
Hawaii Department of Education
Oahu Central School District



SCHOOL CRISIS PREVENTION,
INTERVENTION, & RESPONSE
Protocol, Procedures & Guidelines
2018-2019

Revised January 2019

Table of Contents

Overview	3
Hawaii Policies and Resources	5
Federal Policies and Resources	7
Procedures for Notification	
District-Wide Crisis Team Communication Chain	9
Crisis Management Guidelines for Administrators	10
Administrative Fact Sheet	11
Forms	
Crisis Team Worksheet	12
Initial Risk for Psychological Trauma Screening Form	13
Student Referral To Crisis Team	14
Crisis Event Evaluation Form	15
Suicide Threat Protocol/Forms	16
Threat to Others Protocol/Forms	24
Sample Letters	
Letter to Parents: Death of Staff Member	33
Letter to Staff: Death of Faculty Member	34
When Grief/Loss Hits Close to Home: Tips for Caregivers	35
Addressing Grief: Tips for Teachers and Administrators	37
Addressing Grief: Brief Facts and Tips	40
Preventing Youth Suicide: Brief Facts and Tips	42
Preventing Youth Suicide: Tips for Parents and Educators	43
Special Considerations When Memorializing an Incident	45
Notification for Faculty Meeting	47
References	50

Overview

The Hawaii Department of Education maintains safe school policies and practices are integral components of standards-based education, as safe schools have a direct correlation with student achievement. Schools are required to develop school safety plans. Students, parents and employees may be assured that schools are prepared to deal with problems swiftly and effectively. Faced with a student or staff death is always a shocking and tragic event as is other crisis in schools. A process promoting information sharing, communication with students and staff, networking with law enforcement and community resources will result in more effectively supporting the emotional needs of both student and staff members. The process will also minimize the impact crisis has on students and staff.

This Crisis Manual developed by Central District will supplement a school's safety plan to include mental health resources and guide the school in preventing, preparing, responding to and recovering from school crisis. The goal of the Crisis Manual is to address the challenges a crisis may bring and to ensure there are supports so students, families, and staff feel psychologically and physically safe. A safe and secure school is absolutely essential for an effective learning environment. This Crisis Manual is intended to provide crisis intervention team members with a structure and process for effectively managing a wide spectrum of school-based crises.

The NASP PREP_aRE model provides school-based mental health professionals and other educational professionals training on how to best fill the roles and responsibilities generated by their participation on school safety and crisis teams. PREP_aRE is one of the first comprehensive nationally available training curriculums developed by school-based [professionals with firsthand experience and formal training](#). The curriculum is based on the assumptions that:

- the skill sets of school-based professionals are best utilized when they are embedded within a multidisciplinary team that engages in crisis prevention, preparedness, response, and recovery;
- school crisis management is relatively unique and as such requires its own conceptual model; and
- by virtue of their professional training and job functions, school-based mental health professionals are best prepared to address the psychological issues associated with school crises.

Specifically, the PREP_aRE model emphasizes that, as members of a school safety and crisis team, school mental health professionals must be involved in the following specific hierarchical and sequential set of activities:

- **P—Prevent** and PREP_aRE for psychological trauma
- **R—Reaffirm** physical health and perceptions of security and safety
- **E—Evaluate** psychological trauma risk
- **P—Provide** interventions
- **a—and**
- **R—Respond** to psychological needs
- **E—Examine** the effectiveness of crisis prevention and intervention

The model also incorporates foundation knowledge provided by the U.S. Departments of Education and Homeland Security. Specifically, the PREP_aRE curriculum describes crisis team activities as occurring during the four states of a crisis: (a) prevention, (b) preparedness, (c) response, and (d) recovery. It also incorporates the incident command structure as delineated by the National Incident Management System (NIMS).

Crisis management is critical to the well-being of students because it can help to ameliorate the effects of stressful or traumatic events on learning by providing students with opportunities to discuss their feelings and reactions through appropriate classroom activities and counseling experiences. Crisis response procedures enable school

administrators to gather and disseminate accurate information about the incident, increase the available supportive counseling for students and staff, and guide students and staff to engage in productive, appropriate responses or referrals to the appropriate resources. Definition of a School Crisis A crisis event that may impact a school can be described as being extremely negative, uncontrollable, and is sudden and unpredictable (Brock et al., 2009). For students and staff the crisis event may cause great pain, physical and/or emotional or has the perception of causing both. Threats perceived and real, are also include in this definition. It may also result in the perception of loss of control.

The Virginia Department of Education's 2007 Guide to Crisis Management in Virginia Schools (Virginia Department of Education, 2007) has organized crises into five categories:

1. "Non-Emergency Crises are events that negatively impact schools and to which schools must respond, but an emergency response is not required." Examples of a Non-Emergency Crisis may include and are not limited to real or perceived threats of injury or death to students and staff; death of students or staff members (motor vehicle accidents; medical illnesses; medically related deaths).
2. "Medical Emergencies are those arising from health conditions as well as unintentional and intentional injuries." The primary responsibility to respond to this type of crisis falls on school administrators, school nurses, and emergency medical personnel. Law enforcement will be involved if a violent act occurs.
3. "Critical Incidents are events requiring an immediate response by public safety and /or emergency management officials. Examples include school shootings, situations involving hostage and/or weapons, fires, and gas leaks. Critical incidents are typically managed by school administrators only until public safety and/or emergency management officials arrive. These types of crisis involve activation of a school incident command system (ICS)."
4. "Emergencies Affecting Schools are events typically not occurring on school property but constituting a threat to the school." Examples of this may include, but are not limited to terrorist attacks, hazardous materials spills, or fugitive being pursued near a school.
5. "Natural Disasters include floods, tornadoes, earthquakes, and other emergencies arising from natural events."

Crisis teams should be prepared to be called to respond to any one of these crisis events. Although crises may initially have a negative impact on people, it is important to recognize that crises present opportunities that can ultimately lead to growth. Procedures for crisis management offer benefits for students, parents, and the school division by: providing an organized, systematic method for helping and educating the school community with regard to crisis reactions and appropriate coping strategies; helping staff members to determine under what circumstances and how to refer students for help; enabling crisis intervention team members to operate within specified guidelines to make collaborative decisions; and helping to assure parents that the school division will be prepared in the event of a crisis situation.

Hawaii Policies and Resources

Supporting children: Policies and resources

(<http://www.hawaiipublicschools.org/BeyondTheClassroom/SafeSchools/Pages/policies.aspx>)

To support and develop the academic achievement, character building and social-emotional well-being of all children, the Board of Education develops policies and the Department cultivates and curates aligned resources for students, employees and the public school system. The Hawaii State Department of Education's mission is to develop the academic achievement, character and social-emotional well-being of our students to the fullest potential. Our vision is that Hawaii's students are educated, healthy, and joyful lifelong learners who contribute positively to our community and global society. The Board of Education, in its role as the governing entity for the public school system, has developed several [policies](#) to support these outcomes. They include but are not limited to the following. Please click the links below to learn more about resources and supports for these policies:

Policy E-3, Nā Hopena A'o (HĀ)

"The DOE works together as a system that includes everyone in the broader community to develop competencies that strengthen a sense of belonging, responsibility, excellence, aloha, total well-being and Hawaii."

- [View Nā Hopena A'o page](#)

Policy 101.1, Student Code of Conduct

"Students are expected to be honest, behave with dignity and treat others with respect and courtesy. Behavior of the individual should not interfere with the rights of others. This includes the use of appropriate language, actions and attire. Students are expected not to harass others through any means."

- [View anti-bullying page](#)

Policy 101.6, Comprehensive Student Support System

"The BOE recognizes the importance of providing effective instruction in a safe, positive, caring and supportive learning environment. ... The DOE shall provide a comprehensive student support system framework to support the implementation, with fidelity of ... appropriate student support through an array of services."

- [View CSSS page](#)

Policy 106.5, Focus on Students

"The focus on the educational program for the public schools of Hawaii shall focus on the growth and development of each student."

- [View Strategic Plan page](#)

Policy 305.10, Anti-Harassment, Anti-Bullying, and Anti-Discrimination Against Students by Employees

"The DOE strictly prohibits any form of harassment and/or bullying based on the following: gender identity and expression, socio economic status, physical appearance and characteristics and sexual orientation." A student shall not be excluded from participation in, be denied the benefits of or otherwise be subjected to harassment, bullying and discrimination under any program, services or activity of the DOE."

- [View anti-bullying page](#)
- [View civil rights information](#)

Policy 201.2, Accountability of Employees

"In furtherance of the requirements of applicable state law as it relates to education, the Board of Education and Department of Education strategic plan, and other relevant policies, rules, regulations and procedures, it is the policy of the Board of Education ("Board") that all Department of Education ("Department") employees at school, complex area, and state levels comply with and implement Board policies and Department rules, regulations, and procedures.

All Department employees will be held accountable for failure to comply with or implement Board policies or Department rules, regulations, or procedures. Any employee who is found to have violated this policy or other policies, laws, rules, regulations, procedures, guidelines, or directives may be subject to disciplinary action, up to and including termination of employment from the Department consistent with applicable Board and Department policies, regulations, rules, collective bargaining agreements, and other civil service laws, rules, and regulations.”

