



Kentucky Center for School Safety



***Recovery***

# Key Components of Recovery

Schools and their larger community are confronted with putting the pieces back together following sudden, tragic events such as death or serious injury to students and staff, bus accidents, fires, natural or man-made disasters and violence. The aftermath of tragedies on individual children and adults is not simple to predict. According to the National Institute of Mental Health, research indicates that both adults and children demonstrate a wide range of reactions following a catastrophic event.

The goal after an emergency is to return to the business of learning and restore the infrastructure of the school as quickly as possible. There are four key components of recovery that need to be addressed so that a smooth transition can be achieved back to a relative state of normalcy and the healing process can begin. They are:

1. **Emotional Recovery**
2. **Academic Recovery**
3. **Physical/Structural Recovery**
4. **Business/Fiscal Recovery**

## Emotional Recovery

The purpose of emotional recovery is to promote coping and resiliency for students, staff, and their families following an emergency or crisis. An assessment of their emotional needs is important to determine those who will need intervention by a school counselor, school psychologist, or other mental health professional. Community based resources need to be identified prior to an emergency and available for families, who may seek treatment. Planning for emotional recovery involves establishing key community partnerships, developing policies, providing training, and developing memorandum of understanding (MOU).

For some trauma victims, adverse effects fade with emotional support and the passage of time. Others are more deeply affected and experience long-term consequences. These reactions are normal responses to an abnormal event. Although no one can predict who will experience the most severe reaction to trauma, the more direct the exposure to the event, the higher the risk for emotional harm.

According to the **National Institute of Mental Health**, research indicates that both adults and children demonstrate a wide range of reactions following a catastrophic event. The range of human responses can include physical, cognitive and emotional symptoms including:

- Nausea
- Sleep Disturbance
- Slowed thinking
- Bad memories
- Regressed behavior
- Anxiety
- Guilt
- Depression
- Anger
- Various other responses

## Suggestions for Schools

- Restoring a learning environment as quickly as possible
- Modeling how to recover from the event
- Maintaining basic educational goals

## Suggestions for administrative staff, counselors and teachers

- Reducing conflict among groups
- Creating working partnerships among groups inside and outside of the school
- Following familiar school routines
- Acknowledging the trauma through shared activities and observances
- Representing safety and security
- Supporting children and their families
- Creating opportunities to support caregivers
- Having trained crisis intervention personnel be highly visible in the schools following a crisis
- Remembering that children and their communities are resilient when supported adequately

## Academic Recovery

The following collection of recovery measures is designed to assist teachers and other professionals as they help students as well as adults begin the recovery and healing process. It is essential for school administrators to recognize that recovery is a long-term process of supporting normal people who have experienced abnormal stressors. Initially, individuals may be in shock and may require support to meet basic physical and social support needs. Restoring structure and routine is the key purpose of Academic Recovery and a quick return to “a normal school day” will enhance the healing process.

### Short Term Academic Considerations:

- Quick decision making regarding school/academic routines
- Brief administrators and staff
- Communicate with parents/guardians on events and the plan
- In general, maintaining the school routine is helpful
- Can the school remain open?
- Can the school routine be maintained? Modified?
- Are academic materials needed?

In the months and years that follow a critical incident, individuals may require additional assistance and continued academic support.

### Long Term Academic Considerations:

- Arrange for Homebound/tutoring services for students unable to attend school
- Encourage and support students in the hospital
- Rearrange tests or assignments
- Determine curriculum “triggers”
- Allow for periodic visits to school counselors (around anniversaries, similar events, etc.)

## **Physical / Structural Recovery**

In the aftermath of a crisis, buildings and grounds may need repairing, repainting and/or landscaping. Restoring facilities to enable the educational operations is an essential part of the planning process. Relocation of educational services and administrative operations may be necessary. Communication will be key with all stakeholders; students, staff, parents and community.

### **Considerations for Physical Recovery:**

- Assess building/structural component (e.g., Damage Assessment Team)
- Ensure human safety at educational sites and staff availability to teach
- Resume transportation and food services
- Determine availability of equipment and supplies (books)

## **Business / Fiscal Recovery**

Critical business functions within the school/district have to be restored as soon as possible after the occurrence of an emergency or crisis. It is imperative that the staff are supported. Administrative functions such as payroll systems, accounting departments and personnel records will be necessary for full operation of the school district. Unexpected expenses can tax the budget or large dedicated donations and gifts can require time and resources to manage.

