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ABSTRACT

Dealing with the impact of crisis on school children and staff is not the primary mission of schools. Therefore, many schools remain unprepared to respond to a crisis affecting students and staff. Too often they respond to each successive crisis in a reflexive manner with little preplanned coordination or structure. This workshop provides an overview of a program that began as a regional, collaborative effort to develop an organizational model for multidisciplinary, communitywide school-based crisis-intervention services for four school districts in the New Haven region. Goals of the workshop include developing and implementing an organizational model for school-crisis preparedness and response, establishing and coordinating training of school staff, and enhancing community resources to address emergent mental-health needs of children and adolescents in crisis settings. Vignettes are presented contrasting two schools' responses to a comparable crisis event. (Contains 29 references.) (DFR)

SCHOOL CRISIS PREPAREDNESS AND RESPONSE

Workshop at NAESP Conference, New Orleans, LA; 3-18-2000
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Introduction

Dealing with the impact of crisis on school children and staff is not the primary mission of schools (and not the reason why most educators went into the field). Not surprisingly, therefore, many schools remain unprepared to respond to a crisis affecting their students and staff. Too often they respond to each successive crisis in a reflexive manner with little preplanned coordination or structure. Such an approach does not allow the school to deal effectively with the broader needs of students and staff. Decisions are often based on expediency (i.e. "to get things back to normal as soon as possible") without an appreciation of the complexity of the issues involved or the long-term negative impact of such an approach for children, their families, and the school community as a whole.

At the time of a crisis, school staff are often in crisis themselves. As members of the school and the larger community, they are likely to be personally affected by the same crisis confronting their students. They may at these times be unable to organize an effective crisis intervention response and to maintain the longer range perspective that is needed. They may underestimate the full impact of the crisis and/or feel overwhelmed by the extent, magnitude, and personal nature of the problems. Schools and school systems need to have a pre-established crisis prevention and response plan before a crisis occurs. The crisis intervention plan should include guidelines on crisis team membership, the roles of crisis team members, protocols for delivery of crisis intervention services and specific guidelines for responding to unique situations, such as large-scale natural disasters or cluster suicides.

This workshop will provide an overview of a program that began in 1991 as a regional, collaborative effort to develop an organizational model for multi-disciplinary, community-wide school-based crisis intervention services involving four school districts in the New Haven region. This group was made up of psychologists, social workers, and counseling staff from four regional school districts, faculty from The Consultation Center and Child Study Center of Yale University School of Medicine, and a representative of the New Haven Police Department.

The group sought to develop and implement an organizational model for school crisis preparedness and response; to establish and coordinate training of school

staff to enable schools to respond effectively in crisis situations; and to enhance community resources to address emergent mental health needs of children and adolescents in crisis settings.

The program is now part of the National Center for Children Exposed to Violence and the Child Development-Community Policing Program of the Yale Child Study Center (the program is supported by the Office for Victims of Crime, Department of Justice). Since our program began, we have trained approximately 8,000 professionals, including 450 crisis teams, and have provided technical assistance to approximately 175 crisis events.

The crisis response model that our group developed is a programmatic model. It provides structure at a time of crisis and ensures that key issues are considered, appropriate steps are taken and necessary resources are in place. We believe that such planning allows schools at the time of a crisis to take advantage of the expertise in child development, experience in supporting children and personal knowledge of the affected children that already exists among school staff. It is our experience that adequately prepared school-based crisis teams can respond effectively to the majority of crisis events that will affect school communities, but that in the absence of prior planning and preparation, schools too often fail to realize this potential.

The following two vignettes contrast two schools' responses to a comparable crisis event. The main difference between the two schools was that the second school had received prior training in a school crisis response protocol and had an established crisis response team. The first school attempted to develop a plan after the fact.

A fourth grade boy is fatally wounded by his cousin while playing with a gun that they find at home. Uncomfortable with addressing the child's death, the school decides not to discuss it with the boy's classmates until after they are able to find someone who can advise them on how to handle such a situation. In the interim, the other students have begun teasing the child who pulled the trigger, calling him "murderer"; unsure how to handle the situation the school transfers the child to another school. It is not until several days later, when they identify an appropriate consultant, that they inquire about the advisability of counseling for this child or begin to address the needs of the other students. The consultant arrives at the school about a week after the death has occurred and finds the deceased child's desk unchanged and the students very resistant to discuss their classmate's death and their reactions to it.

Another school, that had received training in the school crisis response model,

handled a comparable crisis event much more effectively. A school staff member working late on Friday afternoon is notified by a parent that one of the third grade students has just been injured by a gunshot wound to the face. The child's brother, who is in the fourth grade at the school, had been playing with a handgun and it accidentally discharged. The principal is notified and he immediately contacts the other members of the crisis team. The crisis team talks by phone that evening and begins making plans while the principal and the school social worker go to the hospital to offer support to the family. Using the school crisis telephone tree, the entire school staff is contacted over the weekend and notified about an emergency staff meeting on Monday morning prior to the start of the school day.

On Monday morning, the crisis team meets early and discusses their plans; they are joined by consultants from the Regional School Crisis Prevention and Response Program. A staff meeting is held immediately after, just before the children's arrival. Staff are encouraged to talk about their reactions to the recent events and provided advice on how to facilitate discussions within their classrooms. Notification announcements are distributed and all teachers agree to read the announcement during the homeroom period.