- [View Code of Conduct](#)
- [View Procedures for Department Directed Leave or Leave Pending Investigation](#)

Resources

Organization	Phone	Website
Army Hawaii Family & MWR	(808) 655-4227	https://hawaii.armymwr.com/programs/family-advocacy-program
Catholic Charities	(808) 521-4357	http://www.catholiccharitieshawaii.org
Child & Family Services	(808) 681-3500	www.childandfamilyservice.org
Child Welfare/Protective Services	(808) 832-5300	www.humanservices.hawaii.gov
Crisis Line of Hawaii	(808) 832-3100 1-800-753-6879	www.healthhawaii.gov
Crisis Text Line of Hawaii	741-741	Text: “ALOHA”
Domestic Violence Action Center	(808) 531-3771	www.stoptheviolence.org
Epic Ohana	(808) 838-7752	www.epicohana.org
Hale Kipa	(808) 589-1829	www.halekipa.org
Kids Hurt Too	(808) 545-LOVE (5683)	www.kidshurttoo.org
Mental Health America of Hawaii	(808) 521-1846	www.mentalhealthhawaii.org
Military and Family Support Centers (Joint-Base Pearl Harbor-Hickam / NCTAMS, Pacific)	(808) 474-1999	http://www.greatlifehawaii.com/family-support/military-family-support-center
Parents and Children Together (PACT)	(808) 847-3285 1-800-815-8413	http://www.pacthawaii.org/
Queen Liliuokalani Children’s Center	(808) 851-7790	www.onipaa.org
Sex Abuse Treatment Center	(808) 524-7273	www.satchawaii.com
Shelter & Crisis Lines for Fam Violence	(808) 841-0822	www.childandfamilyservice.org
Susannah Wesley Community Center	(808) 847-1535	http://www.susannahwesley.org/

Federal Policies and Resources

A Framework for Safe and Successful Schools

The author organizations and cosigners of this joint statement believe that, while schools are among the safest places for America's children, we must make violence prevention and student well-being in our schools and communities a priority. We represent the educators who work day in and day out to keep our children safe, ensure their well-being, and promote learning. This joint statement provides a framework supported by educators for improving school safety and increasing access to mental health supports for children and youth. We created these policy and practice recommendations to help provide guidance to the Administration, Congress, and state and local agencies as they reflect upon evidence for best practices in school safety and climate, student mental health and well-being, instructional leadership, teaching, and learning. Further, the partnership between our organizations seeks to reinforce the interdisciplinary, collaborative, and cohesive approach that is required to create and sustain genuinely safe, supportive schools that meet the needs of the whole child. Efforts to improve school climate, safety, and learning are not separate endeavors and must be designed, funded, and implemented as a comprehensive school-wide approach. Ensuring that mental health and safety programming and services are appropriately integrated into the overall multi-tiered system of supports is essential for successful and sustainable improvements in school safety and academic achievement. Specifically, effective school safety efforts:

- Begin with proactive admin leadership.
- Allow school leaders to deploy human and financial resources in a manner that best meets the needs of their school and community.
- Provide a team-based framework to facilitate effective coordination of services and interventions.
- Balance the needs for physical and psychological safety.
- Employ the necessary and appropriately trained school-employed mental health and safety personnel.
- Provide relevant and ongoing professional development for all staff.
- Integrate a continuum of mental health supports within a multitiered system of supports.
- Engage families and community providers as meaningful partners.
- Remain grounded in the mission and purpose of schools: teaching and learning.

GUIDELINES FOR EFFECTIVE PRACTICE

- ASCA: <http://www.ascanationalmodel.org/> • *ASCA National Model, 2008*
- NAESP: <http://www.naesp.org/resources/1/Pdfs/LLC2-ES.pdf> • *Leading Learning Communities: Standards for What Principals Should Know and Be Able to Do, 2008*
- NASP Professional Standards: <http://www.nasponline.org/standards/2010standards.aspx> • *Model for Comprehensive and Integrated School Psychological Services, 2010*
- NASRO: http://www.nasro.org/sites/default/files/pdf_files/NASRO_Protect_and_Educate.pdf • *To Protect and Educate: The School Resource Officer and the Prevention of Violence in Schools, 2012*
- NASSP: <http://www.nassp.org/school-improvement> • *Breaking Ranks: The Comprehensive Framework for School Improvement, 2011*
- SSWAA: <http://sswaa.org/associations/13190/files/naswschoolsocialworkstandards.pdf> • *NASW School Social Work Standards, 2012*

Resources

Organization	Phone	Website
American Association of Poison Control Centers	1-800-222-1222	www.poisonhelp.org
Child Help USA Child Abuse Hotline	1-800-422-4253	www.childhelp.org
Disaster Distress Helpline	1-800-985-5990	www.samhsa.gov
National Suicide Hotline and Chat	1-800-SUICIDE (784-2433)	www.suicidehotlines.com
National Suicide Prevention Lifeline & Chat	1-800-273-TALK (8255)	www.suicidepreventionlifeline.org
Red Cross Emergency Hotline	1-877-272-7337	www.redcross.org

Procedures for Notification

District-Wide Crisis Team Communication Chain

Call SBBH District Office @ 622-6438
- Teri Tabiolo, DES
- Nani Verdadero, Office Assist.

Southside Crisis Lead:
Leslie Baunach, School Psychologist
Crisis Response Team Chair
808-351-6586

Northside Crisis Lead:
Traci Effinger, School Psychologist
Crisis Response Team Co-Chair
808-349-8624

Southside Crisis Team

- Lori Diaz, School Psychologist (808-237-9193)
- Sharon Aldueso, Behavioral Health Specialist (808-351-6713)
- Casey Menor, Behavioral Health Specialist (808-305-1613 and/or 808-832-3562)
- Dan Jose Rojas, Behavioral Health Specialist (808-421-4283)
- Jonathan Bocanegra, School Psych Intern (808-469-7118)

Northside Crisis Team

- Tami Babino, Clinical Psychologist (808-772-3508)
- Sandie Freitas, Social Worker (808-228-0170)
- Charnay Bland, Behavioral Health Specialist (808-364-8852)
- Sharon Aldueso, Behavioral Health Specialist (808-351-6713)
- Marissa Baligad Orian, Behavioral Health Specialist (808-307-2450)
- Kevin Nhieu, Behavioral Health Specialist (808-307-2452)

Crisis Management Guidelines for Administrators

The following guidelines are to be used in all crisis situations as defined in this plan:

1. The building administrator will request and verify information regarding the incident.
2. Admin will contact the District-Wide Crisis Team (Above).
3. Admin will notify their immediate supervisor of the incident and facts collected.
4. All media requests are referred to the building admin who will consult with the Hawaii DOE Director of Communications.
5. Admin will remind teachers and students to refer inquiries from the press and others to admin.
6. Whenever possible, the faculty and staff as a group will be informed (before the students) by admin and given time for discussion and planning.
7. Admin, with input from the central district crisis team, CAS, and DOE Director of Communications, will decide how the student body will be notified:
 - a. A written paragraph will be provided for teachers containing factual information which, at the admin's discretion, may be read to students.
 - b. Announcements over the public address system will be avoided. Bells will be held, if necessary, until there has been an opportunity for students to ask questions in response to the information provided.
 - c. When all classes have been informed of the crisis, follow-up information may be provided by the admin.
8. Admin or designee will notify the families of those students directly involved in the crisis and inform them of the action the school has taken to date.
9. Admin will designate staff and areas in the building in which to conduct crisis follow-up with counseling.
10. Admin or designee will prepare a letter to go home with the students. (See Sample Letters)
11. Admin will provide follow-up for students and staff who may have questions during the next days and/or weeks.
12. Principal, guidance staff, and district crisis team members will discuss and review recommended procedures and strategies to be implemented with the entire faculty and staff at each school.

Administrative Fact Sheet

To answer telephone inquiries during a crisis, know the facts:

1. What has happened?

2. When did the event occur?

3. Where did the event occur?

4. Who is involved? (Do not give out names of deceased or injured until the family has been notified.)

5. What is being done by school and emergency personnel?

6. What procedure should parents follow to have their children/students released or excused to attend a funeral?

7. Will the school be closed or classes held in another facility? If so, where?

8. Are any meetings planned for parents or members of the community? When? Where?

9. What is being planned to help families directly affected by the crisis?

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Crisis Team Worksheet

School: _____ Date: _____

Time of Arrival: _____ Time of Departure: _____

Principal: _____ Complex Superintendent: _____

Contacted by: _____ Date: _____

Team Contact Person: _____

Responders Present: (see attached sign in)

DESCRIPTION OF CRISIS: Who/What: _____

Situation: _____

Response: _____

Follow-up if needed (Yes or No)

Explain who's responsible: _____

Principal Signature: _____ Date: _____

Team member(s): _____, _____, _____

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us

and CC Teri Tabiolo, SBBH DES: tabiolo@cendo.k12.hi.us

Initial Risk for Psychological Trauma Screening Form

Name: _____

Date: _____

Referred By: _____

Room: _____ Crisis Responder: _____

Crisis Exposure: Physical Proximity

5	4	3	2	1	0
Crisis Victim: Physically injured	Crisis Victim: Physically Threatened	Crisis Witness	In the vicinity of the crisis	Absence by chance from the site of the event	Out of the vicinity of the crisis event

Crisis Exposure: Duration of Exposure:

5	4	3	2	1	0
Weeks	Days	Hours	Minutes	Seconds	None

Crisis Exposure: Emotional Proximity:

5	4	3	2	1	0
Parent/Sibling	Other family member	Best friend/only friend/ boyfriend/girlfriend	Good friend	Friend/acquaintance	Did not know victim

Personal Vulnerability	Yes	No	Elaborate		
Known/Suspected mental illness					
Previous Trauma or Loss					
History or current illness					
Lack of Resources			Social	Financial	Familial
Total "Yes" checks					

Immediate Crisis Reaction:

5	4	3	2	1
Severely Distressed	Seriously Distressed	Moderately Distressed	Mildly Distressed	Remained Calm

Comments: _____

Initial Risk Rating:

Date: _____ Red _____ Yellow _____ Green _____

Parent Contact:

Informed	Left Message	Unable to Reach	No Attempt
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Student Referral To Crisis Team



Date: _____ Time In _____ Time Out _____

Crisis Team Member Name(s)/Position(s): _____

Name of Student: _____

Discussion: _____

Follow Up Needed: Green, Yellow or Red

Parent Notification:

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Crisis Event Evaluation Form

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Were the intervention procedures clearly communicated to administration and staff?	1	2	3	4
2. The team performed in an organized manner.	1	2	3	4
3. The team effectively supported administration.	1	2	3	4
4. The team effectively supported teachers.	1	2	3	4
5. The team effectively supported student needs.	1	2	3	4
6. The team conducted themselves in a professional manner.	1	2	3	4

What were the strengths of the crisis intervention team?

What suggestions do you have to help us improve in the delivery of crisis intervention?