### **Considerations for Business Recovery:**

- Determine responsibilities to continue educational function
- Identify, in advance, who has responsibility for closing schools, or sending students/staff to alternate locations
- Identify who is responsible for restoring which business functions for schools/districts
- Identify succession plans
- Ensure systems are in place for rapid contract execution in the event of an emergency
- Institute a system for registering out of district students, and for registering students into other schools

# General Strategies for Follow-up to Emergencies / Critical Incidents

The following information may be useful in the days and weeks following an emergency. Long-term follow-up procedures are also listed.

## The Day After: Workday Two of Emergency Management

Convene Emergency Response Team and faculty/staff members to update them on any additional information/procedures.

1. In case of death, provide funeral/visitation information.
2. Identify students and staff in need of follow-up support and assign staff members to monitor vulnerable students:
  - Coordinate counseling opportunities for students
  - Announce ongoing support for students with place, time, and staff facilitator
  - Provide parents with a list of community resources available to students and their families
3. Convene District Support Team to assist with debriefing.
  - Assess system-wide support needs, and develop planned intervention strategies
  - Discuss successes and problems
  - Discuss actions to improve the response (After Action Reporting)
4. Allow staff the opportunity to discuss their feelings and reactions to the incident. The Emergency Response Team should provide a list of suggested readings to teachers, parents and students. (i.e., handouts later in this chapter).
5. Develop a process for screening and registering volunteers.
6. Develop a process for inventorying district and donated supplies.

## Long-Term Follow-up and Evaluation

1. Amend Emergency Response Protocols if needed. The After Action Reporting process is very helpful in this area. This strategy is designed to identify and record perceived strengths and weaknesses in the overall activities that were offered.
2. Write thank-you notes to people who provided support during the emergency.
3. Be alert to anniversaries and holidays. Often students and staff will experience an “anniversary” trigger reaction the following month(s) or year(s) on the date of the emergency, or when similar crises occur.

# Critical Incident Stress Management (CISM)

Critical Incident Stress Management is a comprehensive, integrated multi-component crisis intervention system. CISM services provide a framework for the application of education and crisis intervention during the acute stage following a critical incident. These services enhance and compliment the delivery of traditional mental health services and include:

1. **Pre-crisis preparation:** Working with schools to help set expectations for what to do when a critical incident occurs.
2. **Individual consultation:** A structured one-to-one technique used by a trained counselor or professional after a critical incident.
3. **Briefing:** A presentation to groups following a crisis or critical incident to share information, reduce and dispel rumors, and provide details of action plans.
4. **Defusing:** A group crisis intervention technique conducted by a trained facilitator, usually occurring in the first 12-24 hours after a critical incident.
5. **Debriefing** (a.k.a., Critical Incident Stress Debriefing or CISD). A structured small-group process targeted toward mitigating or resolving the psychological distress associated with a critical incident or traumatic event, usually occurring in the first 10 days following an event.
6. **Parent/family/organization consultation:** A group process conducted to provide ongoing education and support to families, parent groups or organizations following a critical incident.
7. **Referral/follow-up:** A process to assure that individuals experiencing intense symptoms and who need ongoing support will be referred for appropriate mental health services.

*One common way to organize the above interventions is to set up a “Drop in Room.” A Drop in Room is a safe, welcoming place for students or staff to gather during the school day for group or individual support from trained team members.*

# Teachers Helping Children After a Critical Incident

This resource was designed to help teachers assist children and is useful for general disasters as well as emergencies that occur in the lives of individual children.

Emergencies are very traumatic events for children. It's difficult for them to understand and accept that there are events in their lives that can't be controlled or predicted. Worst of all, we adults can't "fix" a disaster, can't solve it, and can't keep it from happening again.

