

Crisis Intervention

Banner County School



CRISIS INTERVENTION TEAM

BANNER COUNTY SCHOOL
HARRISBURG, NEBRASKA

235-2565

436-5262

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STAFF MEMBERS:

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STUDENTS:

Students will be used to help identify students at risk

COMMUNITY MEMBERS:

Linda Barrett-----235-2531

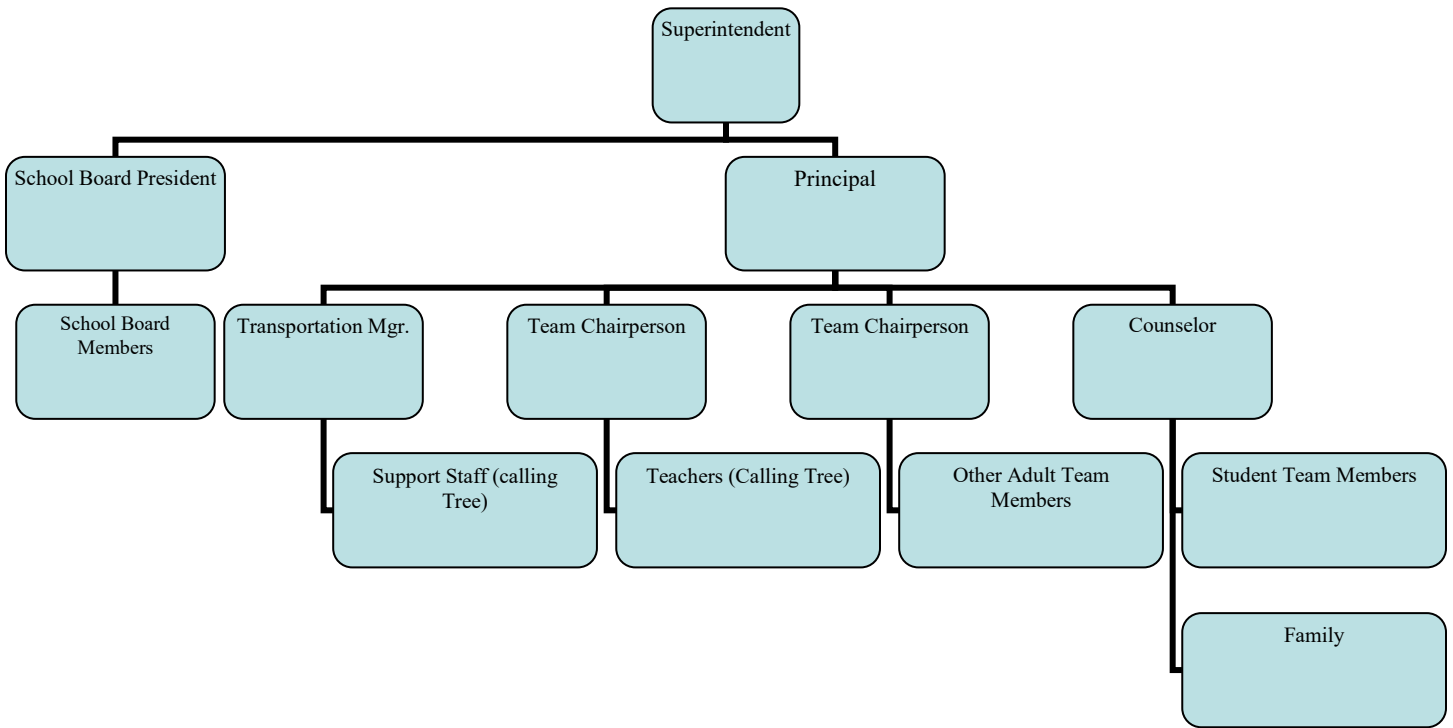
SCHOOL BOARD REPRESENTATIVE:

DESIGNATED TIME-OUT AREAS:

- Guidance Room
- Nurses room
- Stage
- Secondary Library
- Elementary Library

CHAIN OF COMMAND

- Superintendent
- Principal
- Activities Director
- School counselor



CALLING TREE INSERT

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Crisis Team Intervention

Introduction

A Crisis Intervention Team has been formed for the purpose of providing competent leadership, compassionate support, and necessary information for members of our school and community during a crisis situation.

