appendix D – Sample Memos to Faculty](#)

### [Confidential Faculty Memorandum, Death of a Student](#)

To: Faculty and Staff

From: School Based Behavioral Health Response Team/XXX Principal

Date:

We are all saddened to learn of the death of student A (who died yesterday/this morning, as a result of XXX). This is a loss for the XXX family, our school and the XXX community.

The School Based Behavioral Health Response Team met this morning before school hours/afternoon to plan for the school's response. As we look to the hours and days ahead, we need to keep in the following in mind:

**General** (*pick and choose sentences that fit the situation*)

Any information released to the public will be through the District's Public Information Officer/Superintendent.

No student is to be released without parental permission or unless accompanied by an adult.

Make certain that every student has the "Parent letter" with him/her as s/he leaves school.

We have contacted School B for assistance as we deal with this loss. Guidance Counselors Ms. C, Mr. D. and Mrs. E will be here on/at (day of week/time of day) to help students, parents and staff members. Also, our school psychologist will be here, as well as the social worker from XXX. We have also contacted the Disaster Behavioral Health Response Team for additional assistance.

If you know of students or staff members that may need support during this time, please encourage them to contact one of these counselors. Attached to this memo is a list of behavioral traits that may be cues to an individual having difficulty. If you notice that anyone appears to be in crisis or having difficulty, please notify our own Guidance staff or these additional Guidance Counselors immediately.

If students begin discussing memorials for Student A, please refer them to the administration. Many students did not know Student A and school wide events will not be appropriate for them, nor will permanent structures on the school grounds. It is important to make every effort to maintain as normal an instructional program as possible, since a familiar routine will be a comfort for many.

**Sample Faculty Letter, Death of a Student**

To: Faculty and Staff

From: School Based Behavioral Health Response Team/XXX Principal

Date:

We are all saddened to learn of the death of student A and Student B who were involved in an automobile accident on River Road in XXX last evening. This is a loss for the XXX families, our school and the XXX community. In your classes first period this morning, I am requesting that you read the following so that the information is shared with all students in the same manner:

Last night, Student A and Student B were involved in an automobile accident on River Road in XXX.

This is a loss for the both the XXX and XXX families, our school and the XXX community. Our condolences (sympathies) go out to their families as they struggle to deal with this tragic event. At the same time, we recognize that the death of someone within our school raises questions and concerns for many people in our school. The loss of two students so young may be difficult to understand. If you wish to speak with someone, please sign out of your class and sign in at the guidance office. Guidance counselors, school psychologists, and social workers are available all day, including after school hours.

Future announcements will be made as more information becomes available about funeral arrangements for both Student A and Student B.

**Another option:**

Many of you have known Student C as a (funny, vibrant, quiet, athletic, etc.) member of our school community. For those of you close to Student C, you know that for the past several months, s/he has been valiantly battling cancer/heart disease. Early this morning/We have just learned that Student C has died, leaving behind her sister, Student D, and brother Student E.

*(Edit paragraph above beginning "This is a loss...")*

[Sample Faculty Letter, Suicide](#)

To: Faculty and Staff

From: School Based Behavioral Health Response Team/XXX Principal

Date:

There are many differing values and beliefs about suicide among the students and their families in your classroom. Please keep in mind that your own personal values and beliefs must be subrogated to theirs as you discuss this topic. If you are uncomfortable with this issue, contact your guidance department for assistance.

Use the suggestions provided in the training materials, such as using reflective questions or encouraging the student to discuss the situation with his or her parent/guardian to address sensitive questions.

The family has asked that we share the following information with students about the death of their son/daughter Student A.

“(Yesterday/this morning, etc.) Student A died by suicide. This is a loss for the XXX family, for our school and for the XXX community. Funeral services will be held on XXX at 11:00 a.m. Calling hours will be from 4:00 to 6:00 p.m. on XXX. The death of someone within our school raises questions and concerns for many people in our school. If you wish to speak with someone, please sign out of your class and sign in at the guidance office. Guidance counselors, school psychologists, and social workers are available all day, including after school hours

## **[Appendix E - Addressing Parental Concerns](#)**

There are two different groups of parents to be considered: the parents of the deceased or victim and parents of the other children in the school.

