

Teacher Talking Points: Middle & High School

We all know about the shooting at the high school...every national news crew has been covering Chardon for days. Our community has lost Danny (Parmetor), Russell (King), and Demetrius (Hewlit). *Let us take a minute to remember them in silence and send our caring thoughts and prayers to their families.*

Joy(Rickers) and Nick (Walczak) were hurt; it is expected they will recovery from their injuries and will eventually be ok. *Let us take a minute to remember them in silence and send our caring thoughts and prayers to their families.*

Although this is a huge tragedy for all of us, this is very **R A R E**. We can count on one hand the number of schools that have gone through this. We never thought we'd experience this kind of tragedy.

Police are working with faculty to maximize safety in our school.

People in the building have a range of feelings they are experiencing – and a range of intensity of feelings. Don't be surprised to find that you are experiencing a variety of different feelings about what happened – sad, scared, angry, confused and worried. It's hard to get our arms wrapped around what happened here. You may **N O T** know how you feel – AND **this is OK!**

Some events in life are inexplicable...and you are old enough to understand that bad things happen to good people.

It's important to talk about your thoughts and feelings -Let me know if you want to talk to someone on staff .

Things may seem out of wack and different for a while but everyone in our school needs to work together to get things back to normal as soon as possible.

We all care and we need to **actively** show our caring.

We will be doing some activities to honor Danny, Russell and Demetrius and to support Joy and Nick. We're going to need your thoughts and ideas.

Again – if you need help or need to talk – JUST LET ME KNOW.

*** Move to planned activity***

Teacher Talking Points: Elementary Schools

I'm sure that all of you have heard about the shooting at the high school. Three high school students died and two were hurt – but they will be ok.

I wanted to let you know that although this was very scary for all of us, this is very R A R E (which means it almost never happens).

I want you to know that this school and your classroom are V E R Y safe places to be.

We may all have different feelings about what happened – sad, scared, angry, confused and worried.

You may not know how you feel – AND this is OK!

We can all feel safe talking about our feelings.

Let me know if you need to talk or if you want to talk with an adult.

There are many HELPERS at our school to talk to at any time; and lots of extra helpers, like the Police, to keep us safe.

If you need to talk, just let me know.

Things may seem strange or different for awhile but we will continue our regular school days and it will start to feel better with time.

Again – if you need help or need to talk – JUST LET ME KNOW.

*** Move to planned activity***

summary of some suggestions

Cathy Paine [cpaine19@gmail.com]

Sent: Tuesday, August 21, 2012 11:58 PM**To:** Scarano Frank; Billnasp@aol.com

Frank

Regarding the permanent memorial, form a group of representation from school and community to plan (include students) and make it a community location (not at school).

From my call to April --Suggestion: Cathy recommended that the school district be proactive and take a lead in the discussion of a memorial. Even though the position of the district is not to have it on the high school property, the district is advised to be an active player and a leader in the discussion. The families will most likely want a memorial, and it will important for the district to be seen as supportive and involved in this from the start. Cathy's experience is that there is about a 2-year optimal "window" for the construction of a permanent memorial in a situation like this. (some have taken longer, such as Springfield and Columbine, so there is no absolute time) However, the first 2 years or so is the time when people are most interested, and most likely to donate funds. Although this is not something to rush into, the discussion has started now by virtue of this (City Council) presentation. Even though the construction may not take place for months or years the district should be at the table. It is also strongly advised that the planning group be representative of the community, include students and families of victims, and not be driven by any one person. Funds should be collected by a agency outside the school district. Memorials have the potential to be contentious, so the more planning and involvement from all constituents, the better.

----- Forwarded message -----

From: **Cathy Paine** <cpaine19@gmail.com>

Date: Fri, Aug 17, 2012 at 4:25 AM

Subject: Summary of 7/31 Chardon call

To: April Siegel-Green <April.Siegel-Green@chardonschools.org>, Billnasp@aol.com

Hi April and Bill,

In preparation for our call Aug 17 at 12:00 noon Eastern time, here is a summary of what Cathy and April discussed last time via Skype. (Bill was unavailable for the call.)

Opening School:

April described a number of activities planned to engage students and welcome them back over the next few weeks. Students return Aug 23. There will be events such as movie nights, band and dance, open gym, pizza night, and a high school open house, all leading up to the start of school. April has really done a great job in organizing all of this!

"Actively Caring for People" from Virginia Tech will return in August, as well as throughout the year.

Suggestions: New Freshmen - safety and security should be a focus, let them know what the school is doing. (possible SRO to be added for 2012-13). Make it as "normal" and positive a beginning as possible, yet know that many will struggle with coming back to the building.

Staff - fall inservice Aug 20

David Schoenfeld will speak with staff on trauma symptoms, focus on kids but it applies to all.

Arne Duncan's assistant will give a motivational speech

Suggestions for staff: April noted that few have taken advantage of offers of assistance. Continue to offer support on an ongoing basis. Focus can be on the kids, but the information will help staff as well. Just keep the opportunities open. Use staff development days during the year to continue to provide information on the recovery process.

Trial:

Scheduled for August but may be postponed

Cathy sent information on the Colorado Oklahoma Resource Council - community-based team support to victims during a trial (basis of their work is to create a "Safe Haven" where families, students and staff can gather during the trial for information and support)

Educate staff and students on the legal process. Cathy suggested contacting local district attorney's office -- provide information about the trial and legal process to students, staff and parents so they may better understand what goes on during the trial.