## Ways Teachers Can Assist Students

- Cope with your own natural feelings of helplessness, fear, anger, until you do this, you won't be able to effectively help the children
- Learn to recognize the signs and symptoms of distress and post-traumatic stress reactions
- Put the emergency or critical incident in context; provide a perspective
- Communicate a positive "I'm not helpless" attitude
- Start the healing process; help children to feel relieved and soothed
- Identify children who may need intervention – refer to the appropriate mental health care profession

# Information Sheet to Share with Parents

## Helping Your Child After A Crisis:

Children may be especially upset and express feelings about the disaster. These reactions are normal and usually will not last long. Listed below are some behaviors you may see in your child:

- Excessive fear of darkness, separation, or being alone
- Clinging to parents, fear of strangers
- Worry
- Increase in immature behaviors
- Not wanting to go to school
- Changes in eating/sleeping behaviors
- Increase in either aggressive behavior or shyness
- Bed wetting or thumb sucking
- Persistent nightmares
- Headaches or other physical complaints

## The following will help your child:

- Talk with your child about his/her feelings about the disaster; share your feelings too
- Talk about what happened; give your child information he/she can understand
- Reassure your child that they are safe; you may need to repeat this reassurance often
- Hold and comfort your child often
- Spend extra time with your child at bedtime
- Allow your child to mourn or grieve. If you feel your child is having problems at school, talk to his/her teacher, counselor or principal so you can work together to help him/her

## Ongoing Recovery

Please reread this sheet from time to time in the coming months. Usually a child's emotional response to a crisis will not last long, but some problems may be present or recur for many months afterward. In such cases consideration should be given to making a referral to the community mental health center.

# Disasters and Their Effects

## What is a disaster?

A disaster is a devastating, catastrophic event that can be life threatening and/or injury producing, which may create the following distressful experiences:

### Potential experiences or feelings:

- Sense of fear, worry
- Disruption of home, routine, etc.
- Feeling that one's life was threatened
- Witnessing injuries, death, pain
- Feeling trapped and isolated
- Being out of control of something threatening to life's basics: food, shelter, clothing, people, comfort...even life itself
- Having flashbacks of other catastrophes
- Feeling cut-off from services
- Being separated from loved ones
- Having a sense of mortality
- Feeling "survivor guilt"
- Children who are forced to become "parents" to adults who are scared or worried

## Symptoms of Distress in Children

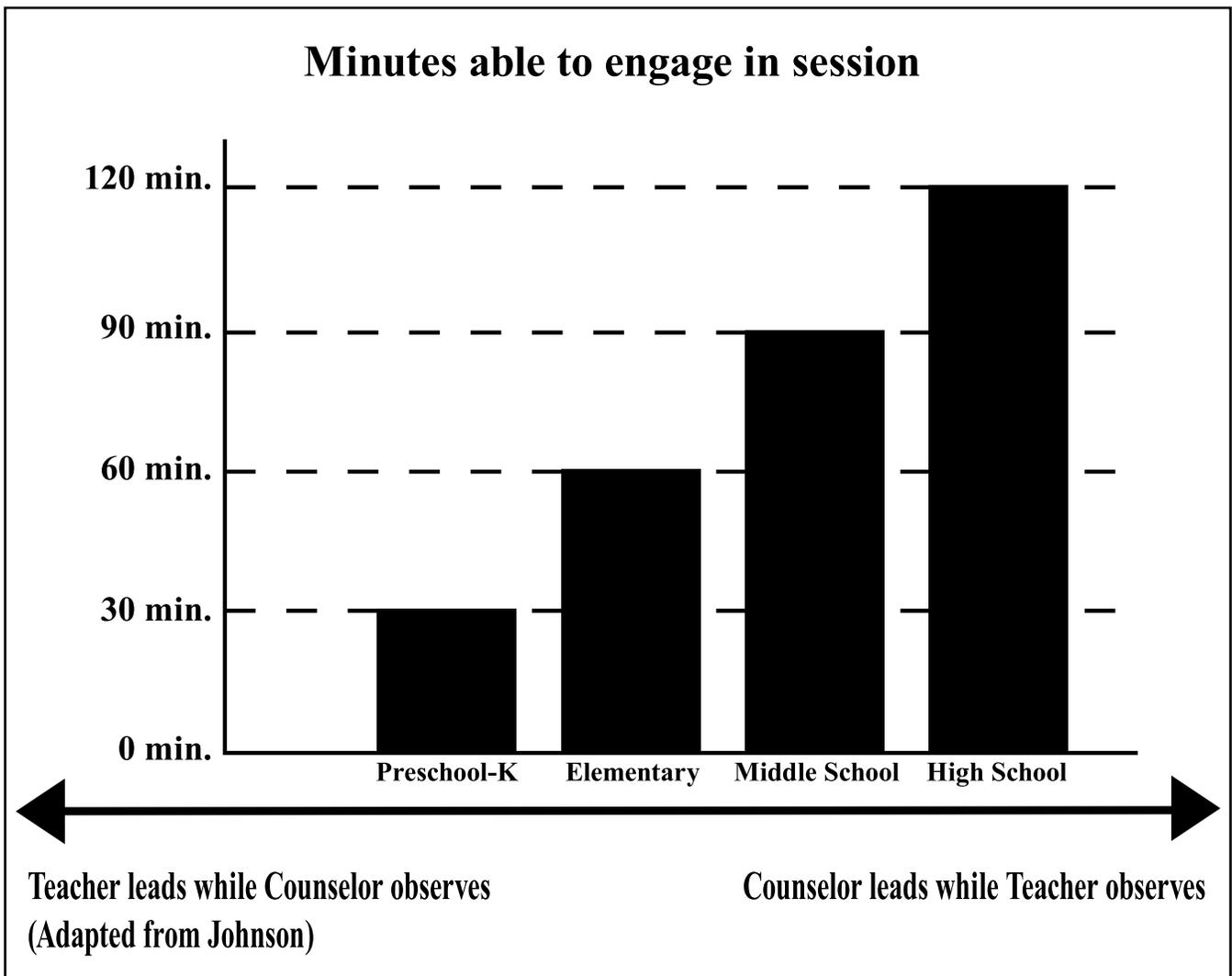
As a result of traumatic experiences some children will show a variety of symptoms of distress. The teacher must first know a child's baseline ("usual") behavior and cultural/ethnic responses before he/she can identify "unusual" or problem behavior in a child.