During the homeroom period, at a pre-determined time, each class is informed of the incident by their teacher, who then facilitates a discussion with the class. Mental health staff join the teacher in leading the discussions in the English and Spanish classes of the two children who were involved in the event. The children are encouraged to express their thoughts and feelings; misinformation is corrected (e.g., according to one rumor the child intentionally shot his sister over a minor disagreement) and concerns answered (e.g., several students volunteer that their parents have advised them to avoid their classmate because he has a gun and may try to kill them). Ultimately, most of the classes decide that they want to do something to show their support for the family. Students begin working on cards, banners and letters to send to the student in the hospital, as well as cards extending emotional support for the student who fired the gun.

Several parents arrive at the school throughout the course of the day because of the impact that this accident has had on the community. A room is identified for parents to come and meet with others so that they have an opportunity to express their upset and concern, as well as to receive some direction on how they can contribute to their children's adjustment during this time. A community meeting is held by the Child Development Community Policing Program at the school to discuss handgun violence.

Over the next several weeks, many staff talk about their own distress - some because of the recent events, some because the crisis has triggered memories of

prior losses. The staff develops a mutual support group that continues for several weeks after the crisis. The crisis team provides ongoing evaluation of the needs of students, staff and parents. The boy who pulled the trigger returns to class the following week and is welcomed back by his classmates. His sister subsequently recovers and is also welcomed back to school. On follow-up, the school staff report that the management of the crisis has led to increased respect for the new principal and brought them closer as a school community.

Crisis Theory

As we begin to examine the needs that arise during times of crisis, it is important to agree upon what constitutes a crisis and what can be expected to unfold with students and staff within the school setting. Understanding and being in agreement on the causes, impact and course of crisis is necessary among members for a team to approach their interventions within a unified and consistent set of applications.

While it is generally agreed that crisis results from an individual's coping mechanisms being overwhelmed by new and sometimes unexpected experiences, many also assume that any trauma results in a crisis. Although this may seem true from the standpoint of common sense, we daily are exposed to traumatic experiences, images and incidents. Not all of these traumatic exposures will result in a crisis. To illustrate this, imagine for a moment that you are driving to an appointment along a local highway. Though you are running short on time, you are confident that you will arrive punctually. As you come around a bend in the road, you suddenly have to brake hard to keep from hitting the car ahead of you and traffic slows to a crawl. There is no opportunity to move into another lane and you realize that you will be late for the meeting now. Your heart rate is just slowing down from the emergency stop that you had to perform and as you come around another bend in the road, you see several vehicles along one side of the road about a half a mile ahead. As you might expect, there are some police vehicles, as well as a wrecker and two ambulances. Traffic narrows to a single lane and continues to move at an agonizingly slow pace. Finally, you get close enough to see beyond the accident site but as you do, you recognize one of the vehicles as that of a neighbor. Approaching closer yet, you see that they are loading someone into one of the ambulances and there is a sheet covering from head to foot. Now, you are in a genuine panic. As you get past the accident scene, you pull over to the side of the road, leap out of the car – and one of the officers on the scene yells at you to get back in the car and keep moving. You respond that you know one of the victims but, as you draw nearer, you realize that while this is a similar car, it is not your neighbor's. At this point, you return to your vehicle and head on to your

appointment. Though you will be late now, you really don't care because you feel a tremendous sense of relief!

A clearly traumatic incident did not initially create any sense of crisis within you because, while it was creating problems and inconveniences for you, it did not resonate in a powerfully personal way. It was only when you began to process the scene as having a personal impact – the possible injury or death of your neighbor – that a sense of crisis began to emerge. This experience of crisis increased to reckless, almost intolerable levels as the awareness of its impact upon you grew. Finally, when you were assured that it had no personal impact, you returned to the routines of your day. Crisis results from the way that we perceive and process events. Not all traumas will result in crisis – and not all crises are the result of traumatic circumstances.

Crisis can be caused by a number of different situations. Trauma is only one experience that can cause the gradual but persistent decline in function and problem solving that attends a crisis. Another common cause for personal or individual crisis is a transitional or developmental influence. While we may sometimes discount this as playing any kind of role in a large-scale crisis impacting a significant portion of the school population, these influences may result in several members of the student body (or staff) becoming especially vulnerable and may impede their ability to derive optimal benefit from the interventions typically provided by a school. In considering this there are two important points that can be drawn from the theories of Eric Erikkson (Identity and the Life Cycle, 1959). First, as development is a lifelong process, there are stages of developmental growth that we confront throughout our lives – even into late age. Each of these requires us to develop new skills and perspectives to move into the next phase. Secondly, according to Erikkson's theories, it is impossible to fully and completely move from one developmental level into the next without a crisis to initiate this shift! While some individuals might be able to master many of the tasks of a higher developmental perspective without having survived a defining and motivating crisis, when they are confronted by the next major crisis in their life they will revert back to their former coping mechanisms. It is only when a crisis has forced them to reframe their perspectives and develop comprehensive skills that they are able to fully integrate the experience and emerge from the crisis residing, as it were, in a more sophisticated developmental level. One positive aspect that can be drawn from this is that some individuals may exit crises at higher levels of functioning and capacity than they entered them!

