



CRISIS RESPONSE TEAM MANUAL

Student, Community and Personnel Support

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Introduction

San Jacinto Unified School District is committed to ensuring that all of our students receive the support that they need to ensure that they reach their full potential. We know that our schools are organized systems that function with great efficiency under normal conditions. During a crisis schools may face unusual demands, while maintaining day to day operations. It is essential that our schools are prepared to respond to crisis to ensure that our students and staff get the support that they need during a crisis.

This document has been created by the Student, Community, and Personnel Support department, over the years, by pulling resources and best practices from various school districts and National Associations. Although we cannot predict when a crisis will occur, we know that crises are inevitable. We are committed to assisting, guiding, and supporting our students and staff through various crises. The purpose of this handbook is to help school leaders and our crisis response teams to effectively prepare and organize a crisis response.



Purpose Of This Manual

This manual provides strategies for addressing crisis intervention within schools in the San Jacinto Unified School District.

- The primary purpose of “crisis response” is to help students and staff cope with painful emotions and feelings resulting from a community or school related crisis.
- The second purpose is to assist schools to return to normal routines as quickly and calmly as possible following a major disruption of the educational process.

DEFINITIONS

SCHOOL CRISIS A reaction to, or perception of, a situation or event which causes psychological trauma to students and/or staff and requires immediate action because of its disruption or potential disruption to the educational process. A crisis may impact a small group of students in one classroom or the entire school community.

Possible types of crises: death of a student or staff member, acts of violence, suicide attempt or completion, natural disaster such as earthquake, fire, toxic spill, automobile or other accident.

CRISIS RESPONSE Intervention designed to restore a school and community to base line functioning and to help prevent or minimize damaging psychological results following a disaster or crisis situation. It is important that during the immediate hours and days following a crisis, students and staff are helped to return to previous emotional equilibrium. If left unchecked, some emotional responses may become internalized and exhibit themselves to unusual behaviors.



Checklist for Crisis Intervention Procedures – In Advance of a Crisis

Steps to Consider Before a Site Crisis Response

Following a crisis, students and staff require recognition of, and help with their emotional needs. If emotional responses are not supported appropriately during the initial stages of a crisis, feelings may be internalized. This may result in an inability to concentrate, aggressive or reckless behaviors, or physical symptoms. A school site may attempt to do “business as usual” following a crisis. However, without addressing the crisis directly, students and staff will find it difficult to focus on the process of teaching and learning.

Below are considerations to prepare a school site before a crisis occurs. Review and revise the following information annually as an aspect of the site Safe School Plan.

- ☐ Identify a Crisis Response Team (CRT). A CRT should be identified each year.
- ☐ File a copy of the site Crisis Response Team with the Student, Community and Personnel Department.
- ☐ Train/Update the CRT. Include the School Resource Officers (SROs).
- ☐ Inform staff annually of the site’s crisis response plan; introduce CRT.
- ☐ Establish a working relationship with community-based organizations. Maintain a list of resources to be kept available.
- ☐ Set up telephone trees to contact staff and/or families.
- ☐ Identify space(s) where service providers assisting in the crisis can see students for small group counseling.
- ☐ Review, revise and print forms, and insure your Crisis Response Box contains necessary materials.
- ☐ Review, revise and print forms and other materials that might be needed by the CRT and staff.
- ☐ Review/develop relevant educational resources regarding crisis, grief, loss, etc.
- ☐ Establish procedures for annual crisis response professional development of new staff and update/review for all staff.
- ☐ Coordinate and inform relevant programs on-site, including After School Program.



Informing the School Community About a Crisis

The site administrator must take four concerns into consideration before informing a school community about a crisis:

- When the announcement will be made.
- What the content of the announcement will be.
- What method will be employed to make the announcement.
- What reactions may arise as a result of the announcement.

☐ **Know the Facts**

Before informing students, faculty, or families about a crisis, be sure of the facts of the crisis. In addition, be sure which facts can be shared publicly. Reports regarding a potential crisis should be researched before information is disseminated.

☐ **Consult**

Before acting, notify the Superintendent's Office and consult with the Director of SCPS and District Lead Counselor regarding how to proceed when informing the school community of the incident.

☐ **Do Not Use School Assemblies or Public-Address Systems for Announcements**

These methods of sharing information are impersonal and can compound the crisis, making the crisis response more difficult to manage. Having classroom teachers read an information sheet in the context of a classroom debriefing exercise is the most effective way to inform students. The same announcement should be made simultaneously in each class.

☐ **Do Not Delay**

Delaying the announcement creates the possibility that rumors will replace the facts of the crisis. Not informing the school community promptly with accurate information also leads to anger and frustration. Students, faculty, and families may think that information is being withheld deliberately, leaving them to feel "no one cares."

☐ **Know the Plan**

Make information available only when there is a clear plan in place to respond to the needs of individual students, faculty, or family members. Not having a comprehensive plan compounds the crisis.



Crisis Response Checklist

Date: _____ Incident: _____

Primary school site(s) affected: _____

Secondary impact (due to siblings, relatives or incident occurred where other students may have observed): _____

Crisis Team Coordinator (CTC): **Director, Student, Community & Personnel Support**

Crisis Site Coordinator (Principal): _____

Crisis Team Leader (CTL): _____

This checklist to be reviewed daily.

Establish Facts & Awareness of Incident

STEPS	Task	Responsible	Action
1.	Mitigate crisis damage and minimize crisis exposure. Crisis Intervention begins with effective emergency crisis management and response. Assess degree of impact on school.	Principal or designee	Deal with specific event following policies and procedures.
2.	Determine Crisis facts.	Principal w/ aide of CTC if needed	Daily contact with families, law enforcement and any other agencies.
3.	Notify District Office – Superintendent and Crisis Team Coordinator (CTC).	Principal or designee	After initial notification, Principal & CTC will keep in contact with Superintendent.
4.	Determine if Site/District Crisis Team needed and notify Crisis Team Leader (CTL)	CTC & CTL	Contact by phone and e-mail.
5.	Notify other school sites that may be affected by crisis (siblings/relatives/observers)	CTC & CTL	Phone calls to Principals.
6.	Identify friends and high-risk students and staff & provide interventions (see * following description)	Principal, CTC, CTL	Develop plan to address their needs including identifying if they are at school/work

- Of special concern are those students/staff who have a history of suicide attempts, are dealing with stressful life events such as a death or divorce in the family, were eyewitnesses to the death, are family members or close friends of the deceased



(including siblings at other schools as well as teammates, classmates, and acquaintances of the deceased), received a phone call, text, or other communication from the deceased foretelling a suicide, or may have fought with or bullied the deceased. (Also see [Triage Risk Screening](#))

Develop Plan

STEPS	Task	Responsible	Action
7.	Determine what information should be shared with: <ul style="list-style-type: none"> ◦ Students ◦ Staff ◦ Parents ◦ Media (Spokesperson to be determined by Superintendent's Office) 	Principal, CTC, CTL <i>This is re-evaluated as new info comes in</i>	This task must be re-evaluated on a daily basis.
8.	Determine how the information is to be shared: <ul style="list-style-type: none"> ◦ Staff Meeting ◦ Classroom notifications ◦ Parent letter ◦ Parent/Community Meetings 	Principal, CTC & CTL <i>This is re-evaluated as new info comes in</i>	This task must be re-evaluated on a daily basis. DO NOT USE AN ASSEMBLY
9.	Who will organize Staff meeting & notify teachers?		Notify staff of Staff Meeting: Phone tree, email, etc.
10.	Who will develop <ul style="list-style-type: none"> ◦ Teacher Statement <ul style="list-style-type: none"> ◦ Secondary ◦ Elementary ◦ Teacher Debriefing with Class? 		Make copies for staff: Sample Teacher Statement To Class (Secondary) or Sample Teacher Statement To Class (Elementary) & Teacher Debriefing with Class
12.	Who/How will phone calls be handled that come into office?		Develop script. See Sample Script for Sample Script for Office Staff
13.	Provide for Temporary/ Permanent replacement of staff in case of death of staff member.	Principal, CTC & Asst. Superintendent of Personnel	Staff assigned
14.	Determine if substitutes are needed, if any. Certificated & Classified.	Principal, CTC & Asst. Sup. of Personnel	Have Substitutes available.
15.	Collect deceased student's belongings from his/her locker or other sites.		Collect belongings. Work displayed can remain until normal changing of work.
16.	Officially withdraw a deceased student from the school attendance rolls.		Attendance Office



Implementation of Plan

STEPS	Task	Responsible	Action
17.	Designate/Open Crisis Intervention Room(s)	Principal	Room #: Notification of staff & students
18.	Hold Staff meeting. <i>Notify staff they can access the EAP (888) 327-0020</i>	Principal, CTL and Crisis Team members	<ul style="list-style-type: none"> ◦ See Sample Teacher Meeting Agenda Following Crisis ◦ Teacher Debriefing with Class ◦ Sample Teacher Statement To Class (Secondary) & Sample Teacher Statement To Class (Elementary)
19.	Provide classroom presentations in appropriate classrooms. Offer all teachers this option.	Principal, CTC, CTL & Crisis Team	Classroom presentations
20.	Initiate crisis triage and referral process	CTL & Crisis Team	Maintain: <ul style="list-style-type: none"> ◦ Safe Room - Sign In & Sign Out Sheet ◦ Counseling Referral Summary (if student is under 12 years of age)
21.	Hold a parent/guardian meeting if appropriate.	Principal, CTC & CTL	Schedule a meeting

Bring About Closure

22.	Hold staff meeting at end of day	Principal, CTC, CTL and Crises Team	Provide staff debriefing, latest info, and plan for next day
23.	Crisis Team Debriefing	Principal, CTC, CTL and Crisis Team	<ul style="list-style-type: none"> · Debrief · Review intervention procedures · Review students seen · Review any referrals made · Plan follow-up actions
24.	Check in with other sites	CTC	This needs to be done during the day
25.	Memorials: should be the same for all losses.	Principal, CTC & CTL	See Guidelines for Memorials



Principal's Role

The authority of the Principal cannot be delegated. S/he must be a visible, strong spokesperson fully involved in the school's recovery, setting the tone and direction for management of the crisis. The Principal must:

- Remain highly visible
- Participate in the development of the [Crisis Response Checklist](#).
- After the initial notification of the Superintendent, stay in contact with the Crisis Team Coordinator who will keep the Superintendent updated
- Keep in contact with the parent/guardian involved in the crisis
- Address parents when warranted

Remain Visible

It must be emphasized that during a crisis the visibility of the Principal throughout the school is crucial to creating order. The students require the presence of authority figures offering support and direction to help them contain their own emotions. The Principal, the Assistant Principal and any others who are not teaching or counseling should circulate through the halls, the classrooms and the common areas. During a crisis, the school should provide firm, compassionate direction through the noticeable presence of authority.

Participate in the Development of the Incident Intervention Checklist

Since the Principal is the on-site administrator, s/he needs to be involved in the development and comfortable with the crisis response. Most of the decisions made in the development of the plan will require the Principal's decisions.

Keep in Contact with the Crisis Team Coordinator

After the initial contact with the Superintendent, the CTC will update the Superintendent. The Principal needs to be involved in providing the CTC with information for the update.

Contact the Parent/Family Involved in the Crisis Event

One of the major responsibilities of the Principal outside of the school is to contact the family of the student/staff member involved in the tragedy. Because school is such a central part of a child's/staff member's life, the importance of a visit to the family by the Principal cannot be underestimated. A visit makes a connection and provides support for the child's/staff member's family. It is also important for the Principal to learn the family's wishes, especially if the cause of death is sensitive, as in the case of suicide. Many families request the presence of students at their funeral. This is healthy for both the parents and the students.



Principal's Role (Cont.)

Address All the Parents

There are certain conditions which necessitate contacting and addressing parents as a group: when a tragedy occurs on school grounds, when the possibility exists that the school may be held legally liable, or when large numbers of children are traumatized to the extent that the parents are concerned. Addressing the parents then becomes imperative and is crucial for restoring confidence in the school.

The parents' confidence will be bolstered through the involvement of community agencies at the meeting. If the incident involved a security issue, such as a student with a gun on the premises, the police department might send a representative to discuss restoring safety to the school. If the incident was drug related, a rehabilitation counselor could discuss the use and abuse of drugs in the community, the signs of drug abuse and how parents can help. If criminal activity was involved and children will be expected to testify, both the parents and the children need preparation which can be supplied by the District Attorney's office. Use this meeting or series of meetings to display the commitment the school has to rectifying the problem and helping the children recover.

Consider the parents one of your greatest resources. Invite them to suggest activities and accept the assistance they may offer. If the influx of calls from parents becomes too much for your staff to handle on the day of the crisis, appoint a parent contact person from your school's PTA/PTSA or School Site Council.

When the United States Destroyer, the USS Starke, was attacked in the Persian Gulf, the media, in its search for information, waited on remote street corners trying to interview children as they left Mayport Elementary School (Florida). The Principal used the neighborhood parents to call the school when they observed a media truck heading toward the campus. PTA members were enlisted to stand on street corners before and after school to steer the children away from the press. The parents became a dependable source of assistance during the time.



The Crisis Team Member & Other Staff Roles

The School Counseling Office provides the backbone of a crisis plan. School counselors will be the primary people responsible for alleviating or eliminating potential emotional distress among the students, faculty and possibly parents. It is critical to the success of your crisis plan that the counseling department is well prepared for the task.

In most crisis situations there is a high demand for counseling services. Planning the logistics to satisfy this demand is a difficult task during the crisis. Finding space for counseling is often a major problem.

Calling On Outside Resources

In developing a crisis response plan you will work with Crisis Team Coordinator (Director of SCPS) and Crisis Team Leader (District Lead Counselor or District Crisis Counselor) to anticipate the number of counselors you will need. The Crisis Response Team is generally comprised of at team of school counselors. In some cases Crisis Response Teams may include the staff at the site, district-level personnel, and counselors from the community. The Crisis Team Leader will notify team members when the crisis response team is activated.

Logistics of the Crisis Intervention

Crisis response generally includes: a crisis team planning meeting, a staff meetings (the facts and the crisis response plan will be shared), individual crisis counseling for students/staff who are directly impacted by the crisis, small group interventions for students impacted by the crisis, classroom interventions (typically following the deceased student's schedule or classes that are impacted by the crisis) to share the facts related the crisis and provide opportunities for students to share their feelings. Additionally, there is a debriefing meeting with the crisis team at the end of the day. The Crisis Team Leader will work with the principal on providing various letters or updates to staff and parents. Prior to a crisis it is important to designate room(s) for individual counseling sessions and small group interventions.

Tasks For The Crisis Response Counselor

1. Meet with Crisis Response Team at designated time and place.
2. Be available to participate in Staff Meeting and debriefing at end of day.
3. Assist in direct classroom interventions, small group, and individual counseling with students and staff.
4. Make an emotional connection with the student.
5. Normalize the student's feelings/behavior.
6. Encourage the appropriate expression of affect.
7. Collect data.
 - a. How does the student understand what happened and why?
 - b. Are there any historical or character logical issues that are complicating the reaction and/or interfering with recovery from the crisis?



The Crisis Team Member & Other Staff Roles (cont.)

c. Maintain the following documents:

1. List of students seen ([Safe Room - Sign In & Sign Out Sheet](#)).
2. [Counseling Referral Summary](#) (To be filled out if twelve and younger student is seen individually)
8. Assess typical coping techniques.
9. Correct inaccurate assumptions.
10. Educate student about what psychological/emotional reactions to expect over the next few days.
11. Plan coping strategies for the next few days.
12. Assess need for (and schedule) a follow-up meeting.

Contact With Parents:

1. Meet with or contact affected parents INDIVIDUALLY.
2. Inform parents when you have met with an elementary student individually.
3. Inform parents how to respond to changes and difficulties that may arise in their children as a result of the crisis. See:
[Symptoms And First Aid - Preschool And Kindergarten](#)
[Symptoms And First Aid - Elementary School](#)
[Symptoms And First Aid - Middle School/High School](#)
[Children and Reactions to Death](#)
[How Parents Can Help](#)
[How Adults Can Help With Grief](#)
4. Describe the grief process and possible different grief reactions when appropriate. See:
[Grief Process - Common Stages of Grief](#)
[Sibling Grief](#)
5. Provide information on counseling services.
6. GOUPS OF PARENTS ARE GOOD FOR INFORMATION GIVING – NOT FOR COUNSELING.

Contact With Students:

1. Work with students ASAP to help them recognize that WHATEVER THEY ARE FEELING IS OK.
2. Help children to EXPRESS THEIR EMOTIONS. Also be aware they have to return to class.
3. Don't suggest how they might be feeling, rather have them tell you how they are feeling.
4. During a crisis, there is a greater susceptibility to suggestions, so avoid!
ASK:
 - a. How did you hear about this?
 - b. What were you doing at the time?
 - c. What were you told about what happened?



Tasks For The Crisis Team Member & Other Staff Roles (cont.)

Contact With Staff:

1. Participate in Staff Meeting.
2. Inform staff how students may respond and/or things they can do to assist students.
See:
 - [Psychological First Aid \(PFA\) – Crisis Incident](#)
 - [What Teachers Can Do When Talking To A Student In Crisis](#)
 - [Handling A Class After A Student Dies](#)
3. Identify and work with staff who are experiencing complicated grief responses.
4. Be available to help staff in post crisis, especially those identified in #2.
5. **Be prepared for anniversary responses.**

Tasks For Other Staff

Nurse/Health Clerk Technician

- Continues minor medical assessment and assistance.
- Document students seen in Health Office during crisis.
- Refer suspected complicated grief response individuals to Counseling Office.
- Participate in debriefing at the end of the day.

Lead Clerical On Staff

- Handle incoming calls in predetermined manner. Have a script available if appropriate.
- Call in substitutes for staff if necessary.
- Direct media to Principal.
- Copy form letters to parents and give the teachers to send home (translate if necessary).
- Assist in calling home if students are to be picked up or evacuated.
- Participate in debriefing at the end of the day.



Sample Teacher Meeting Agenda Following Crisis

Step 1- Provide facts regarding incident

- Provide staff with the official known facts of the incident.
- Allow time for sharing and what they have heard. This allows for clarification of any misinformation and processing of the news if it is the first time they have heard it. They need time to prepare themselves to help their students deal with the emotions of the event. Their expression of their feelings influences how students respond.

Step 2- Discuss and normalize reactions

- Advise teachers/other staff of the “family” atmosphere of the school setting and the importance of supporting each other. Emphasize that everyone will be affected differently, for different reasons, and the importance of sensitivity to each other. Let them know of what is in place if any of them need a sub or a break during the day.
- “Our goal is to provide support to you and the students. Some of you might not be experiencing any reaction. That is okay. It allows you to be available and sensitive to the needs of your fellow staff members. Our reaction is dependent on how close we were to _____ and events in our own life. Everyone has their own unique way of dealing with this.”
- “Watch for your personal biases. Incidents like these can be very personal and bring back old thoughts.”