Counseling Support:

April described support from mental health social workers. She has coordinated this.

Suggestions: Secondary Traumatic Stress - be aware of effects of compassion fatigue on those providing care. Continue and possibly expand mental health services for 2012-13 year through an Extended Services SERV grant.

Survey all students and staff this fall related to trauma symptoms. Cathy sent a copy of the survey used in Springfield for this purpose.

Suggested curriculum for students "CBITS" Cognitive Behavioral Intervention for Trauma in Schools. Sopris West.

Anniversary:

This discussion will happen in the future. Suggestions:

form a group of representation from school and community to plan (include students)

make it a community event (not just a school event)

hold regular school day with moment of silence or other remembrance in the morning, have main event outside school hours

control visitors to the school during the day

media - schedule times during day for district spokesperson to meet with media; plan ahead by meeting with media before the event

provide a care room for the week for students and staff

provide a place for messages (best if permanent product that can be given to family)

have extra, very visible security that week

Cathy sent the press release from Springfield describing in detail their anniversary and media response.

SERV Grants:

The district has received an Immediate Services Grant of approximately \$56,000. April wrote this grant, which was spent between February and June on security, mental health contracted services, recovery activities and subs for teachers and classified staff.

Cathy offered to assist April in writing an Extended Services Grant for up to 18 months. Cathy reviewed some of the important criteria in writing the grant, based on her experience as a grant reviewer. (I can send in writing if helpful, April)

Cathy sent an article describing the "second anniversary" challenges, and suggested they write the grant for the maximum 18 month period. April is in contact with Madeline Sullivan's office at SERV regarding timelines.

Next call August 17:

follow up on above

Tonight - Parent Meeting

Siegel-Green, April

Sent: Thursday, March 08, 2012 7:48 AM**To:** Leininger, Kimm [kleininger@uws.org]; Snyder-Cowan, Diane [DSCowan@HospiceWR.org]; kbiddle@beechbrook.org; mprepetit@beechbrook.org; kkarl@BeechBrook.org; laura@cornerstoneofhope.org; boyled@ravenwoodmhc.org; jadams@lightstream.net; ClarkV@ravenwoodmhc.org; tischlerj@redcross-cleveland.org; Perusek Maria; Kurt Jensen [kj@worksmartllc.com]; Scarano Frank**Cc:** cdurkin@beechbrook.org; Blackburn, Joan [Joan@beechbrook.org]; Ondrey, Ellen**Importance:** High

Good morning one and all,

In preparing for tonight's activities I first want to once again express my thanks and gratitude for the support, guidance and efforts of everyone. Tonight is truly a team effort. With that said I wanted to establish some parameters prior to this evening as I know we will have little time prior to parent arrival and we have much to accomplish. I understand each and every agency represented with this group would like some recognition for the time and effort that has been provided to support Chardon in their time of grief; however tonight really **must focus** on the parents, their healing as well as the healing of their children. As a result I am going to assign specific agencies/people to specific tasks in order to maximize the time we have prior to parents coming. I hope I will not offend anyone but I really want this evening to be about parents and not us. I trust you will understand.

Check In/Welcoming Table -- Kimm Leininger/Jessica Tischler/Laura S. (United Way/Red Cross/Cornerstone)

Refreshments -- Kimm Leininger

General Presentation -- Kate Biddle/Diane Snyder-Cowan (Beech Brook/Hospice)

Breakout Room Protocol/Model and Room Assignments -- Kurt Jensen/Vicki Clark/David Boyle/Diane Snyder-Cowan (Red Cross/Ravenwood/Hospice)

Grief Counselors -- Kim Karl/Jim Adams/Frank Scarano (Beech Brook/Geauga Co. Mental Health/GCESC)

Child Care -- Joan Blackburn/Casey Durkin (Beech Brook)

Here are the room assignments:

Child Care - Rooms 200, 201

Grief Counselors -- Library/Media Center Tables (9 of them)

Computer Lab A, B -- Elementary Children Session

Computer Lab C and Room 101 -- Middle School Children Session

Rooms 103, 108 -- High School Children Session

Rooms 111, ___ --- Families of Victims/Witnesses (one more room to be assigned)

Refreshments -- Cafeteria

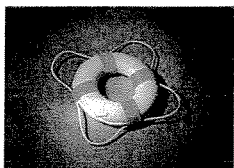
Once more, please know how much I appreciate all the support you have provided us. You are each to be commended for your efforts and desire to work with all families who are in need. Thanks again.

Sincerely,

April

April Siegel-Green
Director

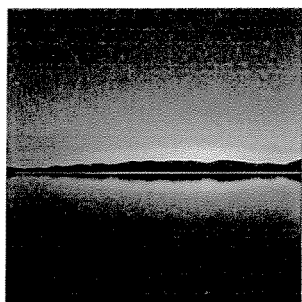
Creating a Sense of Safety After a Traumatic Event



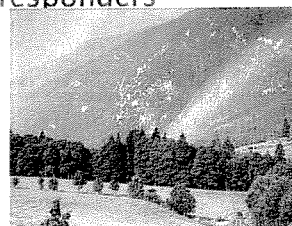
A moment of silence for those who
died as a result of the tragedy...



