



Psychological First Aid for Schools

PFA®

Field Operations Guide

National Child Traumatic Stress Network
National Center for PTSD

NCTSN The National Child Traumatic Stress Network

National
Center for
PTSD
Posttraumatic
Stress Disorder

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA),
US Department of Health and Human Services (HHS).



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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN's collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children's lives by changing the course of their care.

National Center for PTSD

The VA's National Center for PTSD is a world leader in research and education programs focusing on PTSD and other psychological and medical consequences of traumatic stress. Mandated by Congress in 1989, the Center is a consortium of seven academic centers of excellence providing research, education, and consultation in the field of traumatic stress.

The views, opinions, and content are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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Acknowledgments

The *Psychological First Aid Field Operations Guide* was originally developed and revised by the National Child Traumatic Stress Network and the National Center for PTSD. The principal authors of these editions (in alphabetical order) include Melissa Brymer, Anne Jacobs, Christopher Layne, Robert Pynoos, Josef Ruzek, Alan Steinberg, Eric Vernberg, and Patricia Watson.

The *Psychological First Aid for Schools Field Operations Guide* was adapted by a working group of the National Child Traumatic Stress Network, chaired by Melissa Brymer, PhD., Psy.D. The primary contributors to this adaptation (in alphabetical order) included: Melissa Brymer, Pia Escudero, Anne Jacobs, Mindy Kronenberg, Robert Macy, Lou Ann Mock, Linda Payne, Robert Pynoos, Matt Taylor, and Juliet Vogel.

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Carolyn Wendt and Margaret Bonanno provided editorial and graphic support throughout the development of *Psychological First Aid for Schools*.

Special acknowledgment is given to Dr. Bob Seaver for the illustrations provided throughout this publication.

For citation: Brymer M., Taylor M., Escudero P., Jacobs A., Kronenberg M., Macy R., Mock L., Payne L., Pynoos R., & Vogel J. *Psychological first aid for schools: Field operations guide, 2nd Edition*. (2012). Los Angeles: National Child Traumatic Stress Network.

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Introduction and Overview

The field of school safety and emergency management has evolved significantly over the past decade. Tragically, acts of violence, natural disasters, and terrorist attacks have taught us many lessons. We also know that other types of emergencies can impact schools, including medical emergencies, transportation accidents, sports injuries, peer victimization, public health emergencies, and the sudden death of a member of the school community. We now recognize the need for school emergency management plans that are up-to-date and take an “all-hazards” approach with clear communication channels and procedures that effectively reunite parents and caregivers with students. We have also learned that preparing school administrators, teachers, and school partnering agencies *before* a critical event is crucial for effective response, the value of ongoing training and emergency exercises, and that having intervention models that address the public health, mental health, and psychosocial needs of students and staff is essential to a safe school environment and the resumption of learning.

What Is Psychological First Aid for Schools?

Psychological First Aid for Schools (PFA-S) is an evidence-informed intervention model to assist students, families, school personnel, and school partners in the immediate aftermath of an emergency. PFA-S is designed to reduce the initial distress caused by emergencies, and to foster short- and long-term adaptive functioning and coping. The principles and techniques of PFA-S meet five basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Respectful of and consistent with the school administration of the academic setting, school culture, and the behavior (code of conduct) of students
3. Applicable and practical in field settings
4. Appropriate for developmental levels across the lifespan
5. Delivered in a culturally-informed and flexible manner

PFA-S assumes that students and staff members may experience a broad range of early reactions (e.g., physical, cognitive, psychological, behavioral, spiritual) following an emergency. Some of these reactions can cause distress that interferes with adaptive coping, but support from informed, compassionate, and caring professionals can help students and staff members recover from these reactions. PFA-S has the potential to mitigate the development of severe mental health problems or long-term difficulties in recovery by identifying individuals who may need additional services and linking them to such services as needed.

Why Provide Psychological First Aid in Schools?