Step 3- Provide Teacher Statement That Will Be Read To Class

- Review statement that is written out.
- Let them know that a member of the Crisis Team can assist any teacher in the classroom notification if needed. Consider “teaming” Crisis Team members when doing classroom notifications. However, don’t make a crisis if there isn’t one. Example: speaking to an entire class when only two students are upset.
- Encourage teachers to allow for expression of grief, anger, etc., in the homeroom or class in which the announcement is received or in other classes throughout the day. Emphasize the acceptability/normalcy of a range of emotions. The guiding principle is to return to the normal routine as soon as possible within each class and within the school. The structure of routine provides security and comfort to all members of the school community.
- Encourage staff to dispel rumors whenever possible and discourage any “glorification” of the event (especially in suicidal death).
- Determine which classes, groups, or individual will be met with, by whom and where. Notify staff of the location of the Crisis Intervention Room and the process of referring students. Work with groups no bigger than classroom in size. ***DO NOT CALL AN ASSEMBLY TO DEAL WITH A CRISIS!***

Step 4- Discuss stress management

- Counselors will be available for staff.
- Notify staff they can access the Employee Assistance Program: (888) 327-0020.
- What they can try to support themselves.



Teacher Debriefing with Class

Area	Action
OVERVIEW (This is just for you)	<ul style="list-style-type: none"> • Opportunity to provide accurate information to students (only share info that is provided to you by the Administration or Crisis Team). • Chance to listen to students because they will have different ideas and experiences that will surface. <ul style="list-style-type: none"> ◦ Identify students who need to be followed up on.
GOAL (This is just for you)	<ul style="list-style-type: none"> • Sets the tone: Establishes a supportive classroom environment. • Answers questions/validates. • Gives permission for a wide range of emotions. • Monitor/assess need for support/referral.

This is what you will be doing with your class:

1. Fact Phase	<ul style="list-style-type: none"> • Share Teacher Statement given to you, avoid sharing additional information.
2. Reaction Phase (feelings) Dispel rumors and discourage any “glorification” of the event (especially in suicidal death).	<ul style="list-style-type: none"> • For this stage, require confidentiality so that students do not share what others have said outside of the classroom. • Discuss with your students how they found out, what they have heard, what they are worried about, what they are experiencing now, or what they may have experienced with a similar loss or event. • Validate feelings. • Encourage questions/discussion but do not force. • Normal to experience anxiety, fear or withdrawal.
3. Teaching Phase	<ul style="list-style-type: none"> • Communicate that everyone will respond differently to the situation/event. • Answer questions honestly without providing unnecessary details. • Correct misinformation. • What can we do to support the family? (such as cards) (optional) • Talk to your parents or a trusted adult.
4. Referrals	<ul style="list-style-type: none"> • Let students know they can talk to a counselor in identified room. • If you are concerned about a student and they choose to not go see a counselor, please use Teacher Referral Form or other agreed upon method. If you are concerned student is suicidal, contact office. Do not leave student unsupervised. • Ask for help from a Crisis Team member at any time (speaking to class, support for self, etc.) • If you are provided a letter home to parents regarding the event, please insure students are provided it.



Sample Teacher Statement To Class (Secondary)

I/We had a difficult time deciding what to say to you today about the recent incident(s)/tragedy. As adults, we are expected to have all the answers and control our feelings. Let me tell you, however, that we have no real understanding of reasons for this tragedy/incident and that we are deeply affected by it, just as many of you are. You will hear lots of reasons for and discussions about it from your friends, teachers, families, and the media, but nobody will have all the right answers. Even though I/we do not know why it happened, I/we do know many of the details of the incident and how our staff and students have acted.

BRIEFLY REVIEW THE KNOW FACTS, THE BRAVE/GOOD THINGS THAT STAFF AND STUDENTS DID, (I.E., TO HELP TO MINIMIZE THE CRISIS), ACTIONS THAT ARE GOING TO BE TAKEN, ARRANGEMENTS THAT HAVE/ARE BEING MADE, AND ANY OTHER POSITIVE INFORMATION THAT SEEMS RELEVANT AND IMPORTANT.

At this time, please reflect in your own way about those people who have been affected by this incident/tragedy with a moment of silence.

Another thing I/we know is that all of us will need each other for a time and will need to pull together as a family. To help us with this, let me make some suggestions:

1. We need to respect each other's emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting, and coping with problems. That's good and as it should be. It's okay to cry, laugh, be angry or even do nothing. Some of you were close to _____, and others of you did not know him/her.
2. For some of you, this may bring back memories of a past incident or loss of a loved one.
3. If you are having problems and feeling confused or upset, please ask for help. You do this when you have physical pain and problems and should do this when you have emotional pain. To do so contact either your teacher or school counselor.
4. It frequently helps to talk about your feelings, even if they seem weird or embarrassing to you. Someone else probably feels the same way you do. That's why we will give everyone a chance to talk about their feelings.
5. It's normal to be afraid; all of us are at different times and to different degrees. We are all learning to deal with this. There is no way to predict or guarantee the future.
6. If you are having problems dealing with this situation, that is typical. You will always remember what happened, but probably will not always suffer because it.
7. For those of you that need more help, it will be available **(GIVE DETAILS IF DESIRED AND AVAILABLE)**. Your parents will be made aware of this incident OR you will be given a letter to take home to your parents. You and your families should ask for help or information if you need it. **(MENTION MEETING IF ONE IS SCHEDULED OR OTHER DETAILS)**.
8. Life will and must go on. Although things are difficult now, this will change. After time for discussion and help, classes will be held as usual. **(MODIFY OR ADD TO THIS IF SCHEDULE DICTATES)**.

CLOSING REMARK: WHILE IT IS IMPORTANT TO BE OPTIMISTIC AND ENCOURAGING, BE WARY OF GIVING FALSE REASSURANCES.



Sample Teacher Statement To Class (Elementary)

“I have some sad news to share with you. Last Friday, _____, a 1st grade teacher at our school died at home from a heart attack.”

A simple explanation of a heart attack is that it is not contagious, not something you catch. It is a serious problem with your heart when it isn't able to get enough air. When the heart does not get enough air it stops working and then the body stops working.

“Did any of you hear about this already? What have you heard?”

This is a good time to correct any misinformation if the facts that you were given by the administration warrants.

“Since we are all part of the _____ School Family, we are sad about this and we are sad for his/her family. Some of you may have known or been in _____ class and are going to feel sadder about it than others. Some of you may not have known him/her and you may not feel as sad, and that is okay. But we are all a part of the _____ School Family and we can help each other if we are feeling sad.”

Student Sharing

Often kids will start to share about the losses they have experienced in their lives; pets, grandparents, etc. It is important to let them share and acknowledge their feelings.

Supporting Students If They Share About Previous Losses

Students may share that they are not as sad as they used to be or that it is still hard for their family. If there is an opportunity, support students as they talk about handling of the loss by supportive statements, such as, “I am sorry; getting over the sadness takes time” or “I see how hard this has been for you. Thank you for sharing.”

Assure Your Students

“Being part of the _____ School Family means that we are here for each other. I am here for you, and there are other adults who are here today who can talk to you about how you are feeling.”

“Your parents will be made aware of this incident OR you will be given a letter to take home to your parents. You and your families should ask for help or information if you need it.”

Other Considerations

- We leave it to your professional judgment as to how long to allow this exchange to go on.
- You may determine whether it is appropriate to have the class do something for the family, such as making cards.
- Grief is a process, not an event: Your students may have more questions in the days to come.
- When you determine it is appropriate, it is good to get back into your regular routine.



Sample Letter to Parents (Death)

Date

Dear Parent/Guardian,

I am sorry to inform you that a staff person/student/friend (NAME), at (SCHOOL NAME), died on (Day/Date).

(Insert what information can be shared about the cause and circumstances of the death).

Death can be difficult for us to understand, especially when it is sudden. All of us will be feeling a variety of emotions: shock, sadness, or confusion. What is most important is that we care for and support each other.

The Crisis Response Team has responded to the emotional needs of the students.

(Spell out what is being done: grief counseling, classroom debriefing, referrals to support service staff and community based organizations).

If your family has experience a death or similar loss recently, the death of (NAME) may bring up feeling about that death. This is a normal experience. Please let your child's teacher or counselor know if there is any additional information the school should be aware of so we can provide the support your child needs.

Any time death touches us, it is stressful. This sudden death may be disturbing to you as well as your child. It is for this reason that we especially want you to know of our care and support.

Sincerely,

(PRINCIPAL'S NAME)



Teacher Referral Form

School: _____ Teacher: _____

Room#: _____ Time: _____ Date: _____

To be used to notify Counselor(s) of students you have a concern about.

STUDENT NAME	REASON FOR REFERRAL Symptoms	ACTION TAKEN (For Team Use)



Safe Room - Sign In & Sign Out Sheet

School: _____

Date: _____

STUDENT NAME	SIGN IN TIME	SIGN OUT TIME	RETURNING TO



Counseling Referral Summary

(To be filled out if twelve and younger student is seen individually)

Name of Student: _____ Teacher: _____

Parent/Guardian Name: _____ School: _____

Home Phone: _____ Work Phone: _____

Reason for Referral: (list somatic, emotional reactions)

Crisis Team Member's Impressions:

Parent to be contacted if student seen individually. Date of Parent Contact: _____

Parent Contact Notes:

Need For Follow-up? ☐ Yes ☐ No

Seen By: _____ Date: _____

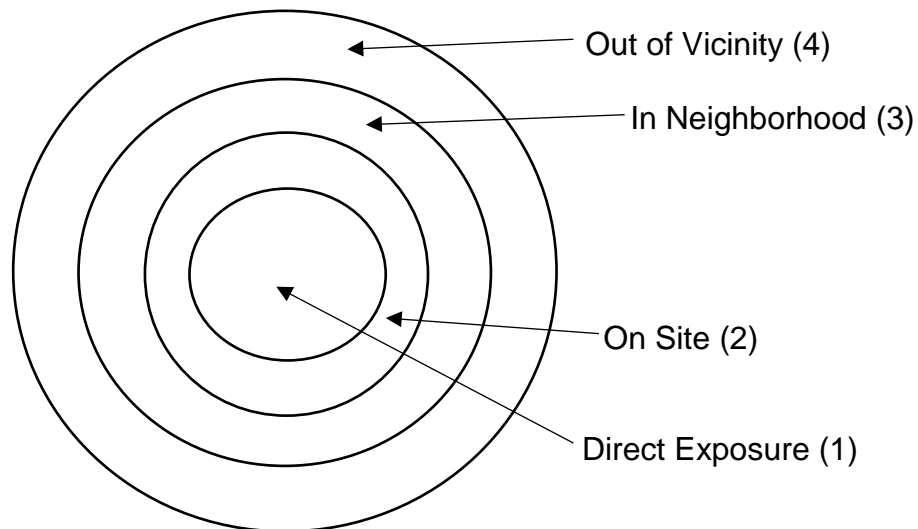
Triage Risk Screening

Triage, by definition consists of sorting and allocation of treatment to students/staff according to a system of priorities designed for maximum efficacy. Screening of risk involved (triage) victims of a crisis are required in order to provide immediate psychological first aid to those most affected by a crisis or environmental disaster.

The initial screening is based on the degree of exposure, as well as other risk factors, such as individual or family psychopathology, previous trauma or loss, familiarity with victim(s) and worries about safety of family member. The following general principles apply to the triage:

- All directly exposed individuals (this includes students, as well as staff) are best served by individual consultation.
- Any individuals whose response to the crisis is out of proportion to the degree of exposure have to be evaluated for additional risk factors.

BY EXPOSURE



Psychological First Aid (PFA) – Crisis Incident

General guidelines for addressing mental health needs in the school environment. PFA is an evidence-informed approach for assisting children, adolescents, adults, and families in the immediate aftermath of a critical incident, disaster, or terrorism. PFA is designed to reduce the initial distress caused by traumatic events and to foster short and long-term adaptive functioning.

RESPONDING TO CRISIS INCIDENTS:

LISTEN

#1 LISTEN to what they say and how they act.

- Address the feeling(s)/behavior(s) as soon as possible.
- If a student wants to talk, be prepared to listen and focus on what s/he says and how you can be of help.
- Observe nonverbal communication. Remember that student(s) may also show their feelings in nonverbal ways, such as increased behavioral problems or increased withdrawal.
- Express compassion and calmness in your statements as well as nonverbal behaviors.

PROTECT

#2 PROTECT by maintaining structure, stability, and consistency.

- Maintain daily routines, activities, and structure with clear expectations and consistent rules.
- Provide supervision and consistency to encourage successful outcomes.
- Monitor conversations that students may engage in or hear.
- Give information that is accurate and age-appropriate.
- Keep the environment free of anything that could re-traumatize the student.
- Validate the student's life experience.
- Maintain confidentiality as appropriate.

CONNECT

#3 CONNECT through interaction, activities & resources.

- "Check in" with student(s) on a regular basis.
- Become familiar with support staff (Counselor, School Psychologist, Nurse, and EHRMS Therapist). Make referrals to appropriate Resources who may offer support to student(s).
- Encourage interactions, activities, and team projects with friends and Teachers.
- Keep communication open with others involved in the student(s) lives (e.g. parents, other teachers, coaches, etc.).

A light blue square icon with a downward-pointing arrow. Inside the square, the word "MODEL" is written in purple capital letters.

MODEL

#4 MODEL calm and optimistic behavior.

- Model healthy responses by remaining calm, courteous, organized, and helpful.
- Pay attention to your thoughts, feelings and reactions about the event. In the midst of a crisis, students are often watching for verbal and nonverbal cues by the adults they are with, which may influence how students cope and behave.
- Take constructive actions to assure safety.
- Acknowledge the difficulty of the situation, but demonstrate how people can come together to cope after such an event.
- Practice self-care.

A light blue square icon with a downward-pointing arrow. Inside the square, the word "TEACH" is written in green capital letters.

TEACH

#5 TEACH about normal changes that can occur when traumatized.

- Student(s) may have different reactions, even to the same event.
- Encourage your students to identify and use positive coping strategies to help them after the event.
- Help your students problem solve to get through each day successfully.
- Help students set small “doable” goals and share in these achievements as “wins.”
- **Note:** With time and support, students generally do better. If they do not, they should be encouraged and taught to seek assistance from a parent/guardian, teacher or counselor they know.

The PFA: Listen, Protect, Connect Model was created in partnership by UCLA Center for Public Health and Disasters, LAUSD Trauma Services Adaptation Center and the National Center for the School Crisis and Bereavement.



General Principals Of Psychological First Aid

Following a disaster there may be persons who are overwhelmed by the event and have difficulty in coping with the situation and their emotions. You, family members and friends may be able to help others if you know the basis steps of Psychological First Aid.

What is Psychological First Aid

Psychological First Aid is just what its name implies. It is the initial help received by a person in trouble. Such aid should be concerned only with the immediate situation.

- Attempt to calm the victim, relieve the anxiety and stress.
- Communicate confidence in yourself as well as concern for the victim. Show you care by your attitude.
- Accept a person's limitations as real.
- Encourage the person to speak freely about whatever is on her/his mind. Be patient.
- When the person begins talking, interrupt as little as possible.
- Practice "Active Listening."
- Do not argue with the person if s/he disagrees with you and do not impose your ideas upon her/him. Her/his own solution will be the most successful for her/him.
- Accept your own limitations, in a relief role. Do not attempt to be all things to all people. Do what you can and obtain additional help from a qualified counselor.

Emotional and Psychological Considerations in a Disaster

- I. Disaster is a crisis in itself; however, disaster increases the crisis situation when it is accompanied by:
 - job and/or financial difficulties
 - illness
 - loss of personal belongings
 - death
 - injury
 - family problems/separation
- II. The key is to be able to talk about the experience and express the feelings accompanying the experience. "*Safety and Survival of an Earthquake*," Second Edition, American Red Cross.

A. Intervene immediately – Be direct, active, authoritative

The sooner the student is assisted in coping with the crisis situation, the better are the chances of restoring equilibrium. The longer the student remains in a state of confusion, unable to take some sort of action to address the situation, the more difficult it will be to intervene.



General Principals Of Psychological First Aid (cont.)

B. Keep the Focus of the Intervention on the Precipitating Situation

Help the student to accept that the crisis situation has occurred by encouraging the student to express the facts of the situation as well as expressing feelings.

Don't let defense mechanisms such as denial operated and prolong the crisis situation.

C. Provide Accurate Information About the Situation

Give a realistic orientation about what has occurred, and what might be the expected outcomes.

D. Do Not Give False Assurance. Always Remain Truthful and Realistic

Recognize the anxiety, depression or tension, but at the same time provide some sense of hope and expectation that the person will ultimately overcome the crisis. However, let the student know that things may never be the same as they were before the crisis.

E. Recognize the Primacy of Taking Action

Every crisis counseling interview should have an ultimate outcome of some action that the individual is able to take. Restoring the person to the position of actor rather than victim is critical to success.

F. Provide Emotional Support for the Individual

Find a group of peers, school staff members or family members that can provide both support and temporary assistance during the crisis. Implement a buddy system so that the student isn't left alone.

G. Focus on Self-Concept

Emphasize how the person did cope with the situation so far and how the person has already begun to use strategies for moving forward. Encourage the individual to implement solutions or strategies which have a high probability of success.

H. Encourage Self-Reliance

Provide constructive activities that the person can do to assist with the situation, such as helping to straighten up the classroom, preparing materials to share with classmates. Reinforce whatever problem solving the individual has demonstrated to this point in time.



General Principals Of Psychological First Aid (cont.)

I. Be Concerned and Competent

The more adults can present themselves as a model of a competent, problem solving individual and demonstrate the process of taking in information, choosing between alternatives, and taking action, the more children will be able to function adequately. Therefore, it is important that staff member establish their own support systems so that they can adequately cope with the situation.

Adapted from “*Crisis Counseling: Conceptualizations and General Principles*,” Jonathan Sandoval, School Psychology Review, 1985, Vol. 14, No. 3.



