

Guidelines for Schools

Immediate Tasks for School Administrators and Teachers

MAIN ADMINISTRATOR

- Activate communication/notification network.
- Provide districts/schools with formal announcement of facts about event and plan.
- Identify community resources for staff, students, families.
- Identify support person/place within school for staff.
- Identify support person/place within school for students.
- Identify specific tasks for guidance and mental health staff who can assess students and staff at risk or having problems, who can staff safe rooms.
- Allow staff who feel in need of their own support permission to withdraw from providing direct assistance and request other duties.
- Send letter home to parents to identify:
 - what was discussed in school
 - what was done in school to provide support
 - what parents might expect
 - what resources are available
- Develop written and verbal media response and distribute as necessary.
- Identify media contact and direct all inquiries to designated staff.
- Determine if outside resources are needed and contact appropriate agencies.
- Determine need/plan for memorialization.

TEACHER

- Find out what your school has planned. Check with administrators for school-wide messages and procedures.
- Set aside a specific time at the start of the day to discuss what is known about the crisis.
- Allow for discussion and expression of feelings verbally or through age-appropriate means such as drawing, play and music.
- Inform students of the “safe” place they can go to during the day (have students sign out with the teacher before leaving).
- Identify students at risk. This includes those:
 - who witnessed the crisis
 - with family involved-members missing, hurt or dead
 - with previous loss experiences who may re-experience symptoms
 - with pre-existing mental health issues
- Notify identified guidance and mental health staff of students at risk or with particular problems.
- Continue with some structure for the remainder of the day; activities may be modified but should provide as much routine and familiarity as possible.
- Send home official letter to parents describing what was done as well as helpful information for them and their families.
- Determine public and private memorial procedures/
- Determine follow-up plan.

Step 1: Make sure that you (the helper) are emotionally ready and able to assist a child or teen with managing trauma.

Step 2: Know your limits and where/who to call for referrals and assistance. Be informed about local agencies and services that assist youth and families in need (e.g., hotlines, peer counseling, school groups, emergency rooms, religious organizations).

Step 3: Provide the child with a safe and comfortable environment to express his or her feelings.

- Let the child or teen have control of the situation; let him or her take breaks or leave as needed.
- Do not force the child or press the child for answers.
- Play, drawing, or writing can be mediums for initiating communication.

Step 4: Assess the child's physical status: Has he or she been fed, slept, and been kept safe?

Step 5: Make sure you meet or get the name of an adult who will follow the child through this process (parent, relative, teacher, neighbor).

Step 6: Get basic contact information for child and caregiver: name, address, phone number.

Step 7: Use open-ended questions and your own observations to assess:

- What does the child know? For example, "Tell me about what happened (to you, to others)."
- What are the child's interpretations of what happened?
- What is the child's emotional and behavioral state?
- What are the child's assumptions about the future?

Step 8: Moving forward

- Summarize the information the child has conveyed.
- Normalize the emotional reactions.
- Remind child of what makes him or her safe (parents, friends, school, government are taking care of us).
- Encourage child to keep talking, writing, drawing, etc.
- Make necessary referrals.
- Immediate Issues Faced in Schools
- Families and students that have difficulty in separating but return to school. The children may be very clingy and refuse to let a parent leave or may arrive in an anxious state.
- Students or staff who are emotionally strained and too frayed to function well, but return as an effort to get back into a routine.
- Staff families, and students whose living arrangements have changed.
- Poorly rested staff and students who have been unable to sleep.
- Students or staff who may have difficulty concentrating.
- In the event of an attack, episodes of angry words and conflicts among students. Students that are members or perceived members of ethnic, religious, or racial groups that are similar to the alleged attackers may be targeted for discrimination and violence.

WHAT CAN BE DONE?

- Be on the lookout for these reactions.
- Provide a support service for those needing extra help.
- Temporarily provide for a family support room where parents may go and children may visit.
- Help connect people to resources that allow them to take care of their basic needs.
- Connect families and individuals to mental health providers and treatment centers.