Another potential cause of crisis for individuals (and, occasionally, groups) is the anticipation of an event. Anyone who has ever fought the deadline to submit their taxes on April 15th can identify with the sense of impending crisis from what we

anticipate will or might happen. Crisis may also be precipitated by the anniversary of a particular date that has become emblematic in the individual's life.

Crisis can also result from our capacities to cope being gradually overwhelmed by multiple blows – the "final straw" scenario. Schools are often confronted with these situations in young people's lives. For instance, in one school at the beginning of the school day, a teacher tells the class to take out some paper and a pen because there is going to be a pop quiz. One student begins to curse the teacher and loudly condemn the school, ultimately picking up a desk and throwing it across the classroom. After having been sent to the principal's office, it was discovered that this youngster had a number of stressors that had been building for some time: there were increasing problems at home; there was domestic violence that this student had witnessed, some of it directed toward him; there was talk of divorce which meant a significant shift in family economics and, ultimately, would result in the youngster having to move out of the home that he had grown up in and might mean a move to another school; this youngster had just recently been suspended from a sports team because his grades were too low; he had broken up with his girlfriend the night before; and he had been experiencing increasing problems with his peer group so he had no one to talk to about all this. The pop quiz, while not a major stressor in his life, had been one burden too many and he unleashed his tension, anxiety and frustration in one of the few safe environments that remained in his world.

Some of the typical emotions of those facing crises in their lives include: ambivalence or conflicting emotions, shame, lowered self-esteem, anger or irritability, distrust or suspiciousness, anxiety, and confusion. While these are certainly understandable and acceptable among those that have been identified as the victims of a crisis, we often forget that the service providers – staff – will often experience these same emotions. If a plan is not in place to anticipate and deal with these concerns, the reactions of staff and students may rapidly overwhelm the capacities of the school system and result in scapegoating, blaming, and misidentifying the most significant issues requiring mediation.

So, the question arises as to "How do we intervene during crisis?" There are two major concerns to address as we examine the most effective and meaningful ways to intervene to reduce the long-term impact of a given crisis. The first is to identify the best route for providing services, i.e. the domain that we want to operate within, while the second is what kind of help can we give. This second question will be addressed more comprehensively later but to guide us in looking at the issue of the domain for intervention, we might agree fundamentally that we must offer up to date information that anticipates the questions and needs of those recoiling from crisis, we need to offer support through a variety of interventions and

mechanisms, and we should provide concrete guidance on some methods for coping with the circumstances and changes resulting from the crisis.

Returning to the issue of domains for intervention, there are four basic domains that schools generally feel comfortable addressing: behaviors, thoughts, sensations, and feelings. There is also the spiritual domain but many school systems (and their staff) are frequently uncomfortable working in this arena because of misunderstandings about the limitations brought about by federal laws associated with the separation of church and state. Generally, schools will feel most competent in addressing the needs of their students through interventions directed toward the behavioral domain – competency in evacuation and the current interest in "lock down" protocols are examples of a school's mastery in this domain. However, containing the outward expression of discomfort does not help an individual in incorporating the emotional reactions and gaining a sense of mastery over the circumstances of one's life. In fact, interventions that result in one having to deny the effect of a crisis may teach impractical and, ultimately, self sabotaging behaviors and attitudes ("I don't hurt because I don't look like I hurt").

The cognitive or intellectual domain is another that is relatively comfortable for schools – the very task of a school is to structure the environment and the curriculum to assist in modifying the cognitive process. Intellectual processing alone also fails to connect directly to the emotional content, especially in crisis when thinking is confused and processing is often abrupt. Another pitfall of interventions directed solely toward this domain is the frequent tendency of youngsters to respond to cognitive requests about their internal state in sensory modalities. For example, we ask about people's emotional state with a question requiring cognitive processing, "How do you feel?", and they respond from the sensory mode, "I feel empty inside". While this is a descriptive metaphor, it is not an accurate representation of their emotional state. Empty describes a sensory experience of emotion but, if we accept that as an accurate portrayal of their feelings we will fail to help them better identify and process their reaction to the events. Similar comments include: feeling "dead" inside, being numb, or feeling as if a part has been lost.

The real task is to guide students and staff in recognizing the feelings that they do have. These are often feelings that we do not want to admit to, e.g. fear, anxiety, distrust, confusion, etc. and are therefore difficult to draw out without a conscious effort to move beyond the more direct and manageable behaviors, thoughts and sensations. The work is with the emotions, however. We next will look at some means to assure that the emotional needs of students and staff are met.

An Organizational Model

Within the School Crisis Prevention and Response Program, we recommend a hierarchical model that allows immediate and proactive response while creating a systematic structure that is able to assess the situation, develop and apply the appropriate interventions, make adaptations that address the uniqueness of the circumstances or the individuals impacted by the crisis, plan for future potential crises, and develop comprehensive mechanisms to support, within the existing infrastructure, the organizational needs that are likely to emerge during a crisis. The first level within this hierarchy is a Regional Resource Team that is composed of representatives of participating school districts, local mental health professionals with established expertise in addressing crisis and providing treatment around the mental health and emotional needs of children, emergency services personnel, academics, and other interested participants. This team usually serves in an advisory capacity to participating school districts and can assist in debriefing the responders to a crisis. The second tier within the hierarchy is a District-level Team that includes a school system's central office staff, mental health consultants, senior administrators, etc. This Team is frequently utilized to oversee the supports provided to individual schools responding to a crisis and arrange the resource allocations that may be necessary to assist the school in meeting the needs of its students and staff. The final hierarchical level is the School-based Team that is on site and is composed of members of the school community, including: administrators; social work, psychology, nursing and counseling staff; along with teachers, secretaries, security personnel, and custodians. This team will most frequently be the unit that provides direct services and identifies needs within the affected population.