A moment of silence for those
injured and directly impacted

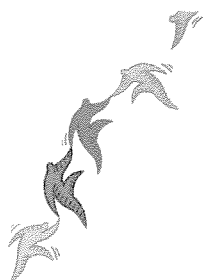


A moment to appreciate the
faculty who helped to
manage an impossible
situation and the first
responders



Our job is to create safety for all

- › Strong police presence
in schools for as long
as needed
- › Collaboration to sustain
a "community" of
mutual support
- › We all care... we have
to *actively* show our
"caring"



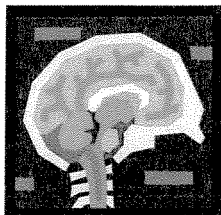
Trauma Defined

- › An event directly experienced or witnessed
that involves threat of death or serious injury
to yourself or others, or a threat to the
physical or emotional integrity of yourself
and others
- › Involves overwhelming feelings of extreme
fear and helplessness
- › A normal response to an abnormal event.



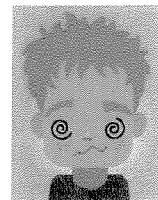
Fight, flight, freeze reactions:

- › Intense knee-jerk reactions
- › Hard wired in the brain
- › A survival mechanism for coping
- › Requires understanding and supportive responses



Trauma impacts:

- › Physical well-being
 - › Physical complaints
- › Emotional well-being
 - › Increased intense feelings
 - › Numbness
- › Social well-being
 - › Withdrawal
 - › Aggression
- › Ability to think and concentrate



Symptoms of trauma

- › Emotional numbness
- › Re-experiencing the event through flashbacks, nightmares and/or re-enactment of the trauma in behavior
- › Avoidance
- › Hyper-arousal and hyper-vigilance

Trauma in the classroom

- › Re-experiencing of the trauma
 - › Demonstrated in play and behavior
 - › Dreams and daydreams
 - › Distressed when exposed to events that resemble or represent the trauma
 - › Flashbacks



Trauma in the classroom

- › Avoidance
 - › Avoid all reminders (e.g., activities, places, smells, sounds, etc.) of the trauma
 - › Withdraw from other people
 - › Having difficulty feeling emotions



Trauma in the classroom

- › Increased "arousal" symptoms
 - › Effects of sleeplessness
 - › Being irritable and quick to anger
 - › Having difficulty concentrating
 - › Easily startled
 - › Scanning for warning signs



Trauma examples in the classroom

- › Peer conflict
- › Oppositional behavior
- › Tearfulness
- › Anger
- › Inability to concentrate
- › Disorganization
- › Forgetfulness
- › Irritability
- › Inability to "take in" new information
- › Inability to learn
- › Anxiety, including separation anxiety for all ages



What can I say to students?

- › Always be honest; give simple, clear explanations to trauma-related concerns
- › Respect your students' fears
- › Help your students express their feelings in words and other appropriate forms of self-expression



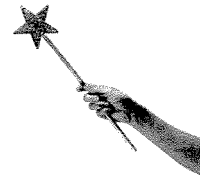
What can you do?

- › Be emotionally present and available
- › Maintain normal routines since normalcy conveys predictability and safety
- › Give students choices when possible
- › Continue to reinforce positive behaviors and maintain clear limits
- › Provide logical, not punitive, consequences
- › Be sensitive to cues in the environment that may trigger recollections of the trauma
- › Prepare students for changes and transitions



Please remember...

- › There are no magic words... just "being there" may mean more than anything else



Coping...

- › What do you do on a really, really bad day?



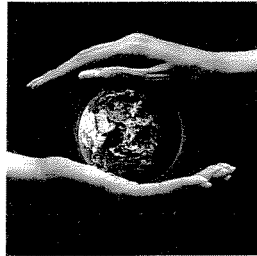
Coping Strategies

- › Reach out to others for support
- › Play sports/exercise
- › Enjoy music
- › Read (inspiring literature)
- › Write
- › Create Art
- › Pray
- › Enjoy nature
- › Participate in community activities
- › Take a vacation



Be a part of the solution!

- › Empower students to plan activities to honor the deceased and to support the injured
- › Engage students in discussions to co-create an actively caring community



Take care of yourself!

"There is a cost to caring."



- › Be self-aware.
- › Reach out to others for support.
- › Recognize that compassion fatigue is an occupational hazard.
- › Take care of your physical needs.
- › Understand that events like the recent tragedy remind us of our own past hurts.
- › Talk to a professional if you see signs of excessive distress in yourself.

And, let's take care of each other!



Trauma/Grief Strategic Group Meeting March 12, 2012

Counseling/Support Plan March 14 through April 4, 2012

Students:

High School:

- Through 3/16/2012 grief counselors available 7:30 – 1:00 pm
- Beginning 3/19/2012 begin to identify groups through teacher, guidance, parent referral
 - Groups to include:
 - Cafeteria Group
 - Mr. Ricci's first period
 - Friends of Victims
 - General Grief Group
 - Auburn Group
 - Other:
 - Groups to meet T, Th during lunch hour unless otherwise designated timeframe
 - Individual sessions on referral basis
- Transition to "Normalcy"
 - Gradual removal of memorabilia
 - Lunch Time Activity – Memorialize"ish"
 - Wreath Creation (notes)
 - Open Art Activity
 - Thank you notes to other schools
- Special Calendar Dates will staffed with grief counselors
 - Picture Day – March 16
 - First Tornado/Fire Drill – March 28
 - R. Baxter – March 30
 - Nick to Return to School – April 16
 - Your Life/Your Chance – April 24-26
 - Prom Assembly – May 4
 - Graduation Practice – end of May
 - Graduation
 - Others to be determined
- Pet Therapy – weekly or around specific events
- Virginia Tech Involvement – Actively Caring 4 People
 - April/May