- 1. Schools are typically the first service agencies to resume operations after a disaster/emergency and can become a primary source of community support during and after the incident.** Schools are where children spend a majority of their day and where they receive substantial support from teachers and other staff members, and some schools are the primary setting for psychosocial support and child mental health services. In many ways, teachers and staff are the “first and last responders” for children in an emergency. Students look to their teachers and to school administrators for leadership and guidance, while parents expect and demand that school personnel respond competently and appropriately in such situations. In a school-wide emergency, children’s “everyday” school personnel can provide much of the intervention needed to stabilize the situation.
- 2. Preparing for emergencies is critical for all school staff.** While school personnel should be prepared to respond to high impact/low frequency events such as school shootings, large-scale natural disasters, and public health emergencies, they must also be prepared to address smaller scale events that schools face each day. Emergency events that do not typically garner national headlines, but do disrupt the learning environment, include suicides, transportation accidents, peer victimization, community violence, staff or student deaths, injuries on the playground, and infectious diseases. Preparedness involves (1) having a comprehensive response and recovery plan, (2) training staff to address the immediate, mid-term, and long-term needs of students and staff members, (3) frequent practicing of the comprehensive response and recovery plan, and (4) evaluation and redesign of plan components that no longer meet operational standards for the school. When people are trained in emergency protocols (including students, when appropriate) and have knowledge of techniques to reduce anxiety and establish calm, they are better able to handle the emergency and be of help to the people affected.
- 3. Emergencies affect students’ academic and social achievement.** Having an effective school psychosocial and mental health recovery plan in place, which includes interventions such as PFA-S, is critical when emergencies threaten to significantly disrupt the learning environment. Such events frequently adversely affected students’ academic and social performance. Counseling services and programs addressing students’ developmental needs have traditionally been viewed as supplementary services, “add-ons” to the academic mission of the school. However, when students’ psychosocial and mental health needs are addressed in a developmental, systematic, and comprehensive manner, students achieve at a higher level.
- 4. Trauma-related distress can have a long-term impact if left untreated.** Unaddressed mental health needs, including those from exposure to violence and other potentially traumatic events, increase dropout rates, lower academic achievement, disrupt peer relationships, and impact overall well-being. Thus, school mental health initiatives such as PFA-S are not only important for the well-being of children and school personnel, but are also critical for the central educational mission of schools.
- 5. Brief interventions can produce positive results that last.** A growing body of research shows that there are brief, effective interventions that have a long-lasting positive influence on students’ and staff members’ trauma-related distress. PFA-S draws from the best available evidence identifying factors that promote improved student and staff functioning after disasters and other emergencies.

When Should PFA-S Be Used?

PFA-S is most effective immediately following the incident (e.g., from one hour to a couple of weeks after an event). In some circumstances, assuming the safety of students and staff has been ensured, PFA-S can be initiated while an incident is still occurring, such as in sheltered-in-place or lockdown situations.

Who Is PFA-S for?

PFA-S is intended for students, school personnel, and their families who have been exposed to a disaster or other emergency. Whether an emergency occurs on school grounds or in the community at large, schools serve as a central location for professionals to assist children, families, school personnel, and school partners.

Who Delivers PFA-S?

Because it is not psychotherapy, an extended “treatment,” or a stand-alone mental health intervention, any staff member, *regardless of whether he/she has had mental health training, can deliver aspects of PFA-S and can contribute to the school recovery by functioning within the PFA framework*. Similarly, trained members of community emergency response agencies and mental health professionals may provide PFA-S. During and after an emergency, teachers and other staff are a critical link in promoting resilience, in recognizing the signs of traumatic stress, and in helping students and their families regain a sense of normalcy. For more guidance on how to deliver PFA-S based on your role in the school (principal/administrator, teacher, health-related professional, support staff), see Appendix A.

What Are the Basic Objectives of the PFA-S Provider?