### **Parents of the Victim**

It is appropriate for the victim's parents to be contacted by a representative of the school. The school should express condolences and sympathy in a formal and if possible, face to face manner. Often the school will designate one contact person to interact with the family to verify information and minimize intrusion. Returning the contents of a locker and other possessions is another task that requires attention.

Parents should be consulted about any planned memorial activity.

The school may also play a role in referring parents to counseling resources and support groups. By directing a parent to such resources, the school sends a positive message of concern and care.

### **Parents of Other Students**

The needs of other parents should also be addressed. Parents may be invited to meet with school administrators individually or to a general informational meeting. These meetings should focus on: providing up to date accurate information, prevention measures to be taken by the school, common reactions to critical incidents, suggested coping measures for adults and children and available school and community resources.

School administrators should be careful in planning large group meetings after a particularly sensational death as emotions may be running high and there may be potential for such a meeting to get "out of control" Another option is to divide parents into small group discussions in a classroom setting, sharing a consistent message and information.

The school administration should decide if media presence will be allowed, possibly in consultation with the parents.

### [Sample Phone Statement for parents regarding suicide or murder](#)

In the event of a school suicide or murder, parents should be told prior to the students whenever possible. A telephone chain can be used for the purpose of informing parents before the start of school on the first day of the crisis.

Here is a sample statement that can be modified and read to each parent over the phone:

“Mr. \_\_\_\_\_, the school principal has asked members of the \_\_\_\_\_ to contact all parents to let you know that \_\_\_\_\_, an eighth grade student, died suddenly last evening. The death has officially been ruled as (suicide/homicide) OR no official determination has been made at this time regarding the death although we do know that the death was sudden and unexpected. The school will have a behavioral health response team in place today to help students, parents and faculty deal with this tragedy. You will receive more information from the school as plans develop. We encourage you to share this information with your child before you send him/her to school today. You can be assured that the school will be doing everything it can to help our students deal with this tragic loss. If you would like to talk to someone about this tragedy, please call \_\_\_\_\_ during the school day. “

Staff who makes these calls to parents should understand that they are not to discuss the circumstances of the death (beyond what is already stated in the letter) or address rumors. The point of the call is to simply inform all parents of what has occurred before their children arrive at school. Parents who want more information or seem to need to talk in more detail should be encouraged to call the school later in the day.

Some schools, particularly at the middle and high school level have chosen to send letters home to parents informing them of the school’s postvention activities. Some sample letters that can be adapted to a variety of situations are included in the next few pages.

**Sample Phone Statement for parents regarding suspected suicide (only used when the official cause of death has not been determined)**

Here is a sample statement that can be modified and read to each parent over the phone or sent home via letter depending on the circumstances:

“Mr. \_\_\_\_\_, the school principal has asked members of the \_\_\_\_\_ to contact all parents to let you know that \_\_\_\_\_, an eighth grade student, died suddenly last evening. Although we do know the death was sudden and unexpected, no official cause of death has been determined. Authorities are continuing to investigate the death and no foul play is suspected. The school will have a behavioral health response team in place today to help students, parents and faculty deal with this tragedy. You will receive more information from the school as plans develop. We encourage you to share this information with your child before you send him/her to school today. You can be assured that the school will be doing everything it can to help our students deal with this tragic loss. If you would like to talk to someone about this tragedy, please call \_\_\_\_\_ during the school day.”

### [Sample Parent Letter regarding student homicide](#)

Dear Parent,

A tragedy occurred this past weekend in our community. \_\_\_\_\_, a first grade student at \_\_\_\_\_ School died unexpectedly last night. A local resident has been arrested and charged in this case. Our focus in the schools will be to support those children and faculty who have been affected by this tragedy. We have gathered both our professional staff members and local mental health professionals to assist students and faculty immediately with the availability of individual and group services.

We also need your assistance. Please observe your own child for any signs which indicate the child may need assistance in dealing with this tragedy. Perhaps a change in eating habits, sleeping problems, stomach discomfort, etc. may be some indication that help is needed. If this occurs, please contact your child's principal so that we may offer some counseling/discuss how we can best support your child as soon as possible.

We offer our sincere condolences to the \_\_\_\_\_ family in their time of need. Several other families have been affected by \_\_\_\_\_ death. I suggest that we concentrate our efforts on helping our neighbors cope with their grief. Local religious groups and community agencies are also available to assist those seeking help. A list of phone numbers for these resources is attached to this letter.