As schools begin to develop a systematic model of intervention for addressing crises, it is necessary for them to agree first on what situations constitute a crisis. There are four situations that invite a well developed and systematic, organizational approach. These four are: bereavement, wherein students and staff are reacting to the death of a member of the school community; environmental crises, which include natural disasters such as destructive weather, flooding, fire and earthquake; and man-made disasters, which include gas leaks, chemical spills, industrial or construction accidents and other similar circumstances; threats to physical safety, which include the more obvious examples of armed intruders or physical assaults but also address the more commonplace incidents such as transportation accidents even in the absence of physical injuries; and threats to emotional well-being which might include situations that have particularly subtle but recognizable effects such as, allegations of assault or sexual misconduct by a staff member or student that has become public knowledge, hate crimes committed on school property or, leaked

reports of significant structural changes in how educational services will be provided in the future.

It is important to note that there are several situations that are commonly viewed as crises that are generally not appropriate for application of this model. Physical or sexual abuse both involve issues of privacy and confidentiality that prevent schools from openly and completely applying many of the interventions within this model. These kinds of personal crises are better served by individual services informed by a Student Assistance Team or similar model.

When addressing the crisis, there are three elements that must be targeted for concurrent activity: communication, both assembling and verifying the information that is becoming available, as well as the means for disseminating this information and correcting misinformation or rumors; safety and security which will be directed toward ensuring the safe movement and containment of students, staff and visitors to the school; and emotional issues, including how the needs will be assessed and what interventions make the most sense for the school to develop. The model of intervention that we will be discussing relies upon a structure utilizing seven roles to ensure that all needs are met.

Each team should have a Chair, whose responsibilities include moderating the process of each team meeting, mediating any conflict that might arise, and overseeing the broad and specific activities of the team and the activities of the contributing members. However, as the Chair is often the school's principal or another critical designee, the team requires an Assistant Chair who can serve as a substitute for the Chair in his/her absence and provide support to the Chair during the response to a crisis event. The Assistant Chair typically will take brief minutes of the meetings as well. These minutes should be designed to assist the team in reviewing the issues that arose during a crisis and the responses that were utilized to address the need.

A Media Coordinator should be identified who is the sole contact for any media inquiries. This individual will be responsible for developing the statements that will be provided to students, staff, parents and press, as well as a brief statement that can be read over the telephone to any who might call requesting information about the crisis. This telephone statement should contain the same essential information as is being provided to the media but, remember, any inconsistency between the various statements may very well become highlighted in retrospect by any parties whose anxiety has not been sufficiently met by the interventions offered. If a school system has both a district and a school-based media coordinator, collaboration between the district office and the school is essential to ensure that the press does not receive inconsistent messages from the two parties.

The Staff Notification Coordinator is responsible for developing, maintaining and initiating the telephone tree to contact staff in the event of a crisis taking place outside of the regular school hours. Many schools may be tempted to rely upon their "snow tree" or "severe weather" list to accomplish this but this should only be done with caution. Most lists of this nature function under the assumption that any staff who have not been contacted will be able to listen to the notices on radio and television to inform them of school closing. During a crisis, this will not be available. This person should also assist in developing an in-house communication plan that will allow the school to rapidly and effectively contact all staff and students of a developing crisis that takes place during the school day.

The Communication Coordinator is responsible for overseeing all direct, in-house communication. The Communication Coordinator will respond to requests from parents that may arrive at or call the school and will develop proactive plans to ameliorate any problems that are identified in the communication technology available at the school, e.g. How do you contact school rooms that have no overhead speaker or telephone?, How do you communicate with the outside world if the telephone system is damaged during the crisis?, How do you communicate with different groups at various assembly points following a critical evacuation? Schools will often assign a secretary from the main office to this role because the secretary is most apt to be parsimoniously located to accomplish this and often has developed personal relationships with the greatest range of parents.

The Crowd Management Coordinator is responsible for overseeing the traffic movements (both vehicular and pedestrian) during a crisis event. This individual is responsible for developing plans for the safe and efficient movement of personnel in a variety of crisis related circumstances, including evacuation, lock-down, etc. The Crowd Management Coordinator should also be prepared to identify specific vulnerabilities related to the physical plant of the school, i.e. knowing where the gas, oil and propane lines are located, what areas may have limited access due to construction, etc. Many schools utilize a custodian in this role because of the custodian's intimate knowledge of the building and its layout.

The final role is that of the Counseling Coordinator. This person will oversee the training of crisis team members and classroom staff in the intervention practices that the school has developed to meet the multiple emotional issues that arise in the chaotic conditions of crisis. The Counseling Coordinator will also oversee the activities offered in any support rooms that are established, and the efforts to triage students who present themselves for services. Triage should involve evaluations that are brief and goal specific. Emergent mental health needs, such as acute suicidality, should be referred to appropriate external resources (pediatrician, mental

health practitioner, etc.) while those students with more typical needs can be provided the supports available through the support room staff. Lengthy evaluations should be deferred to a later time unless the situation appears to be critical, at which time a referral to outside resources is most appropriate.