- ✓ To establish a positive connection with students and staff members in a non-intrusive, compassionate manner
- ✓ To enhance immediate and ongoing safety and provide physical and emotional comfort
- ✓ To calm and orient emotionally overwhelmed or distraught students and staff
- ✓ To help students and staff members identify their immediate needs and concerns
- ✓ To offer practical assistance and information to help students and staff members address their immediate needs and concerns
- ✓ To connect students and staff members as soon as possible to social support networks, including family members, friends, coaches, and other school or community groups
- ✓ To empower students, staff, and families to take an active role in their recovery, by acknowledging their coping efforts and strengths, and supporting adaptive coping
- ✓ To make clear your availability and (when appropriate) link the student and staff to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations

How Does PFA-S Fit into Existing School Emergency Plans?

The Emergency Management Cycle in Schools and PFA-S

Whether conducting school vulnerability assessments or adopting an intervention such as PFA-S, schools organize safety initiatives based on the four-part emergency management cycle. The four-part emergency management cycle includes:

Prevention/mitigation phase	Schools both assess and address building security, the safety and integrity of facilities, the culture/climate of schools, and the need for secondary prevention mental health programs.
Preparedness phase	<p>Schools facilitate a rapid, coordinated, and effective response in the event of an actual emergency by taking the following steps:</p> <ul style="list-style-type: none"> Refining emergency management plans and emergency procedures in collaboration with key members of the emergency response community (fire and police departments, disaster services, and public health) Periodically reviewing and reinforcing emergency plans and procedures with staff Defining building-level and district-level Incident Command System (ICS) structures Implementing staff trainings on various topics, including parent-student reunification and PFA-S Conducting emergency simulations in collaboration with outside agencies Developing and regularly updating a list of providers trained in PFA-S
Response phase	Action is taken to effectively contain and resolve an emergency and to decrease the potential for such an emergency to escalate. During this phase, the school executes the emergency management plan and emergency procedures and initiates preliminary activation of the PFA-S teams. Although the response phase may have a clear ending point for emergency response agencies, the transition into the fourth phase, recovery, may be less distinct.
Recovery phase	Steps are taken to assist students, staff, and their families in the recovery process and to restore educational operations in schools. This phase involves conducting damage assessments and making repairs, implementing business continuity plans, and addressing grief and stress reactions. The very early stages of the recovery phase (hours or days after an emergency) are the most appropriate time to deliver PFA-S. Depending on the nature of the incident, recovery may be a long-term process. PFA-S is an acute intervention; for information about longer-term interventions appropriate for students and families who have lingering or severe symptoms, go to www.NCTSN.org for a review of evidence-based interventions and treatments.

This approach grew from the collaborative efforts of various federal agencies, including the Federal Emergency Management Agency, the U.S. Department of Homeland Security, and the U.S. Department of Education's Office of Safe and Drug Free Schools and its Readiness and Emergency Management in Schools program.