Sincerely,

School Superintendent

**[Sample Parent Letter regarding student sudden death](#)**

Dear Parents,

Over the weekend, the school experienced the sudden death of one of our students. We are all deeply saddened by this loss.

The school has behavioral health management procedures in place to help your children with their reactions to this tragedy. Our school guidance department and administration have been working closely with counselors from \_\_\_\_\_ to talk with your children and answer their questions.

Your child may have some unresolved feelings that he/she would like to discuss with you. You can help your child by listening carefully, not overreacting, accepting his/her feelings and answering questions honestly according to your beliefs. It is important to let them know their feelings, concerns and reactions are normal and that they will experience a number of emotions over the next few days and weeks

If you have any additional questions or concerns feel free to contact me directly at the school.

Sincerely,

Principal

### [Parent Considerations for Children Attending Services](#)

**Consider your expectation and involvement in the service.** Parents need to understand their own involvement as they decide whether to bring their child to a funeral or memorial service. If a parent is going to be involved in the service, they may want to ask a trusted person to accompany their children.

**Consider what the child wants.** If the child is adamant in not attending, this wish needs to be seriously considered. Generally, children appreciate the opportunity to make their own decisions about attendance. They may not be ready for this type of life experience. Ask a trusted individual to stay with the child during the service and connect with them immediately afterward. Although not physically present at the service, they may have questions or may feel guilty that they could not attend.

**There is no magic age in which attendance at a service is recommended.** The child's personality and developmental issues need to be taken into account.

Explain the ritual of the service they will be attending. Considerations may include:

- Length and type of Service
- Open casket – if there is a body to view, explain that the deceased is not hurting, hungry or cold.
- Cremation – assure the child that the deceased was in no pain during cremation
- Projected emotional responses by those attending
- Child's development, temperament, capability to acclimate
- Child's relation to the deceased
- Child's wishes as to whether or not they want to attend. It is not recommended to force a child to attend
- Wake, Religious or Memorial Service, Burial Service - consider who may be there or the amount of people in attendance.
- Spending time with your child after the service is important as emotions may arise after the fact.
- Children are learning from their parent during this process. It is perfectly okay to cry and show emotion.
- Be prepared for many questions after the service. These questions and concerns from the child may not come until weeks later as the child begins to work through their grief. Older children may be hesitant to start the conversation. It is recommended to check in often with your child.
- If the child does not go they may feel guilty, disappointed in their self, or feeling as if they let the deceased person down. Be prepared to attend to these needs.

If you or your child does not attend the services there may be other opportunities for honoring the deceased individual. The child (and parents) might bake for the family, collect pictures of the deceased or flowers to give to the family, hand craft a card with a special message inside, or assist in a Memorial that is occurring in the community, such as a school based activity, a fund-raiser for a scholarship memorial, or the building of a wildflower garden.

## **[Appendix F: After Action Review](#)**

### **Event:**

1. **Identify your role in responding to this incident**
  
2. **What services were provided and to whom?**
  
  
  
  
  
  
  
  
  
  
3. **What went right? What worked?**
  
  
  
  
  
  
  
  
  
  
4. **What may have not worked? What could have been improved?**
  
  
  
  
  
  
  
  
  
  
5. **Did the School policies and procedures assist or impede the response and delivery of services?**
  
  
  
  
  
  
  
  
  
  
6. **What did you learn from your participation in this event?**

**Name:**

**Date:**

## [Appendix G: Working with the Media](#)

After a critical incident, the media may be contacting the school for information. There may be a conflict between the interests of the media and those of the school administration following a school tragedy. Usually, from the school's perspective, less publicity is better. Any tendency to sensationalize the event in the media will undermine efforts within the school to focus on the needs of the living. This is especially important following a suicide where the risk of contagion is present.

The administration or behavioral health response team should assign one person to be the Public Information Officer (PIO) who will serve as the contact person between the media and the school.

If a student or faculty death gains a great deal of media attention, an initial press conference with accurate information will set the tone for future interactions with journalists. Immediate family members should be advised that they have the right not to talk to the press. Administrators may wish to limit access to the school grounds as the presence of media may contribute to the distress of vulnerable students.

If the critical incident involves a suicide death, please refer to the section on safe messaging in [Appendix I](#). This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem.