### Symptoms:

- Any unusual complaints of illness
- Keeping isolated from the rest of the group
- Child seems so pressured, anxious that he/she somehow dominates, has to distract others, or is otherwise in need of attention
- Changed behavior/appearance
- Resistant to opening up (however, child might just be shy, may have language or cultural barrier)
- No eye contact
- Difficulty concentrating, can't focus
- "Feisty" or hyperactive/silly, giddy
- Any emotional display; crying, "regressed" behavior (less than age-appropriate)
- Lack of emotional expression
- Poor performance
- Can't tolerate change; can't move to next task
- Lethargic, apathetic
- Easily startled, jumpy

# Understanding Age-Appropriate CISM Interventions

When providing Critical Incident Stress Management (CISM, Everly & Mitchell) interventions, it is essential to tailor your approach to the developmental level of the students involved. The following chart illustrates a range of minutes suitable for discussion for different age levels, and from “teacher led” to “counselor led” interventions. In general, younger students need more teacher led interventions using activities (as opposed to “discussion”), while older students benefit from counselor led, verbal discussions.



Recovery

# The Talking Method and the Drawing Method

## (4 Page section)

In using the General to Specific approach, many methods or activities may be effective. Two suggested methods/techniques to use in your class after a critical incident are: The Talking Method and The Drawing Method. The following pages provide suggested questions or themes, and specific techniques.

### Suggested questions to ask/themes to represent:

- Where were you when it (the disaster/event) happened?
- What were you doing?
- Where were your friends? Where was your family?
- What was your first thought when it happened?
- What did you see? What did you hear?
- What sound did it make? What did you smell?
- Was anyone you know killed or injured?
- What can you do now to help others to feel better?
- How did you feel?
- What did other people around you do (during, after)?
- What was the silliest thing you did?
- Were you or anyone else you know injured?
- What happened to pets or other animals around you?
- What dreams did you have after it?
- What reminds you of it? When do you think about it?
- What do you do differently since the event?
- How do you feel now? What makes you feel better?
- How have you gotten through rough times before?
- What would you do differently if it happened again?
- How did you help others? How would you help next time?
- What can you do now to help others?

### Special Considerations:

- Allow for silence for those children with low language skills, shyness, discomfort, etc.
- Encourage peer support for these children
- The teacher should accommodate the child
- If a child has low English skills, consider asking for a translator or a peer to help the child express in words
- Create a chance for verbal expression in any language

NOTE: As the teacher, you might think of more questions to ask the children. Be sure your questions are “open-ended,” which means they cannot be answered by simply a “Yes” or “No”. Open-ended questions serve to facilitate verbal discussion.