Generally, a crisis is defined as an atypical situation which temporarily causes disruption in the school routine and is likely to cause emotional turmoil for staff, students, and community members. Examples of a crisis may include the following: death, accidents causing severe injuries, potential life-threatening situations, natural disasters (i.e. tornado), child molestation (if widely known), child abduction, national or local emergencies, epidemic illness, or violence.

A pre-planned and organized approach should be beneficial in reducing psychological stress and in assisting everyone involved. The Crisis Intervention Team should be trained to meet the demands produced-by a crisis situation and to be available as an on-going system of support.

Following a traumatic death, people can feel a sense of loss for at least two years. There may be a pervasive sense of malaise among students and staff. There may be a change in attitude toward teaching and some staff may increase their emotional distance from students. Students may tend to be fearful of getting close to one another, fearing the loss of a classmate or friend. The need to cope adaptively is necessary. These guidelines are written to help deal with these concerns and to establish procedures for dealing with sudden death or other crisis situations.

Objectives

1. To evaluate crisis situations and plan intervention strategies.
2. To communicate with staff, students, parents and the public through the most effective practical methods.
3. To provide support and meet the special needs of individual students and staff by working with parents, school staff, and specialists.
4. To maintain a safe environment for students and staff.
5. To act as a liaison with community agencies whenever necessary.
6. To continue effective instruction and to carry out established routines, rules, and regulations.

TEAM MEMBERS

The Crisis Intervention Team will consist of the following:

1. School Administrators
2. School Counselor

3. Teachers
4. School Nurse
5. Students
6. Community members

CRISIS INTERVENTION TEAM CHECKLIST

In the event of a crisis, the following steps will be taken:

Administrator will verify information.

Initiate the calling tree.

Plan strategies (before arriving at school if possible).

Arrive at school 1/2 hour before staff to meet with Crisis ' Intervention Team.

Decide who will cover the phones and what information will be given.

Discuss "how to" information for staff.

In-service for staff prior to seeing students.

- all feelings okay
- plan for working with substitutes
- plan for dealing with absent staff and students
- where are students developmentally
- different ways students deal with issues, grief
- staff meeting at day's end

Announcement to student body (optional)

Determine which staff members/students/classes are in most need of immediate support.

Identify designated rooms to be "time-out" places for students or staff to go.

Initiate process for details surrounding individual (remove name from absentee list, etc.).

Administrator will contact parents/guardians/next of kin about disposal of personal belongings at school.

Call in outside resource people if necessary.

DEALING WITH A SUDDEN DEATH OR OTHER CRISIS

Introduction

When an individual within a school system becomes aware of a possible crisis situation, it should be the responsibility of that individual to immediately call the superintendent or principal to inform him/her of all the known facts. Such a crisis situation could be created by a serious accident, severe illness, or sudden death of a student or staff member via homicide, accident, or following illness, etc. The administrator will then take the

lead in the activation of this protocol and the process through which students will be notified. If the crisis occurs outside school hours, the administrator should initiate the calling tree to activate the Crisis Intervention Team and notify the faculty and staff. The staff will be informed that there may be a change in the procedure of the normal school day and will be requested to come to school early the following morning.

Administrator's Role

Step 1. Verify information.

Upon notification of possible crisis situation, verify information with proper authorities.

Step 2. Activate Crisis Intervention Team.

Initiate the calling tree to activate the Crisis Intervention Team and notify the faculty and staff. If the crisis occurs outside of school hours, request their presence early the following day.

Step 3. Determine the Impact of the Crisis.

Meet early with the Crisis Intervention Team to determine the impact of the crisis, plan the agenda for the day, and identify a Crisis Team Leader to orchestrate the activities of all the helping persons and students over the next several days.

Step 4. Arrange for Substitutes.

Determine substitute needs and call substitutes, being certain to inform them of the situation.

Step 5. Hold Staff Meeting.

Follow the guidelines under Mandatory Staff Meeting.

Step 6. Consult with Counselor.

Determine which persons or which schools need to be notified of the crisis. Counselor may need to pull the student's cumulative folder to determine what other schools the student attended. Decide who will be responsible for making the necessary calls.

Step 7. Designate Support Areas

Identify designated rooms to be "time-out" places for students or staff to go for support and/or counseling. If possible, one area should be close to the guidance office and/or main office to facilitate communication between guidance and administrative staff.