The school should avoid becoming the principle source of information. Releasing details about the death is the responsibility of the Office of the Chief Medical Examiner or other authorities. The school can focus on the positive steps of the postvention plan to help students, parents and faculty through the crisis and provide information regarding helping resources.

See Checklist, Public Information Officer in [Appendix C](#).

## [Appendix H: Military Kids in Schools](#)

Military children are our nation's children. Living in either military or civilian communities, in urban, suburban, or rural settings, military children experience unique challenges related to military life and culture. These include deployment-related stressors such as parental separation, family reunification, and reintegration. Due to frequent moves, many military children experience disrupted relationships with friends, and must adapt to new schools and cultivate new community resources. Some children also experience the trauma of welcoming home a parent who returns with a combat injury or illness, or of facing a parent's death.

Recent research reveals an increase in military child maltreatment and neglect since the start of combat operations and deployments to Afghanistan and Iraq. Research also indicates that although most military children are healthy and resilient, and may even have positive outcomes as a result of certain deployment stressors, some groups are more at risk. Among those are young children; some boys; children with preexisting health and mental health problems; children whose parents serve in the National Guard, are reserve personnel, or have had multiple deployments; children who do not live close to military communities; children who live in places with limited resources; children in single-parent families with the parent deployed; and children in dual-military parent families with one or both parents deployed.

Equipped with the right tools, military parents can serve as a buffer against the challenges their children face. Professionals in health care, family service, education, recreation, and faith-based services who work with military families can also help reduce the distress that military children experience, and can foster individual and family resilience. In part that means becoming familiar with the particular risks that can compromise a military child's health and development. Care of our nation's military children helps sustain our fighting force, and helps strengthen the health, security, and safety of our nation's families and communities. Gathered here are resources about military families for caregivers, service providers, and children.

Proactive steps schools can take to support children from military families include:

- Providing staff training re unique needs of children from military families.
- Recognizing that in crisis, many military children have learned to be flexible and resilient.
- Being prepared to provide extra support when parents are deployed as separations may cause difficulties for military children.
- Understanding the deployment cycle and understanding where the family is in that cycle.

## Appendix I – Suicide Considerations

While any sudden traumatic death can have a profound impact on a school community, suicide deaths are more complex and require special considerations than other types of sudden death. These considerations include anticipating the personal and complex nature of grief following a suicide; watching out for suicide pacts, reducing the risk of suicide contagion and insuring responsible reporting and safe messaging. As a result of this, following a suicide death it is important to provide information about warning signs for suicide as well as the National Suicide Prevention Hotline 1-800-273-8255.

**Complicated bereavement:** Due to the nature of suicide death, friends and family will often be left feeling a range of emotions including guilt, anger, self-blame, regret, and rejection as well as intense grief and shock. They will often replay over and over again in their mind their last interaction with the person and wonder what they could have or should have done differently. Since having known someone who dies by suicide is itself a risk factor for suicide, it is important to provide supports to these individuals.

Suicide pacts occur when two or more individuals have an agreement to die by suicide. Following a suicide death or serious attempt it is important to ask close friends if they have any knowledge of a suicide pact.

Locating and monitoring social networking sites can be an important tool in identifying potential suicide pacts as well as who is at increased risk for suicide. While it is not unusual for posts to be heartfelt and emotional posts such as “I miss you and will see you soon” or “I will follow in your path” should be cause for concern and follow up with the individual.

Though a rare event, research indicates that the suicide death of an individual may influence others who are at risk for suicide to act on their suicidal impulses. Young people are especially prone to contagion. Reducing the risk of contagion is an important consideration when thinking about memorials for an individual who dies by suicide. Permanent plaques or memorials or dedications such as in the high school year book may inadvertently increase the risk of contagion. Research has demonstrated that sensational media reports may contribute to suicide contagion. Therefore it is essential that educators become familiar with safe messaging guidelines as well as the media recommendations for reporting on suicide. Safe messaging guidelines should be followed when crafting any message to faculty, students, community or the media following a suicide death. If the media are involved, they should be provided with a copy of the media recommendations and encouraged to follow them. The media recommendations (At A Glance: Safe Reporting On Suicide) are available through the suicide prevention resource center. [http://www.sprc.org/library/at\\_a\\_glance.pdf](http://www.sprc.org/library/at_a_glance.pdf)

Schools sometimes come under great pressure from the family to not publicly disclose that the death was a suicide however, it is important to recognize that this wish conflicts with the fact that suicide is a public health issue (as identified by the US Surgeon General) which needs to be addressed in a forthright manner. One of the biggest risk factors for suicide is having known someone who dies by suicide. Schools can help mitigate this risk by being truthful about the suicide death and actively taking steps to reduce risk and promote healing after a suicide death.