Crisis Response Interventions

Interventions are generally addressed through three modalities: classroom activities, support room activities, and individual counseling. While individualized counseling will be an important part of many crisis response efforts, plans directed toward meeting the needs of large numbers of students with the limited staff available to provide these services require systematic and well-considered execution to accomplish the desired results. Ad hoc plans around supports for large numbers of individuals will frequently miss important opportunities while placing unnecessary stress on those providing the services.

Support room activities need to be adaptable to different populations and group sizes. Multiple needs might be identified, different responses may be present, and the larger group may wax and wane in size with class changes and the hour of the day. Ultimately, the goal of support rooms should be to provide a safe and encouraging environment in which students can examine their feelings and express them within an accepting atmosphere.

By anticipating the need for students to discuss and grapple with their understanding of a crisis incident, schools can reduce the potential demand for support room services by encouraging discussion in each of the classrooms. A general announcement that clarifies what is known to date about the incident, followed by some pointed questions, such as "What have people been hearing?", can open the class to sharing their fears, concerns, and/or sorrow. These discussions should be guided by a genuine honesty, even when confronting uncomfortable topics. Attempts should be made to demystify the event by identifying rumors or misinformation and providing the correct information. It is sometimes helpful to direct students in understanding the context of difficult situations. While explicit details may be sought by some of the students, it is generally not helpful to indulge discussion involving profoundly graphic details of injuries or the means by which they were obtained. Adults should be encouraged to model appropriate grieving by discussing their own reactions. While this is taking place, staff should try to be aware of subtle, non-verbal behaviors that indicate potential distress, such as withdrawal, or staring off while the rest of the class is focused on the discussion. During crisis, while students may also experience a sense of sorrow, they may have nervous energy that becomes expressed more

physically, such as in jitteriness or random, unfocused activity.

Another intervention that can be very successful in a classroom setting is using art related projects as a means to express the students' internal states. Pencils, paints, markers, clay and other media can be provided to students with an encouragement to use them without necessarily suggesting a subject. Those art interventions that exercise multiple senses have the greatest potential for providing a student with the means to externalize their feelings. For instance, finger paints will trigger senses of touch, smell, feel and, even, hearing (the scratch of fingers across the stiff paper, with intermittent periods of silence as the finger slides through the slipperiness of the paint). Remember though, that if you have a student who uses lots of colors but is unfamiliar with the medium, their mixed paint may very well end up a mud-brown. This doesn't necessarily mean that the student is depressed. The point of these activities is to help students in expressing or externalizing their internal states – not to then diagnose them by what they have generated.

A third, frequently overused, technique for a classroom intervention is written assignments. Most students haven't gained sufficient mastery of the necessary skills until at least the third grade to enable them to take abstract thoughts and put them on paper, while under the stress of a crisis scenario. It is not until approximately the fifth grade (ten years old) that students are able to manipulate complex and uncomfortable feelings, encode the information into a cognitive task (language) and produce a result requiring fine motor skills and having a structure that is pleasing. All products that are generated during a crisis with the intention of having students express themselves should be reviewed for content. Students that utilize disturbing imagery or content that speaks of other vulnerabilities should be flagged for additional support. Any items that are to be publicly displayed or sent on to surviving family should be closely scrutinized to ensure that there is no content that might be disturbing to others.

Follow up and Memorialization

Schools should try to anticipate the natural time frame for closure around the individual event. Commonly, schools may be tempted to make two errors around the issues of closure: first, they may be inclined to return to "business as usual" too rapidly and thereby send a covert message that it is time to move on (students may not yet be ready), or the school may postpone any official memorial activity until later in the school year, i.e. remembering them at the graduation exercise. It is better to allow some days (occasionally moving into the next week, depending upon what was done in the preceding week to help students get their needs met) before having some kind of symbolic but memorable event. Simple ritual is

preferable to complex and lengthy events: an assembly of students and staff, lighting of a single candle, the placing of a single flower at a spot, followed by a moment of silence, for instance.

It is important that schools consider the circumstances of a death that is being addressed by the crisis team. If the cause or conditions of death carry a stigma, i.e. a drunk driving fatality, a suicide, etc., the school will want to be as concrete as possible to guide students in appropriate ways to reflect upon, express, and symbolize their sense of loss, while exercising caution that the conditions of death do not become glamorized as the individual is mourned. This is another reason to be judicious about permanent memorials or dedications to memorialize the deceased. Many members of the community may be uncomfortable with a permanent memorial to someone that committed suicide, for instance. Yet, when a precedent is set within a community by ambitious monuments to deceased individuals, it may create a conflict when the decision is made to not create a permanent memorial due to the manner or circumstances of death.

Schools will need to follow up to monitor the long-term reactions that students and staff may experience following a crisis. Students may choose a course of social advocacy to respond to some of the circumstances of a death. For instance, if a student or staff member dies in an alcohol related accident (whether they had been drinking or not), students might want to begin a Students Against Drunk Driving (SADD) chapter at their school. The team might choose to offer input or guidance, or they may simply wish to offer the support of the school staff for the students' attempts.