- Help people discuss their situations in appropriate settings. Allow for discussion of worries; let people tell their stories and describe their reactions while providing reassurance of safety.
- Help all recognize that some of their reactions and worries are natural reactions that take time to resolve.
- Modify the school schedule to allow for breaks and further opportunities to discuss reactions. Ease people into the usual school routine.
- Protect all students.
- Enforce a no-tolerance policy for discrimination, slurs, threats, and violence.
- Turn to your policies on diversity to teach students the proper reactions and non-violent conflict resolution.
- Encourage information seeking behavior and discourage rumor making behavior
- Watch for festering divisions between students.

Immediate and Ongoing Tasks for School Health Professionals

- The role of a school health professional after the occurrence of a traumatic event is critical. The office of the school health professional may be the first stop for children needing help. They may have physical injuries that require attention or they may physical symptoms resulting from stress. Following are suggestions to help school health professionals recognize and deal with children's physical problems in times of crises.
- Find out what your school has planned. Check with administrators for school-wide messages and procedures.
- Be prepared to deal organizationally with greater demands on your services.
- Develop a triage plan so that you are prepared to provide services for those in greatest need.
- Coordinate and communicate with your own staff, especially if there is a change from routine operations.
- Coordinate your activities and communicate your actions to administrators, teachers, mental health and guidance staff.
- Be flexible and ready to change operations as the need arises.
- Establish communication with other resources and professionals.
- Contact colleagues in schools similar to yours to find out if you can use or borrow their action plan.
- Identify the support people and community resources that might be of assistance if the need arises.
- Work with mental health experts for advice on students with more complex issues and communicate their advice to the referring providers.
- Be sure that all students who want, or are referred for, services receive appropriate follow-up. Communicate your diagnosis and its rationale to primary care physicians and parents.
- Develop a tracking system to insure that communication, referrals, and follow-up with other staff, primary care physicians, other health professionals, and the students' families takes place.
- Develop procedures for activities that are becoming common. For example, write a form letter that can be sent to parents or guardians of students who come to you with physical complaints to inform them about what is happening to their children. (Be aware of confidentiality requirements).
- Be prepared for teachers who will be turning to you and your staff with questions and concerns about particular students who seem newly anxious, agitated, or sad.

- Be prepared, especially in an elementary school, to see more children with physical complaints such as headaches, stomachaches, nausea, and vomiting.
- Listen carefully to the child or teen presenting a complaint and determine its possible relationship to the crisis. Allow time for children to tell their stories. Be nonjudgmental and supportive.
- Be sure that the physical basis of the complaint is thoroughly examined and ruled out.
- Conduct seminars for both students and staff to teach healthy eating and sleeping habits.
- Determine whether the child or teen has previously exhibited somatic complaints at the school health clinic or to a primary care physician.
- If you still have concerns (for example, with the severity of the complaints), or if the symptoms progress or do not resolve, make the appropriate referral.
- Take care of yourself and your staff.
- Immediate Tasks in the Classroom
- Remain consistent in supporting children.
- Start the day with your usual routine and schedule. At the beginning of the day, settle the class, and then let them know there will be a time for discussion and questions about events. Return to some modified routine as soon as possible to help children feel calm and safe.
- Be prepared to have a high volume of talk about the events. Try to keep this talk under control so that your classroom remains in control.
- Look for children who may not want to be involved in the discussions. No matter what level of exposure, some children will want to talk extensively about their experience, while others will not want to talk at all. Be sensitive to the children who avoid discussion and find a way to provide a secure setting that lets them cope more slowly with the events.
- Collect questions from the children. Answer those questions for which you know the factual answers, but keep in mind your audience. Do not overwhelm young children. Look to the guidelines in this manual for typical reactions of children.
- Allow time for children to tell their stories about the day's events. Encourage them to be supportive of each other. However, limit descriptions of gruesome details in general discussion. Children that have seen people injured or harmed can discuss these episodes privately or in small groups.
- Discuss customs regarding death observed by other cultures to enhance children's ability to understand the reactions of classmates of diverse backgrounds. Although issues concerning life and death should always be integrated into the curriculum, in times of crisis these themes should be emphasized.
- Reassure children that the responsible adults are making sure that they are safe. Although we cannot provide 100% assurance, all children need to know that adults are taking care of them.
- Encourage children to let you know if they are experiencing stress at any time.
- Turn to the school mental health staff with questions and concerns about particular students who seem especially anxious, agitated, or sad, or who had who had extensive exposure to the incident.
- Find out the support staff who will be available to children throughout the day. Direct children to that resource for further conversation and support. Have children sign out to go to that setting, but make sure they know that they can go at any time.
- Keep parents informed about your actions so they can be prepared for further discussion. Encourage parents to limit their children's exposure to media reports and accounts of the event, and to watch television with them when possible.
- Help students react without prejudice. Be on guard for angry reactions between students. Be especially careful that some students are not identified with perpetrators of a disaster