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: tabiolo@cendo.k12.hi.us

Rationale for Suicide Threat Response

The Surgeon General reports that a youth dies by suicide every two hours in the United States and that the average

rate of adolescent suicide is higher than the overall suicide rate (Watkins, 2004). According to the American Association of Suicidology (American Association of Suicidology, 2015), suicide is the 2nd leading cause of death among youth ages 10-19. According to the American Foundation for Suicide Prevention (American foundation for Suicide Prevention, 2010) the rate of suicide for youth ages 10-14 has doubled since 1990. School districts across the nation have begun to create protocols which emphasizes the responsibility of school employees to act upon information regarding attempted, threatened, or suspected suicidal acts of students. A suicide risk assessment is a crucial step in this process: it allows counselors, psychologists, administrators, or other health professionals to assess the severity of the suicide threat. Once that level is determined, team members can then create a comprehensive intervention plan to address the students' needs. It is recommended by the National Association of School Psychologists that all intervention efforts should be guided or informed by a suicide risk/threat assessment. Implementation of this intervention plan begins with educating support staff, administrators, teachers, and other professionals about the protocol when a suicide threat is made.

Per the National Association of School Psychologists, "School personnel have a **legal and ethical responsibility** to recognize and respond to suicidal thinking and behavior. Schools must have clear policies and procedures for what to do, as well as trained school-employed mental health professionals and crisis response teams. Although many suicidal children and adolescents do not self-refer, most show some warning signs. **Never ignore these signs.** Suicide prevention should be an integral component of a multi-tiered system of mental health and safety supports." www.nasponline.org

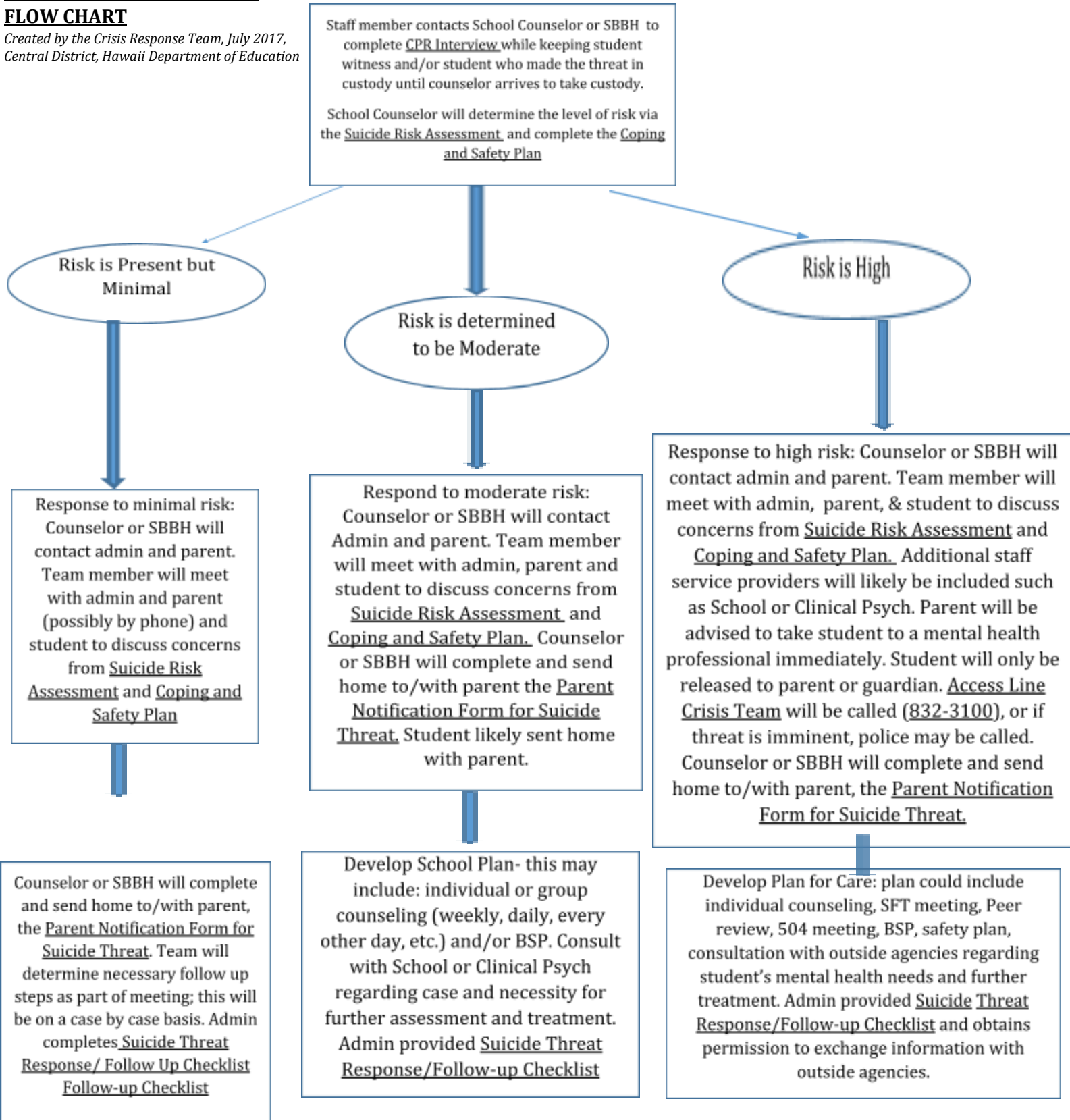
Suicide threat or warning signs are reported to staff member directly or indirectly told by another student (see [Suicide Warning Signs](#) for examples).



SUICIDE THREAT RESPONSE

FLOW CHART

Created by the Crisis Response Team, July 2017,
Central District, Hawaii Department of Education



SUICIDE WARNING SIGNS

Talking about suicide	Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born", "If I see you again...", and "I'd be better off dead."
Seeking out lethal means	Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
Preoccupation with death	Unusual focus on death, dying, or violence. Writing poems or stories about death.
No hope for the future	Feelings of helplessness, hopelessness, and being trapped ("There's no way out"). Belief that things will never get better or change.
Self-loathing, self-hatred	Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden ("Everyone would be better off without me").
Getting affairs in order	Making out a will. Giving away prized possessions. Making arrangements for family members.
Saying goodbye	Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won't be seen again.
Withdrawing from others	Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
Self-destructive behavior	Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a "death wish."
Sudden sense of calm	A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to commit suicide.

Authors: Jaelline Jaffe, Ph.D., Lawrence Robinson, and Jeanne Segal, Ph.D. Last updated: November 2014.

Please submit a copy to teacher(s), parent, and admin.

CPR (CRISIS PLAN RESOURCES): INTERVIEW FOR SUICIDE RISK ASSESSMENT

When Interviewing Student: Be direct. Use student's answers to complete **Suicide Risk Assessment** form. ***Highlighted items indicate info to be gathered from teachers and parents or via file review prior to the interview and follow up with the students answers**

Identify Suicidal Ideation:

Section II

- Sometimes when people have experienced a loss or extreme sadness or pain in their life, they think of suicide. Have you ever thought of killing yourself? (Determine the level of pain) **(II)**
- On a scale of 1-10 (10 being high), how bearable is the emotional pain that you are dealing with? (Determine the level of pain) **(II)**
- Can you identify ways to stop the emotional pain besides suicide? (Determine the level of pain) **(II)**

Section I

- Do you have a plan? How would you go about killing yourself? **(I.A, I.B, I.D)**
- Do you have the means/ weapon available to kill yourself? **(IA, IB)**
- Have you thought about when and where you would do it? Would there be others present? **(I.C, I.D)**

Section III

- Have you ever tried to talk to anyone about this emotional pain you are suffering from before? **(I.E, III)**
- Is there anyone you can talk to about this? Anyone who you think could help you solve these problems? **(I.E, III)**
- Do you think that there are significant others in your life that are concerned and available to help you cope with your emotional pain? **(I.E, III)**
- What keeps you going in life? What are your plans for the future? Is there anything you're looking forward to? **(III)**

Section IV

- Have you ever tried anything like this before? If so, how? What did you use? Were you hospitalized for the attempt? If you thought about or tried doing it before, what made you change your mind (identify coping skills used in prior attempt)? **(IV.A)**
- Have any individuals significant to you ever engaged in suicidal behavior? **(IV.B)**

Section V

- Do you have any history of mental illness?* **(V.A)**
- Have you noticed that your daily routine or activities have changed since you have been experiencing this emotional pain?* **(V.B)**
- On a scale of 1-10, with 1 being not depressed at all and 10 being overwhelmed with hopelessness, sadness, and feelings of helplessness, where do you scale yourself currently?* **(V.C)**
- Do you have any significant medical or physical problems?* **(V.D)**
- Have you ever tried to cut, hurt, or burn yourself in some other way but not related to suicide? Do you have any scars from that (look for scars)? What self-injurious behavior did you display? Did it require medical care? When was the last time you engaged in this behavior? **(V.A, V.E)**
- Can you tell me some more of what it is that has led you to think about suicide? **(V.F, V.G)**
- Are you currently having difficulty with peers (harassment/bullying; recent fight with friend or breakup with partner) or family members?* **(V.E)**
- Has your school performance/ relationships with teachers been stable or are you falling behind in your classes? * **(V.E)**
- Are you using any drugs or drinking to help cope with the emotional pain you are suffering from or for any other reasons?* **(V.A, V.E)**
- Have you ever gotten in trouble at school, home, or with the law? When/details? **(V.F, V.G)**

Read Verbatim: I know it hurts a lot right now and it seems like there is no way out, but I believe that I can help you, if you let me. We need to get you some help right now. Here is how we will proceed: (Explain plan for post-intervention at school depending on what level of risk they have been assessed at by using student's answers to complete **Suicide Risk Assessment** Form.)

SUICIDE RISK ASSESSMENT

Instructions: When a student acknowledges having suicidal thoughts, use as a checklist by interviewing the student to assess suicide risk. Items are listed in order of importance to the risk assessment.