Step 8. Prepare Announcement

Prepare an announcement to be read in individual classes to the students.

Note: It is important to have a central spokesperson for all announcements to students. By the time students reach school following an accident, death, or suicide, etc.; many will have heard differing versions about what happened. The presence of a strong, caring, and supportive authority figure (i.e. the principal or counselor) sharing information during this stressful time is important.

One example of an announcement is the following:

"Students, may I have your attention please. Last night, (name) from our school died. This morning the faculties met to develop a plan to help all of us cope with this sad event. Your teacher has been given some suggestions on how to proceed with classroom activities today. Additionally, there will be special counseling available in (give location) all day. I would like all of us to reflect for a minute in memory of (name). (PAUSE) Your teacher will now spend some time with you in discussion. Thank you for your attention."

Step 9. Funeral Arrangements

Start to collect funeral arrangement information and to prepare details for student/staff attendance at the visitation and funeral. When details are final, an announcement should be made to staff and students.

No funerals will be allowed to be held in the gym because of the emotional impact upon school personnel and because of the possibility of lingering emotional aftermath effects upon students and staff.

Step 10. Visitation

Call and/or visit the family as early as possible to express the schools and your condolences. Visiting the family is encouraged, and the principal should take along a Crisis Intervention Team member or staff member acquainted with the family.

- a. Home visit with two people.
- b. Ask family their wishes in regard to disposal of personal belongings at school.
- c. Elicit any additional information about funeral arrangements, flowers, memorials, etc.
- d. Offer counseling or referral for counseling to family members.
- e. Plan for follow-up with families at two, four and eight weeks after death.

Step 11. Follow-up

- a. Work with Crisis Team or designated staff members on flowers, memorials, etc.
- b. Decide on school dismissal or student/staff leave procedure for funeral.
- c. Announce funeral arrangements to staff, students, and parents

- in letter or school paper.
- d. Work with Crisis Team identifying high-risk students.
- e. Notify family of high-risk students (have information and help available to them if they ask for it).
- f. Provide counseling or referral for counseling for students at high risk with parent approval and notification.
- g. Send home letters providing suggestions for dealing with death or a crisis and listing resources.

Step 12. Following Funeral

Following the funeral, begin to bring closure by encouraging teachers to resume regular classroom activities as quickly as is appropriate. On the day following the funeral, the principal should make the following closure to all students and staff (this is done the day following the funeral because many of the students and staff will not have returned to school the day of the funeral).

One example of an announcement is the following:

"May I have your attention please? I wish to thank each of you, students and staff, for the support you have shown each other during the past few days. The example you have shown is a positive and healthy one and provides us the opportunity to work towards strengthening our relationships with each other. Guidance remains available if you should wish to talk with the counselor. (Any additional comments from the family that have been given the principal might be shared at this point.) Thank you for your attention."

Step 13. Final follow-up.

- a. Check on "time-out" rooms and determine necessity and/or length of maintenance.
- b. Meet with Crisis Intervention Team for review, thanks, and dismissal.

MANDATORY ALL STAFF MEETING

Role of Principal and crisis intervention Team

Prior to the commencement of school following the death of a student or staff member, the principal should have an all-staff meeting. Generally, the principal will have approximately fifteen minutes to meet with staff. In addition to the "before school" meeting, it is important to hold an "after school" meeting to discuss the day's events and to talk about any students the faculty has concerns about.

- Step 1.** Principal initiates the calling tree to announce an all staff meeting.
- Step 2.** Principal meets with Crisis Team to plan strategy.
- Step 3.** Principal and Crisis Team meet with staff to explain what is expected of them, review facts, dispel rumors, and to allow for faculty and staff to express feelings.
- Step 4.** Entertain questions from staff and/or address any requests from staff. Encourage staff to lend support to each other.

- Step 5.** Inform staff what announcement will be made to the students and when the announcement will be made.
- Step 6.** Inform all staff members that any media presence or requests for information should be immediately directed to the administrator who has been designated the director of media releases.
- Step 7.** Announce a mandatory ten minute faculty meeting after school to review the day's events. This allows an opportunity to receive feedback from faculty, to answer questions, and to discuss the next day's expectations.