or attack. To help decrease bias, include materials and discussion that familiarize children with other cultures.

- Remember that a wide range of reactions can be expected. Be ready to help by listening, observing for high levels of distress, referring children to appropriate counselors, and returning to a settled routine while allowing for any needed discussion. Finally, talk to others and take care of yourself.

Ongoing Tasks for Teachers

- Know what was done in the past, what helped and what was not successful.
- Anticipate and prepare for future rough spots. Drawing a family tree, the first mother's day after a death, an upcoming Christmas, even a graduation a few years down the road are just some of the potential triggers that may pose new challenges for students.
- Consider modifying the curriculum to address crisis and death related issues. Some examples:

ART: children could create collages about hope of harmony, design an advertisement about helping and tolerance or create a memorial.

HISTORY: students could put the event in an historical context, research similar events, write reports or essays about the meaning of the event or create a documentary. World religions could be studied and different cultures discussed.

ENGLISH: students can use journaling or poetry to express their thoughts and feelings. Books about different cultures could be read to develop an appreciation of differences and similarities between people.

SCIENCE: students can research related events following a natural disaster, "Plant the Seeds for Peace in Our School," mini-ecosystems in terrariums could be created to represent a balanced environment, trees or plants could be added to the grounds to mark the event.

MATH: students can make blue prints or models for devastated areas.

FOREIGN LANGUAGE: the derivation of words could be analyzed and respect paid to languages of the world, shared vocabulary and euphemisms and cross-over slang could be discussed.

MUSIC: music from other cultures could be explored, songs could be written, a "symphony" of instruments could be played or music composed for meditation and relaxation exercises, communal drumming could be used as a group activity.

GYM: yoga, controlled breathing and other meditative arts could be taught and practiced. Active sports could be used for those needing to release energy and to help students maintain physical health, team sports should emphasize cooperation and shared goals.

- Document the services that were provided, monitor early responses and think ahead to support what might be needed. These procedures reinforce the belief that schools offer security to children at their most vulnerable moments.

Helping Children with Developmental Disabilities

Children with developmental delays or disabilities have limitations due to difficulties in the development of sufficient physical, emotional or intellectual capacities to cope with the demands of their environment. Developmental disabilities may include physical disorders such as cerebral palsy and limited vision, language and speech disorders, mental retardation and pervasive developmental disorders such as autism. Children with developmental disabilities exhibit different levels of understanding and emotional reactions as well as different learning styles and patterns when dealing with normal events.

The effect of a traumatic event and the duration of the impact on children is often underestimated. After the 2001 attack on the World Trade Center, it was reported that a large number of public school children in New York City experienced chronic nightmares, fear of public places and other indicators or posttraumatic stress reactions even several months after. In addition to the trauma of the initial disaster, children experienced ongoing anxiety due to the frequent “alerts” as well as the media coverage showing funerals of firefighters and pictures of destruction.