While there is a fairly predictable course to the tasks of reconciling grief, crisis team staff should be cognizant of students and/or staff who may be exhibiting long term reactions or complications that are a result of the crisis. Individuals who continue to suffer from the effects of confusion, listlessness, anger, extreme sadness that borders on or includes depression, etc., should be offered individual services that provide reasonable supports. The goal of these individual services should be to return the individual to their levels of coping prior to the crisis event. At the same time, acute grief may persist for three to four months without a pathological component. Interventions should be developed and structured within a respectful atmosphere that is able to tolerate the discomfort that we all experience when someone we care about is in extreme distress. We should avoid pre-emptive efforts to reduce or remove painful feelings merely because it is painful for us to observe.

Children's and staff's responses to a crisis will evolve over time. A school-based team whose members have an ongoing relationship with the students and staff involved in the crisis are in an ideal position to monitor long-term adjustment and to

identify and address new issues soon after they arise.

Children's Understanding of Death

When considering discussions with students after a death has occurred, it is important to consider the developmental level of the audience. For older children, the emphasis may be placed on notification of what has occurred and discussion of the experience of bereavement and to encourage the students to share their feelings and understand its normative nature.

For younger children, you may need to clarify concepts that are unclear to them in addition to providing concrete information related to death (i.e. what occurs during a funeral) to help dispel fears based on misconceptions.

Adults must first appreciate what children know about death at various stages of development in order to guide the selection of explanations and to structure discussions on the topic. The understanding of death is a developmental process. As with other developmental concepts, there are important qualitative differences in the very basic ways in which children at different stages of development see, interpret, and understand the phenomena in the world around them. This is not simply a quantitative process, wherein the child accumulates increasing numbers of facts and learns to use larger words and longer sentences. More importantly there is a qualitative change in the child's cognitive abilities that allows integration of increasingly sophisticated information in a framework of increasingly mature understanding.

There are four basic concepts about death that children have to understand in order to successfully mourn a loss, which are learned on average between about 5 and 7 years of age:

Irreversibility Death is a permanent phenomenon. Unlike cartoon and television characters that die and return to life with alarming regularity, there is no recovery nor return from death. Children with an incomplete understanding of this concept may view the deceased as having gone far away on a trip, and become angry when they fail to return or contact them. Furthermore, if children do not understand the irreversibility of their loss, then they have no reason to detach or modify their personal ties with the deceased. This is a necessary first step in the mourning process and allows the child to re-establish relationships with other significant individuals.

Finality (Nonfunctionality) Death is a state in which all life functions cease

completely. Young children initially attribute life to all objects. This belief in animism is often reinforced by adults who encourage children to talk to their stuffed animals and treat inanimate objects as if they possessed life functions, or comment that the television or car "died." As children are more able to correctly identify living functions (such as cognition, respiration, or sensation) they are more likely to realize that these functions must end upon death.

Children with an incomplete understanding of the finality of death may wish to bury food with a dead pet, not as a symbolic gesture, but because of concerns that otherwise the pet will be hungry. They may feel that dead people only move a little because the coffin is small, or can not see well because it is dark underground. These children may become preoccupied with concerns about the physical suffering of the deceased. In one fourth grade class that I visited, there were three children whose parents had died during the prior year. All three children had attended the wake of their parents and had thought they saw the body move. All three children continued to have recurrent nightmares of their parent being buried "alive" and trying to dig themselves out of the grave. Horror movies prey on children's limited understanding of the finality of death by creating characters that are "almost dead" (such as zombies) and those that return from the dead to seek revenge (often by attacking innocent children).

Inevitability (Universality) Death is seen as a natural phenomenon that no living being can escape indefinitely. Everything that is alive will eventually die. Children with an incomplete understanding of the inevitability of death may view themselves or significant individuals in their lives as immortal. Parents often falsely reassure their children that they will always be alive to care for them. Only when a significant death has occurred do these parents then inform their children of the truth about the inevitability of death. Unfortunately, when a significant death has occurred, children will usually fear that others (if not everyone) close to them will die. This is perhaps the most difficult time to be confronted with the universality of death. Yet if children do not view death as inevitable, they will likely view death as a form of punishment (either for their actions or thoughts or those of the deceased), leading to excessive guilt or shame.

Causality Children must be helped to develop a realistic understanding of the causes of death. Children who rely instead on magical thinking are apt to assume responsibility for the death of a loved one by concluding that their bad thoughts or unrelated actions were the cause of the person's death, leading to excessive guilt that is difficult for children to resolve.

During the preschool period, children's thought processes are limited in several ways that have direct implications for their understanding of death. The egocentrism of the young child and their limited understanding of causality combine

to result in magical thinking. This magical thinking is often unwittingly reinforced by parents. Unfortunately, when tragic events do occur, this magical thinking may lead children to conclude that they were somehow personally responsible for the tragedy because of something they thought, said, did, or failed to do. Typically these reasons are "illogical" from a adult standpoint and often not anticipated or recognized. In general, when talking with children (and adults) about death, it is best to assume that there may be some underlying guilt regarding the death, even if the child had no possible role to play in the cause of death. When talking with children about death it is therefore often useful to assure them of their lack of responsibility with such comments as: "Many of the children I talk to who have had a (relative) die tell me that they somehow feel it may have been their fault, even when it obviously was not. We all know that thoughts and feelings can't make someone die. I know that there wasn't anything you did to cause your (relative) to die, but I wonder if you ever felt guilty the way those other children did?"