# Talking Method Activities

- Child tells a story (allow metaphors)
- Puppets “tell” or “live” a story
- Have an open discussion - using previous questions, ask for volunteers to begin with, talk general to specific
- Use photos, drawings, etc. to facilitate discussions
- Create a skit, play or do role-playing, related to the critical incident (provide “dress-up” clothes if available, including uniforms if possible to represent emergency workers seen during the disaster, etc.)
- Do “show and tell” related to the event
- Inform/educate the children about the event to make it less threatening to talk/act about
- When people understand their feelings and experiences are normal and can be predicted (even if they are scary feelings) they begin to regain control

Note: Remember to keep yourself in a facilitative/guiding role, not in a role of “control” of the discussions/stories etc. This will be most helpful to the children. Reassure the children by verbally acknowledging and “normalizing” their experiences.

## **For some children, the talking method is not helpful:**

- In some cultures, talking openly is not comfortable, appropriate (or even “polite”)
- Some children have been raised in families where “talking-out one’s feelings” was not possible or supported
- Some children have been raised in situations where talking openly was not practiced or encouraged
- Some children simply prefer not to discuss their feelings openly due to personality type, privacy concerns or lack of trust in the process
- All these reasons should be respected as valid

# Drawing Method

The drawing method is a playful experience to express feelings.

## First introduce drawing a:

- Another way of “talking,” but with pictures instead of words
- A means of expression used by many (point out that some people express themselves by talking, some by singing, some by dancing, some by drawing)
- Remember when introducing drawing of any sort to clearly say that the goal is not to draw a “pretty picture” but rather, a picture of expression
- Drawing should be presented to the child as an option for expression, not as a required activity
- **REMEMBER:** Use previous questions to help lead these activities: A question can become a theme for a drawing

## Drawing Method Activities:

- Draw/write a book together or make journals with pictures
- Do a collective drawing such as a mural (murals tell a “collective story,” develop/support teamwork, and feel “safer” for some children as opposed to individual art)
- Give the mural a “place of honor” in the classroom
- Make the mural accessible for everyday viewing
- Celebrate the mural: use it to demonstrate getting through something tough, or to facilitate discussions
- Take photos/slides of the mural when completed
- Draw aspects of the event (people, places, activities, etc.)
- Suggest lots of options, not specifics (e.g., rather than saying “draw a fireman, helping someone,” say “draw a person you saw doing something helpful...”)
- Create a collage (a variety of materials) using a leading question such as “Where were you when the disaster happened?”
- The teacher may draw/paste on the central image, then the children add photos, magazine pictures, articles, fabric pieces, etc. around theme, or may draw directly onto it
- Collages are the “safest” form of “drawing” because the child is using others’ symbols. The child may feel he/she is “losing less of himself/herself”
- Collages provide “boundaries” for the child; this can act as a safety net (emotionally) for some
- You may also want to look at other pictures (drawings, paintings) and talk about what they communicate
- Avoid the use of paint in this method as it is too “loose” of a medium for a traumatized child; the child might use it to bring up things not easily handled in a classroom
- Allow a full range of expression: some children draw recognizable “things”, others draw “abstracts”; respect all varieties
- Allow children to discard their artwork
- Emphasize to the children that their work will not be judged, graded or necessarily shown to others
- Only exhibit the artwork if a child desires to share with others

- Reassure them that there is no “right way” to draw
- Allow the use of various mediums (pastels, crayons, pencils, markers, etc.)
- It’s preferable to do the drawing method with more than one adult present
- Exercise as little control as possible over the artwork

**Concluding Drawing Activities:**

- A key element of the Drawing Method is the follow-up discussion. This discussion can help to bring closure to the experience, an important step in the process of expressing feelings
- Allow those who want to discuss their drawings to do so
- Others will “close” by listening to others
- Use open-ended questions in this process
- Sometimes a child’s artwork may be especially expressive of his/her feelings; a drawing can give “clues” to some deeper problems or feelings within the child
- Try to “read” the picture in the same way you might read words; what might it be telling you?
- Look at it as a piece of communication, not just fantasy

**Keep in mind:**

- Colors, forms, etc. have different meanings to children of various cultural backgrounds and possibly to different children within each culture
- Regard the artwork as just a part of what’s going on with a child; look at the child with a holistic view
- The best source for what’s going on behind the drawing is the child...ask him/her

## If You Have Concerns:

In both methods (Talking and Drawing), you might notice a child exhibiting more serious problems. If you have concerns, refer those children to your **school counselor**.

NOTE: One sign of successful defusing of your students is that they feel better. Another sign of success might be that the defusing process surfaced other problems that will come to your attention. These problems might take on a variety of forms.