The cause and manner of death in NH is a matter of public record and law enforcement, funeral directors, and faith leaders should be consistent in letting families know there is no shame involved in a suicide death and that the manner of death will not be kept secret (working with these groups in advance of a suicide death is a good way to prevent a family from making this type of request to a school).

Schools that have not been open about the death being a suicide are typically faced with two very unhealthy scenarios. One is that most students know it is a suicide death but the administration/teachers/staff won't acknowledge it or deal with it directly so students deal with it amongst themselves. The second is that rumors (such as drugs, murder/conspiracy etc.) and innuendo replace facts and can spread emotional distress and chaos through the school community. These rumors may be far more impacting and unsettling for the entire student body and much more difficult for school staff to contain than truthfully disclosing that the death is a suicide. As a school administrator your role is to do what is best for the entire school community.

There will be some situations where a sudden death occurs and while suicide may be suspected an official cause of death may not be made for weeks pending results of toxicology reports. School officials should rely exclusively on official determination of death and not speculate as to cause of death when providing information to students or the extended school community. Even without an official cause of death, the school can openly disclose the death, and if given the go ahead from law enforcement, assure the school community that foul play is not suspected. It will still be important to take active steps to reduce risk and promote healing which can and should be done without mentioning the (suspected) cause of death.

### **Safe and Effective Messaging for Suicide Prevention**

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of "Do's" and "Don'ts" should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging. They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public. These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in

these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since youth are likely to seek help for emotional problems from the Internet, a public awareness campaign for youth might include Internet-based resources. References for resources that address planning and disseminating messages can be found in SPRC's Online Library (<http://library.sprc.org/>) under "Awareness and Social Marketing".

**The Do's—Practices that may be helpful in public awareness campaigns:**

- **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (1-800-273-TALK [8255]) and through established local service providers and crisis centers.
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or might be. Emphasize that suicides are preventable and should be prevented to the extent possible.
- **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the [American Association of Suicidology \(AAS\)](#). Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide. Risk and protective factors are listed on pages 35-36 of the [National Strategy for Suicide Prevention](#).
- **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

**The Don'ts—Practices that may be problematic in public awareness campaigns:**

- **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide. They should not be held up as role models.
- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.

- **Don't present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.
- **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.
- **Don't present overly detailed descriptions of suicide victims or methods of suicide.** Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

**Acknowledgment:**

**Suicide Prevention Resource Center, [www.sprc.org](http://www.sprc.org), 877-GET-SPRC (877-438-7772)  
Education Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060**

## The Connect Program

NAMI NH's Connect Suicide Prevention Program is designated as a National Best Practice Program in Suicide Prevention, Intervention and Postvention (reducing risk and promoting healing after a suicide death). The Connect program can provide NH schools with best practice postvention guidelines for responding to a suicide death. The Connect program can also provide technical assistance and consultation for schools as well as prevention/intervention and/or postvention training. Please contact them for more information.

NAMI NH, 15 Green St., Concord, NH 03301 • 603-225-5359 or 1-800-225-5359  
[www.TheConnectProgram.org](http://www.TheConnectProgram.org)



## Suicide Postvention Training: Promoting Healing and Reducing Risk after a Suicide

Since knowing someone who has died by suicide is one of the highest risk factors for suicide, postvention (response to a suicide death) becomes an important part of prevention efforts. Postvention training is offered to school community members who may respond to a death by suicide and take an active role in promoting healing and reducing risk in the school community after a suicide death. It is critical to also understand the role of key service providers and ways to integrate an effective community response to the suicide death of a school community member.

Ideally, postvention training is provided in preparation for a suicide death to enable school communities to incorporate postvention protocols into suicide response plans. This training is designed to help prepare school communities for a tragedy, such as the suicide of a student or member of the community, through review of national Best Practice guidelines for suicide crisis response, communication, memorial services, and media response. An understanding of how youth culture and technology (such as electronic messaging, Face Book, or My Space) impacts suicide response and help-seeking is helpful in recognizing warning signs for suicide in those who may be at risk after a suicide death.