Role of Non-certified Staff

All personnel are affected by the death of a student or staff member. Therefore, it is important to inform non-certified staff of their role in dealing with a crisis.

- Step 1.** All non-certified staff members should attend the mandatory staff meeting to be informed of the crisis and the plans for the day.
- Step 2.** Secretarial staff should review procedures for handling requests or calls from family, news media, and others. Secretarial staff will know how to reach an administrator throughout the day so that he/she can respond to any emergency/administrative situations which may develop.
- Step 3.** Non-certified staff should give the names of any students they are concerned about to the Crisis Intervention Team leaders or the guidance counselor.

Faculty Role

- Step 1.** Attend all staff mandatory meetings.
- Step 2.** Allow the expression of grief. Acknowledge and encourage students to express their feelings of loss, anger, sadness, etc. The major responsibility for the discussion of grief will be with the teachers in first period classes. If you are uncomfortable discussing grief, ask for assistance from the Crisis Intervention Team.
- Note: People have differing reactions to grief. One way for the teacher to encourage the students' expressions of grief is to acknowledge your own feelings immediately following the announcement of a death.*
- Step 3.** If death was by suicide, emphasize that this tragedy was an error in judgment. Suicide is a permanent solution to temporary problems. Encourage students to talk about ways to cope with stress.
- Step 4.** Channel names and/or students themselves to the guidance office or "time-out" room if they seem at high risk, either now or as the week progresses. (See Procedures

for Dealing with Referrals Relating to Suicide.)

- Step 5.** Discuss any concerns with the principal or Crisis Team members at the mandatory after-school meeting.

Guidance Counselor and Crisis Team Role

- Step 1.** Activate the calling tree.
- Step 2.** Meet with the principal to plan strategy.
- Step 3.** Meet with the staff. Describe some of the feelings that may be experienced following a death--disbelief, anger, denial, sadness, loss, etc. Suggestions are reviewed on ways teachers can handle expressions of grief in their classes.
- Step 4.** Prepare a duty schedule for the "time-out" rooms and be prepared to assist wherever and whenever needed. If necessary, the guidance office may be kept open after school hours and into the evening to assist students, parents, or staff.
- Step 5.** The Guidance Counselor should take the responsibility of gathering information about student/staff reaction to the crisis and act as a "hub of information".
- Step 6.** Identify school staff members who were close to the deceased and may need extra support (i.e. teacher who had a special helping relationship with the student, had the student in class, or had a sibling in class).
- Step 7.** Start a list of "high-risk" students or other persons in need of extra support. These include: close friends, relatives, students in the same activities or clubs, neighbors, students with other stressors (i.e. troubled youth and those who are quiet and withdrawn), students identified by faculty or other students, "suicidal" students, students with unresolved grief or loss (family member has committed suicide, divorce, recent move, etc), and students with "guilty" feelings.
- Step 8.** Guidance Counselor should meet with all identified "high-risk" students and any students referred by staff. Decide what, if any, intervention is appropriate. (See Procedures for Dealing with Referrals Relating to Suicide.) Options could include brief supportive counseling with the counselor or meeting with a grief group. The grief group should automatically be formed the first day, and it may run all day or longer. The focus is on memories of the deceased and grief work. For junior high students, two groups typically are formed, one male and one female.

- Step 9.** For students who request to leave school because of their grief reaction:
- a. Release student to parent/guardian or adult designated by parent/guardian.
 - b. Let the student know that you expect him/her to return to school the next day.
 - c. Check to see if the student(s) returns the next day and briefly check with him/her to see how he/she is doing. If a student has not returned, contact the family to check on how he/she is doing. Offer your assistance to the family or student.
- Step 10.** At the end of the first day, Crisis Team should meet to update themselves and review the list of "high-risk" students. Cross students off the list who no longer need monitoring or intervention.
- At the end of one week, review the status of "high-risk" students on the list. Determine which students may need to be referred to community mental health services if it has not already been done.
- Step 11.** **Discuss** the role of the counselor and Crisis Team in the funeral or memorial services. Offer assistance to family.
- After the funeral, assist the staff in moving toward a "business as usual" atmosphere as soon as possible.
- Step 12.** In the days following a crisis, Crisis Team members will continue intervention as needed or requested until they are dismissed.

