School Counselor Responsibilities

- Establish safe space for grief/crisis counseling (individual and group).
- Work closely with the building level Crisis Intervention Team to identify and coordinate crisis intervention personnel who can work with groups or individuals.
- Maintain a list of students counseled.
- Make follow-up calls to parents of students in distress and make recommendations for the parent to provide support.
- In case of a student's death, follow the deceased student's class schedule (in middle and high school) throughout the day or meet with the class of the elementary student to help classmates clarify their feelings and discuss concerns related to death.
- Identify, especially after a student suicide or other violent death, the deceased student's close friends or friendship groups (e.g. sports teams, clubs). Make contact with these students and/or their parents.
- Follow up with students most closely affected by the event.
- Invite affected students to participate in short-term small group counseling.
- Follow up with staff members most closely affected by the event.
- Check with families most closely affected by the event. Refer to community counseling agencies as needed.

GUIDELINES FOR MANAGING THE QUIET ROOM

When any of the following are present, a teacher should send the student to the quiet room:

___Student's level of emotional distress is not decreasing and is becoming disruptive to the overall class.

___Student is unable to participate in large group activities.

___Other students are beginning to feed on distraught student's response.

___Student requests permission to go to the quiet room.

___Student seems to be totally detached emotionally showing limited or no affect. Student appears to be far away.

The quiet room should be located in a private space. At least two people per 6 students should be available at all times.

Once individual contact has been made and the student is calm, allow the student to join a small group.

Small group activities in the quiet room are handled quite like those within the classroom. Within the classrooms as well as the quiet room, tissue should be readily available. Chairs should be placed in small group, arranged in a circle. Ask cafeteria personnel if they can provide refreshments for students in the quiet room. Sometimes just the act of eating is enough distraction to calm students. Keep in mind that your goal is to give students permission to grieve or release feelings. However, if a child cannot be calmed, contact the parents. A child should not be sent home unless accompanied by a close relative, preferably a parent.

The primary purpose of the quiet room is to provide a more private place for sharing and release of strong feelings. It also offers opportunities for more individual support.

RISK FACTOR ANALYSIS

Certain types of losses, attributes, or situations are more likely to lead an individual to a personal state of crisis. These risk factors are important to the response team in attempting to identify which individuals might react adversely when an event occurs. These risk factors are also important to consider when choosing persons to serve on a crisis response team. While there is no way to predict what will happen, some thoughtful pre-planning can certainly avoid many problems. The team and teachers can actually use the following as a check list of risk factors:

1. **Suicidal deaths** leave the family members struggling with an extra measure of guilt, anger, blame, and thus can lead to family conflict or difficulty resolving the loss.
2. **Homicidal deaths,** like suicide, lead to greater anger and blame since the death was deliberately caused. These deaths also receive more media attention which can negatively affect family members. Closure is difficult to achieve because it takes so long for the legal system to address the death. Family members often experience a roller coaster of emotions for these reasons.
3. **Accidental death with dismemberment or severe body trauma** can be difficult to process because of the pain and suffering experienced by the deceased.
4. **Witnessing any death** leads to what is called "death imprinting" which is best described as a memory that is so difficult to handle since it seems burned into the brain like the mark a branding iron leaves on a steer. Observer experiences "flash backs" of the event. Critical incidence stress debriefing is needed!
5. **Several family members or friends** who die in the same event results in "stress overload" in processing grief reactions. Families that have several losses over a short period of time regardless of the cause of death may experience a critical stress overload response.
6. **Persons from dysfunctional families with unresolved loss** are vulnerable to being triggered to respond in a more extreme way than the event seems to merit.
7. **Persons with a history of mental/emotional problems** may have more difficulty during a crisis.
8. **Persons with a history of addictive behaviors** may have more difficulty during a crisis.
9. **Veterans of war** who have not resolved all their losses and psychological wounds from combat.
10. **AIDS** deaths where family members are isolated from family and friends.
11. **Terroristic attacks** where days of rescue are involved to recover the survivors and non-survivors.
12. **Relationship to the deceased** such as sibling, parent, child, cousin, or even a best friend, neighbor, classmate, teacher (closeness/conflict) may indicate those most likely to have a difficult experience. Some children or staff who have had conflicts with or who had dated the deceased could also have difficulty should the person die. Example: Fourth grade student was uncooperative with teacher and had to be disciplined. Teacher died of stroke in her sleep.