Designated as a National Best Practice Program, *Connect* is a tested community-based program designed to increase the competence of individuals, professionals, organizations and communities to prevent and respond to suicide incidents.

*Connect* promotes early recognition of mental illness, substance use disorders, and other risk factors that lead to suicidal behavior. It teaches gatekeepers (family,

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Appendix I – Suicide Considerations, The Connect Project

friends, neighbors, community members), service providers and/or coalition members how to: **recognize** individuals at risk; **connect** (communicate) with them; **connect** (refer) them to appropriate resources who are trained to assess risk and ensure they are connected with appropriate services; and **connect** community coalition members to work together on suicide prevention. **Connect** offers numerous training options ranging from Prevention/Intervention and Reducing Risk and Promoting Healing after Suicide (Postvention) trainings for different community groups to specialized training related to the social determinants associated with suicide events.

**Connect Training Options:**

**Suicide Prevention/Intervention Training (one day):** **Connect** offers training of educators, professionals, community members and youth in utilizing **Connect** Best Practice Protocols to help raise participants' awareness of factors that may indicate that individuals are at heightened risk for suicide, preparing the participants to competently connect with these individuals, and enhancing their ability to connect the individual to appropriate professionals and services.

The Connect Program offers a wide variety of training for educators and school personnel in areas related to suicide prevention and response including training of trainers. For more information about the different types of training offered please visit their website at [www.theconnectprogram.org](http://www.theconnectprogram.org) or see their contact info above.

## [Appendix K – Community Resources](#)

### [Disaster Behavioral Health Response Team \(DBHRT\)](#)

Disaster Behavioral Health Response Teams (DBHRT) are regionally based teams comprised of volunteer behavioral health professionals and paraprofessionals who reside in or near the affected communities and are available for rapid deployment and immediate response. These teams are coordinated by the New Hampshire Department of Health & Human Services (DHHS) Emergency Services Unit (ESU) and are available to assist schools in addressing the behavioral health concerns of our staff, and those we serve. These teams include community mental health center staff, psychologists, social workers, employee assistance professionals, pastoral counselors, marriage and family counselors, substance abuse providers, school counselors and many other behavioral health providers.

DBHRT members have various areas of expertise including critical incident stress management, psychological first aid, trauma, family support, victim advocacy and experience working with special populations such as children and those with cultural needs. DBHRT can be deployed to a variety of community settings including schools.

DBHRT can provide the following services: consultation, critical incident needs assessment, behavioral health support to schools during a critical incident, outreach, community education and training, crisis intervention, critical incident stress management, psychological first aid, screening and referral to community resources.

Team members have completed "Disaster Behavioral Health" training and have been issued a photo I.D. badge identifying them as members of the Disaster Behavioral Health Response Team. There are five regional teams throughout the State. A Disaster Behavioral Health Liaison is available to meet with school staff regarding behavioral health language for their emergency response plans, involvement of behavioral health specialists in exercises, drills and training.

If you have any questions regarding any of the above information or to access the services of the Disaster Behavioral Health Response Team contact Jennifer Schirmer, Disaster Behavioral Health Coordinator at (603) 271-9454 OR (603) 419-0074 (call or text) or by e-mail at [Jennifer.Schirmer@dhhs.state.nh.us](mailto:Jennifer.Schirmer@dhhs.state.nh.us)

## Community Mental Health Centers

### **Northern Human Services**

3 12th Street  
Berlin, NH 03570  
752-7404

([www.northernhs.org](http://www.northernhs.org))

### **Northern Human Services**

55 Colby Street  
Colebrook, NH 03576  
237-4955

([www.northernhs.org](http://www.northernhs.org))

### **Northern Human Services**

25 West Main Street  
Conway, NH 03818  
447-2111

([www.northernhs.org](http://www.northernhs.org))

### **Northern Human Services**

29 Maple Street  
Littleton, NH 03561  
444-5358

([www.northernhs.org](http://www.northernhs.org))

### **Northern Human Services**

70 Bay Street  
Wolfeboro, NH 03894  
569-1884

([www.northernhs.org](http://www.northernhs.org))

### **West Central Services**

9 Hanover Street, Suite #2 Street  
Lebanon, NH 03766  
448-0126

([www.wcbh.org](http://www.wcbh.org))