PROCEDURES FOR DEALING WITH REFERRALS RELATING TO SUICIDE

This suicide-related referral process is designed to benefit the student. The safety of students is the guiding principle to follow in deciding what to do. Some students are not in suicidal crisis, but are troubled. The counseling and/or administrative staff should involve the family in seeking help for the student. School staff should not take on the responsibility of long-term counseling or treatment of a suicidal student. It must also be understood by students and staff members that in the case of a potentially life threatening situation, the issue of confidentiality shall not apply.

SUGGESTED PROCEDURES

If any staff member has reason to believe, either by direct knowledge or a report from another person, that a student is in danger of harming himself/herself through attempted suicide, the following procedures will apply.

1. Report any potential threat or suicidal student immediately to a counselor or administrator. Do not leave a suicidal student without adult supervision for any amount of time while making this contact.
2. A counselor and/or administrator shall be responsible for determining the seriousness of the threat by doing the following:
 - a. Question the student about feelings of hopelessness, helplessness or anger at self and world. Ask the student to praise himself/herself or identify some personal strengths. Those who are unable to do so tend to see themselves and their environment in a hopeless way and may be considered in danger of suicide.
 - b. Question the student about any thoughts about killing himself/herself and determine the persistency and strengths of such thoughts. Ask about any previous attempts.
 - c. Question the student about any losses; death, break-up of a relationship, not reaching an important goal, loss of pet, significant family changes, etc.
 - d. Question the student to determine whether any preliminary actions have been taken; giving away personal possessions, written statements or letters, suicidal gestures such as scratching, marking body, or other self-destructive acts.
 - e. Question the student about a suicide plan. Determine SAL.
 - *How specific is the person's suicide plan?
 - *How Available is the method chosen to commit suicide?
 - *How Lethal is the method chosen?
 - f. Request from the student a written promise that he/she will not engage in suicidal behavior for a specified period of time (1 day, 2 days, a week, etc.). Many youths seriously considering suicide refuse to make that kind of commitment.
3. After gathering the information the person(s) interviewing the student should determine the level of risk for a life threatening situation.

ACTION PLAN FOR HIGH-RISK SITUATION

High Risk is the presence of one or more of the following indicators:

- Feeling of hopelessness
- Detailed suicide plan
- Written statements
- History of a previous attempt
- Recent severe loss or threat of loss
- Anniversary of loss
- Resources and/or method of suicide are available

- a. Do not let the student out of your sight.
- b. Contact the building administrator immediately.
- c. The parent/guardian must be notified immediately by either the counselor or administrator involved.
- d. Make parents aware of sources of help.
- e. The student may only be released to a parent/guardian, law enforcement official or emergency medical staff.

ACTION PLAN FOR MEDIUM-RISK SITUATION

Medium Risk is the presence of the following indicators:

- some threat of ending it all through explicit statements
- no concrete plan
- Does not have a method of completing an attempt
- Lacking any significant support of family, friends or therapist, etc.
- Has not exhibited any radical behavior changes recently

a. Do not let the student out of your sight. b. Notify the building Administrator. c. Parent/guardian will be notified. d. Make parent/guardian aware of sources of help. Have a community resource guide to give to them..

ACTION PLAN FOR LOW-RISK SITUATION

Low Risk is the presence of the following indicators:

- Vague feelings of hopelessness
- No suicidal plans
- No explicit written or verbal threat

a. Provide immediate, supportive counseling. b. Refer the student to an outside source of help. c. Parent/guardian will be notified. d. Follow up to see if that contact has been made or if the individual has progressed on his/her own. e. Low-risk students will benefit from supportive discussions, family support, peer support, teacher support, etc. Try to help the individual develop these relationships.

AFTER THE IMMEDIATE CRISIS HAS BEEN RESOLVED

1. The counselor or administrator who-interviewed the student will complete a "Report of Suicide Risk" form.
2. Members of the counseling/administrative staff will meet to evaluate the situation and decide on an appropriate role for the school to take in assisting the student.
3. A "case manager" will be designated to keep close contact with the student, parents, and the community agencies treating the student to insure a coordinated school-family-agency approach.
4. All teachers involved with the student shall be invited to an informational staffing to assist them in appropriately dealing with the student and making his/her re-entry into class as comfortable and smooth as possible.
5. The case manager shall maintain a written record of all actions taken by the school in the situation, and shall perform a monitoring and follow-up function to support the student and assist teachers after the student returns to class.