Symptoms And First Aid - Preschool And Kindergarten

<u>Somatic Reactions</u>	<u>Emotional/Behavioral Reactions</u>	<u>Suggested First Aid</u>
<ul style="list-style-type: none"> ◦ Loss of appetite ◦ Overeating ◦ Indigestion ◦ Vomiting ◦ Bowel or bladder problems (e.g., diarrhea, constipation, loss of sphincter control) ◦ Sleep disturbances and nightmares 	<ul style="list-style-type: none"> ◦ Generalized fear (darkness, strangers, “monsters”) ◦ Regressive symptoms (thumb sucking, bedwetting, immature speech) ◦ Repetitive play in which the traumatic event is reenacted ◦ Appears helpless and passive ◦ Repetitive talking about experience or lack of verbalization ◦ Short term attention span ◦ Irritability ◦ Over activeness ◦ Exhibits anxious attachments such as clinging, not wanting to be away from parents ◦ Develops anxieties related to Incomplete understanding about death; fantasizing about repairing the situation 	<ul style="list-style-type: none"> ◦ Provide physical comfort such as food, rest, holding, bedtime routine ◦ Assure adult protection ◦ Give repeated, concrete clarifications of events ◦ Encourage communication with teachers and parents ◦ Provide help verbalizing general feelings and complaints ◦ Explain the physical reality of death



Symptoms And First Aid - Elementary School

Somatic Reactions

- Headaches
- Complaints of visual or hearing problems
- Persistent itching
- Nausea
- Sleep disturbances, nightmares, night terrors

Emotional/Behavioral Reactions

- Inability to concentrate, drop in level of school achievement
- Irritability
- Aggressive behavior
- Disobedience
- Sadness over losses of possessions
- Regressive reactions (excessive need for adult's attention, clinging, crying, whimpering)
- Resistance to going to school
- Preoccupation with own actions during event as they relate to responsibility and guilt
- Retells and replays the event; distorts the event cognitively; obsessively details the event
- Is concerned about own safety and safety of others such as siblings

Suggested First Aid

- Reassure with realistic information
- Permit acting out the experience – acknowledge the normalcy of the feelings
- Temporarily lessen requirements for optimum performance in school and home
- Encourage verbal expression of thought and feelings about disaster/loss
- Provide opportunity for structured, but not demanding chores and responsibilities
- Encourage physical activity
- Give older children useful tasks to perform
- Encourage constructive activities on behalf of the injured or deceased



Symptoms And First Aid - Middle School/High School

Somatic Reactions

- Headaches
- Vague complaints of pain
- Overeating/loss of appetite
- Bowel irregularities
- Sleep disturbances

Emotional/Behavioral Reactions

- Antisocial behavior:
 - aggression
 - rebellion
 - withdrawal
 - attention seeking
- Use of drugs, sexual acting out
- Sibling rivalry
- Drop in level of school
- Sadness, depression, apathy
- Guilt about survival
- Is self-conscious about fears and sadness
- Enters prematurely into adulthood (leaves school, gets married)

Suggested First Aid

- Provide assurance that feelings and fears are normal
- Encourage group discussion about the event
- Rehearse safety measures to be taken in future disasters
- Encourage physical activity
- Encourage taking part in home or community recovery efforts



Children and Reactions to Death

Background

Children must deal with the loss of significant others more often than most adults realize. Each loss results in the child going through the same process of grief resolution, though the length and intensity may vary. Loss is viewed as a cumulative process, in which, without complete resolution of a minor loss, subsequent significant losses are likely to provide similar stress. While exact figures are not known, it is estimated that five percent of the children in the United States (1.5 million) lose one or both parents by age 16.

Development

The child's level of cognitive development plays a primary role in the extent to which a child will understand the loss of a parent. Specific reactions as well as their duration are different for adults and children. A child's need to ask the same questions about the death over and over is more of a need for reassurance that the story has not changed rather than a need for factual accuracy. Children also see adult's reactions so they can gauge their own reactions. Emotions may be expressed as angry outbursts or misbehaviors that are often not recognized as grief-related.

Developmental Phases in Understanding Death

These age references are not rigid but should be used as as rough guides. Also, children may regress to an earlier state when emotionally upset.

Infants & Toddlers

Prior to age 3, children are not able to achieve complete mourning. However they do seem to explore the state of nonbeing by games such as peek – a – boo.

Three to Five Years

Children deny death as a formal event; death is seen as reversible. The dead are simply "less alive." The child seems to regard death mainly as a separation – a departure.

Four to Six Years

Children are prone to misinterpret superficial events as being intrinsically involved in death. For example, knowing someone who died in a hospital may make the child want to stay away from hospitals to avoid death. Prior to age seven, children use "magical thinking" where personal wishes, thoughts, and actions are believed to be the cause for what happens.

Five to Nine Years

This is the age when children begin to understand the finality of death. Death is seen as an accident rather than inevitable. One dies under certain circumstances as if those circumstances do not occur, then one cannot die. Death is also seen as something that will happen to others, not to ourselves. Finally, for this age there is



Children and Reactions to Death (cont.)

a tendency to view death as a person. The death-man is usually regarded as a creature of the night.

Ten to Twelve Years Children have the mental development and emotional security to express an understanding of death as a final and inevitable event associated with cessation of bodily functions.

Adolescence As the adolescent begins to gain more independence and starts looking toward the future, there is the realization that all future plans require time, and death may come at any time to prevent the plans from reaching fruition. They realize that one grows up only to die.

Developmental Phases of Grief Resolution These phases are the same for children and adults; they are not discrete phases and some overlap may occur. The length and the intensity of each phase is dictated by the seriousness of the loss.

Phase One Characterized by shock and numbing, followed by a reaction of alarm. The alarm is centered around questions of who is going to care for the child. Denial and disbelief may also be exhibited during this initial state.

Phase Two This time of acute grief is characterized by yearning, searching, disorganization, despair, and ultimately reorganization. This phase is also characterized by strong feelings of sadness, anger, guilt and shame. Once the state of intense feelings starts, it can take 6 – 12 weeks for the worst pain to subside and as much as two years before the grief process is completed.

Phase Three This phase involves the integration of loss and grief where the child begins to organize daily activities. Less frequent and less intense crying is seen. The child is also able to verbalize an awareness of the loss.

Charles P. Heath, Deer Valley Unified School District, Phoenix, Arizona



Grief Process - Common Stages of Grief

Depending on individual needs, a person may stay in one stage for a long time, move back and forth from one state to another, or move through each stage in the order listed below:

DENIAL	This may be expressed by feeling nothing or insisting there has been no change. It is an important stage and gives people a “time out” to organize their feelings and responses. Children/adolescents may make bargains to bring the person back or hold fantasy beliefs about the person’s return. Children/adolescents in this stage need understanding and time.
FEAR	A crisis that results in death or a crisis that is the result of violence can instill fear in children. A child or adolescent might fear that their own parent/caregiver might die after a classmate’s parent dies. Children need reassurance that they will be taken care of during this stage.
ANGER	The sudden shattering of the safe assumptions of young people lies at the root of the grief response of anger. It can be expressed in nightmares and fears and in disruptive behavior. Children in this stage need opportunities to express anger in a positive and healthy way.
DEPRESSION	Children may exhibit depression either through frequent crying, lethargy and withdrawal from activities, or avoidance behavior (“running away”). This can be a healthy, self-protective response that protects children/adolescents from too much emotional impact. Children need to know that others understand and that all things change, including their sadness.
ACCEPTANCE	Acceptance of a loss and hope as seen through renewed energy signals entrance into the final stage of grieving. Before children can return to equilibrium, they need permission to cease mourning and continue living.

Remember, everyone grieves differently and they may or may not experience grief in the progression listed above. Adults experience these stages also. Depending on individual needs, an individual, whether a child or an adult, may stay in one stage for a long time, move back and forth from one stage to another, or move through each stage in the order listed.



What Teachers Can Do When Talking To A Student In Crisis

1. Remember, the student is more frightened than you.
2. Show concern, but avoid being consumed by the student's emotional distortions of what is occurring.
3. Ask questions in a calm, straightforward manner.
4. Help clarify issues.
5. Inspire hope – Let the student know that there are people who are available to support her/him.
6. Refer the student to a Crisis Team member, counselor or psychologist. ***If the student threatens suicide, follow the [Protocol to Refer Students With Warning Signs Or Who Make Oral or Written Threats of Suicide](#). Do not leave the student unsupervised.***
7. Be patient. Even if the student refrains from opening up at this time, you probably planted seeds of support.

Source: Thompson, R.A. (1988) Crisis Intervention. In D. Capuzzi & L. Golden (Eds.), Preventing Adolescent Suicide. Muncie, IN: Accelerated Development (p. 378).

Appropriate Statements

When considering what to say, the goal of the communication should be kept in focus: To assist those who are grieving in expressing their feelings and reactions in a safe and supportive environment without trying to alter those feelings.

- "I'm sorry to hear about your brother's death. Is there something that I can do that will be helpful?"
- "I am so sad to hear about your friend's death; I can only imagine what you may be going through."
- "I heard that your cousin died last week. I understand that it may be difficult to concentrate or learn as well when you are grieving; I would like you to let me know if you find yourself having any difficulty with your school work so that we can figure out together how to make it easier for you during this difficult time."
- "I'm sorry that your teacher died. Please know that I am here whenever you want to talk or just wish to be with someone."

Source: (U.S. Department of Education, Emergency Response and Crisis Management (ERCM) Express, Volume 3, Issue 2, 2007, page 6)

What Teachers Should Not Do When Talking To A Student In Crisis

1. Refuse to talk about suicide.
2. Lecture.
3. Offer platitudes or simple answers.
4. Play psychoanalyst by examining a person's motives.
5. Impose on the student one's own value system.



What Teachers Should Not Do When Talking To A Student In Crisis (cont.)

6. Argue.
7. Swear oneself to secrecy.
8. Become the student's therapist.

Source: Thompson, R.A. (1988) Crisis Intervention. In D. Capuzzi & L. Golden (Eds.), Preventing Adolescent Suicide. Muncie, IN: Accelerated Development (p. 378).

Potentially Unhelpful Approaches and Corresponding Statements

- Emphasizing a positive perspective or trying to cheer people up.
- "At least he had a good life before he died."
- "I'm sure you will feel better soon."

Encouraging Them To Be Strong Or Hide Their Feelings

- "You don't want to upset the other students or have them see you cry."

Telling Them You Know How They Are Feeling Or Ought To Be Feeling

- "I know exactly what you are going through."
- "You must be angry." Instead, demonstrate your own feelings and express sympathy.

Competing for Sympathy

- "Both of my parents died when I was your age."

Source: (U.S. Department of Education, Emergency Response and Crisis Management (ERCM) Express, Volume 3, Issue 2, 2007, page 6)



Handling A Class After A Student Dies

Nearly every teacher involved with a death in the classroom or the school community needs help in handling his or her class. The following strategies which involve many sharing experiences, may help.

1. Don't be impassive about a student's death. Share reactions with the class.
2. Let the children talk and write about their feelings. Share with them that everyone responds differently and that some students may be affected and others will not depending on how well they knew the person or how the loss relates to their life.
3. Listen to whatever students have to say. Never shut off discussion.
4. Make sure the class knows the details of the student's death. Correct misinformation.
5. Never tell young children, "God took Sally away because He loves her," because young children will wonder if it's a good idea to be loved by God. Likewise, don't say, "Sally went to sleep", you may create a class of insomniacs.
6. Don't force a "regular day" upon grieving students, but at the same time, don't allow the class to be unstructured. Offer choices of activities such as discussion, making of cards or journaling. If the class is ready, then move on to your regular schedule.
7. Ask the students to write sympathy notes either to the parents or to a student who has suffered the loss. Assure them that you will arrange for the notes to get to the family/student.
8. Older students may want to plan more concrete expressions of concern. **The site administrator should be involved in any planning in this area.** Memorials should be the same for similar situations.
9. Make sure that funeral times are well publicized, perhaps with a tactful lesson on funeral etiquette.
10. Explain how students should treat a bereaved student who is returning to school. Emphasize that trying to avoid of being overly solicitous to the student will not help. Point out the need to resume "normal" relationships.
11. Remember that your class may remain quiet and depressed for some time afterward (perhaps even a month), and that some students may begin to act out noisily and physically as a way of affirming that they are still alive.



Helping A Student After A Death

Following are some suggestions for helping students who have experienced the loss of a family member through a death.

1. Remember that adults can make a difference in helping students when they have problems with death, because most of them have faced the death of loved ones and other significant losses.
2. Listen and empathize. Make sure to hear what is said.
3. Maintain a sympathetic, never-shaming attitude toward the student's age-appropriate responses.
4. Respond with real feelings.
5. Allow the student to cry by giving permission: "Go ahead and cry – it's all right. Permission may be necessary, since so many strong feelings are labeled as being publicly unacceptable and some students are taught not to show emotions in public. Extreme responses of grief may mean a student might need personal assistance.
6. Share personal experiences with death; mention things that helped others during this time. This helps to take away some of the loneliness's a student feels.
7. Remember that ignoring grief does not cause it to go away. Research has indicated a relationship between antisocial behavior in adolescents and unresolved grief over the death of a loved one.
8. Assure younger siblings that they are not responsible for the person's death because they had negative feelings about him or her at some time.
9. Be aware of what may be happening at home. Parents and siblings may experience at least during the early stages of grief; physical illness, insomnia, severe depression, periods of crying, or illusions in which they see or hear the deceased.
10. Expect unusual behavior. Students may evidence an inability to concentrate on school work, an unusual amount of daydreaming, a tendency to withdraw, physiological reactions such as insomnia, nightmares, general nervousness, trembling, headaches, vomiting, and excessive appetite may accompany student's attempts to deal with grief.
11. Refer students for help when necessary. This is a tricky area because sometimes normal grief looks very much like mental illness. When a teacher sees behaviors such as regressive changes in bowel and bladder control, extended loss of concentration, extended withdrawal, continued regression into lower developmental behavior levels, wild swings in emotion, or thoughts that indicate a loss of contact with reality, it is time to refer the student.
12. Recognize that grief may last over an extended period of time. Where grief is openly and deeply expressed, the first six months constitute the most stressful period, with recovery beginning during the first year and occurring more conclusively by the end of the second year.

How Parents Can Help

A crisis can affect the members of a family or of an entire community. You may be immediately involved or have friends or neighbors who are affected. Likewise your child(ren) may have friends who are involved.

Children can experience the same intense feelings that you feel about the crisis/loss. This is a normal reaction. Some children may show their feelings in a direct and immediate fashion, others will wait until a later time. Most children will be confused by all the sudden interruption to their routines. This is a very difficult time for them, as well as for you.

Each child in the family may react differently. You will find listed some ways you may help children cope with their feelings following a crisis.

Following A Crisis Some Children May:

- become more active and restless.
- become upset easily – crying and whining.
- or be quiet and withdrawn, not wanting to talk about the experience.
- feel neglected by parents who are busy trying to rebuild their lives.
- become afraid of loud noises, rain, storms, etc.
- be angry. They may hit, throw, kick, to show their anger, often with little provocation.
- be afraid to be left alone or afraid to sleep alone. They may have nightmares and want to sleep with a parent or another person.
- behave as they did when younger. They may start sucking their thumb, wetting bed, asking for a bottle, wanting to be held.
- have symptoms of illness such as nausea, vomiting, headaches, not wanting to eat, running a fever.
- be upset at the loss of a favorite toy, blanket, teddy bear, etc.
- feel guilty that they caused the disaster because of some previous behavior.
- refuse to go to school or to child care arrangements. The child may not want to be out of your sight.
- be afraid that the crisis may recur.
- not show any outward signs until weeks or months later.

Ways Parents Can Help Their Children:

- talking with your children, providing simple accurate information to questions. Allow them to tell their stories about what happened. Provide accurate information if needed after they have shared.
- talking with your child(ren) about your own feelings. Demonstrate how you are coping. Let your children see you crying, talking with friends, seeking spiritual comfort or remembering good things about the person who has died. Let your children know it's OK to show their feelings. Otherwise, they might try to hide their feelings and deal with them without your support.
- listening to what your children say and how they say it. Repeating your children's words, recognizing fear, anxiety, insecurity, is very helpful. For instance: "You are afraid that..." or, "You are wondering if..." This helps both you and your child to clarify feelings.



How Parents Can Help (cont.)

- reassuring your child: “We are together.” “We love you.” “We will take care of you.”
- responding to repeated questions. You may need to repeat information and reassurances many times.
- holding the child. Provide comfort. Touching is important for children during this period.
- spending extra time putting your child to bed. Talk and offer assurance. Leave night light on if necessary.
- observing your child at play. Listen to what is said and how the child plays. Frequently children express feelings of fear or anger while playing with dolls, trucks, or friends. These expressions can give you some important clues about what children are thinking, but be careful not to jump to conclusions. For example, very happy drawings after a traumatic death might give adults the idea that a child is not affected by the death when, in fact, this is more likely a sign that the child is not yet ready to deal with the grieving process.
- children often express anger about the death. They may focus on someone they feel is responsible. They may feel angry at God. They may feel angry at the person who died for leaving them. Family members sometimes become the focus of the anger, because they are near and are “safe” targets.
- providing play experiences to relieve tension. Work with play dough, paint, or play in water. Give them something safe, like a pillow, ball, or balloon to hit. Set limits on inappropriate behaviors. It’s not OK for children to hit or hurt others, or for teens to put themselves or others at risk in dangerous situations.
- allow children to mourn or grieve.
- help older children and teens identify other adults in their lives with whom they can talk. Look for people who are not as directly affected by the death, such as a teacher, chaplain, school counselor, mental health professional, or a pediatrician or other health care provider.
- when talking with children about the death of someone close, it’s appropriate to assume that some sense of guilt may be present. This will usually be the case even if there is no logical reason for the child to feel responsible. Explain that when painful or “bad” things happen, people often wonder if it was because they did something bad. Reassure your child that they are not responsible for the death, even if they haven’t asked about this directly.
- children may appear to think only about themselves when confronted with a death. At the best of times, children are usually most concerned with the things that affect them personally. At times of stress, such as after the death of someone they care about, they may appear even more self-centered.
- under stress, children may behave as they did at a younger age. Set appropriate limits on behavior, but resist the temptation to accuse your child of being selfish or uncaring.

Please do not hesitate to contact the school if you have further questions or concerns.



Sibling Grief

Parents would like to protect their children from the hard facts of life, but they can't. When death of a sibling comes, the surviving children are affected but will react in different ways depending upon their age and experience. The following points are important for adults to remember:

Children have to be allowed to respond to the death of a sibling in their own way. Their relationship with the deceased would have been different from the parent's relationship to the child. Don't make a child feel guilty if he acts as if nothing is wrong or because he/she doesn't seem as distraught as parents.

Do not exclude the child when grieving. Parents need to talk about their sadness with the child so he does not feel that he is the cause of their sadness. Very young children especially will feel adults' anger, frustration, or sadness as being something for which they are responsible. School age children differ in their reaction to death.

Children up to about seven do not see death as being a real change or irreversible. They view death as a separation from mother and may revert to clinging, close, or regressive behavior at the death of a sibling. Because they tend to believe in mystical powers, they tend to feel guilty for the death, especially if they at some time may have wished someone dead.

From about age seven to twelve, children see death as an aggressive personification – bogey-man or a Darth Vader who is coming to get them. To ward off these fears they may engage in rituals or incantations.

Children over twelve can respond to death as adults do. The problem may become religious or philosophical. They question the justice of a God who allowed the death to happen. Some adolescents develop a kind of Nihilism and live for the moment. Others may be so affected by a death that they develop important political and religious commitments. Some adolescents may have difficulty in expressing emotions connected with death and develop emotional problems when they have not adequately resolved their grief.

We should not assume that grief is not a major problem for many children. It is the same problem for them as for adults. If we see major changes in a child (sleep and eating habits, drop in grades, talk of suicide) within 18 months after a significant death, then it is a good idea for the entire family to seek professional counseling.



How Adults Can Help With Grief

1. Begin With Yourself...

The capacity to help others is in relationship to the capacity and willingness to “know thyself.” This includes an awareness of your own values, thoughts and feelings related to loss and grief, loss experiences.

2. Provide The Child Opportunities To Express Feelings...

Children who express the pain and other feelings of loss gain mastery to accept the loss.

Encourage creative expressions. Art, music, poetry, dance, puppets and body movements are often effective.

3. Listen...Listen...Listen...

Children who are grieving may need to tell their story over and over. Repeated story telling following the loss is an effective way to heal.