Line of Questioning (From CPR Interview)	Suicide Risk Present, but Minimal	Suicidal Risk is Moderate	Suicide Risk is High
I. Current Suicidal Plan A. Details B. How Prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague <input type="checkbox"/> Means not available <input type="checkbox"/> No specific time <input type="checkbox"/> Vague ideas but not specific <input type="checkbox"/> Others present most of the time	<input type="checkbox"/> Some specifics <input type="checkbox"/> Has means close by <input type="checkbox"/> Within a few days or hours <input type="checkbox"/> Drugs/alcohol, car wreck, specific ideas <input type="checkbox"/> Others available if called upon	<input type="checkbox"/> Well thought out <input type="checkbox"/> Has means in hand <input type="checkbox"/> Immediately <input type="checkbox"/> Weapon, hanging, jumping, specific idea <input type="checkbox"/> No one nearby; isolated
II. Determine level of Pain (emotional)	<input type="checkbox"/> Pain is bearable <input type="checkbox"/> Wants pain to stop, but not desperate <input type="checkbox"/> Can identify ways to stop the pain	<input type="checkbox"/> Pain is almost unbearable <input type="checkbox"/> Becoming desperate for relief <input type="checkbox"/> Limited ways to cope with the pain	<input type="checkbox"/> Pain is unbearable <input type="checkbox"/> Desperate for relief from pain <input type="checkbox"/> Will do anything to stop the pain
III. Resources of Student	<input type="checkbox"/> Student acknowledges that significant others are concerned or has spiritual beliefs that are available to help the student cope with their emotional pain <input type="checkbox"/> Future goal oriented	<input type="checkbox"/> Family and friends and spiritual beliefs are available to the student, but are not perceived by the student to be willing to help the student cope with their emotional pain <input type="checkbox"/> Vague expression of future with no concrete plans	<input type="checkbox"/> Family, friends, and spiritual beliefs are not available <input type="checkbox"/> Family and friends may be hostile, injurious, or exhausted <input type="checkbox"/> No future plans or goals
IV. Prior Suicidal Behavior of... A. Self B. Close family, friends and/or significant others	<input type="checkbox"/> No prior suicidal behavior <input type="checkbox"/> No individuals significant to student have engaged in suicidal behavior	<input type="checkbox"/> One previous low lethality attempt; history of threats <input type="checkbox"/> Individuals significant to student have recently attempted suicidal behavior	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality <input type="checkbox"/> Individuals significant to student have recently committed suicide
V. Mental Health A. Coping Behaviors B. Daily Routine C. Depression D. Medical Status E. Other Psychopathology F. Recent Risk Factors Not In Student's Control G. History of risk Factors	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill <input type="checkbox"/> Daily activities continue as usual with little change <input type="checkbox"/> Mild, feels slightly down <input type="checkbox"/> No significant medical problems <input type="checkbox"/> Stable relationships, personality, and school performance <input type="checkbox"/> Minimal external risk factors <input type="checkbox"/> Minor school or legal troubles	<input type="checkbox"/> Mentally Ill, but currently receiving treatment <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and school work <input type="checkbox"/> Moderate, some moodiness, sadness, irritability, loneliness, and decrease of energy <input type="checkbox"/> Acute, but short-term, or psychosomatic / physical illness <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality <input type="checkbox"/> Recent disciplinary actions; recent loss <input type="checkbox"/> Repeated minor school or legal troubles	<input type="checkbox"/> Mentally ill and not currently receiving treatment <input type="checkbox"/> Gross disturbances in daily functioning. <input type="checkbox"/> Overwhelmed with hopelessness, anger, sadness, and feelings of helplessness <input type="checkbox"/> Chronic debilitating, or acute catastrophic, illness <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher <input type="checkbox"/> Recent trauma or loss; Legal troubles; recent serious medical diagnosis <input type="checkbox"/> Chronic and severe school and legal troubles

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

COPING AND SAFETY PLAN

Step 1: Know When to Find Help

What are the warning signs when you begin thinking of suicide or when you feel very distressed? These can include thoughts, moods, images, or behaviors.

Step 2: Coping Skills

What can you do by yourself to take your mind off of the problem? What obstacles might there be to using these coping skills?

Step 3: Socializing With Friends and Family

If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available.

NAME	PHONE NUMBER

Step 4: Contact Professionals and Agencies

Contact local professionals or emergency services if you continue to have suicidal thoughts or serious distress.

Crisis Access Line	(808)- 832-3100
Crisis Text Line	Text "ALOHA" to 741-741
Professional or Agency	
Suicide Hotlines in the United States	1-800-SUICIDE 1-800-273-TALK 1-800-799-4889 (for Deaf or Hard of Hearing)

If I feel that if I might hurt myself, I agree to call _____ immediately at _____ or the Crisis Line.

Please submit a copy to student, parent, and
Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: tabiolo@cendo.k12.hi.us

Parent Notification Form for Suicide Threat

Date of Suicide Threat: _____ Date Parent Notified by Phone: _____

Student Name: _____

Parent/Guardian Picking up Student: _____

Description of Suicide Threat

Recommendations Made to Parent: _____

Follow-up regarding this incident will convene on _____ (Month, Day, Year) by (Circle One) Telephone, _____, or In-school meeting, with the following attendees:

_____ Title _____

_____ Title _____

_____ Title _____

I understand the seriousness of the incident made in this report. I will participate in the recommendations made by the school team to best support the health, safety, and well-being of the child.

_____ Date: _____

Parent/Guardian

Date Notification Sent Home to Parents: _____

Please submit a copy to parent and
Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Suicide Threat Response/Follow-Up Checklist

(to be provided to admin)

Action

Person Responsible

Date Completed

Parent Notification Form sent home _____

Coping and Safety Plan

Ch. 19 Confidential Investigation notice and Findings and Discipline

Other Actions (please list)

Interventions and Safety Precautions

Person Responsible

Date Completed

Interviewed/advised student

Interviewed/advised student's parents

Consulted with school staff members

Interviewed other involved students

Peer Review for suspicion of disability

Student already receiving Special Education services; referred to the IEP team for review

Mental health consultation conducted by the Behavioral Health Specialist, School or Clinical Psych

Mental health consultation conducted by an outside agency (court, DSS, psychologist, etc.)

School-based counseling

Provide outside resources for student/family if determined necessary

Behavior Plan

Other safety precautions (please list):

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Rationale for Threat Assessment

According to the U.S. Department of Education: Guide for developing high-quality school emergency operations plans (2013), research shows that perpetrators of targeted acts of violence engage in both covert and overt behaviors preceding their attacks. They consider, plan, prepare, share, and in some cases, move on to action. One of the most useful tools a school can develop to identify, evaluate, and address these troubling signs is to develop a systematic

way to addressing threats. The threat assessment initiative serves to protect the interest of those students involved in the incident and assist with follow through of aftercare.

THREAT RESPONSE FLOW CHART

A **transient** threat is not serious and can be easily resolved. There is not a lasting intent to harm. Statement reflected feelings that dissipated quickly when student thought through the meaning.

Serious threats are statements that express an intent to physically injure someone beyond the immediate situation. There is at least some risk the student will carry out the threat. Usually will need behavior plan, safety plan, and parent notification.

Very Serious threats are substantive threats to kill, rape, or inflict very serious injury beyond the immediate situation. Substantive threats involving a weapon are classified as very serious. May be legal violations requiring police consultation.

Threat reported to Administrator

Evaluate Threat:
 1. Staff who receives information of threat will decide whether student can be removed from the setting or whether others need removed.
 2. Admin, school staff involved with threat, and counselor/SBBH will investigate with **Threat Level Screener Form** using **Types of Threats**.

Threat is Transient

Threat is Serious and/or more information is needed

Threat is Very Serious and Substantial

Analyze Threat: SBBH or counselor Complete **Threat Analysis Forms** (It is important to use the staff with the most objective point of view).

Respond to Transient Threat:

1. School team member most involved in case will notify parent, by phone or in person, of threat made.
2. Make a copy of **Parent Notification Form** for file then obtain signature from parent and keep in file.

Respond to Serious Threat: (Admin)

1. Immediate steps to notify victims parents
2. Notify parents of student who made threat with phone call and have parent sign and complete parent notification form.
3. If disciplinary action is warranted follow Ch. 19 protocol.
4. Consider whether police contact is warranted (keep copies of docs in student cumulative file)

Respond to Very Serious Threat: (Admin)

1. Immediate steps to notify victims parents and protect potential victims and others involved.
2. Notify law enforcement
3. Notify parents of student who made threat with phone call and have parent sign and complete **parent notification form**.
4. If disciplinary action is warranted follow Ch. 19 protocol.
5. Contact SBBH to collect more info & develop a comprehensive safety and intervention plan. (keep copies of docs in student cumulative file)

Develop/Revise Behavior Support and Safety Plan: For student who made threat (SBBH/counselor & BSP team).

Complete Threat Response/Follow up Checklist Form: (Admin) Keep copy in student's cumulative file.

Complete Threat Response/Follow up Checklist Form: (Admin) Keep copy in student's cumulative file.

Prior to Student's return to school: Complete **Comprehensive Student Interview** & Develop/Revise Behavior Support and Safety Plan for student who made threat with school team.

Complete Threat Response/Follow Up Checklist Forms: Keep copy in student's cumulative file

Types of Threats

Transient Threats

Transient threats often are rhetorical remarks, not genuine expressions of intent to harm. At worst, express temporary feelings of anger or frustration. Usually can be resolved on the scene or in the office.

Examples of Transient Threats

- "I'm gonna beat you up" – said as a joke
- "I'm gonna kill you" – said in the heat of competition during a basketball game
- Two students use their fingers to "shoot" one another while playing cops and robbers
- "I'm gonna bust you up" – said in anger but then retracted after the student calms down
- "I could break you in half" – said to intimidate someone but retracted after the student calms down
- "I'll get you next time" – said after a fight but retracted after the two students reconcile
- "Watch out or I'll hurt you" – said to intimidate someone but retracted after the student calms down
- "I oughta shoot that teacher" – said in anger but retracted after the student calms down
- A student is found with a pocket knife that he accidentally left in his backpack

Serious Threats

Serious threats are statements that express an intent to physically injure someone beyond the immediate situation. There is at least some risk the student will carry out the threat. When in doubt, treat threats as serious.