DRAFT ELEMENTARY SCHOOL PARENT LETTER

Dear Parent:

Our school has received a notice that has died. The District Crisis Intervention Team is assisting in responding to the needs of our students and staff as they cope with this loss.

Students' reactions will vary depending on their developmental level, their relationship with the deceased, their previous experiences with loss, and their personal perceptions of death. We offer the following information to assist you in understanding the reactions of your children.

CHILDREN'S VIEW OF DEATH

Preschool children do not accept death as a permanent process. Death is not seen as an ending. They often ask questions such as: "When will Grandma come back?" They fear separation more than death.

Children aged five to nine are beginning to understand the finality of death. Death is seen as an accident rather than the inevitable. One dies under certain circumstances; if those circumstances do not occur, then one cannot die. Death is also seen as something that will happen to others, not to ourselves. Finally, for this age, there is a tendency to view death as a person.

Children aged nine to twelve view death as permanent, personal, and universal. They understand that they, too, will die... SOMEDAY. They may be fascinated with the details of death.

Most adolescents have reached a more realistic perception of death than younger children. Many adolescents have very intense emotions about death and do spend time thinking about death.

WHAT CAN I DO AS A PARENT?

The most important thing that you can do as a parent is to be understanding of your child's initial expression of emotion whether that be sadness, confusion, silence, withdrawal, anger, or denial, because all of these are normal reactions to grief. It's healthy for children to talk about their feelings with others, whether that be you as a parent, the clergy, a counselor, or peers. While most children make a satisfactory adjustment, children who demonstrate extreme reactions or fail to show improvement over a period of time may be in need of professional support.

If you have questions or need additional information, please contact the school at 436-5262 or 235-2565.

Sincerely,

(Principal)

DRAFT JR. HIGH AND HIGH SCHOOL PARENT LETTER

Dear Parent:

Our school has received notice that has died. The District Crisis Intervention Team is assisting in responding to the needs of our students and staff as they cope with this loss.

Students' reactions will vary depending on their developmental level, their relationship with the deceased, their previous experiences with loss, and their personal perceptions of death. We offer the following information to assist you in understanding the reactions of your children.

ADOLESCENTS' VIEW OF DEATH

Children aged nine to twelve view death as permanent, personal, and universal. They understand that they, too, will die... SOMEDAY . They may be fascinated with the details of death.

Most adolescents have reached a more realistic perception of death than younger children. An adolescent grieves his losses with the same hurt as an adult--expressed in different ways, but the hurt is just as deep and no less painful. Frequently, students act out their feelings rather than talk about them. Behavior problems and difficulty concentrating are common. Some are so overwhelmed by anxiety or sadness that their emotions freeze or reverse into giddiness. There is no one right way to react to death.

WHAT CAN I DO AS A PARENT?

The most important things that you can do as a parent is to be understanding of your child's initial expression of emotion, whether that be sadness, confusion, silence, withdrawal, anger, or denial. All of these are normal reactions to grief. When your child does express his/her emotions, it is important that his/her feelings be acknowledged and supported, not minimized. Don't try to distract or cheer up a grieving child. It's healthy for children to talk about their feelings with others, whether that be you, as a parent, the clergy, a teacher, a counselor, or peers.

While most children make a satisfactory adjustment, children who demonstrate extreme reactions or fail to show improvement over a period of time may be in need of professional support. If you have questions or need additional information, please contact the school at 436-5262 or 235-25654

Funeral services are pending. Please check the newspapers for time and location. Should your student want to attend services, we encourage the parent to accompany him/her and discuss in advance what to expect at the funeral, etc. Regular school absence and check-out procedures will need to be followed.

Sincerely,

(Principal)

Report of Suicide Risk

School	Date
Student Name	D.O.B.
Address	Parent Notified Yes/No
Parents Name	Date of Notification
Telephone Number	Time
Staff Members Involved:	Report Prepared by:

Presenting Problem:

Level of Risk:.

Recommendations:

Results of Parental Contact:

"Typical" Post-Crisis Behaviors

Everyone's response to crisis is unique. Yet each of us shows a change in our behavior as a response to crisis, and those changes very frequently fall into patterns. Children are no different, although their patterns are limited by their own stage of development and personal history.