Other reasons to listen include:

- It validates the child and builds self-esteem.
- The child can realize the loss has really happened.
- The child can gain understanding of the meaning of the loss.
- To learn the child's patterns of coping.
- To show acceptance.
- To encourage expression and allow release.
- To help you assist the child in remembering or commemorating.

4. Answer Questions...

Children often lack information regarding a loss. Questions and concerns about death will arise. The times when interest comes from the child will provide the most fertile learning climate. Honest, factual information is needed to counter the speculation and fantasies of childhood thought.

In the case of a death children need to know at least the following:

- The fact of the death.
- The cause.
- Clear statement about what it means to be dead.
- Permission to have both feelings and questions.
- What they can expect now and what will happen next (be specific).
- Where help/support can be found.
- Ongoing information as requested.



How Adults Can Help With Grief (Cont.)

5. When Possible, Give Assurance And Correct Faulty Thinking...

For the child establish and maintain a safe environment. Don't let magical thinking go on. Reinforce that they did not cause the death nor "wish the person dead." Address the child's fears and fantasies and provide correct information about the death.

6. Use Age Appropriate Language And Images...

Symbolic language is especially helpful to younger children. Age appropriate stories and metaphors help older youth.

Talking to children in indirect ways can also be useful. As children become adolescents they are often embarrassed to show emotions or needs. Asking "what do you think would help someone your age?" rather than "what helps you?" preserves their need for safety.

7. Encourage And Provide For Creative Expressions...

Creative expressions are important. They encourage the use of imagination; a critical component of an individual's ability to solve problems. Creative expression also allows emotions to be channeled in non-destructive ways, provides opportunities for feelings to be released and can provide for insights to emerge.

8. If Endangered Assure Safe Environment...

Children's emotional and physical survival relies on a safe environment. If you feel a child is endangered or at risk of hurting themselves or someone else, follow the procedures outlined in the San Jacinto Unified School District's Procedure on **How to Report Child Abuse**. Grief cannot be begun or completed unless the child has an environment that will support his/her emotional and physical safety.

9. Give Permission To Progress Safely...

Children often need permission to feel or express feelings. Likewise they may need permission to not feel, to protect themselves through emotional numbing, especially if the loss is sudden, traumatic or has multiple implications and dimensions. These losses may overwhelm the child's capacity to cope.

Permission may also be needed to not grieve. Sometimes children are expected to grieve for losses they aren't experiencing and may feel guilty because they're not behaving as their family members or peers are.

Children also often need permission to remember, to ponder and daydream about how things once were or could be.



How Adults Can Help With Grief (Cont.)

10. Reach Out...

Children (adults too) who are grieving an intense loss rarely reach out and ask for assistance. This is normal since the process of grieving can be overwhelming. Such children may either not recognize their behavior or physical symptoms as something related to grief; or may be reluctant or afraid to burden others with their pain.

11. Provide Structure And Routine...

Children who are experiencing a significant loss often feel out of control. They may be worried about this and the changes it produces in their behavior and daily routines and abilities.

Grieving children often express a fear that they will be “singled out, treated like there is something wrong with them.”

Even though the grieving children may have difficulty concentrating and attending to school and responsibilities, it is important that they be seen as useful and involvement can provide them with belonging and continuity. Provided with sensitivity, routine and structure can supply a way for children to feel safe.

12. Offer Opportunities To Commemorate And Remember...

It is through remembering and commemorating the loss that the child can acknowledge the importance of what was lost and can affirm the strength of the bonds that remain. This is also a way to demonstrate that they and their experiences are valued and to teach children that life is valued and sacred. Without remembrance there would be no past; there would be no sense or reason to living. Remembrance and commemoration also serve as ways that the past can be remembered or restored in a new form so that past experiences can provide learning and memories to grow on.

13. Be A Model, Not A Hero...

In grief, people need models, not heroes. Heroes are bigger than life; something to strive for but then can probably not be reached or sustained.

In grief, children are learning how to realize life and how to cope with real life. They need models whom they can admire, whom they can be like. They need to see that adults also hurt and experience grief and vulnerability, and they can survive and can be happy too.

Don't be afraid to share yourself and your experiences. But share them in a real way, your vulnerability as well as your strengths.



How Adults Can Help With Grief (Cont.)

14. When Possible Use Humor And Play...

People who think grief is not a laughing matter may have been in it but not through it. Humor and play raises self-esteem and confidence and returns a grieving child to a sense of normalcy. Humor and play are also known to assist in the creative process and problem solving. Laughter may well be one of the very best medicines for life.

Again, permission giving and timing may be important. Children need to know that they will not be disgracing or demeaning their loss by feeling happy.

15. Touch Helps...

The heart can feel deprived and long for comfort...the skin can also. When there are no words, a gentle hand on the shoulder can say a lot. Don't forget the use of play and contact games are indirect ways to show affection and release pent-up energies.



Guidelines for Memorials

The San Jacinto Unified School District recognizes the impact of the loss of a student or staff member and the place that memorialization plays in acknowledging and healing from the death.

1. In order to recognize that all deaths are of equal import, the following guidelines are to be followed:
 - **Flags:** Flags are not be flown at half-staff. Only the President or the Governor has the authority to order flags to be flown at half-staff.
 - **Memorials:** Spontaneous memorials (such as objects and notes) should not be encouraged and should be respectfully removed within a very short period of time.
 - **Assemblies:** Large memorial assemblies should not be convened as the emotions generated at such a gathering can be difficult to control.
 - **Graduations:** Acknowledge a death at graduation but do not glamorize the death or let the acknowledgement overwhelm the event. Acknowledge a death toward the beginning of an event and then move on.
 - **Funerals:** Do not hold funerals at the school. This can forever associate the room in which services are held with the death.
2. The Principal or designated person will consult with the family about the memorial. The designated person will explain the memorialization guidelines to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.
3. The Principal or designee will solicit ideas to memorialize the deceased in positive ways that do not put other students at risk or contribute to the emotional crisis that occurs after a death. Consult with the family before implementing any of the following ideas:
 - Invite students to write personal and lasting remembrances in a memory book located in the counseling office, which will ultimately be given to the family.
 - Encourage students to engage in service projects, such as organizing a community service day, sponsoring behavioral health awareness programs, or other topic.
 - Invite students to make donations to the library or a scholarship fund in memory of the deceased.



Suicide Statistics

How real is the problem of youth suicide? Here are the numbers:

- EVERY YEAR there are approximately 10 youth suicides for every 100,000 youth.
- EVERY DAY there are approximately 11 youth suicides.
- EVERY 2 HOURS AND 11 MINUTES a person under the age of 25 completes suicide

How pervasive is the problem of youth suicide? Here's a brief review of what national data tell us:

- Suicide is the second leading cause of death for ages 10-24.
- More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, **COMBINED**.
- Each day in our nation, there are an average of over 5,240 attempts by young people grades 7-12.
- For every suicide completion, there are between 50 and 200 attempts.
- CDC Youth Risk Survey: 8.5% of students in grades 9-12 reported a suicide attempt in the past year.
- 25% of high-school students report suicide ideation.
- The suicide attempt rate is increasing for youths ages 10-14.
- Suicide had the same risk and protective factors as other problem behaviors, such as drugs, violence, and risky sexual activities.
- While a single suicide is a tragedy, it is estimated that for every adolescent who completes suicide, there are between 50 and 200 suicide attempts.
- A recent survey of high-school students found that almost 1 in 5 had seriously considered suicide; more than 1 in 6 had made plans to attempt suicide; and more than 1 in 12 had made a suicide attempt in the past year.

American Foundation for Suicide Prevention: <https://afsp.org/about-suicide/>

Jason Foundation: <http://prp.jasonfoundation.com/facts/youth-suicide-statistics/>



General Guidelines for Parents - Suicide (Secondary)

Youth Suicide in the United States*

- Suicide is the second leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females- although females attempt suicide three times as often as males.

*M. Heron, D.L. Hayert, S.L. Murphy, J. Xu, K.D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports 57(14).

Suicide is Preventable

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head". **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** without judging. Allow for the discussion of experiences, thoughts, and feelings. Be prepared for expression of intense feelings. Try to understand the reasons for considering suicide without taking a position about whether or not such behavior is justified. Ask open-ended questions.
- **Supervise** constantly. Do not leave the child alone.
- **Ask** if your child has a plan to kill themselves, and if so, **remove means.** As long as it does not put the caregiver in danger, attempt to remove the suicide means such as a firearm, knife or pills.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem by yourself.

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. Specifically, these risk factors include the following:

- History of depression, mental illness or substance/alcohol abuse disorders
- Presence of a firearm or rope
- Isolation or lack of social support
- Situational crises
- Family history of suicide or suicide in community
- Hopelessness
- Impulsivity
- Incarceration



Suicide Warning Signs

Warning signs are observable behaviors that may signal the presence of suicidal thinking. They might be considered “cries for help” or “invitations to intervene.” These warning signs signal the need to inquire directly about whether the individual has thoughts of suicide. If such thinking is acknowledged, the suicide interventions will be required. Warning signs include the following:

- **Suicide threats.** It has been estimated that up to 80% of all suicide victims have given some clues regarding their intentions. Both direct (“I want to kill myself”) and indirect (“I wish I could fall asleep and never wake up”) threats need to be taken seriously.
- **Suicide notes and plans.** The presence of a suicide note is very significant sign of danger. The greater the planning revealed by the youth, the greater the risk of suicidal behavior.
- **Prior suicidal behavior.** Prior behavior is a powerful predictor of future behavior. Thus anyone with a history of suicidal behavior should be carefully observed for future suicidal behavior.
- **Making final arrangements.** Giving away prized possessions, writing a will, and/or making funeral arrangements may be warning signs of impending suicidal behavior.
- **Preoccupation with death.** Excessive talking, drawing, reading, and/or writing about death may suggest suicidal thinking.
- **Changes in behavior, appearance, thoughts, and/or feelings.** Depression (especially when combined with hopelessness), sudden happiness (especially when preceded by significant depression), a move toward social isolation, giving away personal possessions, and reduced interest in previously important activities are among the changes considered to be suicide warning signs.

Important Resources:

Mt. San Jacinto Children’s Mental Health (assessment).....(951) 487-2674
Hemet Hospital Emergency Room.....(951) 652-2811
California Youth Crisis Hotline.....1(800) 843-5200
Trevor Lifeline (LGBTQ youth).....1(866) 488-7386
National Suicide Prevention Lifeline.....1(800) 273-8255



General Guidelines For Parents - Suicide (Elementary)

Youth Suicide in the United States*

- Suicide is the second leading cause of death for youth aged 10-24 in the United States.
- In recent years more young people have died from suicide than from cancer, heart disease, HIV/AIDS, congenital birth defects, and diabetes combined.
- For every young person who dies by suicide, between 100-200 attempt suicide.
- Males are four times as likely to die by suicide as females- although females attempt suicide three times as often as males.

*M. Heron, D.L. Hayert, S.L. Murphy, J. Xu, K.D. Kochanek, & B. Tejada-Vera. (2009, April). Deaths: Final Data for 2006. National Vital Statistics Reports 57(14).

Suicide is Preventable

Here's what you can do:

- **Talk** to your child about suicide. Don't be afraid; you will not be "putting ideas into his/her head". **Asking for help** is the single skill that will protect your student. **Help your child** to identify and **connect** to caring adults to talk to when they need guidance and support.
- **Know** the risk factors and warning signs of suicide.
- **Remain calm.** Establish a safe environment to talk about suicide.
- **Listen** to your child's feelings. Don't minimize what your child says about what is upsetting him or her. Put yourself in your child's place; don't attempt to provide simple solutions.
- **Be honest.** If you are concerned, do not pretend that the problem is minor. Tell the child that there are people who can help. State that you will be with him or her to provide comfort and love.
- **Be supportive.** Children look for help and support from parents, older brothers and sisters. Talk about ways of dealing with problems and reassure your child that you care. Let children know that their bad feelings will not last forever.
- **Take action.** It is crucial to get professional help for your child and the entire family. When you are close to a situation it is often hard to see it clearly. You may not be able to solve the problem yourself.
 - Help may be found at the local mental health agency, with therapists through your private insurance or through your clergy.
 - Become familiar with the support services at your child's school. Contact the appropriate person(s) at the school, for example, the school counselor, school psychologist or school nurse.

Youth Suicide Risk Factors

While the path that leads to suicidal behavior is long and complex and there is no "profile" that predicts suicidal behavior with certainty, there are certain risk factors associated with increased suicide risk. In isolation, these factors are not signs of suicidal thinking. However, when present they signal the need to be vigilant for the warning signs of suicide. The behaviors listed may indicate that a child is emotionally distressed and may begin to think



Youth Suicide Risk Factors (cont.)

and act in self-destructive ways. If you are concerned about one or more of the following behaviors, please seek assistance at your child's school or at our local mental health agency.

Home Problems

- Running away from home
- Arguments with parents/guardians

Behavior Problems

- Temper tantrums
- Thumb sucking or bed wetting/soiling
- Acting out, violent, impulsive behavior
- Bullying
- Accident proneness
- Sudden change in activity level or behavior
- Hyperactivity or withdrawal

Physical Problems

- Frequent stomachaches or headaches for no apparent reason
- Changes in eating or sleeping habits
- Nightmares or night terrors

School Problems

- Chronic truancy or tardiness
- Decline in academic performance
- Fears associated with school

Serious Warning Signs

- Severe physical cruelty towards people or pets
- Scratching, cutting or marking the body
- Thinking, talking, drawing about suicide
- Previous suicide attempts
- Risk taking, such as intentional running in front of cars or jumping from high places
- Intense/excessive preoccupation with death

Important Resources:

Mt. San Jacinto Children's Mental Health (assessment).....(951) 487-2674
Hemet Hospital Emergency Room.....(951) 652-2811
California Youth Crisis Hotline.....1(800) 843-5200
Trevor Lifeline (LGBTQ youth).....1(866) 488-7386
National Suicide Prevention Lifeline.....1(800) 273-8255



Risk Factors of Teen Suicide

The following listing of risk indicators and symptoms will assist the Crisis Team member to determine the seriousness and level of risk of a suicide threat.

HIGH RISK INDICATORS

1. Previous suicide attempt.
2. Giving away of prized possessions.
3. Recent loss or threat of loss of friend or family member.
4. Specifically determined suicide method and time.
5. Chronically self-destructive lifestyle.
6. Verbalizes suicide threats.
7. Collecting information on suicide Methods.
8. Expressing hopelessness, helplessness, and anger at self or world.

SYMPTOMS

- Attempt(s) at suicide known by significant others.
- Family history of suicide.
- Distributes favorite belongings to special friends or family members as a way of saying goodbye.
- Extreme grief or trauma experienced due to tragic loss (i.e. death, suicide, divorce, separation, change in family status or residence, negative change in health status or appearance, etc.
- When questioned, expresses wish to die and indicates existing plan available means and specific time-frame for completion.
- Drugs, including alcohol, used excessively.
- Involved in high-risk activities.
- Evidences careless disregard for personal safety.
- Scratches and marks body.
- Makes comments such as "I don't want to live any longer," and "You'll be better off without me."
- Expresses that friends and family will not miss them.
- Threatens to hurt or kill self.
- Makes inquiries regarding lethal weapons, pills and other methods used by people who have committed suicide.
- Expresses that no one cares.
- Indicates feelings of failure and lack of self-esteem.



Risk Factors of Teen Suicide (Cont.)

HIGH RISK INDICATORS

8. Expressing hopelessness, helplessness, and anger at self or world (cont.)

SYMPTOMS

- Has increased conflicts with family, friends or authority figures.
- Is overwhelmed with current stress factors and states "I can't handle it."
- Lacks ability to problem solve appropriately.
- Feels like quitting or running away from the world
- Feels humiliated, experiences loss of face.

OTHER GENERAL INDICATORS

9. Expresses death or depression themes.

SYMPTOMS

- Conversation, written expression, reading selections and art work focus on death and other morbid subjects.

10. Evidences acute personality changes.

- Relates frightening dreams or fantasies.

11. Demonstrates sudden dramatic decline or improvement in academic, athletic, or other performance activities.

- Withdraws from family, friends and activities.
- Becomes sexually promiscuous.
- Has frequent crying spells, temper tantrums or moodiness.
- Loses interest in appearance and grooming.
- Runs away from home.
- Becomes depressed due to pregnancy.

12. Evidences physical symptoms, depression

- Unable to concentrate, attend to or complete tasks.
- Chronically tardy or truant.
- Fidgety, hyperactive, or hypoactive in the classroom.
- Shows drastic drop or improvement in grades.

- Appears apathetic, lethargic, bored or
- Sleeps excessively or has insomnia.
- Suffers markedly increased or decreased appetite.
- Displays tension, nervousness or anxiety.



Responding to Students Who Are Targets of LGBTQ Bias

For matters related to students who are targets of Lesbian, Gay, Bisexual, Transgender, Queer/Questioning bias and are exhibiting suicidal ideation and/or behaviors, the following should be considered:

- Assess the student for suicide risk per protocol.
- Do not make assumptions about a student's sexual orientation or gender identity. The risk for suicidal ideation is greatest among students who are struggling to hide or suppress their identity.
- Be affirming. Students who are struggling with their identity are on alert for negative or rejecting messages about sexual orientation and gender identity.
- Do not "out" students to anyone, including parents/guardians. Students have the right to privacy about their sexual orientation or gender identity.
- LGBTQ students with rejecting families have an eight-fold increased risk for suicidal ideation that do LGBTQ students with accepting families.
- Provide LGBTQ affirming resources.



Protocol to Refer Students With Warning Signs Or Who Make Oral or Written Threats of Suicide

- I. Required Notification – Duty To Report
 - A. Notify Site School Counselor or Site Administrator
 - B. DO NOT RELY ON AN EMAIL TO EXPRESS YOUR CONCERN
 - C. Do take threats Seriously
 - D. DO NOT LEAVE STUDENT UNSUPERVISED or alone at any time until someone retrieves the student from your class.
 - E. Tell the student you are concerned.
- II. Steps To Be Taken – After School Hours
 - A. Notify Site Personnel **(Confidential)**
 1. Principal's Extension: _____ Cell: _____
 2. Asst. Principal's Extension: _____ Cell: _____
 3. Site Counselor's Extension: _____ Cell: _____
 4. Site Counselor's Extension: _____ Cell: _____
 - B. If Not Available Notify District Personnel **(Confidential)**

Neil Rosen, District Counselor, Extension: 4312 Cell: (714) 403-8519

Dr. Vanessa Gomez, Lead Counselor, Extension: 4314 Cell: (951) 595-1002

Dr. Karen Kirschinger, Director, Student, Community & Personnel Support
Extension: 4291 Cell: _____

Dr. Vince Record, Director, College and Career Readiness
Extension: 4303
 - C. If Not Available Notify School Resource Officer.

School Resource Officer: _____ cell #: _____

School Resource Officer: _____ cell #: _____
 - D. If no one available, call 911.



Suicide Assessment

An assessment should be conducted individually in a private setting. Listen to what the student says; observe his/her body language. There is no danger of “giving someone the idea” when you bring up the topic of suicide. In fact, it can be a relief to bring the topic into the open and discuss it freely without showing shock or disapproval. Discussions show that you are taking the person seriously and responding to the potential of his/her distress. A “yes” to any of the questions must be taken seriously with ensuing action.