- Symptoms might be the same as those for anxiety or depression (physical symptoms, persistent avoidance of being alone, unrealistic worries about harm)
- Child is not able to “let go” of a memory
- The degree of emotionality and the degree of silence are both clues (be sure to talk with the child and simply ask them quietly, confidentiality, how they are feeling and coping)
- Make note of other physical manifestations of stress (as a result of the impact of the event)
- Be aware of different forms of adjustment in each child
- The teacher is not meant to be in the role of “diagnostician”; refer those children you are concerned about to a school counselor, social worker or school psychologist
- Some children may be predisposed to adverse reactions following a critical incident (generally, these are children who have experienced other loss, relocation, death, abuse, crime, etc.)
- An anniversary date of a disaster or death is a predictable time when memories and associated problems may resurface

### **Refer the student if you are unsure:**

- Alert parent/guardians of your concerns
- Contact your school counselor/social worker/school psychologist
- Refer the student to the Student Assistance Team (if applicable)
- Consider a referral to mental health professionals in the community

Through using the methods and techniques in this guide and adding your own unique perspective, expertise and energy, you will help children and perhaps, yourself recover from a traumatic experience.

# Classmate Tragedy

The following section is designed to assist the teacher or counselor in preparing the class to help a student who has experienced a tragedy prior to their return to the class.

## Example: Death of a friend or family member

- Explain what is known of the loss
- Ask if other students have experienced the death of a friend or family member?
- Are there things people said or did that made you feel better?
- How do you think our classmate might be feeling?
- What could you say that might help him/her know you care? Guide students' responses towards helpful comments and away from less helpful comments.
- What would you want someone to say to you if you experienced the death of someone close?
- Are there things you could do that may help them feel better?
- We can take our cues from the person that will guide our actions. What might some of those cues be?

## When A Grieving Classmate Returns (First Words):

- The classmate probably feels like he/she is from a different planet when returning to school
- At least say, "hello," "welcome back," "I'm glad to see you," or something similar
- The brave might even say: "I missed you," "I'm so sorry to hear about your \_\_\_'s death."
- Even braver friends might make statements like, "It must be incredibly tough to have your \_\_\_ die."
- Other options include: write a brief note or card, call, etc.
- If your classmate cries, that is okay; you did not cause the grief; offer comfort and a tissue

## Helping the Classmate Adjust to the Class:

- Offer to provide past notes from missed classes
- Offer to provide notes for comparison for the next week or so (your classmate's attention span will probably vary for several weeks)
- Give the classmate your phone number to call if having problems with homework
- Ask your classmate if you can call to check on how homework is going
- Offer to study together in person or over the phone; this might help with both motivation and with concentration; grieving students frequently do not feel like doing school work

## Some Don'ts:

- Don't shun the student, speak to them
- No cliché statements (e.g., "I know how you feel" when nobody knows the unique relationship the classmate had with the deceased)
- Don't expect the person to snap back into their "old self"
- Don't be surprised if classmate seems unaffected by the loss, everybody has his/her own way of grieving
- Don't be afraid to ask appropriate questions about the deceased, like "what did you and your \_\_\_ enjoy together?" (people often like to talk about the people they grieve)
- Just because the classmate may seem to be adjusting to school again, don't assume the grieving has stopped, nor the need for comfort and friendship

# Caring for the Care Provider

## General Reactions to Emergencies or Critical Incidents in Adults:

### First Reactions May Include:

- Numbness, shock, difficulty believing what has occurred or is in the process of occurring
- Physical and mental reactions may be very slow or confused
- Difficulty in decision making; uncertainty about things; it may be difficult to choose a course of action or to make even small judgment calls

### Ongoing Reactions May Include:

- Loss of appetite, difficulty sleeping, loss of interest or pleasure in everyday activities
- Desire to get away from everyone - even family/friends
- Emotional lability; becoming irritable or upset more quickly than usual
- Feelings of fatigue, hopelessness, helplessness
- Digestive problems; headaches or backaches
- Difficulty accepting that the emergency has had an impact or difficulty accepting support from friends and the community

### Some Things That Can Be Helpful:

- Take time to relax and do things you find pleasant; getting away for a few hours with close friends can be helpful
- Stick with your regular routine for a while; avoid making changes, even if it appears to be a positive change
- Get regular exercise or participate in a regular sport; activity soothes anxiety and helps you relax
- Keep your days as simple as possible; avoid taking on any additional responsibilities or new projects
- Tap sources of assistance with your workload - have students, instructional assistants, or volunteers help grade papers, take care of copying, or help with other time-consuming tasks
- If symptoms of stress persist beyond a few weeks or are severe, seek professional help