Middle School:

- Through 3/16/2012 grief counselors available all day
- Beginning 3/19/2012 begin small group grief instruction through ICE periods
 - Middle School Curriculum to develop – Diane (Hospice)
 - Big Feelings
 - Loss/Grief
 - Coping
 - Supportive Friend
 - ICE groups will be screened for potential PTSD students or groups
 - Continue with groups who are identified at-risk
 - Individual sessions on referral basis
 - ICE box for students to input thoughts, feelings, questions, suggestions
 - Create utube follow up video to post on website
- Pet Therapy weekly or around specific events
- Virginia Tech Involvement
 - Via High School – Fall 2012 – Actively Caring 4 People

Elementary:

- Maple Elementary
- Park Elementary
- Hambden Elementary
- Munson Elementary
 - Lunch bunch groups
 - One to Two times per week
 - K-2, 3-5 group
- Pet therapy weekly or as otherwise requested

Teachers:

- Counseling Sessions available on a referral basis
- Referral to outside providers
- Small in-service sessions at building meetings throughout the rest of year
 - Target signs and symptoms
 - Who to Refer
 - How to Support

Parents:

- Letter home to include the following information:
 - Signs and Symptoms

- Removal of service gradually
 - Where to find resources
- Previous Parent Session
 - Utube session and link to website
- List of resources on website/articles
- Attorney General's Victim Crime Program
 - March 21, 2012
 - Chardon Middle School – LGIR
 - Large group program about victim's program
 - Counselors available for family counseling – classrooms
 - Rooms available to apply for victim's support
 - Sign ups available for parent/student support groups

Long Term Plans TBD:

- End of School Year Exit
 - Students
 - Teachers
- Summer Activities – Community Based
 - Retreats/Workshops
 - Parents
 - Teachers
- Beginning of the School Year
 - Re-Entry
 - 8th Grade to 9th Grade
 - 5th Grade to 6th Grade
 - Kdg students

Items to Complete:

- Referral System
- Permission Forms for Groups
- ICE times to group for scheduling purposes
- Staffing for ICE time:
 - Beech Brook
 - Hospice
 - Ravenwood
- OGT and OGT make up time schedule – send
- Identify PTSD screening tool
 - UCLA Screening tool?
- Middle School Curriculum to develop – Diane (Hospice)
 - Big Feelings
 - Loss/Grief
 - Coping

Support Committee
April 2, 2012 Meeting

Discussion Topics:

Parent's Support Education Night:

- Tentatively scheduled for the evening of May 2
- Chardon Middle School
- Focus: Care for the Caregiver
- Main Presentation: Belleruth Naparstek
- Breakout sessions
 - Massotherapists sessions
 - Reiki sessions
 - Victim's Advocate
 - Other ideas?

Staff Support Education In-Service:

- Proposing various dates
- Location TBD – CHS?
- Focus: Self-Care
- Main Presentation: Belleruth Naparstek
- Offer other relaxation on site:
 - Massotherapy
 - Reiki
 - Other?

Summer Plans: Focus to come from community resources – Mental Health Board and Ravenwood

- Suggested menu of items for families and children
 - Trauma based support groups with trauma based curriculum
 - Family Nights
 - Student Activities
 - Camp?
 - Senior Activities
- Hospice Summer Grief Supports
- BeechBrook Groups (Mentors and Senior Supports)
- Follow up meetings with Mental Health Board, Ravenwood and Chardon need to be scheduled

Groups to be formed at CHS:

- Victims
- Cafeteria students
- Seniors
- Specific Classrooms

- Others?

Targeted Dates for extra support/training:

- April 24 – Your Life/Your Chance (Prom activity at Solon Church – all day)
- April 26 – Mentor Training for next year's seniors – Methodist Church
- Graduation?
- Middle School Trips
 - Train staff possibly May 17 at 2:30 at middle school
 - Guidance and teacher chaperones

Next Meeting Date: April 23 at 5:15 pm at United Way

School Crisis Aftermath: Care for the Caregivers

In the wake of a crisis, caregivers must take care of themselves as well as their charges.

By Cathy Kennedy Paine

Cathy Kennedy Paine is a school psychologist in Springfield, OR, and is a member of the NASP National Emergency Assistance Team.

Student Services is produced in collaboration with the National Association of School Psychologists (NASP). Articles and related handouts can be downloaded from www.nasponline.org/resources/principals.

Angela was president of her senior class, a state champion volleyball player, an honors student, and a member of the school orchestra. She was looking forward to attending college as a pre-med student when she was killed by a drunk driver on New Year's Eve. Angela's counselor, her teachers, the school psychologist, and the school administrators all rallied and provided support for Angela's friends and family. They worked tirelessly to set up a "care room" at the school for those who were affected by Angela's death and frequently met with students in the weeks following her funeral to provide support. They planned a memorial service at the school and spent many hours helping the school return to a pre-crisis learning environment in addition to fulfilling their normal duties. A few weeks after the accident, many of those who had provided care began to experience fatigue and sleep disturbances, headaches, and depression. What was causing this?