The Incident Command System and PFA-S

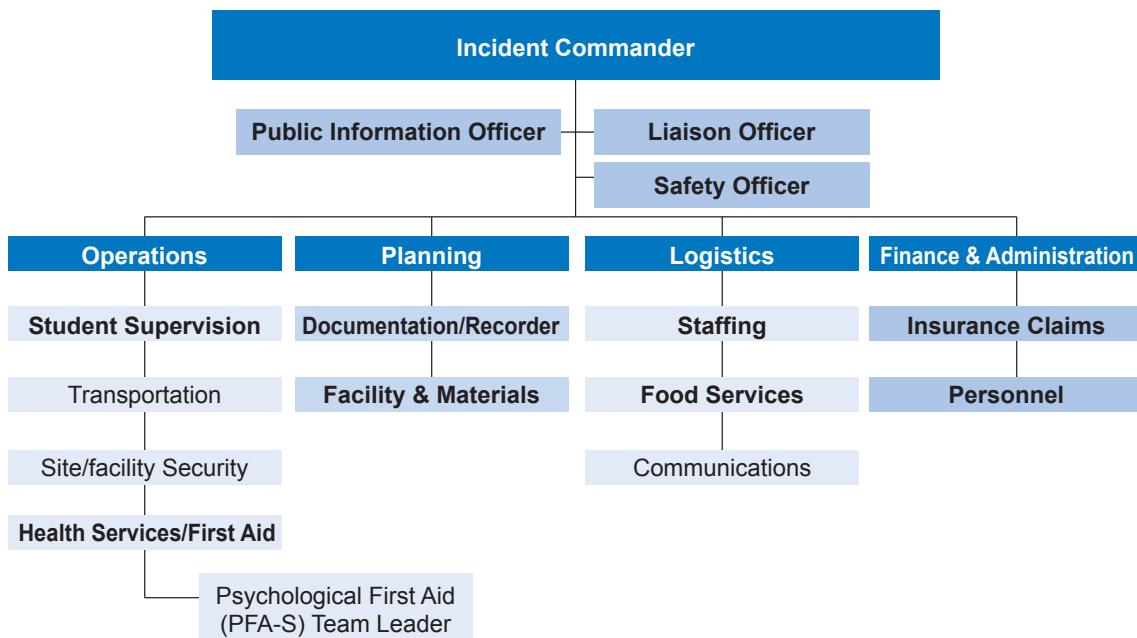
As suggested above, ICS is a central protocol adopted by schools across the nation. In fact, ICS is mandated through the National Incident Management System (NIMS) for any agencies receiving federal funding. It helps schools enhance emergency communications and allows them to work with multiple agencies during difficult and dangerous circumstances. The ICS is an emergency management structure that:

1. Creates a manageable span of control, ensuring that no one individual oversees too many activities
2. Establishes predetermined incident command locations and facilities
3. Implements the management of resources
4. Ensures integrated communication across multiple organizations

Within the context of an ICS, emergency mental health recovery services occur in a section of the ICS structure known as Operations (see figure for a sample of ICS structure). Thus, coordination of PFA-S activities *during an emergency situation* would fall under the direction of the Operations Section Chief who, in turn, reports to the person in charge of all emergency response activities, the Incident Commander. Such coordination is critical, given the speed at which decisions must be made, information must be shared, and resources must be allocated during an emergency.

Moreover, the Incident Command System is *scalable*, meaning that it expands and contracts (sections are “activated”) only as the situation requires. In a small-scale emergency, only a small portion of the ICS may be engaged. Similarly, the individuals serving in certain roles within the ICS may change depending on how the emergency situation unfolds.

To enter a school site successfully as a PFA-S provider, you will need to work within the framework of the school’s ICS, where the roles and decision-making processes have been clearly defined. You will need to communicate and coordinate all activities with the authorized personnel or organizations that are managing the setting. If you are the team leader, ideally you should be an employee who is regularly onsite, who is a good organizer, who is able to delegate, and understands both the referral process and the ICS.



Preparing to Deliver Psychological First Aid for Schools

The PFA-S Provider

As a PFA-S provider, you should be aware of the nature of the event, understand the current circumstances, and be informed about the type and availability of relief and support services and the school's ICS. If you are providing PFA services on behalf of an outside responding agency, it is *critical* that you first coordinate with the appropriate school officials before you begin delivering services.

Personal and Professional Requirements

Interventions in emergency situations are goal-directed, time-limited, and strength-based. In order to achieve a positive outcome, you may encourage survivors to express their concerns and feelings, while at the same time containing such emotions within an atmosphere of safety and calm. You may also help survivors to identify positive coping strategies.