### **Genesis Behavioral Health**

111 Church Street  
Laconia, NH 03246  
524-1100, 528-0305

([www.genesisbh.org](http://www.genesisbh.org))

### **Riverbend**

PO Box 2032  
Concord, NH 03301  
1-800-852-3323

([www.riverbendcmhc.org](http://www.riverbendcmhc.org))

### **Monadnock Family Services**

17 93rd Street  
Keene, NH 03431  
357-5270, 357-4400

([www.mfs.org](http://www.mfs.org))

### **Greater Nashua Mental Health Center**

at Community Council  
100 West Pearl Street  
Nashua, NH 03060  
889-6147, 800 762-8191

([www.ccofnashua.org](http://www.ccofnashua.org))

### **Mental Health Center of Greater Manchester**

401 Cypress Street  
Manchester, NH 03103  
668-4111

([www.mhcgmn.org](http://www.mhcgmn.org))

### **Seacoast Mental Health**

1145 Sagamore Avenue  
Portsmouth, NH 03801  
431-6703

([www.smhc-nh.org](http://www.smhc-nh.org))

### **Community Partners**

25 Old Dover Road  
Rochester, NH 03867  
516-9418

([www.dssc9.org](http://www.dssc9.org))

### **Center for Life Management**

10 Tsienneto Road  
Derry, NH 03038  
434-1577, 432-2253

([www.centerforlifemanagement.org](http://www.centerforlifemanagement.org))

**Community Mental Health Centers Emergency Numbers**

Region	CMHC	Contact Name	Address	Phone	Email
Region I	Northern Human Services	Mark Lindberg	29 Maple St Littleton, NH 03561	444-5358	<a href="mailto:mlindberg@northernhs.org">mlindberg@northernhs.org</a>
		Linda Goldstein	29 Maple St Littleton, NH 03561	444-5358	<a href="mailto:lgoldstein@northernhs.org">lgoldstein@northernhs.org</a>
		Mario Brodeur-Fossa	3 12th street Berlin, NH 03570	752-7404	<a href="mailto:mbrodeur@northernhs.org">mbrodeur@northernhs.org</a>
		Steven Arnold	55 Colby Street Colebrook, NH 03576	237-4955	<a href="mailto:sarnold@northernhs.org">sarnold@northernhs.org</a>
		Eve Klotz	25 West Main Street Conway, NH 03818	447-2111	<a href="mailto:eklotz@northernhs.org">eklotz@northernhs.org</a>
		Eve Klotz	70 Bay Street Wolfeboro, NH 03894	569-1884	<a href="mailto:eklotz@northernhs.org">eklotz@northernhs.org</a>
Region II	West Central Behavioral Health	Fred Hesch	140 North Street Claremont, NH 03743	542-2578	<a href="mailto:Fhesch@wcbh.org">Fhesch@wcbh.org</a>
Region III	Genesis Behavioral Health	Dave Bouchard	111 Church Street Laconia, NH 03246	524-1100 Ext. 129	<a href="mailto:dbouchard@genesishb.org">dbouchard@genesishb.org</a>
Region IV	Riverbend Community Mental Health	Karl Boisvert	PO Box 2032 Concord, NH 03301	226-7570 Ext. 4701	<a href="mailto:kboisvert@riverbendcmhc.org">kboisvert@riverbendcmhc.org</a>
		Tom Peters	PO Box 2032 Concord, NH 03301	226-7570 Ext. 4702	<a href="mailto:tpeters@riverbendcmhc.org">tpeters@riverbendcmhc.org</a>
Region V	Monadnock Family Services	Dave Tenney	17 93rd Street Keene, NH 03431	357-5270	<a href="mailto:dtenney@mfs.org">dtenney@mfs.org</a>