During the early elementary grades, children will have a better understanding of cause and effect and consequences of actions, but their thought processes are still concrete and literal. Literal misinterpretations and overgeneralizations should be anticipated. They may be afraid to look into a casket because having been told "the body was placed in the casket" they assume the head was placed elsewhere. They may become afraid when a friend or relative goes to the hospital for a relatively minor condition, because they had experienced previously the death of a relative at a hospital. At the time of a crisis, children need to be given developmentally appropriate explanations and then asked what they understand. As they explain it back to the adults, misconceptions will become evident and can be corrected.

As children approach adolescence, they are better able to utilize more mature thought processes, which may lead to an appreciation of the higher meaning of death. It should be emphasized, though, that although adolescents have the cognitive capacity to understand the concepts of death, adolescents still require support and assistance at the time of death.

Children at all ages grieve, often deeply, and for long periods. But they may not give this impression to adults. They do not sustain strong emotions for extended periods of time; they often use denial or delay the expression of their grief.

Adults in their lives may unwittingly communicate to them that the death is not to be openly discussed. When a young child asks a surviving adult "I know that mommy is dead, but will she see me on my birthday?" the adult often responds with tears. Questions such as these are particularly poignant. Unfortunately, the

egocentrism of young children may lead them to conclude that they caused the adult to cry by misbehaving, and they may be disinclined to discuss the death again. The resulting silence may lead others to conclude that the child has adjusted to the loss. In reality, the child is often left to deal alone with serious concerns and troubling emotions. These may become evident months later, or may be indirectly expressed in other settings (such as school). Or it may be expressed indirectly through their behavior or play. Many children's games have death as a central theme (e.g., cowboys and Indians, cops and robbers, etc.).

Children grieve in stages, over many years. They reprocess the experience at each new stage in their life, applying new cognitive and emotional insights to try and reach a more satisfying explanation for a significant loss. This ultimately impossible task is never accomplished for many. Schools may be the sole source of accurate information and support that can help children begin to understand and adjust to a significant death in their lives.

Supporting Staff

A crisis of any nature often awakens feelings related to a prior crisis that may assume a primary focus for a particular child. At these times of stress, given an appropriate opportunity, children may be more inclined to disclose a wide range of personal crises. If not anticipated and when limited skill, time or resources are available to respond, this can be overwhelming for support staff.

We need to recognize that this work is difficult and provide adequate supports for school staff as they do this work. We must acknowledge that the crisis typically affects school staff (even principals) directly as well since they are members of the same school community. In addition, the crisis event may reactivate for the staff thoughts and feelings related to a prior personal crisis.

Any school system that desires to establish a proactive and systematic crisis team will need to develop supports specifically intended to address staff needs. Your staff will be with you for years to come, many of them remaining with your system longer than any of your students! Addressing staff needs during a crisis will require thoughtful planning as many adults are uncomfortable with help-seeking and may not ask for help until they have begun to experience significant problems in their personal or professional functioning. Administration should attempt to ensure that there is adequate coverage, not only for those who may be absent but also for staff who may need a short break from the crisis response activities. Often, the staff providing the most stressful services in the support room will not have a chance to defuse and recuperate until the end of the day. Some schools find it helpful to use

the faculty lounge as a haven for those who need to temporarily distance themselves from the ongoing response and allow themselves some personal time to reflect on their recent experiences. Schools will want to acknowledge that these are difficult and atypical times but should strive for maintaining a sense of normalcy. Plans should be made to meet the usual administrative needs despite staff being reassigned to crisis response, e.g. a school might appoint an acting administrator to attend the PPT meetings and deal with the disciplinary issues.

Members of the school-based crisis team should be prepared to provide some opportunity for staff to defuse during the course of the day. While it may be adequate to provide time at the end of the day for a more structured and official review of activities (and, perhaps, reactions), school staff can assist one another by sharing brief moments of mutual support and encouragement throughout the day. Though this type of intervention bears much less structure than some of the more formal interventions that are available to service providers, this brief interaction may be enough support for the staff member to complete the rest of the class period or day. More formal examination of the incident and the staff response can take place in a debriefing session that is primarily directed toward sharing information, "intelligence gathering" and providing a greater context within which staff members can find acceptance for their own personal reactions. However, schools will generally not find it helpful to perform evocative sessions directed toward guiding school staff in disclosing information about their personal reactions. This may be too threatening for some, while others may be tempted to disclose information that they may later regret sharing with professional colleagues.

Another significant support to staff is an Employee Assistance Program (EAP). These programs, originally begun to address the personal issues of employees that impact upon job performance, provide the benefits of urgent access to mental health professionals, no money out of pocket, and complete confidentiality. For the program to operate most effectively, schools should create a handout that includes a contact name and number and ensure that this is handed out to staff at the first contact following a crisis. For instance, at the first staff meeting following a report of a crisis incident, the principal (or designee) should pass out cards to all staff, encouraging them to make use of this free service if they are experiencing any stress or confusion. This reminder should be repeated frequently throughout the duration of the response. If a school system does not have an EAP program, one alternative that may serve the same function is to identify three or more individuals that are well known for their skills and who accept reimbursement through the insurance that your system subscribes to. Again, this information should be passed out pre-emptively, before any staff need to identify themselves as having specific needs. Two problems with this particular application are that there may be an out of pocket cost and records will be kept (which some may see as being less

confidential). Regardless of the mechanisms of support, it is essential that schools recognize that the efforts made by staff to ameliorate the impact of crisis will produce stress reactions.