How Caregivers Help

"Professional" crisis caregivers (e.g., emergency responders, mental health providers, medical professionals, victim assistance counselors, and faith leaders) are trained to handle exposure to images of destruction and loss and to help victims or survivors cope with the impact of a crisis. They try to help individuals, schools, and communities reestablish their balance in a world that seems radically different from what they previously knew; connect them to available resources in their communities, cities, and states; and deal with their feelings of guilt, helplessness, anger, fear, and grief.

Although most individuals will not require intensive services, caregivers sometimes are needed to provide ongoing support to individuals who are feeling anxious, stressed, or fearful about the crisis and its effect on their future. Caregivers may also help frontline responders who may have experienced the horror of death and destruction and the immediate aftermath of an event.

Administrators, teachers, and other school staff members play an essential role in helping adolescents cope with crises, in effect becoming crisis care-

givers when a tragedy affects youth in their care. This is particularly true when the crisis occurs at the school or directly affects students or staff members. Although school personnel play a key role in the lives of adolescents, they may not have had formal training in mental health or crisis support strategies, so they can become overwhelmed with the gravity of their work.

Principals are responsible for the well-being of their staff members as well as their students and should be vigilant of staff members who are thrust into the crisis caregiver role. In particular, they can ensure that staff members receive crisis training, guidance on stress management, and access to mental health supports if necessary. The school psychologist can be extremely helpful in providing or accessing these resources and supports.

The Potential for Burnout

Caring for the victims of crises is both physically and emotionally draining. The sense of normalcy is disrupted and the level of human need may be enormous. Need for care may continue for an extended period of time, as in the aftermath of a natural

disaster, school violence, or a student or teacher death. Answering this need can be particularly difficult because many crisis caregivers have other jobs that they are trying to fulfill at the same time. This is especially true for teachers, school mental health professionals, and administrators, who may be trying to meet the needs of students, staff members, and families in crisis while maintaining a normal learning environment.

The natural instinct when acting as a crisis caregiver is to put one's own needs aside and tend to students first, but no one who responds to a crisis is untouched by it. All caregivers who participate in a crisis response are at risk for burnout, also known as "compassion fatigue," which interferes with their ability to provide crisis assistance. This can result when caregivers experience a traumatic event through the eyes and ears of the survivors; many caregivers have empathetic reactions when listening to the story of the event. This can be true in the aftermath of an immediate crisis, such as a death or natural disaster, as well as during extended periods of stress and anxiety, such as a war. It is extremely important for caregivers to monitor their own reactions and take care of their own needs.

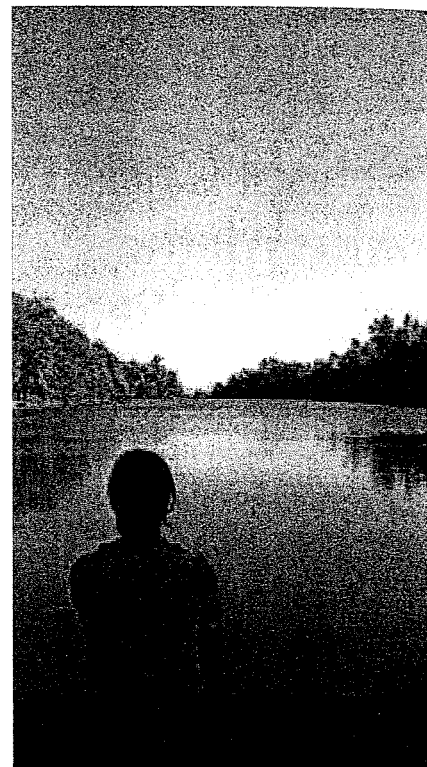
In the early stages of crisis response, caregivers may have abounding energy and motivation. As a crisis intervention continues, however, caregivers may find themselves experiencing physical or psychological burnout. Successes may be ambiguous or few and far between. Images of violence, despair, hardship, or continual concern over possible danger can contribute to feeling professionally isolated and depressed, particularly if caregivers do not have the opportunity to

process their reactions. In some cases, lack of sleep and limited opportunities for healthy nourishment break down caregivers' capacity to cope effectively. In addition, caregivers who have their own history of prior loss, psychological trauma, mental illness, or substance abuse or who lack social and family resources will be more vulnerable to burnout. These caregivers may find that their own memories of trauma and loss may resurface during a crisis.

Implications for Administrators

The first concern after a crisis affects a school is understandably meeting the needs of students—ensuring their physical and psychological safety, mitigating the stressors that can interfere with learning, ensuring that communication is clear and factual, identifying and monitoring those who are at the greatest risk for developing a serious trauma reaction, and restoring a sense of normalcy as soon as possible. Administrators also must be aware of the toll on their staff members, monitor the adults who have assumed a caregiving role, and note their needs. Like students, adults who may be at greatest risk are those who were particularly close to event (e.g., mentored a student who died or tried to help a colleague who had heart attack in class) or have recently experienced a loss or traumatic event in their lives.

Staff members, students, and parents all look to the principal for guidance on what to do and reassurance that they will be okay. Staff members in particular may need a clear sense of direction even as they respond instinctively to the needs of their students. It is often difficult for principals to recognize that their own history of



In the early stages of crisis response, caregivers may have abounding energy and motivation. As a crisis intervention continues, however, caregivers may find themselves experiencing physical or psychological burnout.

STUDENT SERVICES STUDENT SERVICES STUDENT SERVICES

trauma and loss may prevent them from fully taking on the leadership role during a crisis. Principals need to take stock of their own emotional capacity to cope and be realistic about the duties they can perform. These can be highly visible, such as speaking at student's funeral or managing a large parent meeting, or intimate and intense, such as offering support to a distraught parent.