You should have these professional skills:

- Knowledge of and training in the techniques of PFA-S
- Ability to assess the ongoing needs of students, staff, and others impacted by the event
- Ability to offer age-appropriate and culturally-appropriate intervention strategies
- Knowledge of available resources to which you can refer survivors
- Basic understanding of how PFA-S fits within the Incident Command System
- Ability to remain within the scope of your expertise and designated role
- Ability to pay attention to your own emotional and physical reactions, and practice self-care

Students take their cues from how others are reacting. By demonstrating calm and clear thinking, you can help those impacted by the event to know that they can rely on you. Others may follow your lead and remain focused, even if they do not feel calm, safe, effective, or hopeful. PFA-S providers often model a sense of hope that students and staff cannot yet feel, as they are still attempting to deal with the event and the concerns surrounding it.

Preparing to Deliver PFA-S

Learn about the School

When responding to a school incident, take into account the history of the school and its surrounding community. Here are some questions for you to consider:

- Have there been any previous adverse events at the school (e.g., threats, violence on campus, staff/student deaths, racism or conflicts with certain ethnic groups)?
- Have these adverse events occurred recently and/or frequently?
- Has the school had prior experience with any post-event interventions? If yes, did the administration/staff find previous interventions helpful or disruptive?
- Have there been any recent events at the school and/or are there any groups functioning within the school community that explicitly promote the strength of the school or that serve as a protective factor for individuals?
- What is the current morale of the school staff and students, and the current “climate” of the school community as a whole?
- Are there any upcoming events at the school (e.g., dances, standardized testing, graduation, accreditation review, sporting events, anniversaries of past events) that might positively or negatively affect the recovery of the school community?
- Are there any recent changes to school staff (e.g., a new principal, reduction in nursing staff time) that may affect response/recovery efforts?
- What is the present relationship of the school to the community? What collaborative relationships, coalitions, and/or stakeholders exist that support the school?
- Are there any members of the school staff who have personal trauma histories that should be taken into consideration by those making decisions related to emergency response or recovery procedures?

Identify the Distinguishing Features of the Event

Since every emergency is different, take the nature of the event into account. Before providing services, you should know the following:

- Location/s of the event/s
- Time/s and duration of the event/s
- Magnitude of the event:
 - Number of persons injured or dead
 - Was it a confined or open area?
 - Was it an isolated or crowded area?
 - What were the disturbing features of the event (e.g., sexual abuse, mutilation, torture, chemical exposure)?

- Impact of the event relative to the size of the community
- Cause of the event:
 - Accident/man-made
 - Natural disaster
 - Intentional (e.g., act of terrorism, shooting, suicide)
- Levels of exposure to the event, including:
 - Secondary exposures (e.g., administering first aid to the injured, rescue efforts, additional threats)
 - Significance of losses (e.g., students or staff who were particularly prominent in the school)
- Unique features of the event (e.g., disasters with no warnings, prior knowledge of the violent event, recent previous suicide attempts, prior cluster suicides, similarities to prior adverse events)
- Rumors circulating about the event

Be Aware of At-Risk Populations

Students and staff members who are at special risk include those who:

- Had direct exposure (e.g., exposed firsthand or experienced extreme life threat)
- Have been injured
- Have experienced the death or serious injury of a loved one
- Had a close personal relationship with any victim(s)
- Have a history of depression or suicidal thoughts or attempts
- Have a history of anxiety, shyness, or low self-confidence
- Have a history of risk-taking behavior
- Have experienced prior traumatic events and are at current risk, including:
 - Those exposed to community violence or domestic violence
 - Those with a history of abuse and/or neglect
 - War or other refugees or political asylees
 - Members of economically disadvantaged groups
 - Medically vulnerable individuals
 - Those from disaster-prone regions

Certain groups of individuals in the school community may mistrust others, feel stigmatized, or fear repercussions (e.g., deportation, punishment), in addition to lacking knowledge about recovery services.

Children of rescuers and first responders may also be at special risk in situations where their parents are in danger. Finally, students with an individualized educational plan (IEP) or those who meet the requirements of a disability as delineated by the Individuals with Disabilities Education Act (IDEA) may need accommodations or additional assistance.