This is not meant to be read off like a checklist. Gather the information in a conversational fashion.

CATEGORY	ASSESSMENT QUESTIONS	Yes	No
1. Current ideation	Is the student thinking of suicide now?	Yes	No
2. Communication of Intent	Has the student communicated directly or indirectly ideas or plan to harm/kill themselves? (Communication may be verbal, non-verbal, electronic, written, drawings)	Yes	No
3. Plan	Does the student have a plan to harm/kill themselves now?	Yes	No
4. Means and Access	Does the student have the means/access to kill themselves?	Yes	No
5. Past Ideation	Has the student ever had thoughts of suicide?	Yes	No
6. Previous Attempts	Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?	Yes	No

Parents/guardians need to be notified in the event of an assessment being done. When meeting with them asking the following questions may alter your assessment.

CATEGORY	ASSESSMENT QUESTIONS	Yes	No
7. Changes in Mood/ Behavior	In the past year, has the student ever felt so sad he/she stopped doing regular activities?	Yes	No
	Has the student demonstrated abrupt changes in behaviors?	Yes	No
	Has the student demonstrated recent, dramatic changes in mood and/or appearance?	Yes	No
8. Stressors	Has the student ever lost a loved one by suicide?	Yes	No
	Has the student had a recent death of a loved one or a significant loss (e.g. death of family member, parent separation/divorce, relationship/breakup)?	Yes	No
	Has the student experienced a traumatic/stressful event (e.g., domestic violence, community violence, natural disaster)?	Yes	No
9. Mental Illness	Does the student have a history of mental illness (e.g. depression, conduct or anxiety disorder)?	Yes	No



Suicide Assessment (Cont.)

CATEGORY	ASSESSMENT QUESTIONS
10. Substance Use/ Abuse	Does the student have a history of alcohol/substance use/abuse? Yes No
11. Protective Factors	Does the student have a support system of family or friends At school and/or home? Yes No
	Does the student have a sense of purpose in his/her life? Yes No
	Can the student readily name plans for the future, Indicating a reason to live? Yes No

Notifying parents that their child is presenting with warning signs of suicide serves at least three purposes: (1) it can initiate the family help and support needed for psycho-emotional healing and the prevention of an adolescent taking his or her life, (2) parental information can be valuable for assessing the student's risk for suicide and (3) it can prevent lawsuits in the event of a student suicide.

If calling a parent would endanger the child (abuse/ neglect by the parent is suspected), then child protective services should be notified,

Do Not Put In CUM

Identify Suicide Risk Levels

The assessing party should collaborate with at least one other like professional to determine appropriate action(s) based on the level of risk. Action items should be based upon the severity and risk of suicide. There are circumstances that might increase a student's suicide risk.

Risk Level/Definition	Warning Signs May Include
<p>No Known Current Risk</p>	<ul style="list-style-type: none"> ◦ Denial of being suicidal. ◦ No known history of suicidal ideation/behavior or self-Injurious behavior. ◦ No current evidence of depressed mood/affect. For example, statement made was a figure of speech, intended as a joke, or was a repetition of song lyrics or movie script.
<p>Level 1 Does not pose imminent danger to self, insufficient evidence for suicide risk.</p>	<ul style="list-style-type: none"> ◦ Passing thoughts of suicide; evidence of thoughts may be found in notebooks, internet postings, drawings. ◦ No evidence of self-harm. ◦ No plan. ◦ No history of previous attempts. ◦ No means or access to weapons. ◦ No recent losses or suicides of family/friends. ◦ No history of alcohol/substance use or current intoxication. ◦ No signs of depression. ◦ No change in personality. ◦ Student can commit to safety. Have the student write/sign a "No Harm Contract." ◦ Support system is in place.
<p>Level II May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</p>	<ul style="list-style-type: none"> ◦ Thoughts of suicide ◦ Some details indicating a plan for suicide (the more detailed the plan, the greater the risk). ◦ Student can commit to safety. Have the student write/sign a "No Harm Contract" (do not use in isolation). ◦ No previous attempts or recent suicide among family/friends. ◦ No diagnosed or undiagnosed mental illness. ◦ Not history of alcohol/substance use or current intoxication. ◦ No recent trauma. ◦ No recent changes in medication(s).
<p>Level III Poses imminent danger to self with a viable plan to do harm; exhibits extreme or persistent inappropriate behaviors; may qualify for hospitalization.</p>	<ul style="list-style-type: none"> ◦ Current thoughts of suicide. ◦ Has a plan (the more detailed the plan, the greater the risk). ◦ Has access to weapons or method(s) of committing suicide. ◦ Repetitive self-injurer. ◦ Isolated and withdrawn. ◦ Previous suicide attempt/hospitalization. ◦ Making final arrangements (e.g., giving away prized possessions or goodbye messages in writing, text, or on social networking sites). ◦ Current sense of hopelessness ◦ No support system ◦ Current alcohol/substance use or current intoxication. ◦ Knows someone who has attempted/committed suicide. ◦ Was part of a suicide pact. ◦ Student unable to commit to safety or sign "No Harm Contract."



Protocol for Student With Warning Signs/Or Makes Oral or Written Threat of Suicide

I. Counselor/Psychologist or Principal Response

- A. Do not leave the student alone or unsupervised at any time.
- B. Let another counselor or administrator know you are conducting an assessment.
- C. Assess the seriousness of threat via an interview with the student.
- D. Consult with another counselor, school psychologist or like professional, if unavailable call Student, Community and Personnel Support.
- E. Determine necessary intervention or action.
- F. Contact SRO or non-emergency dispatch ((951) 776-1099) when appropriate.
- G. Contact parent/guardian and meet with them. If SRO/Law Enforcement is involved, contact parent/ guardian **only** when requested by SRO/Law Enforcement.
- H. Document all contacts in Aeries in Counseling screen under **Behavior** pull down and type in **SARF** or **NSSI**.
- I. Send copies of specific documents to Student, Community & Personnel Support, Attention: Chris Ellison cellison@sanjacinto.k12.ca.us

II. Assessing Risk Level—Action To Take

A. No Known Current Risk of Suicide

1. You have met with and conducted a [Suicide Assessment](#) but student denies any suicidal ideation. If after consulting with a like professional, you determine there is No Known Current Risk, contact parent/guardian.
2. Meet with parent/guardian and provide information regarding the incident or statement made. Explore with the parent/guardian if there are any concerning behaviors at home, school or community (See [Suicide Assessment](#)). If so, this might change the level of risk originally determined. Provide resources if appropriate (Resource Booklet).
3. Have parent/guardian initial (**the last line on form**) and sign [Threat of Suicide Parent Notification and Referral Form](#).. **Do not put in CUM.**
4. Fill out a [Student Safety Plan](#) – identify support systems on campus. Parent/guardian should be given a copy of documents as well as site administrator and yourself. **Do not put in CUM.**
5. Fill out [Suicide Assessment Risk Form](#). Keep for your files. **Do not put in CUM.**
6. Document all contacts in Aeries on Counseling screen under Behavior pulldown and type in SARF. Do not document in intervention.
7. Notify site administrator of incident.
8. Notify the Coordinator of Special Education & Behavior Specialist (when student has an IEP or behavior impacts classroom setting).
9. Send copy of [Threat of Suicide Parent Notification and Referral Form](#) and [Suicide Assessment Risk Form](#) to Student, Community & Personnel Support, Attention: Chris Ellison cellison@sanjacinto.k12.ca.us.



Protocol for Student With Warning Signs/Or Makes Oral or Written Threat of Suicide (Cont.)

B. Risk Level I Actions

1. Assess for suicide risk by asking questions on the [Suicide Assessment](#). If after consulting with a like professional you determine it is a Level I risk, contact the parent/guardian. Notify administrator of the situation.
2. Meet with parent/guardian. Explore with the parent/guardian if there are any concerning behaviors at home, school or community (See [Suicide Assessment](#)). If so, this might change the level of risk originally determined. Provide resources if appropriate (Resource Booklet).
3. Have parent/guardian initial and sign
4. [Threat of Suicide Parent Notification and Referral Form](#) and give them a copy. Keep a copy for your personal confidential file (**Do Not Put In CUM**) and a copy for the site administrator.
5. Fill out a [Student Safety Plan](#) – identify support systems on campus. Parent/guardian should be given a copy of documents as well as site administrator and yourself. **Do not put in CUM.**
6. Fill out the [Suicide Assessment Risk](#) Form. Keep for your files. **Do not put in CUM.**
7. Document all contacts in Aeries in Counseling screen under Behavior pulldown and type in SARF or NSSI. Do not document in intervention.
8. Notify site administrator of incident.
9. Notify the Case Carrier when student has an IEP.
10. Send copy of [Threat of Suicide Parent Notification and Referral Form](#) and the [Suicide Assessment Risk Form](#) to Student, Community & Personnel Support, Attention: Chris Ellison cellison@sanjacinto.k12.ca.us.
11. Contact CPS (1-800-442-4918) if suspected abuse. Contact SRO/Law Enforcement if parent/ guardian cannot be contacted.

C. Risk Level II Actions

1. Assess for suicide risk by asking questions on the [Suicide Assessment](#). If after you consult with a like professional you determine it is a Level II risk and you determine that a SRO does not need to be contacted to do an assessment, contact parent/guardian. Notify administrator of the situation. (There may be times you request the assistance of the SRO/Law Enforcement due to not being able to determine a Level II or Level III Risk)
2. Meet with parent/guardian. Ask if they are willing to take student to the Mt. San Jacinto Children's Mental Health Clinic, or their own medical mental health provider, to be assessed. If they are willing, ask permission to call the Clinic while they are there, to speak with a Duty Worker/Receptionist and inform her/him that the parent and student are on their way to the Clinic. The address



Protocol for Student With Warning Signs/Or Makes Oral or Written Threat of Suicide (Cont.)

and phone number is on the [Threat of Suicide Parent Notification and Referral Form](#).

3. Have parent/guardian initial and sign the
4. [Threat of Suicide Parent Notification and Referral Form](#) and give them a copy. Keep a copy for your personal confidential file (**Do Not Put In CUM**) and a copy for the site administrator.
5. Also fill out a [Return to School After Assessment or Hospitalization](#) for parent/guardian to take with them so that the Clinic Clinician can release them to return to school if they deem appropriate. Have them sign it and take it with them. Keep a copy for yourself. **Do not put in Cum.**
6. Fill out [Suicide Assessment Risk Form](#). Keep for your files. **Do not put in CUM.**
- 7.
8. **Require that the student and parent/guardian meet with you upon return to school to develop a [Student Safety Plan](#).** Notify attendance personnel that student/parent/guardian must meet with you upon return to school.
9. After they leave, FAX the Clinic (attention Duty Worker & Name) with a description of your concerns and a way to contact you if they do not arrive at the Clinic using the [Confidential Mental Health Evaluator Letter](#). Children's Mental Health Clinic's **FAX number is (951) 487-2679**. Keep a copy for your files. **Do not put in CUM.**
10. Document all contacts in Aeries in Counseling screen under Behavior pulldown and type in SARF or NSSI.
11. Notify the Case Carrier when student has an IEP. Send copy of [Threat of Suicide Parent Notification and Referral Form](#) and [Suicide Assessment Risk Form](#) to Student, Community & Personnel Support, Attention: Chris Ellison cellison@sanjacinto.k12.ca.us.
12. Contact CPS (1-800-442-4918) if suspected abuse. Contact SRO/Law Enforcement if parent/ guardian is not compliant with recommendations, or cannot be contacted.

D. Risk Level III Actions

1. Assess for suicide risk by asking questions on the [Suicide Assessment](#). If after you consult with a like professional you determine a Level III risk and that a SRO needs to do an assessment, **DO NOT CONTACT PARENT/GUARDIAN unless SRO directs you to.**
2. Notify site Administrator that you have or are going to contact SRO. If SRO is not available, call the non-emergency Dispatch (951-776-1099).
3. SRO/Law Enforcement interviews student. If they determine a 5150 is appropriate, they will remove student or call for an ambulance. Notify site Administrator, Lead Counselor and District Counselor when SRO/Law



Protocol for Student With Warning Signs/Or Makes Oral or Written Threat of Suicide (Cont.)

Enforcement transports student. **Law enforcement and CPS must sign the *Removal of Pupil From School Grounds by a Police/Officer/C.P.S. Worker* form (usually located in office).**

4. SRO/Law Enforcement will inform you if they are going to contact parent/guardian or if s/he wants you to.
5. Fill out the [Suicide Assessment Risk Form](#). Keep for your files. **Do not put in CUM.**
6. **The next morning, the counselor/psychologist/principal shall make contact with the parent/guardian and inform them that they are required to meet with you upon the student's return to school to develop a [Student Safety Plan](#).** Notify attendance personnel that the student/parent/guardian must meet with you upon return to school. Also request the parent/guardian to bring with them Discharge Papers including any accommodations/recommendations.
7. Document all contacts in Aeries in Counseling screen under Behavior pulldown and type in SARF – Assessment by SRO or Law Enforcement.
8. Notify the Coordinator of Special Education & Behavior Specialist when student has an IEP or behavior impacts classroom setting.
9. *Notify and send a copy to Chris Ellison, cellison@sanjacinto.k12.ca.us in Student, Community & Personnel Support.*
10. **Require that the student and parent/guardian meet with you upon return to school to develop a [Student Safety Plan](#).** Notify attendance personnel that student/parent/guardian must meet with you upon return to school.

III. Return of Student To School

- A. Request discharge documents from the hospital if parent/guardian brought them.
 1. Review if the hospital includes any accommodations/recommendations requested.
 2. If medication was prescribed, it is recommended that you inform the school nurse of medication(s) and dosage. However, if the student needs to have medication administered at school by the school nurse, then please be sure to request the appropriate documentation from the treating physician.
- B. Student and parent/guardian should meet with the referring counselor/psychologist to develop a [Student Safety Plan](#). Give a copy to student, parent/guardian; and Behavior Specialist if student has an IEP or will be involved in the follow-up. Keep a copy for yourself but **DO NOT PUT IN CUM.**
- C. Verify with student and parent what type of counseling support plan they have in place. Have parent sign [RELEASE AND USE OF INFORMATION](#) form to give to the mental health provider.
- D. Implement the [Student Safety Plan](#) for student, which includes:
 - a. Frequent casual contacts to regularly monitor student's progress.
 - b. Arrange for and introduce a back-up care provider in case you are unavailable.
 - c. Advise the principal and other appropriate personnel of the plan in place.
 - d. The names of all students who have been hospitalized should be given to Student, Community & Personnel Support.



Threat of Suicide Parent Notification and Referral Form

School _____

I, the parent/guardian of _____ have been notified that my child has been evaluated by school staff for risk of suicide.

_____ It has been recommended by school staff that I seek professional psychological assistance for my child **immediately**. I have been notified that I can take my child to:

Mt. San Jacinto Children's Mental Health Clinic
950 Ramona Blvd., Suite 1 & 2, San Jacinto
(951) 487-2674

_____ If I do not take my child to the Children's Mental Health Clinic, I agree to make an appointment for my child to be seen by a physician/therapist within the next 24 hours or as soon as possible.

_____ I understand the need to keep my child under constant surveillance (24 hours/day) until he/she has been seen by a physician or licensed mental health professional. I agree to this request.

_____ I have been informed of the need to remove all means of self-destruction (e.g. guns, poisons, large knives, available medications, etc.) from my home as a precautionary measure.

_____ If I do not comply with these recommendations, I will not hold the school district responsible if my child commits suicide.

_____ At this time the student has denied having thoughts of suicide. Parents have been informed that there are no predictors of suicide and should be aware of the warning signs for suicide.

Parent Signature

Date Notified

Time

Witness

Date

Time

DO NOT PUT IN CUM

(Send copy of this form to cellison@sanjacinto.k12.ca.us)



Notificación para Padres Sobre Amenaza de Suicidio y Forma de Referencia

Escuela _____

Yo, el padre/tutor de _____ he sido notificado que mi hijo(a) ha sido evaluado por personal de la escuela por que estaba en riesgo de suicidio.

_____ Se me ha recomendado por personal de la escuela que busque ayuda psicológica para mi niño **inmediatamente**. He sido notificado de que puedo llevar a mi hijo a:

Mt. San Jacinto Children's Mental Health Clinic
950 Ramona Blvd., Suite 1 & 2, San Jacinto
(951) 487-2674

_____ Si no llevo a mi hijo a los servicios mencionados, me comprometo a hacer una cita para que mi hijo sea visto por un médico o terapeuta en las próximas 24 horas.

_____ Entiendo la necesidad de mantener a mi hijo bajo constante vigilancia (24 horas/día) hasta que él/ella ha sido visto por un médico o profesional de salud mental. Yo estoy de acuerdo con esta petición.

_____ He sido informado de la necesidad de eliminar todos los medios de la autodestrucción (armas, venenos, cuchillos grandes, medicamentos disponibles, etc.) de mi casa como medida de precaución.

_____ Si no cumplo con estas recomendaciones, no guardare responsable al distrito si mi hijo(a) llega a suicidarse.

_____ En este momento el estudiante ha negado tener pensamientos de suicidio. Los padres han sido informados de que no hay predictores de suicidio y deben ser conscientes de las señales de alerta de suicidio.

Firma del padre

Fecha de notificación

Hora de notificación

Testigo

Fecha

Hora de notificación

DO NOT PUT IN CUM

(Send copy of this form to cellison@sanjacinto.k12.ca.us)



Suicide Assessment Risk Form Confidential

Student's Name: _____ Date: _____

School: _____ Grade: _____ Gender: _____

Parent/Guardian: _____ Phone #: _____

Person Completing SARF: _____ Title: _____

Name of Person You Collaborated With: _____

Student Referred by: ☐ Self ☐ Parent ☐ Teacher ☐ Counselor ☐ Other: _____

Previous SARF: ☐ Yes ☐ No

Reasons for Referral:

- | | | |
|--|---|--|
| <input type="checkbox"/> Direct Threat | <input type="checkbox"/> Sudden Change in Behavior | <input type="checkbox"/> Indirect Threat |
| <input type="checkbox"/> Signs of Depression | <input type="checkbox"/> Previous Attempt(s) | <input type="checkbox"/> Running Away |
| <input type="checkbox"/> Giving Away Possessions | <input type="checkbox"/> Frequent Complaints of Illness | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Alcohol or Drug Use | <input type="checkbox"/> Self-Injurious Behavior | |

Other: _____

Intervention:

Parent/Guardian Contact: Date/Time: _____

- ☐ Resources Provided to Parent/Guardian (Threat of Suicide Parent Notification Form)
- ☐ Referred to SRO/Law Enforcement: Name of Deputy: _____
- ☐ Safety Plan
- ☐ Program Modification: _____
- ☐ Other: _____

Counselor's/School Psychologist's Signature: _____

Place In Your Confidential File – DO NOT Place In CUM File
If parent/guardian not contacted, send copy to Chris Ellison,
cellison@sanjacinto.k12.ca.us Student, Community & Personnel Support



Confidential Mental Health Evaluator Letter

Mt. San Jacinto Children's Mental Health: FAX: (951) 487-2679

ETS: FAX: (951) 358-4810

TO: _____

FROM: _____, _____
Print Name Position

RE: _____ DATE: _____

The above student told me the following: (check all that apply)

- ☐ Student told me that he/she had been thinking about suicide. The last time he/she thought about suicide was on _____.
- ☐ Student said that he/she had the following plan: _____

- ☐ Student indicated that he/she had previously attempted suicide on _____
by means of: _____
- ☐ Other important information: _____

This is a recommendation for further psychological evaluation for suicide based on the following:

- ☐ Initial Assessment Interview
- ☐ Other: _____

If you should have any questions, or student does not show at your facility, please call me at _____.