The following description of typical post-crisis behavior patterns may be useful for you in observing your children. Consider them as signs of possible prior trauma; or if you know that trauma has occurred, consider them as fairly normal responses to crisis. Notice that each progressive age may involve previous levels of functioning in response to crisis.

Among Pre-school or Kindergarten age children:

***WITHDRAWAL**

Children may become unusually quiet and seemingly detached from others. They may act subdued, and possibly even become mute with adults or peers.

***DENIAL**

Denial may take many forms, including denial of facts and memories of events, avoidance of certain themes or issues, and ignoring certain people or conditions.

***THEMATIC PLAY**

Frequent participation in re-enactments or ritualistic play following a theme of either trauma itself or life upsets which are secondary to the trauma (such as family ___: problems or physical changes).

***ANXIOUS ATTACHMENT**

Such behavior includes greater separation and stranger anxiety. Clinging, whining, not letting go of parents or of favorite objects, and tantrums are frequently observed signs. Since such behavior often occurs during this stage, look for changes in frequency and intensity.

***SPECIFIC FEARS**

Some common specific fears can include fear of new situations, strangers, males, confinement, violence, or certain objects.

***REGRESSION**

Under severe stress, children attempt to master the situation by reverting to behavior patterns they had found successful at earlier development stages. This represents a search for a comfort zone.

Among School-Age children

***PERFORMANCE DECLINE**

A decline in performance in one of several areas may indicate a post-traumatic reaction among school-age children. School and intellectual performance, sports, music lessons, and hobbies could all be affected.

***COMPENSATORY BEHAVIOR**

Behavior designed to compensate for the critical incident or its resulting loss, injury, or unwanted changes may be evident. Such behaviors may be attempts to deny, reverse, or gain retribution through fantasy, play, or interaction.

***OBSESSIVE TALKING**

Once the child feels free to talk about the incident, he or she may talk about the incident continually.. This is a necessary part of the process of assimilating the event and will be temporary.

***DISCREPANCY IN MOOD**

The child may express feelings or moods which seem not to be appropriate to the immediate situation or to events he or she is describing. Sometimes this represents an attempt to avoid full realization, and other times it is the result of the child's preoccupation with past events.

***BEHAVIOR CHANGES OR PROBLEMS**

These may include getting in trouble, sudden changes in interest, or regressive behavior. Often they result from attempts to relieve anxiety, gain needed attention, or sort through new, troubling information about the world and themselves.

***MORE ELABORATE RE-ENACTMENTS** , Re-enactments become progressively more sophisticated, although often no more satisfactory than-during early childhood.

***PSYCHOSOMATIC COMPLAINTS**

Stomach aches, headaches, digestive upsets, etc. are often very real symptoms of psychological distress. Sometimes they are thinly disguised bids for extra time and attention. Such complaints are often indirect communications about other things.

Among Adolescents

Any of the above behaviors, plus:

ACTING OUT BEHAVIORS

Perhaps because of a combination of peer influence and a need to not defer to parental support, adolescents often act out their distress in ways which are ultimately self destructive. These can include isolation, truancy, drug and alcohol abuse, sexual activity, violence, delinquency, running away, or suicidal expressions or attempts.

LOW SELF ESTEEM AND SELF CRITICISM

Adolescents are quick to blame themselves, and condemn their own reactions to crisis situations. They often have fanciful expectations regarding their control over situations, and anything going wrong is a blow to their sense of power and independence.

"TOO OLD, TOO FAST"

Often seen among poverty children who must compete in the streets with adults and among child prodigies who must deal with adults constantly, adolescents sometimes develop life styles several years in advance of their age.

DISPLACED ANGER

Because you may be the safest person the adolescent confronts during the day, you may be the unwilling and undeserving recipient of anger that has no other place to go.

PRE-OCCUPATION WITH SELF

Trauma, and the resulting inner processing that must be done to sort through the meaning of the incident, can intensify the adolescent's normal self-centeredness.

Adapted from Classroom Crisis by Kendall Johnson;
Turnpoint Publishing, 1987, pp. 11-14.

Information provided by Prince William County Community Services
Board. 361-3101