Less has been written about children who have emotional, cognitive or physical limitations that might prevent them from fully understanding the events of a disaster or other trauma. Being aware of the impact that the disaster can have on developmentally disabled children—their particular reactions and behavioral responses—is critical for both caregivers and professionals.

The everyday factors that are involved in working with disabled children assume even greater significance in times of crisis. They need more time, support, guidance and nurturance to understand and internalize traumatic events. Disabled children’s areas of weakness become more vulnerable when the content of the material is threatening. Following are some considerations to keep in mind when helping disabled children through the immediate crisis and future months:

- It is important to understand how the child processes information on both a cognitive and an emotional level. Take into account the child’s ability and capacity for understanding information, communicating what is heard and expressing feelings. Children’s reactions are also influenced by their disability: for example, a child with a hearing impairment may not pick up cues and information from an event that involved sounds or language. A visually-impaired child may have difficulty in interpreting facial expressions, be confused by visual images or discussion by others of visual images.
- When providing information it may be necessary to alter language and to repeat facts because of possible cognitive limitations or language comprehension problems. Children may not understand what is happening when adults refer to concepts such as the towers being bombed, rescue efforts, germ warfare, DNA or being “on alert.” Tailoring the information to the child’s strengths is critical; a child with a language disability may do best with explanations that utilize written materials and pictures; children with limited intellectual abilities will require discussions that are concrete.
- Make sure that the children understand the facts correctly; some children put information together inaccurately and come up with fanciful explanations. When possible, have them write, tell or draw what they know about the event.
- Make sure that the explanations are appropriate to the child’s age. Some young children, after watching many replays of the World Trade Center disaster, expressed the fear that multiple planes were crashing into the towers. School-age children rely on their peer group for information and socialization, and it is important that they all have the correct information and don’t spread inaccuracies. Children with cognitive or emotional difficulties may be more susceptible to believing false information and rumors.
- Be attuned to changes in manifestations of worry and anxiety. Many children with disabilities provide specific cues—words, images, sounds—that signal their concern

about their own safety. Warning signs of distress may be facial expressions, nervous tics, changes in speech patterns, sweating, feeling sick and being irritable. Children may have difficulty overtly expressing concerns. Problems may be reflected in behavior, such as withdrawal, refusal to participate in activities, separation problems or acting-out.

- Children with emotional and behavioral problems may require additional short-or long-term assistance in managing their reactions. Those with previous mental health disorders are at risk for increased problems for developing additional symptoms related to the trauma. It is important to 1) be prepared for increased reactions, such as anger, withdrawal and aggression, and 2) help them understand the events and learn effective coping strategies.
- Maintain regular routines and schedules to help reduce anxiety and provide children with a sense that things are gradually returning to normal. Be sure they are aware of procedures to be followed in an emergency, that they know the specific people responsible for them and who to contact. Practicing safety plans can reassure children that things will go smoothly and highlight any unforeseen difficulties with organization or management, such as maneuvering wheelchairs.
- Assure children that their perception that events are scary is valid and that even adults can be frightened. But reassure them that adults are in control and that they will make decisions and take care of the children.
- When children are ready to talk about events don't avoid discussions, unpleasant as they may be. Avoidance of difficult subjects, particularly about death, transmits the message that a topic is taboo. Silence or avoidance eventually can create more anxiety and confusion.
- Limit children's exposure to media and replay of images that can be overwhelming. Watch news reports with them and make sure they are correctly processing the information. Many children with disabilities have experienced trauma previously in their lives, which puts them at risk for recurrence of previous reactions to stress.
- When terrorism is involved, as with 9/11, help children identify ethnic slurs and hateful revenge-laden conversations. Find opportunities in the curriculum to educate students about diversity and difference, and get them involved in multi-sensory ways to understand other cultures and beliefs.
- Many developmentally disabled children are unusually adept at reading their caregivers' non-verbal messages, especially facial cues. Caregivers need to monitor their responses in order to be as effective as possible.