Examples of Serious Threats

- A student threatens to hit or strike a classmate with his fist.
- A student says she is going to beat someone up after school.
- A student sends a note saying, "I'm going to punch you out tomorrow at the bus stop."
- A student tells a classmate, "Rob is gonna get jumped at lunchtime."
- Two students say, "We're gonna get him alone and rough him up today."
- Two students exchange threats and then throw rocks at each other
- "I'm gonna bust you up" – said in anger and not retracted later
- "I could break you in half" – said in an intimidating manner, followed by stony silence
- "I'll get you next time" – said after a fight and the student refuses mediation
- "Watch out or I'll hurt you" – said by a student with a history of bullying
- "I oughta hit that teacher" – said by a student who later denies making the statement
- A picture is drawn of another student /teacher being killed or dead

Very Serious Threats

Very serious threats are substantive threats to kill, rape, or inflict very serious injury beyond the immediate situation. Substantive threats involving a weapon are classified as very serious. May be legal violations and require police consultation.

Examples of Very Serious Threats

- "I'm gonna kill you" – said while holding a weapon and not jokingly
- A student tells several classmates that he has prepared a hit list of people whom he intends to shoot on the following Monday
- A student is found to have bomb-making materials in his home and a map of the school with marked locations for placing bombs
- A student who threatened to stab a classmate is found to have a pocket knife in his backpack
- A student says that he is tired of being bullied on the school bus and plans to bring a gun to defend himself
- A student brings a baseball bat to school and threatens to use it to beat up another student
- "There's a bomb in the building" – said in a phone call made by a student who later is found to have bomb-making materials and plans at home.
- A male student has been stalking a female student and threatened to sexually assault her
- A student tells a classmate, "I'm gonna strangle him until he's dead."
- A student tells a classmate, "I'm gonna let the air out of him today" (meaning stab him with a knife)

Threat Level Screener

This form should be used to document the threat assessment team's response to a student threat of violence. School administrators are advised to consult their division policy on record keeping for these forms. This form is intended to be used in conjunction with the **Threat Response Flow Chart**.

General Information

Your name: _____ Position: _____
School: _____ Name of student: _____

Date learned of threat: __/__/__ Date threat occurred: __/__/__

Who reported threat? _____ Location of threat: _____

What was the threat that was reported? _____

Student Who Made Threat

Grade: _____ Gender: M F U

Special Education (if applicable): Yes _____ No

Recipient of Threat

Number of Victims: 1 2 3 4 5 or more

Primary Recipient(s) Names/Grades: _____

Recipient witnessed the threat Yes No
Recipient previously bullied the student Yes No

Threat Details

Had or sought accomplices Yes No
Reported the threat as a specific plan Yes No
Wrote plans or a list Yes No
Repeated the threat over time Yes No
Student previously bullied the recipient Yes No
Had prior conflict with recipient
(within 24 hours of threat) Yes No
Mentioned a weapon in the threat Yes No
Used weapon in the threat Yes No

File Review:

1. Relevant background information: _____

2. Early behavior problems Yes No
Explain: _____

3. History of school discipline problems Yes No
Explain: _____

4. School attendance concerns Yes No
Explain: _____

5. History of threatening/bullying behavior, aggression
or violent themed drawings or stories Yes No
Explain: _____

Threat Level Determination

Principal or other Administrator, School Psychologist, Counselor, General Education Teacher, Special Education Teacher and/or other staff members meet to determine the level of threat and follow-up action.

Meeting date: _____

Decision Point: Threat is...

- Transient
- Serious.
- Very Serious or More Information Needed

***For next steps, refer to
Threat Response Flow Chart**

Name: _____ Signature: _____ Title: _____

Name: _____ Signature: _____ Title: _____

Name: _____ Signature: _____ Title: _____

Name: _____ Signature: _____ Title: _____

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: tabiolo@cendo.k12.hi.us

Parent Notification Form

Date of Threat: _____ Date Parent Notified by Phone: _____

Student Name: _____

Parent/Guardian Picking up Student *(If threat is transient & deemed unnecessary put N/A)*:

Description of Threat

School Disciplinary Action Taken: _____

Recommendations Made to Parent: _____

Follow-up regarding this incident will convene on _____ (Month, Day, Year) by (Circle One) Telephone, _____, or In-school meeting, with the following attendees *(If threat is transient & deemed unnecessary put N/A)* :

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

I understand the seriousness of the incident made in this report. I will participate in the recommendations made by the school team to best support the health, safety and well-being of the child.

Parent/Guardian name(s): _____

Signature: _____ Date: _____

Date Notification Sent Home to Parents: _____

Threat Analysis Form

Recipient (target) of threat or Witness to threat, but not recipient

Witness name and grade or title: _____

We are concerned about student safety at our school. We want to talk with you about what you heard or saw today.

1. What exactly did [student who made the threat] say or do (Question who, what, where, when, & how)? (Write the witness's exact words.)

2. What do you think he or she meant when saying or doing that?

3. What is your reaction to what was said or done? Do you think he or she might actually try it? (Gauge whether the person who observed or received the threat feels frightened or intimidated.)

4. Do you have any ideas about why he or she might have said or done this? (Find out whether witness knows of any prior conflict or history behind this threat.)

For any intended victim(s), ask:

5. Is there any way the school can support you so that you feel safe?

6. Develop a safety plan which could include:
 - a. If you are feeling unsafe, is there a place on campus or staff member you feel safe around?

 - b. Develop a plan for response if victim encounters person who made threat again.
 - c. Identify trusted adults that you feel safe around:

 - d. Here are some outside resources:
 - i. Emergencies: call or text 911
 - ii. Crisis Access Line: 808-832-3100
 - iii. Crisis Text Line: text "ALOHA" to 741-741

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Threat Analysis Form

(Directed at student who made the threat)

We are here to talk with you about something you said or did today that made us concerned about student safety.

1. Can you tell me exactly what you said or did? (Write the student's exact words.)
2. What did you mean when you said or did that?
3. What was the reason you said or did that? (Find out if there is a prior conflict or history to this threat.)
4. How do you think [person who was threatened] feels about what you said or did? (See if the student believes it frightened or intimidated the person who was threatened.)
5. What are you going to do now that you have made this threat? (Ask if the student intends to carry out the threat.)
6. What did you think would happen if you [carry out the threat]?
7. What do you think the school should do?

(If a weapon was mentioned or referenced, ask questions 8 and 9):

8. Are there guns or weapons in your home?
9. If you wanted a gun or weapon, how would you get one?

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Threat Response/Follow-Up Checklist

(to be completed by a principal or administrator)

Action	Person Responsible	Date Completed
<input type="checkbox"/> Parent conference and letter sent home	_____	_____
<input type="checkbox"/> In-school suspension	_____	_____
<input type="checkbox"/> Detention (number of days): ____	_____	_____
<input type="checkbox"/> Suspension (number of days): ____	_____	_____
<input type="checkbox"/> Expulsion recommended	_____	_____
<input type="checkbox"/> Crisis Plan	_____	_____
<input type="checkbox"/> Behavior Plan created:	_____	_____
<input type="checkbox"/> Other disciplinary action:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interventions and Safety Precautions	Person Responsible	Date Completed
<input type="checkbox"/> Interviewed/advised student	_____	_____
<input type="checkbox"/> Interviewed/advised student's parents	_____	_____
<input type="checkbox"/> Consulted with school staff members	_____	_____
<input type="checkbox"/> Interviewed/advised other students	_____	_____
<input type="checkbox"/> Law enforcement consulted	_____	_____
<input type="checkbox"/> Law enforcement contact with student	_____	_____
→Consequence of legal action (probation, detention, release into parent's custody, etc.):		

<input type="checkbox"/> Student already receiving Special Education services; referred to the IEP team for review	_____	_____
<input type="checkbox"/> Mental health consultation conducted by SBBH	_____	_____
<input type="checkbox"/> Mental health consultation conducted by an outside agency (court, DHS, DOH, private psychologist, etc.)	_____	_____
<input type="checkbox"/> Parents of the threat recipient notified	_____	_____
<input type="checkbox"/> Conflict mediation	_____	_____
<input type="checkbox"/> School-based counseling	_____	_____
<input type="checkbox"/> Alter schedule of the student to increase supervision or minimize contact with the recipient	_____	_____
<input type="checkbox"/> Provide outside resources for student/family if determined necessary	_____	_____
<input type="checkbox"/> Change in transportation (bus suspension, special transportation, etc.)	_____	_____
<input type="checkbox"/> Other safety precautions (please list):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit to Nani Verdadero, Office Assistant: nverdadero@cendo.k12.hi.us
and CC Teri Tabiolo, SBBH DES: ttabiolo@cendo.k12.hi.us

Sample Letter to Parents: Death of a Staff Member

Date:

Dear Parents:

The school is deeply saddened by the death of _____, one of our _____ grade teachers. _____ was a member of our faculty for _____ years. We have no additional information to give you about his/her death at this time. Our school family will miss him/her greatly.

Your child's class had the opportunity to talk to a counselor from the crisis team today about our loss. Your child may want to talk to you about his or her feelings. As difficult as it is, talking about feelings will help your child deal with the death.

The funeral will be on _____, _____ at _____ (time) at _____ (where and location) . Visitation will be from _____ to _____ at _____. We encourage you to accompany and support you child if you want him or her to attend the service. The school office needs a written note from you in order for us to release your child from class.

It may take awhile for your child to resolve his/her feelings about this tragedy. It is normal for a child to bring up a tragedy after it has happened-and often when least expected. Our crisis team will be available to students as needed throughout the coming weeks.

Please contact the school at _____ or your child's school counselor if you would like further help or assistance.

Sincerely,

Principal

Sample Letter for Death of Faculty Member

Date:

Dear (school name) Staff:

It is with great sadness that we write to inform you about the death of one of our staff members. Our school was notified this morning that (staff name), (position) for (school name), was found deceased. We do not have any additional information regarding their death at this time. The information of (staff name) death was shared with all members of our school community. Members of the SBBH Central School School District crisis team were also on campus to support our students and staff and to provide grief counseling services as needed throughout the day.