Luckily, principals do not have to—and should not—be the only leaders in their schools. Having a trained crisis team in place makes it possible to respond in the moment and also to delegate ongoing caretaking tasks as needed to ensure that students and staff members are supported effectively. The school psychologist and other school-based mental health professionals are essential. Community mental health professionals may be needed to augment school personnel, but they should work closely with those who are trained to work in the school environment and understand the unique challenges and opportunities afforded by that context. Creating an atmosphere of open communication with and among staff members as part of the ongoing professional relationship makes it more likely that they will share their concerns, recognize the need for and seek help, and support one another.

Preventing Burnout and Minimizing Stress

Whether it is in the aftermath of a serious crisis or during an extended period of high stress, the repeated stories of crisis-affected individuals, as well as the unrelenting demand for support, may result in burnout for

crisis caregivers. Stress management is key to effective crisis response. Crisis caregivers can manage and alleviate stress by taking care of themselves while helping others. The following personal and professional suggestions will help prevent burnout (Brock, Sandoval, & Lewis, 2001; Mitchell & Everly, 1998; Poland & McCormick, 2000; U.S. Department of Health and Human Services, 2005).

KNOW YOURSELF AND YOUR ROLE

- Know your limitations and what situations you feel reasonably comfortable or uncomfortable handling.
- Know your own triggers for stress.
- Recognize that your reactions are normal and occur frequently among many well-trained crisis professionals.
- Understand when your own experience with trauma may interfere with your effectiveness as a caregiver.
- Recognize and heed the early warning signs of burnout—listen to your body.
- Be clear about your role in the crisis intervention and always work as part of a team.
- Remember your professional ethics. Set appropriate limits on your involvement with the students you are supporting.
- Know the crisis plan in your place of work.

TAKE CARE OF YOURSELF

- To the extent possible, maintain normal daily routines.
- Connect with trusted friends or family members who can

help support you.

- Eat healthy foods and drink plenty of water.
- Take frequent rest breaks at least every couple of hours.
- As much as possible, try to get some restful sleep (but try to avoid sleeping pills).
- Maintain your typical exercise routine.
- Give yourself permission to do things that you find pleasurable (e.g., going shopping or out to dinner with friends).
- Avoid using alcohol or drugs to cope with the effects of being a caregiver.
- Ask for help from family and friends to reduce pressures or demands during the crisis response.
- Renew your spiritual connections.
- Avoid excessive news coverage of the event.
- Do the things that reduce stress for you (e.g., read, listen to music, take deep breaths, meditate, walk, laugh).
- Take time at the end of each day to process or debrief the events of the day with other caregivers or colleagues. It is helpful to spend time in the company of others who understand the stressors affecting the team.
- Use a buddy system so coworkers can monitor each other's stress reactions.
- Be kind and gentle on yourself and others because you have all shared exposure to a life-changing event. Everyone needs time to process the impact of these events on their lives.

The Warning Signs of Burnout

It is important to realize that burnout develops gradually, but its warning signs are recognizable beforehand. These include the following items (Figley, 2002; Mitchell & Everly, 1996).

Cognitive

- An inability to stop thinking about the crisis, the crisis victims, or the crisis intervention
- Loss of objectivity
- An inability to make decisions or express oneself either verbally or in writing
- Disorientation or confusion or difficult concentrating
- Personal identification with crisis victims and their families
- Constant replay of the incident described in the crisis intervention

Physical

- Overwhelming or chronic fatigue or sleep disturbances
- Gastrointestinal problems, headaches, nausea, or other aches and pains
- Eating problems, including eating too much or loss of one's appetite

Affective

- Suicidal thoughts or severe depression
- Irritability that leads to anger or rage
- Intense cynicism or pessimism
- Excessive worry about crisis victims and their families
- Upset or jealous feelings when others are doing crisis interventions
- A compulsion to be involved in every crisis intervention

- Significant agitation and restlessness after conducting a crisis intervention
- Frequent unexplained loss of emotional control after crisis intervention

Behavioral

- Alcohol and substance abuse
- Withdrawal from contact with coworkers, friends, or family members
- Impulsive behaviors
- Maintaining an unnecessary degree of contact or follow-up with crisis victims and their families
- An inability to complete or return to normal job responsibilities
- Loss of interest in one's own work after crisis interventions
- Attempts to work independently of the crisis intervention team without appropriate supervision

Source: Figley, C. R. (2002). *Treating compassion fatigue*. New York: Brunner-Routledge; Mitchell, J. T., & Everly, G. S. (1996). *Critical incident stress debriefing*. Ellicott City, MD: Cheveron.

Resources

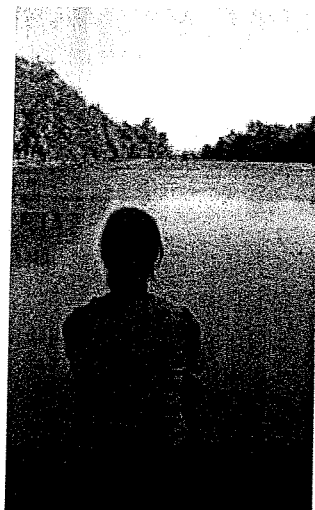
American Red Cross www.redcross.org

Centers for Disease Control and Prevention
www.bt.cdc.gov

National Association of School Psychologists
www.nasponline.org/educators

National Institute of Mental Health www.nimh.nih.gov

Substance Abuse and Mental Health Services
Administration, National Mental Health Information
Center www.mentalhealth.samhsa.gov



As caregivers to those who need support after tragic events, all adults must take good care of themselves so that they are able to take good care of those in their charge.