Please remind the family that upon the student's return to school, I would like to meet with them to determine how the school can assist with a follow-up plan.

Place In Your Confidential File – DO NOT Place In CUM File



**SAN JACINTO UNIFIED SCHOOL DISTRICT
Return to School After Assessment or Hospitalization**

Student Name: _____ D.O.B. _____

Parent/Guardian: _____ Phone: _____

School: _____ School Counselor/Administrator: _____

Contact Phone Number: _____

* * * * ***Below To Be Completed by Psychiatrist, Licensed Therapist*** * * *

Mental Health Assessment Date: _____ Time: _____

At the time of this assessment, the student:

_____ Was not a danger to him/herself or others.

_____ Was not gravely disabled.

_____ May return to school on _____ (date).

Restrictions/Accommodations: ☐ NO ☐ YES If yes, please specify:

Mental Health Symptoms: _____

Restrictions/Accommodations: _____

Follow-up Recommendations for Psychotherapy: _____

Medication(s): _____

If medication will be required for student to take at school, a required form can be requested from the school site.

Clinician Signature: _____ Date: _____

Clinician Name: _____ Phone: _____
(Please Print)

Parent/Guardian Signature: _____

Date: _____

PARENT AUTHORIZATION: I give my permission for school personnel and physician to exchange information regarding my child. Permission is granted for one year from the date signed.

DO NOT PUT IN CUM



Student Safety Plan

NAME: _____ DATE: _____

If I experience any of the following thoughts, feelings, or self-injurious behaviors:

Feelings

Thoughts

Behaviors

Or any event that causes excessive stress, I will do one or more of the following instead of hurting myself:

_____ I will remind myself that I can never, under any circumstances harm myself in any way, attempt suicide, or die by suicide.

_____ I can come to the office of _____ to talk about my feelings.

_____ I can talk to a parent, teacher, or other trusted adults about my feelings.

_____ I can call one of the hotline numbers listed below.

_____ I can ask someone to take me to the hospital. If no one is around, I can call 911.
The hospital is a safe place where I can get help and can be safe from hurting myself.

Hotline Numbers I can call:

HELpline – (951) 686-4357

National Suicide Prevention Hotline: 1-800-273-8255

Suicide Crisis Helpline: (951) 686-4357 Trevor Lifeline (LGBTQ): 1-866-488-7386

By signing this Safety Contract in the presence of a Counselor, I agree to take positive actions whenever I feel like hurting myself. I will not hurt myself or try to kill myself. I will be near people who can help me or will be able to make a phone call if I need to contact people who can help me.

Student Signature: _____

Counselor Signature: _____

DO NOT PUT IN CUM



Suicide Postvention Checklist

Date: _____ Incident: _____

Primary school site(s) affected: _____

Secondary impact (due to siblings, relatives or incident occurred where other students may have observed): _____

Crisis Team Coordinator (CTC): Director, Student, Community & Personnel Support

Crisis Site Coordinator (Principal): _____

Crisis Team Leader (CTL): _____

This checklist to be reviewed daily.

Establish Facts & Notification/Awareness of Incident

STEPS	Task	Responsible	Action
1.	Determine facts. If the official cause of death has not as yet been ruled suicide, avoid making that assumption.	Principal or designee with aide of CTC if needed	Daily contact with law enforcement, Coroner's Office and family
2.	Contact parent/guardian.	Principal or designee	Information about the cause of death should not be disclosed to the school community until the family has consented to disclosure.* (see next page)
3.	Notify Superintendent's Office, and Crisis Team Coordinator (CTC).	Principal or designee	Principal & CTC will keep in contact with the office of the Superintendent
4.	Convene Site/District Crisis Team.	CTC & CTL	◦Contact by phone ◦Notify where/when to report
5.	Notify other school sites that may be affected by the suicide (siblings/relatives/observers).	CTC & CTL	◦Phone calls to Principals ◦Determine if additional Crisis Team resources are needed
6.	Identify friends and high risk students and staff* (see next page) & provide interventions. If you are notified outside of school hours, if possible, notify parent/ guardian.	Principal, CTL & other staff	◦Contact parent/guardian if outside of school hours ◦Determine if at school/work ◦Develop plan to meet their needs



- * While the fact that a student has died may be disclosed immediately, information about the cause of death should not be disclosed to the school community until the family has been consulted. If the death has been declared a suicide but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.
- * Of special concern are those students/staff who have a history of suicide attempts, students who were part of a suicide pact, students who are dealing with stressful life events such as a death or divorce in the family, were eyewitnesses to the death, are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, and acquaintances of the deceased), received a phone call, text, or other communication from the deceased foretelling the suicide or may have fought with or bullied the deceased. (Also see [Triage Risk Screening](#))

Develop Plan

STEPS	Task	Responsible	Action
7.	Determine what information should be shared with: <ul style="list-style-type: none"> ◦ Students ◦ Staff ◦ Parents ◦ Media (Superintendent's Office) 	Principal, CTC, CTL <i>This is re-evaluated as new info comes in</i>	<ul style="list-style-type: none"> ◦ Permission should be obtained from parent/guardian regarding disclosing of cause of death ◦ This task must be re-evaluated on a daily basis
8.	Determine how the information is to be shared: <ul style="list-style-type: none"> ◦ Staff Meeting ◦ Classroom notifications ◦ Parent letter ◦ Parent/Community Meetings 	Principal, CTC & CTL	This task must be re-evaluated on a daily basis. DO NOT USE AN ASSEMBLY
9.	Who will organize Staff meeting & notify teachers?		Notify staff of Staff Meeting: Phone tree, email, etc.
10.	Who will develop: <ul style="list-style-type: none"> ◦ Teacher Announcement ◦ Talking Points ◦ Risk Factors of Teen Suicides 		Make copies for staff. <ul style="list-style-type: none"> ◦ Teacher Debriefing with Class ◦ Sample Teacher Announcements ◦ Talking Points - For Students and Staff After a Suicide ◦ Risk Factors of Teen Suicide

Develop Plan (cont.)

STEPS	Task	Responsible	Action
11.	Who will develop Parent letter? (translate if needed)	Principal & CTL	Ask permission from parent/guardian to share cause of death: <ul style="list-style-type: none"> ◦ Sample Letter to Parents (When death has been ruled a suicide) ◦ Sample Letter to Parents (When the cause of death is unconfirmed) ◦ Sample Letter to Parents (When family has requested that the cause of death not be disclosed)
12.	Who/How will phone calls be handled that come into office?		Develop Sample Script for Office Staff
13.	Provide for Temporary/ Permanent replacement of staff in case of suicide of staff member	Principal, CTC & Asst. Superintendent of Personnel	Staff assigned
14.	Determine if substitutes are needed, if any. Certificated & Classified.	Principal, CTC & Asst. Sup. of Personnel	Schedule subs if needed.

Implementation of Plan

STEPS	Task	Responsible	Action
15.	Collect deceased student's belongings from his/her locker or other sites.		Student work being displayed can remain until all work replaced.
16.	Officially withdraw a deceased student from the school attendance rolls and information system (aeries).		Be sure parents will not receive a call regarding absence.
17.	Hold Staff meeting. <i>Notify staff they can access the Employee Assistance Program (888) 327-0020</i>	Principal and CTL	<ul style="list-style-type: none"> ◦ See Sample Teacher Meeting Agenda Following Crisis ◦ Provide Sample Teacher Announcements and Talking Points - For Students and Staff After a Suicide ◦ Provide Risk Factors of Teen Suicide ◦ Review referral procedures

Implementation of Plan (cont.)

STEPS	Task	Responsible	Action
18.	Provide classroom announcements in appropriate classrooms. Offer all teachers option of assistance.	Principal, CTC, CTL & Crisis Team	<ul style="list-style-type: none"> ◦ Classroom Announcements ◦ Have teachers identify & refer at risk students
19.	Initiate crisis triage and referral process	CTL & Crisis Team	Maintain: <ul style="list-style-type: none"> ◦ Safe Room Sign In & Sign In & Sign Out Sheet ◦ Counseling Referral Summary (To be filled out if twelve and younger student is seen individually)
20.	Hold a parent/guardian meeting if appropriate.	Principal, CTC & CTL	<ul style="list-style-type: none"> ◦ Schedule a meeting

Bring About Closure

STEPS	Task	Responsible	Action
21.	Hold staff debriefing meeting at end of day	Principal, CTC, CTL and Crises Team	<ul style="list-style-type: none"> ◦ Provide staff debriefing ◦ Provide latest information ◦ Review referral procedures
22.	Crisis Team Debriefing	Principal, CTC, CTL and Crisis Team	<ul style="list-style-type: none"> · Debrief · Review intervention procedures · Review students seen · Review any referrals made · Plan follow-up actions
23.	Check in with other sites	CTC	This needs to be done during the day
24.	Memorials: should be the same for all deaths.	Principal, CTC & CTL	See: Guidelines for Memorials



In-School Suicide Attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure his/her safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. If appropriate, staff will immediately request a mental health assessment for the youth.
5. The Principal or school counselor, whoever knows student and family, will contact the student's parent or guardian, as described in the Parent Notification and Referral section.
6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.
7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.



Sample Teacher Announcements (Confirmed, Unconfirmed & Parent Request to Not Disclose Cause)

After the Crisis Team has been mobilized, it is critical for administration and/or Crisis Team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been **officially** communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption.

Information about the cause of death should not be disclosed to the school community until the family has consented to disclosure. If the death has been declared a suicide but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.

The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in elementary and middle school. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

Day 1

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his/her family and friends. All of us want you to know that we are here to help you in any way we can.

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases, a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option.

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



Sample Teacher Announcements (Cont.)

concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

Counselors will be available in _____ to help our school community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let your teacher know.

Please remember that we are all here for you.

Sample Announcement When the Cause of Death is Unconfirmed - Day 1

This morning we heard the extremely sad news that _____ died last night. I know we are all saddened by _____'s death and send our condolences to his/her family and friends. All of us would like you to know we are here to help you in any way we can.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as his/her family and friends. We'll do our best to give you accurate information as it becomes known to us.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

Counselors will be available in _____ to help our school community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Sample Announcement When the Family Has Requested That The Cause Of Death Not Be Disclosed – Day 1

This morning we heard the extremely sad news that _____ died last night. I know we are all saddened by _____'s death and send our condolences to his/her family and friends. All of us would like you to know we are here to help you in any way we can.



Sample Teacher Announcements (Cont.)

The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you not spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as his/her family and friends. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; in other cases a person with a disorder will show obvious symptoms or signs. One thing is certain: there are treatments that can help. Suicide should never, ever be an option.

Each of us will react to _____'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known _____ very well and may not be as affected, while others may experience a great deal of sadness. Some of you may find you're having difficulty concentrating on your schoolwork, and others may find that diving into your work is a good distraction.

Counselors will be available in _____ to help our school community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let your teachers know.

Please remember that we are all here for you.

Sample Announcement - End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensational way. In this case, it is appropriate for the Principal to make an announcement similar to the following over the loud speaker.

"Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have counseling staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____."



Sample Announcement – Day 2

On the second day following the death, many schools have found it helpful to start the day with another classroom announcement. This announcement can include additional verified

Sample Teacher Announcements (Cont.)

information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of you to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday morning at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend. We also encourage you to ask your parents to go with you to the funeral home.



Talking Points - For Students and Staff After a Suicide

Talking Points

Give accurate information about suicide.

Suicide is a complicated behavior. Help students understand the complexities.

Address blaming and scapegoating.

It is common to try to answer the question “why” by blaming others for the suicide.

Do not talk about the method.

Talking about the method can create images that are upsetting, and it may increase the risk of imitative behavior by vulnerable youth.

Address anger.

Accept expressions of anger at the deceased. Help student know these feelings are normal.

Address feelings of responsibility.

Help student understand that the only person responsible for the suicide is the deceased.

Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or seen the signs.

These are appropriate students to refer to the Counseling Office.

What to Say

“Suicide is not caused by a single event such as fighting with parents, or a bad grade, or the breakup of a relationship.”

“In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of.”

“There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never the answer.”

“Blaming others for the suicide is wrong, and it is not fair. Doing that can hurt another person deeply.”

“Let’s focus on talking about the feelings we are left with after _____’s death and figure out the best way to manage them.”

“It’s okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about _____. You can be angry at someone’s behavior and still care deeply about that person.”

“This death is not your fault. We cannot always see the signs because a suicidal person may hide them well.”

“We cannot always predict someone’s behavior.”



Talking Points (cont.)

Encourage help-seeking.

Encourage students to seek help from a trusted adult, if they or a friend are feeling depressed or suicidal.

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?”

Adapted from AFSP. After a suicide: A toolkit for schools.

Please refer students who:

- have a history of suicide attempts.
- are dealing with stressful life events such as a death or divorce in the family.
- were eyewitnesses to the death.
- was part of a suicide pact.
- are family members or close friends of the deceased (including siblings at other schools as well as teammates, classmates, and acquaintances of the deceased).
- received a phone call, text, or other communication from the deceased foretelling the suicide or may have fought with or bullied the deceased.



Sample Script for Office Staff

This script can help receptionists or other people who answer the telephone to respond appropriately to telephone calls received in the early stages of a crisis/suicide.

“Hello, _____ School. May I help you?”

Take messages on non-related crisis calls.

For crisis-related calls, use the following general schema:

- **Police or other security professionals** – Immediate transfer to principal.
- **Family members of deceased** – Immediate transfer to principal or anyone else they want to reach at the school. If the principal is not available immediately, ask if they would like to speak to the school counselor.
- **Other school administrators** – Give out basic information on death and crisis response and offer to transfer call to principal or others.
- **Parents regarding their child’s immediate safety** – Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer to a crisis team member who may have more information.
- **Persons who call with information about others at risk** – Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
- **Media** – Take messages and refer to principal.
- **Parents generally wanting to know how to respond** – Explain that children and staff are being supported. Take messages to give to administration or crisis team members from parents needing more detailed information.
- **Where to send parents who arrive unannounced on the scene** – Set aside a space for parents to wait and get information. Any person removing a student from school must be listed in AIREs. Records must be kept of who removed the child and when.



Sample Letter to Parents (When death has been ruled a suicide)

Date

Dear Parent,

It is with great sadness that I have to inform you that one of our students, _____, has died. Our thoughts and sympathies are with (his/her) family and friends.

All of the students were given the news of the death by their teacher in (advisory/homeroom) this morning. I have included a copy of the announcement that was read to them.

The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs. I am including some information that may be helpful to you in discussing suicide with your child.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

The school will be hosting a meeting for parents and others in the community at (date/time/location). Members of our Crisis Response Team (or mental health professionals) will be present to provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

Principal

(This document was created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011)



Sample Letter to Parents (When the cause of death is unconfirmed)

Date

Dear Parent,

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with (his/her) family and friends.

All of the students were given the news of the death by their teacher in (advisory/homeroom) this morning. I have included a copy of the announcement that was read to them.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we have asked the students not to spread rumors since they may turn out to be inaccurate and can be deeply hurtful and unfair to _____ as well as (his/her) family and friends. We'll to our best to give you accurate information as it becomes known to us.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

Principal

(This document was created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011)



Sample Letter to Parents (When family has requested that the cause of death not be disclosed)

Date _____

Dear Parent,

I am writing with great sadness to inform you that one of our students, _____, has died. Our thoughts and sympathies are with (his/her) family and friends.

All of the students were given the news of the death by their teacher in (advisory/homeroom) this morning. I have included a copy of the announcement that was read to them.

The family has requested that information about the cause of death not be shared at this time. We are aware that there have been rumors that this was a suicide death. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually caused by a mental disorder such as depression, which can prevent a person from thinking clearly about his or her problems and how to solve them. Sometimes these disorders are not identified or noticed; other times, a person with a disorder will show obvious symptoms or signs.

Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child is in need of additional assistance; we have a list of school and community mental health resources.

Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.

Please do not hesitate to contact me or one of the school counselors with any questions or concerns.

Sincerely,

Principal

If the death has been declared a suicide but the family does not want it disclosed, someone from the administration or counseling staff who has a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe. (This document was created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011)



Media Communication - Suicide

The Superintendent will determine who will be the media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

1. Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
2. Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

Protocol For Responding to Students Who Self-Injure

Non-suicidal self-injury (NSSI) is defined as: the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned. Although self-injury often lacks suicidal intent, youth who self-injure are more likely to attempt suicide. Therefore it is important to assess students who cut or exhibit other types of self-injurious behaviors for suicidal ideation.

I. Identifying Self-Injury

- A. Inappropriate dress for season (consistently wearing long sleeves or pants in warm weather).
- B. Constant use of wrist bands/coverings, unwillingness to participate in events/activities which require less body coverage (such as gym class).
- C. Frequent bandages, odd/unexplainable paraphernalia (e.g., razor blades or other implements which could be used to cut or pound).
- D. Heightened signs of depression or anxiety.
- E. Unexplained burns, cuts, scars, or other clusters of similar markings on the skin.

II. Protocol for Responding to a Student who Self-Injures

- A. For **ALL** students:
 - 1. It is **very important that the first response** to self-injury disclosure should be emotionally calm, kind, and non-judgmental. It is also important that first responders be honest with the student about the school protocol requiring them to share their knowledge of self-injury.
 - 2. Determine if physical wounds require medical attention. Addressing physical needs are to be done first before addressing the non-physical aspects of self-injury. Questions of value in assessing severity and next steps include:
 - a. Where on your body do you typically injure?
 - b. What do you typically use to injure?
 - c. What do you do to care for the wounds?
 - d. Have you ever hurt yourself more severely than intended?
 - e. Have your wounds ever become infected?
 - f. Have you ever seen a doctor because you were worried about a wound?
 - 3. Collecting basic information about a student's self-injury practices and history will be important in determining the need for parental involvement and engagement of outside resources. Overall, questions should aim to assess:
 - a. History of self-injury.
 - b. Frequency of self-injury.
 - c. Types and methods used to self-injure.
 - d. Triggers.
 - e. Psychological purpose.
 - f. Disclosure.
 - g. Help seeking and support.
 - h. Past history and current presence of suicidal ideation and/or behaviors.

Protocol For Responding to Students Who Self-Injure (Cont.)

4. From this assessment, determine Risk Category student falls into:

Low Risk	Higher Risk
<ul style="list-style-type: none"> Little history of self-injury. Generally manageable amount of external stress. At least some positive coping skills. Some external support. 	<ul style="list-style-type: none"> Report frequent or long-standing self-injury practices. Use of higher lethality methods. Experiencing chronic internal and external stress. Few positive supports. Few coping skills.