Your students may have had the opportunity to speak with one of our crisis counselors. Counseling staff were present to assist students and teachers, and these extra supports will remain at school in the coming days to assist students and faculty as needed.

We are here to support and encourage our children through what may be a difficult time for some. We want our students to know they are supported as they cope through the grieving period. Our thoughts and prayers go out to (staff member family). We will follow up with the school community with more information regarding funeral arrangements.

Feelings can be overwhelming at a time like this. There is no “right way” to express the sadness, grief, and confusion that students might feel when they encounter a tragedy. Students can be particularly vulnerable if tragedies remind them of other losses or sadness in their own lives. In times like these, knowing what to say to your child is often difficult. When no other words come to mind, a hug and the words, “This is really hard for all of us,” may provide comfort. It may also help to plan something practical- writing a poem, drawing a picture, or some other form of expression-that your child may choose to memorialize the person who has died.

It may take awhile for your child to resolve their feelings about this tragedy. It is normal for a child to bring up a tragedy after it has happened-and often when least expected. Our crisis team will be available to students as needed throughout the coming weeks.

In the meantime, please don't hesitate to call us if you have any questions or concerns.

Sincerely,

Principal

When Grief/Loss Hits Close to Home: Tips for Caregivers

The nature of the loss (i.e., expected vs. sudden) will impact the way caregivers address the loss of a family member. While grief is often characterized by sadness, emotional pain, and introspection in adults, children's grief reactions

will vary depending upon their developmental level. More specifically among **preschoolers** one might observe regressive behaviors, decreased verbalization, and increased anxiety. Among **elementary school aged children** one might observe decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; and repeated telling of the event. And **among middle and high school aged adolescents**, one might observe decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, and emotional numbing or depression. The death of a family member may be further complicated by the child's relationship to the deceased as well as to the surviving parent (e.g., if mom and dad are divorced). Cultural factors are important to consider when working with family members after a loss. Some families will be more open to discussing the loss whereas others based on cultural/religious beliefs may choose and request that the loss "not be addressed at all."

Strategies for Families Dealing With an Anticipatory Loss (e.g., Terminal Illness)

- With anticipated loss, children may have had to endure weeks, months, or even years of watching their loved one deteriorate, in some cases both physically and mentally, which can significantly disrupt children's academic, behavioral and social/emotional functioning. Thus, family members should be extra vigilant to such changes. Instead of being punitive, try to address the changes through consulting with a school-employed or community-based counselor or psychologist. There are generally four phases of anticipatory grief: depression, extreme concern for the dying person, preparing for the death, and adjusting to changes caused by the death. But again not every child travels through these four phases in a linear process as with grieving in general.
- Ambiguous loss is often also a factor with anticipatory grief. As children watch the changes in their parents and loss of physical/cognitive capacities, they need to continuously adapt to both their own "new role in the family" (e.g., possibly becoming a caretaker), as well as to the changed roles in the entire family system (e.g., financial changes due to parent being unable to work; parent's compromised ability to take care of children's everyday needs).
- Strategies for dealing with "ambiguous loss" while the loved one is still physically alive but psychologically changed or absent often include adaptive creative arts therapies to encourage children to talk more about their experiences. Although most of these strategies are appropriate in therapeutic settings, some may be adapted for parents and family members to use at home.
- Narrative therapy or helping your children "tell their own story" about their experiences can be useful. This can be done by helping your children consider "two choices" to end a story, and have them choose the one that represents a more adaptive way to deal with his or her feelings. Alternatively, if children are unable to tell their story, you can use animals or inanimate objects to personify people as these may be less threatening.
- Some activities appropriate for the home setting include "bibliotherapy"; for example, reading books such as:
 - Charlotte's Web (EB White, 1952) which deals with the "cycle of life"
 - "The Last Lecture" (Randy Pausch, 2007) is both a book and a YouTube video in which a terminally ill professor imparts his parental wisdom to his children through a "lecture" with life lessons. This can help engage children in a family discussion about anticipatory grief.
 - Using art projects where you ask your children to "draw" their feelings about the terminally ill family member may also be useful.
- It is recommended that when seeking mental health support for ambiguous loss, the entire family be included; when possible include siblings, parents, and/or other important people in their lives.
- Encouraging children to make decisions, such as whether or not they wish to take part in funeral services (when age appropriate) is recommended.

Strategies for Families Coping With Sudden Loss of a Loved One

- Reactions among children may be extremely variable in cases of sudden unexpected death or loss. It often

depends upon the nature of the “sudden loss” (e.g., if the sudden loss was violent or illness related death). There are generally four phases of grief: but not every child travels through these four phases in a linear process.

1. Shock and Numbness (stunned, difficulty thinking clearly)
 2. Yearning and Searching (restless, angry, guilty, bewildered)
 3. Disorientation and Disorganization (extreme sadness, possible continued guilt and anger)
 4. Reorganization and Resolution (accept the loss)
- Suicide or drug overdoses, which are sudden and unexpected losses, may often be especially difficult for family members to cope with because of the stigma associated with these types of deaths. Especially in these instances, it is important to encourage children to talk about the death openly at home. Saying “we are not going to talk about this” will likely interfere with the grieving process. Parents should look to community resources for specialized support groups that include others dealing with a similar loss.
 - **“Survivor guilt”** may be a reaction to sudden loss. It is important that this be recognized and acknowledged when we hear statements such as “I wish it were me instead.” Survivor guilt may also manifest itself in excessive self-blame. It is important to recognize and try to understand with these feelings, but also let the affected family member know that it was not their fault. For example, following a suicide death surviving family members should be told that ultimately the only person responsible for the death was the deceased.

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Addressing Grief: Tips for Teachers and Administrators

School-based support and increased understanding are essential when a student experiences the death of a friend or loved one. While each student will be affected differently depending on his or her developmental level, cultural beliefs, personal characteristics, family situation, and previous experiences. There are some strategies that can be helpful in supporting bereaved students.

General Tips to Support Students of All Ages

- Be understanding and tolerant of common grief reactions which include: decreased appetite, difficulty sleeping, a decreased ability to concentrate, increased sadness, and social withdrawal. Students sometimes also feel anger toward the deceased for leaving them.
- Be simple and straightforward. Discuss death in developmentally appropriate terms for students.
 - Use words such as “death,” “die,” or “dying” in your conversations and avoid euphemisms such as “they went away,” “they are sleeping,” “departed,” and “passed away.” Such euphemisms are abstract and may be confusing, especially for younger children.
 - Let students know that death is not contagious. Although all human beings will die at some point, death is not something that can be “caught” and it is unusual for children to die.
- Be brief and patient. Remember that you may have to answer the same question multiple times and repeat key information to ensure understanding.
- Listen, acknowledge feelings, and be nonjudgmental.
- Express your own feelings in an open, calm, and appropriate way that encourages students to share their feelings and grief.
- Avoid making assumptions and imposing your own beliefs on students.
- A variety of feelings are normal. Be sensitive to each student’s experience, as there is no one right way to respond to a loss. Feelings and behaviors will vary across students and will change throughout the bereavement process.
- Normalize expressed feelings by telling students such are common after a death. However, if their expressions include risk to self (e.g. suicidal thoughts) or others, refer immediately to the appropriate professionals.
- Be sensitive to cultural differences of students and their families in expressing grief and honoring the dead.
- Consider a student’s intellectual abilities, behavior, and conceptual understanding of death. For children with developmental disabilities. Their limited communication skills do not mean they are unaffected by the death. Behaviors such as increased frustration and compulsivity, somatic complaints, relationship difficulties, and increased self-stimulatory behaviors may be expressions of grief.
- Maintain a normal routine in your classroom and engage students in activities they previously enjoyed.
- Provide the opportunity to talk and ask questions and use these questions to guide further discussion. Encourage students to share feelings, but in ways that are not disruptive to the class or hurtful to other students.
- Keep in mind that some children may have a difficult time expressing their feelings or may not feel comfortable talking at school. Do not pressure these students to talk. Some may prefer writing, drawing, listening to music, or playing a game instead of talking about their feelings. Provide students with a variety of options for expressing grief.
- Talk to the bereaved student’s classmates about grief and emphasize the importance of being understanding and sensitive.
- Help bereaved students find a peer support group. There will likely be other who have also experienced the death of a loved one.

Tips When the Whole School is Affected by a Teacher or Student Death

- A letter and/or direct communication via email should be sent home to all parents on school letterhead informing them of the death. Information to include in the communication:
 - Facts about the death to dispel rumors
 - Discussion of the range of feelings and reactions that may occur throughout the grief process
 - Guidance about talking to their children about the death
 - Indicators of the need for mental health counseling
 - Direction on how to contact the school if they have questions or believe their child may benefit from counseling
 - Direction on how to obtain community resources
- Share factual information with staff (through meetings and bulletins), students (through class

announcements and meetings), and parents (through letters/email). Regularly provide them with relevant updates.

- Provide teachers with guidelines on how to share information about the death with their students and establish referral procedures for students requiring additional support.
- Pay close attention to students who have experienced recent deaths or key life changes, witnessed the death, or have emotional problems.