- Ask your supervisor for temporary relief from some of your regular job responsibilities.
- Take advantage of employee assistance programs that might be available.

What Next?

School crisis response is a part of a comprehensive safe schools plan. Every year, administrators should inform staff members about the specifics of their school's crisis plan, staff members' potential role in the event of a crisis, the potential for burnout among those who support students and one another, and the warning signs of and strategies for minimizing burnout and stress. This information should be viewed as essential staff training and be conducted by crisis team members. Ideally, community service providers who might be called in to support the school should participate in these training sessions to enhance collective understanding and collaboration. Staff members should also be aware of the following important points before a crisis occurs (Poland & McCormick, 2001):

- When you participate in a crisis response, you will likely be personally affected by the crisis and may need just as much support as victims and survivors.
- Issues pertaining to your own personal history of trauma or loss may resurface during a severe crisis; those reactions can take you by surprise.
- When you become aware of a school crisis, you might feel

unprepared to deal with the situation and might experience such emotions as fear, denial, anger, and anxiety.

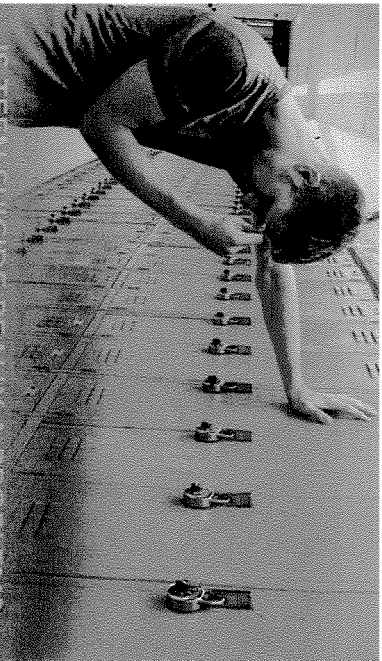
- Remember that your crisis reactions are normal. Give yourself permission to experience a range of emotions.
- Recognize when you should not provide crisis support to students because of your own reactions to the event.

Summary

Parents, teachers, administrators, and emergency professionals all play an important role in helping students cope with crises and return to the learning environment. As caregivers to those who need support after tragic events, all adults must take good care of themselves so that they are able to take good care of those in their charge. PL

REFERENCES

- Brock, S. E., Sandoval, J., & Lewis, S. (2001). *Preparing for crises in the schools: A manual for building school crisis response teams*. New York: Wiley.
- Mitchell, J. T., & Everly, G. S. (1998). *Critical incident stress management: The basic course workbook*. (2nd ed.). Ellicott City, MD: Cheveron.
- Poland S., & McCormick J. (2000). *Coping with crisis: A quick reference*. Longmont, CO: Sopris West.
- U.S. Department of Health and Human Services. (2005). *A guide to managing stress in crisis response professions* (DHHS Pub. No. SMA 4113). Retrieved from <http://download.ncadi.samhsa.gov/ken/pdf/SMA-4113/Stressmgt.pdf>



IS TEEN SUICIDE REALLY A PROBLEM?

According to the Center for Disease Control and Prevention, walk into any US high school class of 30 students and chances are that over the past 12 months:

- 8 of the teens will have experienced extended feelings of hopelessness;
- 4 will have thought seriously about suicide;
- 3 will have made a suicide plan; and
- 2 will have attempted suicide.

THE GOOD NEWS!

Early detection and treatment can make all the difference. Research shows:

- 80 percent of those that seek treatment for depression are successfully treated
- The combination of anti-depressant medication and talk therapy can prevent suicide.
- Educating teens makes them more attentive to noticing changes in behavior and mood in both themselves and their friends.

"Providing education and support for teens going through trying times is one of the most important actions a family member, friend or community member can take." *(National Alliance on Mental Illness, 2011)*



WE RELY UPON THE GENEROSITY OF PRIVATE DONORS AND FOUNDATIONS TO FUND OUR LIFESAVING WORK.

Please help us save young lives.
Donate today at **216.464.3471**
or **helppreventsuicide.org**.