Region	CMHC	Contact Name	Address	Phone	Email
Region VI	Greater Nashua Mental Health Center	Kate murphy	7 Prospect Street Nashua, NH 03060	889-6147 Ext. 3455	<a href="mailto:murphyk@gnmhc.org">murphyk@gnmhc.org</a>
		Skerry Moir	15 Prospect Street Nashua, NH 03060	889-6147 Ext. 3266	<a href="mailto:moirs@ccofnashua.org">moirs@ccofnashua.org</a>
Region VII	Mental Health Center of Greater Manchester	Anna Pousland	401 Cypress Street Manchester, NH 03103	206-8591	<a href="mailto:pouslana@mhcgm.org">pouslana@mhcgm.org</a>
Region VIII	Seacoast Mental Health Center	Bev Newberry	1145 Sagamore St Portsmouth, NH 03801	431-6703 Ext. 5702	<a href="mailto:bnewberry@smhc_nh.org">bnewberry@smhc_nh.org</a>
Region IX	Community Partners	Chris Kozak	25 Old Dover Road Rochester, NH 03867	516-9418 312-1585	<a href="mailto:ckozak@communitypartnersnh.org">ckozak@communitypartnersnh.org</a>
Region X	Center for Life Management	Peter Reinertsen	10 Tsienneto Road Derry, NH 03038	965 0746	<a href="mailto:preinertsen@clmnh.org">preinertsen@clmnh.org</a>
	Elliott Hospital	Heidi St. Hilaire	One Elliot Way Manchester, NH 03103	663-4411	<a href="mailto:hsthilair@elliott-hs.org">hsthilair@elliott-hs.org</a>
	Cypress Center	Jennifer Conley	401 Cypress Center Manchester, NH 03103	206-8562	<a href="mailto:conleyje@mhcgm.org">conleyje@mhcgm.org</a>
	Portsmouth Hospital	Julie Mills	333-343 Borthwick Ave Portsmouth, NH 03801	334-2035	<a href="mailto:Julie.mills2@HCAHealthcare.com">Julie.mills2@HCAHealthcare.com</a>
	Franklin Regional Hospital	Stacy Sorrell	15 Aiken Ave Franklin, NH 03235	517-3853	<a href="mailto:ssorrell@lrgh.org">ssorrell@lrgh.org</a>

## [Appendix L - Helpful Web Sites](#)

<http://www.mentalhealth.samhsa.gov/dtac> SAMHSA Disaster Technical Assistance Center

<http://www.mentalhealth.org/child/childhealth.asp> SAMHSA, Child and Adolescent Mental Health issues

[www.mentalhealth.org/publications/allpubs/KEN-01-0093/](http://www.mentalhealth.org/publications/allpubs/KEN-01-0093/) SAMHSA, *Tips for Talking to Children after a Disaster: A Guide for Parents and Teachers*

[www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety/](http://www.mentalhealth.samhsa.gov/cmhs/ChildrenAnxiety/) A copy of *Managing Anxiety in Times of Crisis*, a .pdf file

[www.naminh.org](http://www.naminh.org) NAMI New Hampshire, The National Alliance on Mental Illness

[www.NCTSN.net](http://www.NCTSN.net) National Child Traumatic Stress Network

<http://helping.apa.org/> American Psychological Association Help Center

[www.childgrief.org](http://www.childgrief.org) Child Grief Education Association, includes many helpful handouts

[www.nmha.org/reassurance/childcoping.cfm](http://www.nmha.org/reassurance/childcoping.cfm) Mental Health America, *Helping Children cope with Loss Resulting from War or Terrorism*

[www.nmha.org/reassurance/children.cfm](http://www.nmha.org/reassurance/children.cfm) Mental Health America, *Helping Children Handle Disaster-Related Anxiety*

[www.parentingpress.com/violence/10tips.html](http://www.parentingpress.com/violence/10tips.html) Parenting Press, *10 Tips to Help your Kids Deal with Violence*

[www.ed.gov/emergencyplan](http://www.ed.gov/emergencyplan) U.S. Dept. of Education, information that can help school leaders plan for any emergency

[www.fema.gov/kids/teacher.htm](http://www.fema.gov/kids/teacher.htm) Resources for Parents and Teachers, Includes Disaster Resources, Terrorism-Related Resources

[www.schoolsecurity.org](http://www.schoolsecurity.org) National School Safety and Security Services

[www.naspweb.org](http://www.naspweb.org) National Association of School Psychologists

<http://www.focusproject.org> The FOCUS Project (Families Over Coming Under Stress) is a resiliency-building program designed for military families and children facing the multiple challenges of combat operational stress during wartime

[www.operationmilitarykids.org](http://www.operationmilitarykids.org) Operation Military Kids, the U.S. Army's collaborative effort with America's communities to support the children and youth impacted by deployment.

[www.sptsnj.org](http://www.sptsnj.org) Society for the Prevention of Teen Suicide.