Tips for Specific Age Groups

Preschool

- Avoid euphemisms as preschoolers have trouble understanding death and may believe the death is reversible.
- Provide opportunities to express thoughts and feelings about death through play activities and drawing.
- Answer questions using concrete descriptions and be prepared to repeatedly answer questions.
- Possible reactions include:
 - Crying or screaming
 - Clinging to caregivers or other trusted adults
 - Fear of separation
 - Regressive behaviors such as wetting pants and thumb sucking
 - Decreased verbalization

Elementary School

- These students may ask questions and seek to try to understand what happened. Be patient and refer them to adults that can answer their questions.
- Students below the age of eight may engage in magical thinking and believe they could have prevented the death. Recognize these feelings and fears but do not validate them.
- Students ages nine through twelve may feel less comfortable showing feelings and seeing expressions of grief in others. Make sure to provide these students with a variety of ways to express grief.
- Possible reactions include:
 - Behavioral difficulties
 - Decreased concentration
 - Poor school performance
 - Depression
 - Irritability
 - Withdrawal
 - Somatic complaints (headaches & stomachaches)

Middle and High School

- Do not force students to share their feelings with others, including their peers if they do not feel comfortable. Provide them with opportunities to share their feelings privately.
- Students often seek support via social media. Be aware of what is being posted and shared. Encourage students to seek support for a friend in need.
- Students in their mid-to-late teens tend to feel more comfortable expressing their feelings and grief similar to adults.
- High school students may use physical contact to show their support and empathy (e.g., hugging or touching the arm)
- Possible reactions include:
 - Poor school performance
 - Anxiety
 - Depression

- High risk behaviors or substance use
- Emotional numbing
- Suicidal thoughts

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Addressing Grief: Brief Facts and Tips

1. Grief is not solely related to the death of a loved one. The symptoms, characteristics, and process of grieving can be similar after other types of loss (e.g., divorce, transition, moving).
2. Grief is personal. There is no right or wrong way to grieve. How people grieve can be influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences.
3. Grief is often characterized by sadness, emotional pain, and introspection in adults. However, children's grief reactions differ according to age and developmental level:
 - Preschool - Regressive behaviors, decreased verbalization, increased anxiety

- Elementary - Decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; repeated re-telling of the event
 - Middle and High School - Decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing or depression
4. Grieving does not have a timeline. Schools should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss.
 5. Grieving involves meeting specific milestones. Individuals are likely to experience (and often re-experience) some or all of the following adjustments/responses:
 - Accepting the death
 - Experiencing the feelings and emotional pain associated with death and separation from the deceased
 - Adjusting to changes and an altered environment that no longer includes the deceased
 - Finding ways to remember and memorialize the deceased
 6. Grieving is a normal response to loss, but may require some support. Additional assistance should be provided when the following are noted:
 - Marked loss of interest in daily activities
 - Changes in eating and sleeping habits
 - Wishing to be with the deceased loved one
 - Fear of being alone
 - Significant decreases in academic performance and achievement
 - Increased somatic complaint
 - Changes in attendance patterns (e.g., chronic absenteeism)
 7. Things to avoid:
 - Euphemisms when referring to the deceased such as “they are sleeping,” or “they went away”
 - Minimizing statements such as “it was only your great-grandmother, (or dog, neighbor, etc.)”
 - Predicting a timeframe to complete the grieving process such as, “it has been a month, you should be getting over this,” or “the pain will fade soon”
 - Over-identifying, (e.g., “I know how you feel”)
 - Too much self-disclosure (e.g., I lost my mom to cancer) as not everyone handles self-disclosure the same way and the focus should remain on the student’s grief
 8. Things to do:
 - Maintain routines as normally as possible
 - Ask questions to ascertain the youth’s understanding of the event and emotional state
 - Give the youth permission to grieve
 - Provide age and developmentally-appropriate answers
 - Connect the bereaved with helping professionals and other trusted mentors and adults
 - Encourage students to adopt adaptive coping strategies, particularly ones that will involve interaction with other students (e.g., sports, clubs)
 - Educate teachers and families about what is healthy grief and how to support the student

References & Resources:

[The Dougy Center \(National Center for Grieving Children & Families\)](#)

[The National Child Traumatic Stress Network](#)

[American Cancer Society](#)

[Sesame Street Grief Resources](#)

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Preventing Youth Suicide: Brief Facts and Tips

1. Youth suicide is a serious problem. Suicide is the second leading cause of death among school age youth. In 2013, 17% of our nation's high school students seriously considered suicide and 8% made an attempt.

2. Suicide is preventable. Youth who are contemplating suicide typically give warning signs of their distress. Most important is to never take these warning signs lightly or promise to keep them secret.

3. Suicide Risk Factors. Certain characteristics are associated with increased suicide risk include:

- Previous suicide attempt(s)
- Isolation and aloneness
- Non-suicidal self-injury (e.g., cutting)
- Mental illness including depression, conduct disorders, and substance abuse
- Family stress/dysfunction

- Family history of suicide
- Environmental risks, including presence of a firearm in the home
- Situational crises (e.g., the presence of a gun in the home, bullying and harassment, serious disciplinary action, death of a loved one, physical or sexual abuse, breakup of a relationship/friendship, family violence, suicide of a peer)

4. Suicide Warning Signs. Most suicidal youth demonstrate observable behaviors signalling suicidal thinking:

- Suicidal threats in the form of direct (e.g., "I am going to kill myself") and indirect (e.g., "I wish I could fall asleep and never wake up again") statements
- Suicide notes and plans (including online postings)
- Making final arrangements (e.g., giving away prized possessions)
- Preoccupation with death
- Changes in behavior, appearance, thoughts, and/or feelings.

5. There are protective factors that can lessen the effects of risk factors. These can include family and peer support, school and community connectedness, healthy problem-solving skills, and easy access to effective medical and mental health services.

6. Schools have an important role in preventing youth suicide. Children and youth spend the majority of their day in school where caring and trained adults are available to help them. Schools need trained mental health staff and clear procedures for identifying and intervening with students at risk for suicidal behavior.

7. The entire school staff should work to create an environment where students feel safe. School mental health and crisis team members are responsible for conducting suicide risk assessment, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.

8. Collaboration between schools and community providers is critical. Establishing partnerships with local community mental health agencies helps connect students to needed services in a timely manner and helps smooth re-entry to school.

9. Never ignore or keep information a secret. Peers should not agree to keep the suicidal thoughts of a friend a secret and instead should tell an adult, such as a parent, teacher, or school psychologist. Parents should seek help from school or community mental health resources as soon as possible. School staff should take the student to the designated school mental health professional or administrator.

10. Get immediate help if a suicide threat seems serious. Call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

Suggested Resources:

- National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- [Trevor Project for Youth and LGBTQ](#)
- [American Foundation for Suicide Prevention](#)

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Preventing Youth Suicide: Tips for Parents and Educators

Suicide is the second leading cause of death among school age youth. However, **suicide is preventable**. Youth who are contemplating suicide frequently give warning signs of their distress. Parents, teachers, and friends are in a key position to pick up on these signs and get help. Most important is to never take these warning signs lightly or promise to keep them secret. When all adults and students in the school community are committed to making suicide prevention a priority-and are empowered to take the correct actions-we can help youth before they engage in behavior with irreversible consequences.

Suicide Risk Factors

Although far from perfect predictors, certain characteristics are associated with increased odd of having suicidal thoughts. These include:

- Mental illness including depression, conduct disorders, and substance abuse.
- Family stress/dysfunction.

- Environmental risks, including presence of a firearm in the home.
- Situational crises (e.g., traumatic death of a loved one, physical or sexual abuse, family violence).

Suicide Warning Signs

Most suicidal youth demonstrate observable behaviors that signal their suicidal thinking. These include:

- Suicidal threats in the form of direct ("I am going to kill myself") and indirect ("I wish I could fall asleep and never wake up again") statements.
- Suicide notes and plans (including online postings).
- Prior suicidal behavior.
- Making final arrangements (e.g., making funeral arrangements, writing a will, giving away prized possessions).
- Preoccupation with death.
- Changes in behavior, appearance, thoughts and/or feelings.

What to Do

Youth who feel suicidal are not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken:

- Remain calm.
- Ask the youth directly if he or she is thinking about suicide (i.e., "Are you thinking of suicide?").
- Focus on your concern for their well-being and avoid being accusatory.
- Listen.
- Reassure them that there is help and they will not feel like this forever.
- Do not judge.
- Provide constant supervision. Do not leave the youth alone.
- Remove means for self-harm.
- **Get help:** No one should ever agree to keep a youth's suicidal thoughts a secret and instead should tell an appropriate caregiving adult, such as a parent, teacher, or school psychologist. Parents should seek help from school or community mental health resources as soon as possible. School staff should take the student to a school-employed mental health professional or administrator.

The Role of the School in Suicide Prevention

Children and adolescents spend a substantial part of their day in school under the supervision of school personnel. Effective suicide and violence prevention is integrated with supportive mental health services, engages the entire school community, and is imbedded in a positive school climate through student behavioral expectations and a caring and trusting student/adult relationship. Therefore, it is crucial for all school staff members to be familiar with, and watchful for, risk factors and warning signs of suicidal behavior. The entire school staff should work to create an environment where students feel safe sharing such information. School psychologists and other crisis response team personnel, including the school counselor and school administrator, are trained to intervene when a student is identified at risk for suicide. These individuals conduct suicide risk assessment, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.

Parental Notification and Participation

Even if a youth is judged to be at low risk for suicidal behavior, schools may ask parents to sign a documentation form to indicate that relevant information has been provided. Parental notifications must be documented. Additionally, parents are crucial members of a suicide risk assessment as they often have information critical to making an appropriate assessment of risk, including mental health history, family dynamics, recent traumatic events, and previous suicidal behaviors. After a school notifies a parent of their child's risk for suicide and provides referral information, the responsibility falls upon the parent to seek mental health assistance for their child. Parents must:

- *Continue to take threats seriously:* Follow through is important even after the child calms down or informs the parent "they didn't mean it." Avoid assuming behavior is simply attention seeking (but at the same

time avoid reinforcing suicide threats; e.g., by allowing the student who has threatened suicide to drive because they were denied access to the car).

- *Access school supports:* If parents are uncomfortable with following through on referrals, they can give the school psychologist permission to contact the referral agency, provide referral information, and follow up on the visit.
- *Maintain communication with the school:* After such an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place for your child.

Resiliency Factors

The presence of resiliency factors can lessen the potential of risk factors to lead to suicidal ideation and behaviors. Once a child or adolescent is considered at risk, schools, families, and friends should work to build these factors in and around the youth. These include:

- Family support and cohesion, including good communication.
- Peer support and close social networks.
- School and community connectedness.
- Cultural or religious beliefs that discourage suicide and promote healthy living.
- Adaptive coping and problem-solving skills, including conflict-resolution.
- General life satisfaction, good self-esteem, sense of purpose.
- Easy access to effective medical and mental health resources.