Suicide Prevention Education Alliance

29425 Chagrin Blvd, Ste 203

Cleveland OH 44122-4602

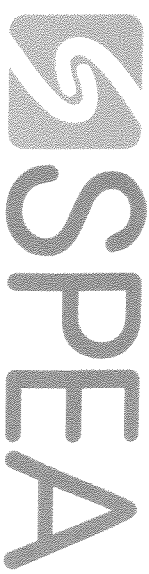
216.464.3471

helppreventsuicide.org

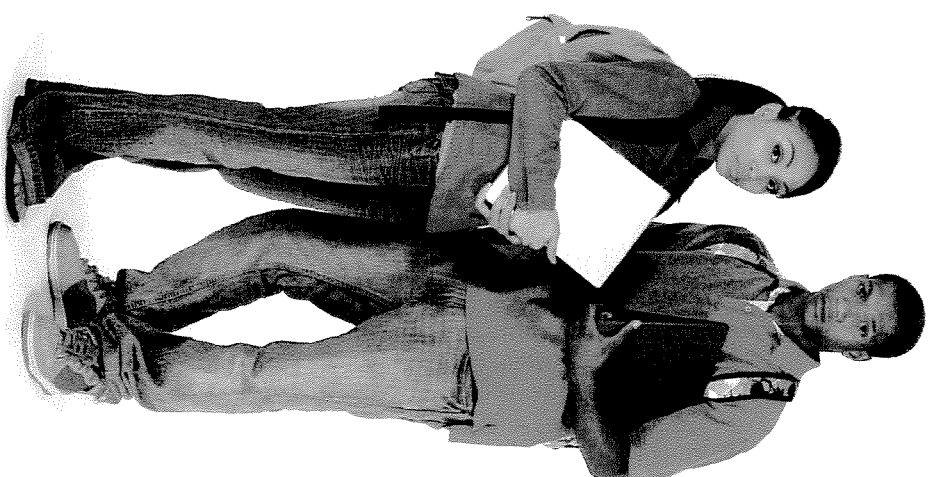
facebook.com/SPEAneoh



IN CRISIS 1.800.273.TALK (8255)



Suicide Prevention Education Alliance



....Suicide Prevention, for Life!

We prevent suicide by teaching young people to recognize the warning signs of suicide and to seek professional help for themselves and others.

OUR MISSION

SPEA saves young lives.

We teach teens to recognize the warning signs of suicide - and to encourage those at risk to seek help from a mental health professional.

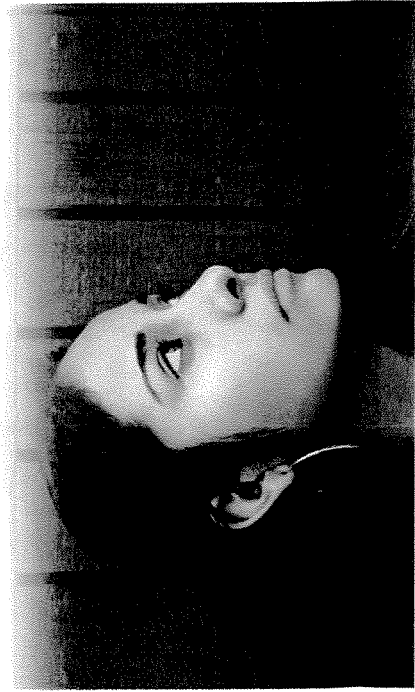
In most cases, the depression that so often precedes suicide is both recognizable and treatable. **Suicide is our most preventable form of death, according to David Satcher, MD, former Surgeon General of the United States. Yet, in the United States, suicide is the third leading cause of death for young people 15-24 years old.**

Our innovative, evidence-based school programs are effective. At-risk youth seek treatment early - thereby preventing suicide and enabling recovery, allowing young people to live healthy, productive lives.

OUR HISTORY

Lyman H (Tim) Treadway founded SPEA in 1992 after the loss of his son to suicide.

Mr Treadway recognized a critical need to educate youth and gatekeepers about depression and its role in suicidal ideation and behavior. He assembled expert Boards of Scientific Advisors and Trustees. After training more than 5,000 professionals in youth suicide prevention, the organization designed a classroom program to educate teens.



OUR SIGNATURE PROGRAM

SPEA's signature program, Recognizing Teen Depression and Preventing Suicide, has been taught to more than 100,000 students in 140 NE Ohio schools and community organizations.

Students learn to identify friends who may be suffering from major depression and/or may be at risk of suicide; how to respond; and where to refer. Additionally, students are encouraged to self-identify, which they often do. Evidence-based research validates our program's success.

SPEA teaches skills which enable teens to be the "first line of defense" in preventing suicide - skills they can use throughout their lives.

WE ARE EMBRACING TECHNOLOGY TO SPREAD OUR MESSAGE

- Our passionate instructors engage students with our proven, interactive two-day program in more than 120 schools.
- Our distance learning seminar reaches online students and additional classrooms.
- Our Youth Advisory Board uses social media to engage teens in our lifesaving work.

AND STUDENTS UNDERSTAND THE IMPORTANCE

As Henry wrote, "Thank you for coming and talking about depression and suicide. It means a lot to this school seeing as this past year a student died by suicide. That affected quite a few of my fellow students. That was very hard but now we know all the warning signs of depression and suicide. Hopefully, we can prevent it in the future."

TESTIMONIALS

"The high school program developed by SPEA is an outstanding one. The content of the program is marvelous. It is factually based, interactive, and jargon-free. This work is extremely important. The high school program will surely have a positive benefit to the schools where it is run."

Robert C. Brindley, MD
Director, Child & Adolescent Psychiatry
University Hospitals Case Medical Center
Member of SPEA's Scientific Advisory Board

"I have been very pleased with the number of students who have sought out adult help for a fellow student... I see the SPEA program as one of the lifelines we throw our students who are depressed or may suffer from depression sometime in the future."

Kevin Grubbs
Theology Teacher and Director of Campus Ministry
Holy Name High School

"I am proud to say we have had four successful years with SPEA. Every speaker we have had has shown a tremendous amount of enthusiasm, knowledge, and desire to assist so many students who might be at risk with depression and/or suicide. I know that this program has saved at least 14 lives. The impact of SPEA has been tremendous."

Daniel J. Brundage
Health Educator
Max S Hayes High School

In almost every classroom, at-risk students reach out to our instructors to ask for help.

IN CRISIS 1.800.273.TALK (8255)