# Suggestions for Students Attending a Visitation or a Funeral

## Keep in mind:

- Expect to feel nervous when going to a funeral home or a funeral
- Go with a friend or ask a parent to accompany you
- If this is the first time you've seen the parents, simply offer your condolences; just say, "I am so sorry about \_\_\_'s death" (this may open a conversation)
- Point out something special to you about the deceased
- If the visitation or funeral is open casket, view the body if you want; you do not have to

## Later Involvement:

- After the funeral you may choose to continue to visit the parents; they may continue to want to see the friends of their deceased child
- Continue to talk about their deceased child from time to time

## When Visiting Grieving Parents

This information should be helpful to students when interacting with the parents of a deceased friend. **Always respect the wishes of grieving parents.** These suggestions must fit the parents' needs and requests, as well as the student's own comfort level.

## First Steps:

- In the vast majority of cases the parents find it comforting to see friends of their deceased child
- If you were a close friend of the deceased and you know the parents, then go visit them at their home
- If you were a friend but had not met the parents (yet they know who you are), you might still visit the home
- Other friends might wait until the visitation or funeral
- Send the parents a note or card

## Communication:

- When you visit, do not worry about what to say; your presence is all that is needed; if you wish to take a flower or anything meaningful, that's all right too
- Don't be afraid you will upset the parents by asking or talking about the deceased; they are already upset
- Just sitting with the parents will most likely fill the silence
- Listen, no matter what the topic
- If you were a really close friend, the parents might be pleased for you to visit the deceased friend's room (if you are comfortable doing so)
- You might ask what you can do for them; ask other relatives what you might do to help
- Do not try to take away the grieving parent's pain
- Talk about the deceased person (grieving people often like telling stories about the deceased, "do you remember the time...")
- Offer suggestions only when advice is asked

# Memorials

When a member of the school dies often people will want to find ways to memorialize the student or staff member. A word of caution, carefully think through the type of tribute you pay to a person who has died.

## Consider these points and examples:

- In general, memorials should focus on the life lived, rather than on the method of death.
- Yearbook memorials should be a regular sized picture with a simple statement such as “We’ll miss you”.
- If a school were to create a permanent or lasting memorial for one person, it would be difficult to refuse a similar memorial for another person. For example, a school that planted a tree for a student who died realized this was needed also for a second death and then a third. The resulting group of trees came to be referred to as “the graveyard” by students. Another school had a “memorial tree” die during one dry summer and had to address the hard feelings of the family who thought the tree had not been given proper care.
- There are many wonderful ways to support student’s as loved one’s do need to be remember, examples include: cards, food, kind words, work parties for relatives, scholarship funds, contributions to a favorite charity, flowers, or being remembered after the urgent time of the tragedy.
- Parents and loved ones especially want to know people miss the person and there was great sadness at the loss; they also want to know people assisted the grieving friends.
- Permanent or lasting memorials are not encouraged as a way for schools to remember someone who died as a result of suicide.

# Suicide

A school's general response to a suicide does not differ markedly from a response to any death. However, some issues exclusive to suicide require specific attention.

School administrators must allow students to grieve the loss of a peer without glorifying the method of death. Over emphasis on a suicide may be interpreted by vulnerable students as a glamorization of the suicidal act. In rare cases this can trigger other individuals with similar tendencies to consider suicide as a viable option.

The following “**DO’s**” and “**DON’Ts**” will help school staff limit glamorization of suicide:

- **Do** acknowledge the suicide as a tragic loss of life
- **Do** provide support for students profoundly affected by the death
- **Don’t** organize school assemblies to honor the deceased student
- **Don’t** dedicate the yearbook or yearbook pages, newspaper articles, proms, athletic events, or advertisements to the deceased individual
- **Don’t** pay tribute to a suicidal act by planting trees, hanging engraved plaques or holding other memorial activities

A suicide in the school community can heighten the likelihood, in the subsequent weeks, of “copycat” suicide attempts and threats among those especially vulnerable to the effects of a suicide. To prevent further tragedies, students considered to be especially susceptible to depression/suicide must be carefully monitored and appropriate action taken if they are identified as high risk. These efforts require an intensive one on one intervention rather than a school wide response.