5. Provide parent/guardian copies of:

<http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf>

Self-Injury and Youth – General Guidelines for Parents

Website: <http://selfinjuryfoundation.org/parents.html>

B. For students under the age of 12:

- If student does not acknowledge the self-injurious behavior, and you have reliable information that self-injury is occurring in an area covered by clothing, this can be shared with parent. If verified by the parent follow #2.
- If parent verifies self-injury or student acknowledges the self-injurious behavior:
 - While it is uncommon for actively self-injurious students to be suicidal, a suicide assessment is warranted (**Suicide Assessment**). **If suicidality is detected**, the **Protocol to Refer Students With Warning Signs Or Who Make Oral or Written Threats of Suicide** should be followed.
 - If not suicidal:** meet with parent/guardian. Have parent initial and sign the **Self-Injury Notification and Referral** Form recommending they schedule an appointment with a physician or a licensed mental health professional as soon as possible. Follow-up with the parent/guardian.
 - Send copy of the **Self-Injury Notification and Referral Form** to Student, Community & Personnel Support, Attention: Chris Ellison, cellison@sanjacinto.k12.ca.us. **Do Not Put In CUM.**
 - Document all contacts in Aeries in the Counseling screen under Behavior pulldown and type in NSSI, or in the case you determined they were suicidal, SARF.

C. If the student is 12 years old or older:

- If student does not acknowledge the self-injurious behavior, and you have reliable information that self-injury is occurring in an area covered by clothing, this may be shared with parent if deemed appropriate. If verified by the parent follow #2.
- If student does acknowledge the self-injurious behavior, while it is uncommon for actively self-injurious students to be suicidal, a **Suicide Assessment** is warranted. If suicidality is detected, the **Protocol for Student With Warning Signs/Or Makes Oral or Written Threat of Suicide** should be followed.



Protocol For Responding to Students Who Self-Injure (Cont.)

3. If the student does not present any suicide risk, and if after you consult with a like professional, you determine it is appropriate to meet with the parent guardian:
 - a. Have the parent/guardian initial and sign the [Self-Injury Notification and Referral](#) Form that they will schedule an appointment with a physician or a licensed mental health professional as soon as possible. Follow-up with the student.
 - b. Send copy of [Self-Injury Notification and Referral Form](#) to Student, Community & Personnel Support, Attention: Chris Ellison, cellison@sanjacinto.k12.ca.us. **Do Not Put In CUM.**
 - c. Document all contacts in Aeries in the Counseling screen under Behavior pulldown and type in NSSI, or in the case you determined they were suicidal, SARF.

III. Self-Injury and Contagion

Self-injurious behaviors may be imitated by other students and can spread across grade levels, peer groups and schools. The following are guidelines for addressing self-injurious behaviors among a group of students.

- A. Respond immediately or as soon as possible.
- B. Respond individually to students, but try to identify peers and friends who may also be engaging in self-injurious behaviors.
- C. As students are identified, they should be supervised in separate locations.
- D. Each student should be assessed for suicide risk **individually** using the [Suicide Assessment](#).
- E. If the self-injurious behavior involves a group of students, the assessment of each student individually will often identify a student whose behaviors have encouraged the behaviors of others. This behavior may be indicative of more complex mental health issues for this particular student.

IV. Other Considerations for Response to Self-Injury and Contagion

- A. Self-injury should be addressed with students individually and never in group settings, such as student assemblies, public announcements, school newspapers, the classroom or even in groups.
- B. When self-injurious behaviors are impacting the larger school community, schools may respond by inviting parent(s)/guardian(s) to an information meeting at the school. Considerations should be made for supervising students and children during this time; the meeting should be reserved for parent(s)/guardian(s) only.



Protocol For Responding to Students Who Self-Injure (Cont.)

V. Suspected Child Abuse or Neglect

- A. If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency following the District's Child Abuse and Neglect Reporting Requirements. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel. [How To Report Child Abuse.](#)



Self-Injury Notification and Referral Form

_____ School

I, the parent/guardian of _____ have been notified that my child has been evaluated by school staff for self-injurious behavior.

_____ I have been notified by school staff to schedule an appointment with a physician or a licensed mental health professional as soon as possible.

_____ I understand the need to keep my child under constant surveillance (24 hours/day) until he/she has been seen by a physician or licensed mental health professional.

_____ I have been informed of the need to remove all means of self-destruction (e.g. guns, poisons, large knives, available medications, etc.) from my home as a precautionary measure.

_____ If I do not comply with these recommendations, I will not hold the school district responsible if my child continues to self-injure.

Parent Signature

Date Notified

Time

Witness

Date

Time

DO NOT PUT IN CUM

(Send copy of this form to cellison@sanjacinto.k12.ca.us)



Notificación Para Padres Sobre Autolesión y Forma de Referencia

Escuela _____

Yo, el padre/tutor de _____ he sido notificado de que mi hijo(a) ha sido evaluado por personal de la escuela por el riesgo de la autolesión.

_____ Se me ha recomendado por personal de la escuela que busque ayuda psicológica profesional para mi niño **inmediatamente**.

_____ Entiendo la necesidad de mantener a mi hijo bajo constante vigilancia (24 horas/día) hasta que él/ella ha sido visto por un médico o profesional de salud mental.

_____ He sido informado de la necesidad de eliminar todos los medios de la autodestrucción (armas, venenos, cuchillos grandes, medicamentos disponibles, etc.) de mi casa como medida de precaución.

_____ Si no cumplo con estas recomendaciones, no guardare responsable al distrito si mi hijo(a) sigue autolesionándose.

_____	_____	_____
Firma del padre	Fecha de notificación	Hora de notificación

_____	_____	_____
Testigo	Fecha	Hora de notificación

DO NOT PUT IN CUM

(Send copy of this form to cellison@sanjacinto.k12.ca.us)



Self-Injury and Youth – General Guidelines for Parents

Self-injury is a complex behavior, separate and distinct from suicide that some individuals engage in for various reasons such as: to take risks, rebel, state their individuality, or merely to be accepted. Others, however, may injure themselves out of desperation or anger to seek attention, to show their feelings of hopelessness and worthlessness, or because they have suicidal thoughts. Such individuals may suffer from serious mental health disorders such as depression, psychosis, Post-traumatic Stress Disorder (PTSD), or Bipolar Disorder.

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secretive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the “choking game”)
- General signs of depression, social-emotional isolation and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites

What Should I Do If My Child Is Engaging In Self-Injurious Behavior?

If you become aware that your child is engaging in self-injurious behaviors, and if the injury appears to pose potential medical risks (e.g., excessive bleeding, need for stitches), call 911 immediately. If the injury does not appear to pose immediate medical risks, remain calm and nonjudgmental. Appropriate actions include:

- Seek support from a mental health professional (e.g., therapist, psychologist, psychiatrist)
- Provide moral and nurturing support.
- Participate in your child’s recovery (e.g., family therapy)
- Support your child in an open and understanding way.

SUGGESTIONS FOR PARENTS

LISTEN

- Address the behavior as soon as possible by asking open questions. For example:
 - *Tell me what happened.*
 - *How long have you been feeling this way?*
- Talk to your son/daughter with respect, compassion, calm and caring.
- Understand that this is his/her way of coping.



PROTECT

- Take action immediately and get help.
- Foster a protective home environment by maintaining structure, stability, and consistency.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidelines and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT

- Check in with your child on a regular basis.
- Become familiar with the support services at your child's school. Contact appropriate person(s) at the school, for example, the school counselor, school psychologist, or school nurse.

MODEL

- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior.
- Be aware of your tone. Expressing anger or shock can cause your child to feel guilt or shame.

TEACH

- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Teach your child help seeking behaviors and help them identify adults they can trust at home and at school when they need assistance.

Online Resources

Cornell Research Program on Self-Injury and Recovery – Information For Parents

<http://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf>

Self-Injury Foundation

<http://selfinjuryfoundation.org/parents.html>

Hotlines

National Suicide Prevention Hotline – 1(800) 273-8255

Trevor Lifeline (LGBTQ youth) - 1(866) 488-7386

Self-Abuse Finally Ends (SAFE) – 1(800) 366-8288

***REFERENCES**

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Lieberman, R. & Poland, S. (2006). *Self-mutilation*. In G.G. Bear & K.M. Minke, *Children's Needs III*. Bethesda, MD: National Association of School Psychologists.

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How To Report Child Abuse

IMPORTANT:

You have an independent responsibility to ensure that reports are made to Child Protective Services and/or Law Enforcement.

SUSPECTED CHILD ABUSE REPORT

1. Print student data face page with parent/guardian contact information
2. Access Suspected Child Abuse form:

http://sanjacinto.edlioschool.com/apps/pages/index.jsp?uREC_ID=330910&type=d&pREC_ID=739029

(Click on “**Suspected Child Abuse Report Form**”, click on “**Open**”, click on “**Enable Editing**”. If your Narrative is larger than box, attach a separate page.)

3. Complete the form with as much information as you have immediately available

* Optional for Assistance

Contact: School Counselor, Administrator or Student Support at 929-7700 ext. 4288

Phone Report

Reminder: Ask for person's name you are reporting to in order to include in report.

✓ **Contact Child Protective Services: (800) 442-4918**

✓ **Child Sexual Abuse**

Contact School Resource Officer or San Jacinto Police Department at (951) 654-2702

Mail Report Form Within 36 Hours

Name of Worker Contacted

Child Protective Services

23119 Cottonwood Avenue, Bld. B
Moreno Valley, CA 92553

Name of Deputy Contacted

San Jacinto Police Department

160 West 6th Street
San Jacinto, CA 92583



Psychological First Aid - Responding to Child Abuse

1 LISTEN to what they say and how they act.

- Just listen and pay attention to the child.
- Observe nonverbal communication. Remember that children may also show their feelings in nonverbal ways, such as increased behavioral problems or increased withdrawal.
- **Note:** Do not investigate or probe for details; this may trigger trauma reminders or compromise a legal investigation if questions are leading.

2 PROTECT by maintaining structure, stability, and consistency.

- Follow District guidelines and procedures regarding reporting to Child Protective Services or Law Enforcement.
- Children need to hear that what happened is not their fault and that they did the right thing by telling.
- Conduct the discussion in private and reassure the child that the disclosure enables adults to help and protect.
- Maintain daily routines, activities, and structure with clear expectations and consistent rules.
- **Note:** Do not express doubt or disbelief.
- **Note:** Do not make judgmental statements or place blame.

3 CONNECT through interaction, activities and resources.

- Although you do not have to disclose you are reporting, if you do, explain your duty to protect and keep children safe.
- Consider letting appropriate support staff know of your report (e.g., Principal, Assistant Principal, School Counselor, School Psychologist, or EHERMS Therapist).
- “Check in” with the student on a regular basis.
- **Note:** Do not make promises or false assurances.

4 MODEL calm and optimistic behavior.

- It is good to be aware of your thoughts, feelings, and reactions about the event. They can affect your children. Your children will be watching you for both verbal and nonverbal cues and it will influence how your children cope and behave.
- Monitor conversations that children may hear.
- **Note:** Do not express shock or anger at the possible perpetrator or event.
- **Note:** Children often love the person who mistreats them.

5 TEACH about normal changes that can occur when traumatized.

- Children may have different reactions, even to the same event.
- Encourage the student to identify and use positive coping strategies to help them after the event.
- Help the student problem solve to get through each day successfully.
- Help the student set small “doable” goals and share in these achievements as “wins.”
- **Note:** Over time and with support, individuals generally do better after a stressful event. If they do not, they should be encouraged and taught to seek assistance from school support staff, community agency, or health care provider.

The PFA: Listen, Protect, Connect Model was created in partnership by UCLA Center for Public Health and Disasters, LAUSD Trauma Services Adaptation Center and the National Center for the School Crisis and Bereavement. The authors M. Schreiber, R. Gurwitch, and M. Wong have authorized this adaptation.

Psychological First Aid - Responding to Bullying, Cyber Bullying or Hazing

1 LISTEN to what they say and how they act.

- Talk with your students.
- Listen to what your students say and how they act.
- Explain to your students that if someone they know is being bullied, it is important not to walk away from the situation. Sometimes targets of bullying, cyberbullying or hazing, are too scared to get the right help.
- Be there for those students who need help and let other students know the importance of telling a staff member if they become aware of bullying, cyberbullying or hazing.

2 PROTECT by maintaining structure, stability, and consistency.

- Intervene immediately with any act of bullying, cyber bullying or hazing.
- If a student is being bullied, help him/her explore ways to stay safe, such as by hanging out in an area where there are adults supervising, or avoiding walking home alone.
- **Note: Report all bullying, cyber bullying or hazing incidents directly to the school administrator or the school complaint manager.**

3 CONNECT through interaction, activities and resources.

- Explain to your students that if someone they know is being bullied, it is OK to ask for help. Explain that they are not "snitching" on others by saying something to an adult; they are helping to protect themselves and the people they know.
- Remind students to keep telling adults, until someone listens and does something to address the issue.

4 MODEL calm and optimistic behavior.

- Students frequently watch adults' interactions with other students, and their reactions in the midst of crisis. Adults fail to protect students when they witness an act of bullying and ignore it.
- Lead by example; model advocacy and the protection of students by intervening appropriately, correcting behavior, and seeking the proper support for all parties involved.

5 TEACH about normal stress symptoms and how to cope.

- Teach students and staff about the consequences of bullying, cyber bullying or hazing
- Inform your students about appropriate online behavior, and teach them to avoid cyber bullying.
- Teach students help seeking behaviors and talk to them about what they can say or do when they become aware of bullying, cyber bullying or hazing.
- Help students identify trusted adults at school and at home whom they can go to for support.
- Be aware of the policies and the laws related to bullying, cyber bullying or hazing so that students understand the legal ramifications of their actions.

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What To Do In The Event Of Rape

When a school is notified that a rape has occurred to a student or staff member, the Crisis Response Team and the school must protect the identity and right to privacy of the rape survivor and of the alleged perpetrator. News of the incident should be contained as much as possible. Appropriate response by school staff will be directed at minimizing fears of students/staff and quelling the spread of rumors. As opposed to convening a Crisis Response Team meeting and alerting the student body, services provided to the survivor and her/his family should be kept confidential and should be coordinated with outside service providers, such as the Center Against Sexual Assault (C.A.S.A.). C.A.S.A. has a 24/7 hotline, law enforcement/hospital/court advocacy, and counseling.

RAPE ONLY BECOMES A CRISIS TO BE MANAGED BY SCHOOL STAFF WHEN ONE OR MORE OF THE FOLLOWING CONDITIONS EXISTS:

1. The rape occurs on campus.
2. The rape survivor's friend(s) request intervention.
3. Students witness police action or emergency services respond.

When one or more of the above conditions exists, the following should be implemented:

1. Direct the person providing the information not to repeat it elsewhere out of respect for the survivor.
2. If the rape occurred on campus, notify the School Resource Officer (SRO). The SRO will initially respond to the call, however, the actual investigation will be done by other Deputies/ Investigators.
3. If office staff members heard the report, tell them not to repeat or give out any information within or outside school unless they are specifically requested to do so.
4. Designate the CRT member closest to the survivor to talk to her/him about the types of support he/she and his/her closest friends need, and the person(s) the rape survivor would like to provide that support.

Rape is a crime of violence. For the rape survivor, it often is an experience of fear, loss of control, humiliation, and violation. Rape survivors may experience a full range of emotional reactions. It is extremely beneficial for rape survivors to seek counseling support regarding the assault.

Legal Considerations

Rape is considered one category of child abuse and suspicion or knowledge of it requires the reporting to a child protective agency (Section 11166 California Penal Code).

Report To: SRO or to the San Jacinto Police Department: (951) 654-270

Submit a written CPS report to the agency you made the phone report to.



Rape Survivor Checklist

If the rape occurs on campus

- ☐ Take the student to a safe place.
- ☐ Attend to immediate first aid needs. **Preserve all physical evidence, so no washing.**
- ☐ Contact SRO immediately. If SRO is not available, contact 911.
- ☐ Notify Principal or Designee.
- ☐ Principal or Designee notifies parent/guardian. Provide current information regarding student status.
- ☐ Principal or Designee notifies Superintendent and Director, Student, Community and Personnel Support.
- ☐ Provide survivor and parent/guardian with information regarding the Center Against Sexual Assault (C.A.S.A.). (951) 652-8300 <http://www.swcasa.org/home.aspx>
- ☐ Make mandated Child Protective Services (CPS) report.
- ☐ Involve site or district CRT to assist with intervention as needed.
- ☐ Ensure confidentiality by protecting survivor's privacy, addressing rumors, and filling information in a secure location.
- ☐ Determine who is closest to survivor to follow-up.



What To Do In The Event Of Hostage Situations

Although extremely rare, a hostage situation poses immediate danger to students and staff. The first priority is **SAFETY** and **CARE** of students and staff. The following guidelines are suggested in this extreme situation

1. Notify School Resource Officer or Police

- Law enforcement will be in command and will control all activities and communication.
- School personnel will assist with resources and support.
- Until law enforcement arrive it is important that site personnel keep in mind:

NO HEROICS; NO CHALLENGES; NO CONFRONTATION; KEEP CALM

2. Maintain a firm, even voice. This can reduce tension(s).

- Try to establish phone or voice contact with captor(s).
- Endeavor to keep captor engaged in "Easy Chat."
- Pose, simple, non-threatening questions, such as: "What is it you want us to do?" "I am concerned about you and the people with you." "Is everyone there okay?" "We are working to get answers to your requests."
- DO NOT SOUND GENERAL ALARMS** without CAREFUL CONSIDERATION OF THE CONSEQUENCES – e.g., people becoming panicked or rushing out into dangerous areas.

3. Seal off the "Hostage Area" to protect people and to preserve elements of evidence.

4. Sequester Witnesses. Keep witnesses sequestered with a staff member that is able to admonish against any conversation relating to the incident to avoid rumor, speculation or distortion of facts which may be needed in later investigation.

5. Arrange to have the following immediately available to Law Enforcement when they arrive on campus.

- Someone who knows the physical school plan (locations of phones, doors, windows, hallways, closets, basements, electrical control panels, fire extinguishers, hoses, access to rooftops, etc.)
- Plant maps, aerial photograph and/or chalkboard sketch of areas surrounding the "hostage building." This is essential in developing action plans.
- Teachers, parents, students or staff who might know captor(s).
- If captor is identified, any school records on captor and any captives might be helpful.

6. Evacuation – If absolutely safe and secure exit routes are available, evacuate all students and personnel from the areas in or near the "hostage building." If not a absolutely safe exit route is possible, direct ALL PERSONS in buildings to remain inside, lie on floors, and stay out of sight.



What To Do In The Event Of Hostage Situations (Cont.)

- 7. Communication** – In talking with captor(s), **DO NOT** use the term “hostage.” Refer to captives **ONLY** as boys, girls, men, women or students. (This will help to personalize captives as people rather than objects).
- 8. Listen to Captor(s)**
 - a. Does the voice reveal intensity, irrationality, hostility?
 - b. Is there any accent or inflection which may help in later identification?
 - c. Voice quality or speech characteristics may also indicate other factors which could be used if negotiation is needed later.
- 9. Avoid direct confrontation or ultimatums**
 - a. Acknowledge and restate captor(s) requests.
 - b. If pressed, respond agreeably but diplomatically.
 - c. Avoid making promises or commitments.
- 10. Time is on the side of rescue efforts**

Remember you will be dealing with a **STRESSED** person in a very **STRESSFUL CIRCUMSTANCE** – a person whose thinking may be illogical or even bizarre. Your whole approach is to “**BUY TIME**,” to keep the situation from intensifying or escalating and to be “**A HELPER**” trying to resolve a problem **UNTIL** the authorities who will take charge can get on site.