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Special Considerations When Memorializing an Incident

When a tragedy occurs at a school, there often is a call for the creation of a memorial to remember or commemorate the loss or tragic event. Many recommendations, special considerations, and decisions will need to be made in the emotional aftermath of a school crisis. This handout highlights and addresses some key points for your memorial committee to consider when your school is faced with the challenge of designing a memorial following an incident.

The Purpose of a Memorial

Memorials are a way for students, staff, and the community to express their grief. Because they are often group events, they serve to normalize feelings. Memorials can also be learning events for children and opportunities for students to take an active role in the grieving process.

Depending on the age of your students, many of them will not have much experience, if any, with death and the grieving process. Therefore, part of the response will be to teach students about the grieving process and what to expect at memorial services, events, or activities. Children may learn about customs, rituals, and the different kinds of reactions and emotions they can expect to have themselves or see in others. Memorials will likely evoke questions

from students, so they should be given time to ask questions. This will help them feel more prepared for the memorial, which may subsequently serve to reduce feelings of anxiety.

Do No Harm

A memorial should “do no harm”—memorial or gathering sites should be safe. For example, if a student has died in a car crash, do not allow students to gather and grieve at the accident site if it is beside a busy street or highway. Keep candles at the memorial site separate from stuffed animals, flowers, and letters and poems. Let students’ questions be the guide; do not force them to discuss or attend the memorial if they are not ready. Making students feel obligated to express themselves or grieve before they are ready may be doing more harm than good. Emotional numbing may be a protective factor for a child during the initial stages of grief.

Types of Memorials

When appropriate, encourage your students to express themselves by providing them with a number of choices in memorial activities. A variety of activities will increase the likelihood that individual students can choose their preferred mode of expression. Choosing to create a memorial—whether permanent, semipermanent, or temporary—is no small decision.

Permanent memorials may include a granite monument, permanent artwork, an engraved stone, or a permanent plaque (e.g., <http://www.columbinememorial.org/Welcome.asp>).

Permanent memorials require careful planning and discussion before any final decisions are made: Is there potential for retraumatization? Are there design, perception, and/or political implications? Other things to consider are maintenance costs, memorial policies, cultural norms, time commitment, location, management of initial donations, long-term implications, and costs. One large high school district established a policy that no space or place on campus can be permanently named after a person. This district-wide policy decreases the likelihood of permanent memorials and promotes renewable or living memorials.

Semipermanent, renewable, or living memorials may include a tree planting, a memory garden, dedication of a space such as the library or gymnasium, a bench, an annual scholarship, or an annual 5K run. For semi-permanent memorials, the school will want to designate how many years the memorial will remain in place.

Temporary memorials may include a nonrenewable scholarship; a temporary website or online memorial; a one-time monetary donation to charity; a message on a poster or banner; a memory book; writing an individual or group letter; keeping a journal; creating a personal song, poem, or other art project; a candlelight vigil; or an impromptu memorial site (collection of balloons, flowers, stuffed animals, and photos). Most temporary memorials are short term, can be given away as a gift or donation, or they will expire or come to an end within a year.

In most school-related deaths, it is most appropriate to create temporary memorials. Temporary memorials allow students, staff, and families to express their grief in a positive and constructive manner.

Memorial Best Practices

- Develop a school- or district-wide policy concerning memorials.
- Suggest having a written “memorial procedures” plan.
- Designate a memorial committee and committee chairperson to make decisions.
- Involve all important stakeholders (students, staff, parents, and community members).
- Be proactive in working with families and students to create appropriate memorials.
- Follow the maxim of “do no harm.” Memorials should not be a source of retraumatization.
- Do not make memorial creation or attendance mandatory.

Although some literature exists regarding memorials, there is not a great deal of empirical research validating the use of memorials. In the crisis preparedness phase, it is recommended that districts develop guidelines about memorials

before a crisis event takes place. The guidelines serve several purposes: (a) common definitions; (b) guidance for administrators, especially with an event that is highly emotional; and (c) consistency of implementing memorials between schools and crises.

A memorial committee may be assembled to help develop and promote memorial guidelines and policies. The committee will be responsible for making difficult and sensitive decisions. The committee will need to obtain support and consensus among the stakeholders involved. This is not always an easy task. For example, following a school shooting in Springfield, Oregon, Cathy Paine wrote: “The design and construction of a permanent memorial proved to be one of the biggest challenges of our recovery. Initially, there was a lack of funding and agreement about the details of the memorial design. A second committee was formed and the memorial was dedicated on the fifth anniversary of the shooting. The permanent memorial consists of trees, benches, a basalt pillar, and a memorial fence, which are all located in a small park near the high school.”

Because memorials are group events, it is a time for people to come together and to support one another. Often memorials serve as a gathering place on important anniversaries after an event. If groups are gathering at a memorial site, the memorial committee should make school staff aware of the events so they can provide supervision; monitor student reactions and the appropriateness of the activities; and support students, staff, and community members. If memorials take place off school grounds, at least one school representative should be present, if possible.

Memorials After a Suicide

Memorials following a suicide are particularly important to monitor. The following approaches are recommended:

- Do not make a permanent memorial following a suicide.
- Do not glorify, highlight, or accentuate the event in any way.
- Choose memorials that are temporary, nonrenewable, or in the form of a “living” memorial (e.g., monetary donation to charity or research, purchase of a suicide prevention program for students). These memorials will positively affect surviving students as opposed to glorifying the students that died by suicide, which increases the risk that others will copy the act.

Every decision made regarding memorials after a student suicide will be extremely important, because it may help prevent the death of another student. It has been estimated that 100–200 students die each year in suicide clusters. School administrators and mental health staff can help by making recommendations not to establish permanent memorials after a death by a suicide. Memorials following a suicide may glamorize death or communicate that suicide is an appropriate or desired response to stress. School staff should discourage whole-school assemblies, full-page dedications in a yearbook, establishment of a scholarship, flying a flag at half mast, or any long-term commemoration. Spontaneous memorials (balloons, flowers, pictures, and letters) should be removed or allowed for only a short time.

Having an established school policy that addresses memorials in the district, and educating students, staff, and parents, will help to alleviate potential hard feelings and resentment by those who may not understand the reasoning for this approach and may be upset by it. Addressing the requests of grieving parents is easier when administrators can refer to a school policy. Decision makers need to remember that their primary concern should be about the surviving students that are left in their care. Otherwise, saying no to a memorial can be misinterpreted as the school not caring or being insensitive.

Memorials: A List of “Dos and Don’ts”

Memorial events and activities can be healthy venues that promote emotional expression and provide a sense of hope and recovery for those who participate. This list will serve as a quick guide for school officials who will ultimately be making decisions to best support students.

DO's	DON'Ts
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DO designate a chairperson and/or committee to oversee current and future memorial activities.

DO create or refer to school policies that specifically address memorial plans and procedures.

DO provide a variety or range of memorial activities for students so they can choose their own way of expressing grief.

DO promote memorials and activities that foster a sense of hope, recovery, and positive action.

DO educate students about memorial behavior and expectations (e.g., people may express their emotions openly at a memorial).

DO provide a variety of age-appropriate memorial activities that reflect the student's developmental stage.

DO give permission for students to leave a memorial event if they do not feel comfortable and suggest an alternate activity (recommended that staff supervise students that leave).

Do provide students and staff with additional options (counseling, talking to a trusted adult) should they become overwhelmed with emotions and need additional support.

DO disseminate facts and provide information to parents and staff about crisis reactions and adaptive and maladaptive coping responses.

DO demonstrate awareness and sensitivity toward culturally related expressions, practices, and activities.

DO closely supervise all memorial events to make sure they are appropriate, safe, and follow the maxim of "do no harm."

DO monitor individuals at memorial events and make sure they are linked with or referred to mental health professionals, if needed. (Students indicating self-harm or violent intent need to be referred immediately.)

DO promote "living" memorials that benefit others (e.g., donations for a suicide prevention program).

DO NOT underestimate people's intense emotions, such as anger, sadness, or the resurfacing of past losses or traumas at memorial events.

DO NOT pathologize normal grief reactions (consider handing out information about "common grief reactions").

DO NOT mandate that students attend or participate in memorial events or funeral services.

DO NOT designate permanent memorials, plaques, or pages in a yearbook for students that die by suicide.

DO NOT glorify or accentuate any temporary memorials for a student that dies by suicide.

DO NOT hold an assembly after the death of a student who died by suicide (to minimize glorification of the student's death).

DO NOT close school or dismiss early to allow students and staff to attend a funeral (students and staff should be permitted to attend on an individual basis).

DO NOT allow any form of subtle or obvious gang representation such as symbols or colors.

DO NOT announce the death of a student over the intercom system (classroom announcements are more personal).

DO NOT encourage funerals to be held at a school.

DO NOT allow memorials to be placed at the entrance of a school (memorials need to be optional).

DO NOT attempt to have the school provide all memorials (community groups may also provide venues and activities as a remembrance or commemoration of the event).

Note. Adapted from *Memorial activities at school: A list of "Do's and Don'ts."* http://www.nasponline.org/resources/crisis_safety

Remembrance and commemoration T-shirts have gained in popularity but can present potential problems. Most often, school staff may not be aware of the T-shirts until multiple students are wearing the T-shirts. Questions to discuss when forming memorial policies include: (a) Will T-shirts be allowed? If not, what other alternative memorial activities can be suggested to students? (b) If no T-shirts are allowed and students violate policy, how will the administration handle the violation? Will the staff have students remove or cover the T-shirts or will they send the students home? (c) If T-shirts are allowed, can they be created to memorialize a student who was involved in illegal or gang activities? (d) How long is it appropriate for students to wear the shirts? (e) Can students wear them for more than a week, more than a month, or for the rest of the year? These are challenging decisions for schools and districts to make; thus the importance of developing consistent policies.

Many decisions must be made when creating a memorial following a school crisis or tragedy. It is important for school districts to proactively establish memorial policies and procedures before a crisis occurs. Establishing a committee to help guide the creation of appropriate memorials will allow students, staff, and community members an opportunity to grieve and express themselves in a manner that promotes healthy healing.

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