CHILDREN'S RESPONSES TO TRAUMA

Handout for Parents and Staff

Preschool - Second Grade

Symptom/Response	Adult's Helping Response
1. Helplessness and passivity	1. Provide support, rest, comfort, food, opportunity to play or draw
2. Generalized fear	2. Adult should assure child of safety; make protective presence obvious, but not to the point of being obsessive
3. Cognitive confusion	3. Repeatedly clarify issues related to child's confusion, if the child doesn't bring an issue up, don't make it one because you are concerned about it
4. Difficulty identifying what is wrong	4. Provide emotional labels for the child's reactions; reassure the child that all feelings are normal
5. Lack of verbalization, repetitive nonverbal traumatic play, unvoiced questions	5. Help to verbalize general feelings and complaints; don't over-react; reassure the child; be present for the child
6. Attributing magical qualities to traumatic reminders	6. Separate what happened from physical reminders
7. Sleep disturbances (fear of going to sleep, fear of being alone at night, nightmares, difficulty sleeping alone)	7. Encourage them to talk about fears; maintain consistent and normal bedtime routines; give comfort and reassurance following nightmares

8. Anxious attachment (clinging, fearful about being away from parent, worrying about when parent will be back	8. Provide consistent guidelines for anxious child (allow child to call parent when anxious, provide consistent pick-up afterschool, provide knowledge of parent's whereabouts
9. Regressive symptoms (thumb sucking, enuresis, baby talk, wanting to sit in adult's lap	9. Tolerate regressive symptoms for a short time, comfort and reassure child; don't shame the child; ask the child to tell you what she is feeling; ask her to draw a picture and tell the story if she has difficulty verbalizing her feelings.
10. Anxieties related to incomplete understanding of death; fantasies of rescuing the dead; expectations that dead person will return; concerns about how they will eat or get out of the casket.	10. Give explanations about physical reality of death

Third - Fifth Grade

Symptom/Response	**Adult's Helping Response**
1. Preoccupation with their actions during the event; issues of responsibility	1. Encourage verbalization or expression through drawing their thoughts, guilty feelings, or fantasies about the event
2. Specific fears triggered by traumatic reminders or by being alone	2. Encourage verbalization of reminders and feelings; encourage them not to transfer their feelings to other situations.
3. Retelling and repetitive traumatic replay of the event; cognitive distortion and obsessive focus on details	3. Encourage them to talk, draw, or act out the details in your safe presence; reassure them of the normalcy of their reactions.
4. Fear of being overwhelmed by their feelings	4. Encourage them to express their feelings in your safe presence

5. Impaired concentration and learning	5. Encourage them to let parents and teachers know when they are having difficulty; give individual assistance as needed at school; teach them "thought stopping"
6. Sleep disturbances (nightmares, fear of sleeping alone)	6. Support them after nightmare; encourage them to talk about nightmares as a way of resolving the trauma
7. Concerns about their own safety and the safety of family members	7. Encourage them to talk about worries; reassure them; allow them to call family members
8. Altered and inconsistent behaviors (usually aggressive, reckless, or inhibited)	8. Encourage self-discipline and positive self-talk; validate feelings
9. Somatic complaints	9. Assist child in identifying and describing feelings and sensations
10. Close monitoring of parent's responses and recovery; child is hesitant to tell parent about anxieties	10. Offer to meet with parent to help child talk with parent about her feelings and concerns
11. Concern for other victims and their families	11. Encourage positive activities on behalf of the injured or deceased
12. Feeling distressed, confused and frightened by their grief responses; fear of ghosts	12. Normalize grief responses; balance grief with positive memories

Adolescents (Sixth Grade and Up)

Symptoms/Responses	Helping Responses
1. Detachment, shame, and guilt	1. Encourage talking, writing, or drawing about event; hold rational discussions about what could have been done
2. Self-consciousness about their feelings and fears; concerns about being normal	2. Encourage them to vent those feelings; encourage their peers to be understanding; educate peers
3. Acting out such as drug use, failure to attend school, at-risk sexual involvement	3. Promote understanding of their behavior as a way of avoiding feelings; continue to encourage venting of feelings
4. Self-destructive or accident prone behavior	4. Confront the behavior during or immediately after the event; link the behavior back to self-discipline and impulse control
5. Avoidance of interpersonal relationships	5. Discuss problems in relationship with family and peers
6. Feelings of rage and desire for revenge	6. Encourage discussion of plans to get revenge; talk about the consequences of these actions; encourage alternative opportunities to release feelings that reduce the sense of helplessness
7. Overt changes in lifestyle	7. Discuss connection between lifestyle changes and event

What to Say: Appropriate Statements and Potentially Unhelpful Approaches

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

Appropriate Statements:

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

Potentially Unhelpful Approaches and Corresponding Statements:

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

Encouraging them to be strong or hide their feelings

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

Telling them you know how they are feeling or ought to be feeling

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

Competing for sympathy

f. “Both of my parents died when I was your age.