What To Do In The Event Of A Homicide

School populations are very effected by homicides. If the homicide occurs on school grounds, communication with the School Resource Officer (if you have one on campus) should be the first priority.

It is important to realize that actions taken by law enforcement may precede or initially preclude the implementation of your usual crisis response procedures. However, crisis intervention may occur in collaboration with law enforcement. Discuss the plan with your site personnel and SRO before a crisis occurs.

Crisis response is designed to contain panic, prevent chaos, ensure safety, and provide support to students and staff affected most significantly.

One of the primary responses to a homicide is fear. Students and staff will fear for their own safety and the safety of peers and family.

The school's response to a student or staff member's homicide largely depends on the role law enforcement officials take, so instructions from law enforcement have priority.



Homicide Checklist

- ☐ Communicate with the School Resource Officer for clarification and instructions.
- ☐ Notify Superintendent's Office.
- ☐ Notify building counselors, psychologist, and or site crisis resource team.
- ☐ Activate District Crisis Team.

With law enforcement approval:

- ☐ Inform closest friends of the deceased and provide support.
- ☐ Prepare formal announcement or written statement.
- ☐ Identify students, staff, and parents likely to be most affected by news.
- ☐ Announce time and place of emergency staff meeting.
- ☐ Assess need for additional community resources.
- ☐ Assign trained staff or community professionals to:
 - ☐ Provide grief support to students;
 - ☐ Review and distribute discussion questions to teachers;
 - ☐ Stand in for absent/affected/substitute teacher; and
 - ☐ Distribute lists of community resources.
- ☐ Make Official Announcement.
- ☐ Hold emergency staff meeting.
- ☐ As needed, assign team members and other staff to monitor grounds, notify parents, support staff, and feeder schools, provide support to staff, collect student belongings, and withdraw student's name from school rolls.
- ☐ Implement long-term follow-up procedures.

Parent Guidelines for Helping Children after an Earthquake

Being in an earthquake is very frightening, and the days, weeks, and months following are very stressful. Your children and family will recover over time, especially with the support of your relatives, friends, community, and relief organizations. But different families may have different experiences during and after the earthquake, including the experience of aftershocks which may continue for several months. How long it takes to recover will depend on what happened to you and your family during and after the earthquake and the extent of damage and loss. Some children or their family members may have been seriously injured and will require medical treatment and long term rehabilitation. Some families will return to normal routines over time, while others may struggle with damage to their home and possessions, with access to medical care, and increased financial strain. Many families will have lost loved ones. Children may react differently to the earthquake and its aftermath depending on their age and prior experiences. Expect that children may respond in different ways and be supportive and understanding of different reactions, even when you are having your own reactions and difficulties.

Children's reactions to the earthquake and its aftermath are strongly influenced by how their parents, relatives, teachers, and other caregivers cope. They often turn to these adults for information, comfort, and help. There are many reactions that are common among children. These generally diminish with time, but knowing about them can help you be prepared.

Common Reactions

- Feelings of anxiety, fear, and worry about the safety of self and others:
 - o Children may have increased fears and worries about separation from family
 - o Young children may cling to their parents, siblings, or teachers more
- Fears that another earthquake or aftershock will occur
- Anxiety about the safety of their home, school, religious, and other buildings
- Changes in behavior:
 - o Increased activity level
 - o Decreased concentration and attention
 - o Increased irritability
 - o Withdrawal
 - o Emotional outbursts
- Physical complaints (headaches, stomachaches, aches and pains)
- Changes in school-related work habits, social behavior, and behavior in the family
- Staying focused on the earthquake (talking repeatedly about it – young children may “play” the event)
- Strong reactions to reminders of the earthquake (destroyed buildings, debris, cracks in walls, news reports)
- Increased sensitivity to sounds (sirens, loud noises, things falling or crashing)
- Changes in sleep and appetite
- Lack of interest in usual activities, including how they spend time with friends
- Regressive behavior in young children (returning to baby talk, bedwetting, tantrums)
- Increase in harmful habits like drinking, using drugs, or doing things that are hurtful to one self or others

Parent Guidelines for Helping Children after an Earthquake (Cont.)

Things I Can Do for Myself

- Take care of yourself. Do your best to drink plenty of water, eat regularly, and get enough sleep.
- Help each other. Take time with other adult relatives, friends, or members of the community to talk or help each other, including being involved in religious or spiritual activities.
- Put off major decisions. Avoid making any unnecessary life-altering decisions during this time.
- Give yourself a break. Try not to overdo clean-up activities. Take time to rest and do things that you like to do.

Things I Can Do for My Child

- Spend time talking with your children. Let children know that it is OK to ask questions and express their concerns. Their fears and concerns may need to be discussed more than one time and you should remain open to answering new questions and providing helpful information.
- Find time to have these conversations. Find time such as if you eat together or sit together in the evening, to talk about what is happening in the family as well as in the community. Answer questions briefly and honestly, but also ask your children for their opinions and ideas. For younger children, follow conversations about the earthquake with a favorite story or an activity to help them feel more safe and calm.
- Be a role model. Changes in living conditions can be extremely stressful for children. They will take cues on how to handle situations from their parents. Remaining calm will be important during chaotic times.
- Encourage your children. Help children take care of themselves by encouraging them to drink enough water, eat regularly, and get enough rest.
- Help children feel safe. This includes telling children what to do during an aftershock and explaining how you are keeping the family safe. This may need to be repeated many times.
- Maintain routines. Children feel more safe and secure with structure and routine. As much as possible, stick to everyday routines (including mealtimes, bedtime).
- Maintain expectations or "rules". Stick with family rules, such as rules about good behavior and respect for others.
- Limit news exposure. Protect your child from too much news coverage about the earthquake recovery, including those in newspapers, on the Internet, or on the radio or television.
- Calm worries about friends' safety. As communication or the ability to see friends may be difficult, reassure your children that their friends' parents are taking care of them

Parent Guidelines for Helping Children after an Earthquake National Child Traumatic Stress Network www.NCTSN.org

After the Earthquake: Helping Young Children Heal

Young children, toddlers, and preschoolers -- even babies -- know when bad things happen, and they remember what they have been through. After a scary event, we often see changes in their behavior. They may cry more, become clingy and not want us to leave, have temper tantrums, hit others, have problems sleeping, become afraid of things that didn't bother them before, lose skills. . . . Changes like these are a sign that they need help. Here are some ways you can help them.

Safety – Focus on safety first. Your young child feels safe when you . . .

- Hold him or let him stay close to you.
- Tell her you will take care of her when things are scary or difficult. With children who are learning to talk, use simple words, like saying “Daddy’s here.”
- Keep him away from frightening TV images and scary conversations.
- Do familiar things, like singing a song you both like or telling a story.
- Let him know what will happen next (to the degree that you know).
- Have a predictable routine, at least for bedtime: a story, a prayer, cuddle time.
- Leave her with familiar people when you have to be away.
- Tell him where you are going and when you will come back.

Allow expression of feelings

- Young children often “behave badly” when they are worried or scared. Children can “act out” as a way of asking for help. Remember! Difficult feelings = Difficult behavior.
- Help your child name how she feels: “scared,” “happy,” “angry,” “sad.” Tell her it’s OK to feel that way.
- Show your child the right way to behave, like saying “It’s OK to be angry but it’s not OK to hit me.”
- Help your child express anger in ways that won’t hurt, using words, play, or drawings.
- Talk about the things that are going well to help you and your child feel good.

Follow your child’s lead

- Different children need different things. Some children need to run around, others need to be held.
- Listen to your child and watch his behavior to figure out what he needs.



After the Earthquake: Helping Young Children Heal (Cont.)

Enable your child to tell the story of what happened during and after the earthquake.

- Having a story helps your child make sense of what happened and cope better with it.
- Children use play to tell their story. For example, they may throw blocks to show what the earthquake was like. They may separate toy animals to show how they were separated from you.
- Join your child in showing and telling not only what happened, step by step, but also how you both felt.
- As you tell the story, follow your child's lead. When the story is difficult, your young child may need breaks: running around, being held, playing something else. This is OK. He will come back to the story when he is ready.
- It can be hard to watch your children's play or listen to their stories of the earthquake. Get support if it is too hard for you to listen without becoming upset.

Ties – Reconnect with supportive people, community, culture and rituals

- Simple things like a familiar bedtime story, a song, a prayer, or family traditions remind you and your child of your way of life and offer hope.
- If you belong to a group, like a church, try to find ways of reconnecting with them.
- You can help your child best when you take care of yourself. Get support from others when you need it.

Your Child Needs You! This is the most important thing to remember.

- Reassure your child that you will be together.
- It is common for children to be clingy and worried about being away from you.
- If you need to leave your child, let her know for how long and when you are coming back. If possible, leave something that belongs to you, or a picture that your child can have.
- Just being with your child, even when you can't fix things, helps your child.

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Teacher Guidelines for Helping Students after an Earthquake

Being in an earthquake is very frightening, and the days, weeks, and months following are very stressful. Most families recover over time, especially with the support of relatives, friends, and their community. But different families may have different experiences during and after the earthquake, including the experience of aftershocks which may continue for several months. How long it takes to recover will depend on what happened to them during and after the earthquake and the extent of damage and loss. Some children or their family members may have been seriously injured and will require medical treatment and long-term rehabilitation. Some families will return to normal routines fairly quickly, while others may struggle with damage to their home and possessions, with access to medical care, and increased financial strain. Many families will have lost loved ones. Children may react differently to the earthquake and its aftermath depending on their age and prior experiences. Teachers should expect that children may respond in different ways and be supportive and understanding of different reactions.

Children's reactions to the earthquake and its aftermath are strongly influenced by how their parents, teachers, and other caregivers cope. They often turn to these adults for information, comfort, and help. There are many reactions to the earthquake that are common among children. These generally diminish with time, but knowing about these reactions can help teachers be prepared.

Common Reactions

- Feelings of anxiety, fear, and worry about the safety of self and others:
 - Children may have increased fears and worries about separation from family members
 - Young children may cling to their parents, siblings, or teachers
 - Fears that another earthquake or aftershock will occur
 - Anxiety about the safety of buildings
- Changes in behavior:
 - Increased activity level or decreased concentration and attention
 - Increased irritability
 - Withdrawal
 - Emotional outbursts
- Physical complaints (headaches, stomachaches, aches and pains)
- Changes in school-related work habits
- Staying focused on the earthquake (talking repeatedly about it – young children may “play” the event)
- Strong reactions to reminders of the earthquake (destroyed buildings, debris, cracks in walls, media reports)



Teacher Guidelines for Helping Students after an Earthquake (Cont.)

- Increased sensitivity to sounds (sirens, loud noises, things falling or crashing)
- Changes in sleep and appetite
- Lack of interest in usual activities, including playing with friends
- Regressive behavior in young children (returning to baby talk, bedwetting, tantrums)
- Increased high-risk behaviors in adolescents (drinking, substance abuse, self-injurious behaviors)

How Can I Help My Students?

Teachers play an important role in helping their students' recover. Returning to school, even in a temporary setting, will promote the welfare of children and their families. Consider these suggestions to help you in your work with your students and families.

Taking Care of Yourself In order to help your students, you come first.

- Take care of yourself. Do your best to drink plenty of water, eat regularly, and get enough sleep.
- Take time for your family. Try to take care of the personal needs of your own family. It can be useful for teachers to cover for each other when something comes up that you need to take care of.
- Communicate with others. Make sure that you talk with other teachers to give each other support.
- Give yourself a break. Try not to overdo clean-up activities at home or at school, including lifting heavy items or working for extended periods of time.
- Put off major decisions. Avoid making any unnecessary life-altering decisions during this stressful time.

Taking Care of Your Students Here are some suggestions to help your students:

- Modify lesson plans. Reduce the workload, move at a slower pace, and make lessons more enjoyable, especially when class is held in a temporary setting, school schedules are changed, and when classmates or other teachers have not returned or have been killed.
- Communicate with students. Talk openly with students about their feelings and concerns about the earthquake and the aftermath. Provide accurate information to help clarify misunderstandings and reduce fear. End the discussion with focus on current safety procedures and community recovery activities.




Teacher Guidelines for Helping Students after an Earthquake (Cont.)

- Know your students' experiences. Invite students and parents to tell you about changes in the family or at home so that you can better understand any change in classroom behavior or school work.
- Share information with others. Speak with one another and other school staff to share information and monitor how students are doing.
- Provide structure. As best as you can, maintain a predictable, structured class schedule with rules and consequences to provide support for your students, even if you are in a new or temporary setting.
- Help students cope with distress. Help students develop and use their own coping skills, such as talking to a trusted adult or doing activities like playing with friends, reading, praying, singing, dancing, or doing art.
- Encourage healthy habits. Encourage students to drink enough water, eat regularly, and get enough rest.
- Set limits on emotional outbursts. It is difficult to have students being irritable or disruptive. Clearly tell students what is expected and reinforce good behavior.
- Reduce reminders. Reduce students' exposure to unnecessary reminders of the earthquake. Limit teacher-to-teacher conversations about the earthquake in front of students and discussions about the earthquake during class time.
- Identify sleep problems. Tired students often cannot concentrate or learn well and can be irritable with friends and teachers. Encourage students to get as much sleep as possible.
- Be patient. Recovery comes in stages over weeks and months. Don't become discouraged because some students take more time than others or have temporary setbacks.
- Promote helping activities. Engage students in activities to help rebuild their school community and social life, including projects to improve their school or neighborhood or to help others in their community.
- Promote tolerance in your classroom. Students in your class may have been severely affected by the earthquake, including having had serious injury or disfigurement, death of a family member, or living in temporary housing. Help students to be sensitive to others' distress and support each other in positive ways. For example, encourage students to include each other in play, monitor teasing, pair students for activities so that all students are included.

Further information about children, families, and earthquakes can be found at the website of the National Child Traumatic Stress Network, www.NCTSN.org.



San Jacinto Unified School District
Crisis Response Team Manual

	San Jacinto Unified School District RELEASE AND USE OF INFORMATION AUTHORIZATION FORM
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NAME OF STUDENT (LIST OTHER NAMES USED)	MEDICAL RECORD NUMBER (IF APPLICABLE)	DATE OF BIRTH
PARENT/GUARDIAN	ADDRESS	PHONE NUMBER

I authorize the following individuals/organizations to disclose and receive the above named individual's medical/educational information as described below:

INDIVIDUAL OR ORGANIZATION	INDIVIDUAL OR ORGANIZATION
	San Jacinto Unified School District
NAME OF INDIVIDUAL/ORGANIZATION	DEPARTMENT/INDIVIDUAL
ADDRESS	ADDRESS
CITY, STATE, ZIP CODE	San Jacinto, California
TELEPHONE	CITY, STATE, ZIP CODE
SECURE E-MAIL / FAX	(951) 929-7700 EXT.
	TELEPHONE
	SECURE E-MAIL / FAX

DURATION OF AUTHORIZATION	This authorization shall become effective immediately and shall remain in effect until _____ (DATE) or for one year from the date of signature if no date is entered.
REVOCATION	I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.
REDISCLASURE	I understand that health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and it is no longer protected by federal laws and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public educational agency is protected as a student record under the Family Educational Rights and Privacy Act (FERPA).
Health Information	I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization, and I do not need to sign this form in order to assure medical treatment.
SPECIFY RECORD(S)	<input type="checkbox"/> Medical <input type="checkbox"/> Medication <input type="checkbox"/> Psychiatric <input type="checkbox"/> Mental Health <input type="checkbox"/> Vision <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> STD/HIV <input type="checkbox"/> Educational <input type="checkbox"/> Audiological <input type="checkbox"/> Other:
SPECIAL INSTRUCTIONS REGARDING DISCLOSURE/RECEIVING OF INFORMATION <i>Any and all information with regard to the above records may be released except as specifically provided here:</i>	
<i>I request that the information released pursuant to this authorization be used for the following purposes only:</i> <input type="checkbox"/> Educational Assessment <input type="checkbox"/> Educational Planning <input type="checkbox"/> Other:	

A copy of this authorization is as valid as an original.

I understand that I have a right to receive a copy of this authorization for my records.

TUDENT OR STUDENT'S REPRESENTATIVE	RELATIONSHIP TO STUDENT	DATE
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DISTRITO ESCOLAR UNIFICADO SAN JACINTO

CONSENTIMIENTO PARA EL USO Y/O REVELACION DE INFORMACION

Nombre del estudiante (enliste los nombres usados)

Número del archivo Médico (si aplica)

Fecha de Nacimiento

Dirección del estudiante

No. de teléfono

Otro No. de teléfono

Autorizo al siguiente individuo u organización a que revele la información médica/educativa del individuo mencionado anteriormente como esta descrito abajo.

Individuo u Organización Dando la Información:

Individuo u Organización Recibiendo la

<p>Persona dando la información</p> <p>Dirección</p> <p>Ciudad, Estado, Código Postal</p> <p>Teléfono: _____ Fax: _____</p>	<p>Persona recibiendo la información</p> <p>Dirección</p> <p>Ciudad, Estado, Código Postal</p> <p>Teléfono: _____ Fax: _____</p>
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Duración: Esta autorización será efectiva inmediatamente y se mantendrá en efecto hasta el _____ (fecha) o Por un año de la fecha de la firma si es que no es fechada.

Revocación: Entiendo que tengo el derecho de revocar esta autorización, por escrito, en cualquier momento enviando dicha notificación a la agencia que esta informando. La revocación por escrito será efectiva al momento de ser recibida, pero no aplicará a la información que ya sea a dado en respuesta a esta autorización.

Re-revelación: Entiendo que la información obtenida tocante a esta autorización puede estar sujeta a ser proveida por el que la recibe y ya no esta protegida por leyes federales y acerca de regulaciones de protección de privacidad de información de salud. Yo entiendo que la confidencialidad de la información cuando es dada a una agencia educativa publica esta protegida como archivo del estudiante bajo los Derechos Educativos de la Familia y el Acta de Privacidad (FERPA).

Info. De Salud: Entiendo que la autorización de revelación de información de salud es voluntaria. Que me puedo rehusar a firmar esta autorización. Que no necesito firmar esta forma para asegurar tratamiento médico.

Especifique: Indique el tipo de información que será revelada;

Archivo(s):

☐ Información médica

☐ Información de medicamento

☐ Información psiquiátrica

☐ Salud Mental

☐ Información de Droga/Alcohol

☐ Resultados de exámenes de EST/SIDA

☐ Archivos Educativos

☐ Otro:

Pido que la información dada tocante a esta autorización sea para los siguientes propositos únicamente:

☐ Evaluación Educativa

☐ Plan Educativo

☐ Otro: _____

Una copia de esta autorización es tan valida como un original.

Entiendo que tengo el derecho de recibir una copia de esta autorización para mi archivo.

Firma del estudiante o del Representante del Estudiante

Descripción de Parentesco con el estudiante

Fecha