References And Recommended Readings

Adams D, Deveau E: When a brother or sister is dying of cancer: The vulnerability of the adolescent sibling. *Death Studies* 1987; 11: 279-95.

Adler R, Jellinek M: After teen suicide: Issues for pediatricians who are asked to consult to schools. *Pediatrics* 1990; 86(6): 982-7.

Brent D: A death in the family: The pediatrician's role. *Pediatrics* 1983; 72 (5): 645-51.

Emswiler M, Emswiler J: *Guiding Your Child Through Grief*. New York, NY: Bantam Books, 2000.

Ewalt P, Perkins L: The real experience of death among adolescents: An empirical study. Social Casework: *The Journal of Contemporary Social Work* 1979; 60: 547-551.

Fredlund D: Children and death from the school setting viewpoint. *J Sch Health* 1977; 47(9): 533-7.

Greenham D, Lohmann R: Children facing death: Recurring patterns of adaptation. *Health Soc Work* 1982; 7 (2): 89-94.

Klicher R: *A Student Dies, a School Mourns: Dealing with Death and Loss in the School Community*. Philadelphia, PA: Accelerated Development (Taylor & Francis), 2000.

Krell R, Rabkin L: The effects of sibling death on the surviving child: A family perspective. *Fam Process* 1979; 18 (4): 471-7.

Leash R: *Death Notification: A Practical Guide to the Process*. Hinesburg, VT: Upper Access, 1994.

Lewis M, Lewis D, Schonfeld D: Dying and death in childhood and adolescence. In Lewis M (ed): *Child and Adolescent Psychiatry: A Comprehensive Textbook*. (Second Edition) Baltimore, Williams & Wilkins, pp. 1066-1073, 1996.

Lewis M, Schonfeld D: The role of child and adolescent psychiatric consultation and liaison in assisting children and their families in dealing with death. *Child and Adolescent Psychiatric Clinics of North America* 1994; 3(3): 613-627.

Lichtenstein R, Schonfeld D, Kline M: School crisis response: Expecting the Unexpected. *Educational Leadership* 1994; 52(3):79-83.

Lichtenstein R, Schonfeld D, Kline M, Speese-Linehan D: *How to Respond to and Prepare for a Crisis*. Alexandria, VA: Association for Supervision and Curriculum Development, 1995.

Newgass S, Schonfeld D: A crisis in the class: anticipating and responding to students' needs. *educational HORIZONS* 1996; 74(3):124-129.

Newgass S, Schonfeld D: School crisis intervention, crisis prevention, and crisis response. In Roberts A (ed): *Crisis Intervention Handbook: Assessment, Treatment, and Research* (2nd edition). New York, Oxford University Press, 2000, pp. 209-228.

Podell C: Adolescent mourning: The sudden death of a peer. *Clinical Social Work* 1989; 17(1): 64-78.

Sahler OJ (ed): *The Child and Death*. Saint Louis, The C.V. Mosby Company, 1978.

Schonfeld D: Crisis intervention for bereavement support: A model of intervention in the children's school. *Clin Pediatr* 1989; 28 (1): 27-33.

Schonfeld D: Dying children. In Parker S, Zuckerman B: *Behavioral and Developmental Pediatrics: A Handbook for Primary Care*. Boston, Little, Brown & Co., 1995, pp. 363-367.

Schonfeld D: School-based crisis intervention services for adolescents: Position paper of the Committees on Adolescence and School Health, Connecticut Chapter of the American Academy of Pediatrics. *Pediatrics* 1993; 91(3): 656-657.

Schonfeld D: Talking with elementary school-age children about AIDS and death: principles and guidelines for school nurses. *Journal of School Nursing* 1996; 12(1): 26-32.

Schonfeld D: Talking with children about death. *Journal of Pediatric Health Care* 1993; 7: 269-274.

Schonfeld D, Kappelman M: Teaching the toughest lesson -- About death. *Education Week*; March 4, 1992: 25-7. Reprinted in *The Education Digest* 1992; 58(4): 16-20.

Schonfeld D, Kappelman M: The impact of school-based education on the young child's understanding of death. *J Dev Behav Pediatr* 1990; 11 (5): 247-252.

Schonfeld D, Kline M: School-based crisis intervention -- A role for pediatricians. *Current Problems in Pediatrics* 1994; 24(2): 48-54.

Schonfeld D, Kline M, and Members of the Crisis Intervention Committee: School-based crisis intervention: an organizational model. *Crisis Intervention and Time-Limited Treatment* 1994; 1(2): 155-166.

Seibert D, Drolet J, Fetro J: *Are You Sad Too? Helping Children Deal with Loss and Death*. Santa Cruz, CA, ETR Associates, 1993.

Wass H, Corr C (eds): *Childhood and Death*. Washington, D.C, Hemisphere Publishing Corporation, 1984.

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