Be Sensitive to Racial and Cultural Diversity

Remember to respect cultural, ethnic, religious, racial, and language differences. Whether providing outreach or services, be aware of your personal values and prejudices and how these may agree or conflict with those of the school community you are serving. Training in cultural competence can facilitate this awareness. Students and staff members are better able to cope when they maintain their traditions, rituals, gender roles, and social bonds.

Guidelines for Delivering PFA-S

- ✓ Operate only within the framework of an authorized school emergency response system.
- ✓ Before you approach an individual or a group, first observe politely.
- ✓ Initiate contact only after you have determined that you are not intruding or interrupting.
- ✓ Offer practical assistance (food, water). This is often the best way to make contact.
- ✓ Ask simple, respectful questions to determine how you may help.
- ✓ Remain flexible and adjust to people and their situations as needed. Do not enter the site with any agenda other than providing PFA-S.
- ✓ Be prepared for those impacted by the event to either avoid you or flood you with contact.
- ✓ Speak calmly. Be patient, responsive, and sensitive.
- ✓ Speak slowly, in simple concrete terms; do not use acronyms or jargon.
- ✓ Listen carefully when students or staff members want to talk. Focus on understanding (“getting”) what they want to tell you, and hearing how you can be of help. Children who are too young to speak, or who may not speak clearly, often express their feelings and show what they want through their behaviors, such as play.
- ✓ Support and reinforce the person’s individual strengths and coping strategies, including the positive things he/she has done to stay safe.
- ✓ Give information that directly addresses the person’s immediate goals, and clarify answers repeatedly as needed.
- ✓ Give information that is accurate and age-appropriate. Remember that even very young children need to know what has happened. Tell children the truth, but keep it brief and speak to their developmental level (e.g., avoid discussing the details of a death).
- ✓ Reassure young children that the adults are there to protect them and keep them safe. Even when adults do not feel safe, young children need to be assured that everything possible is being done to keep them safe.
- ✓ When communicating through an interpreter, look at the person with whom you are talking, not at the translator or interpreter.
- ✓ PFA-S leaders should reach out to those in positions of authority (e.g., administrators, school resource officers) who have been equally exposed but who, due to their position, need to project a sense of calm and control to those under their care.

- ✓ Assist support staff (e.g., custodians, bus drivers, food workers, librarians, secretaries, coaches, instructional aides) whose emotional needs may be overlooked in emergencies. These staff members, who are often involved in directing, calming, and reassuring students and parents, are among the important stabilizing factors in students' lives.
- ✓ Remember that the goal of PFA-S is to reduce distress, assist with current needs, and promote adaptive functioning, not to elicit details of traumatic experiences and losses.
- ✓ Keep in mind that the goal of schools is to support academic achievement. Ask students what they need to be able to attend school every day, to complete their work and succeed in school, and to stay safe in their lives outside of school.

Behaviors to Avoid

- ✗ Do not make assumptions about what students and staff have experienced during the incident or are experiencing currently.
- ✗ Do not assume that everyone who has been through the emergency will be traumatized.
- ✗ Do not pathologize. Most acute reactions are understandable and expectable, given what students and staff have experienced. Do not label reactions as "symptoms" or speak in terms of "diagnoses," "conditions," "pathologies," or "disorders."
- ✗ Do not talk down to or patronize students or staff. Do not focus on the individual's helplessness, weaknesses, mistakes, or disability. Focus instead on what he/she has done that is effective or has contributed to helping themselves or others, both during the emergency and in the present setting. Let the student know that continuing to attend school and performing academically shows his/her strength and resilience. Highlight to staff that coming to work every day or taking on additional duties shows their strength.
- ✗ Do not assume that all students and staff members want or need to talk to you. Being physically present in a supportive and calm way in itself often helps affected people feel safer and more able to cope.
- ✗ Do not "debrief" by asking for details of what happened.
- ✗ Do not speculate or give information that might be inaccurate. If you cannot answer a question, say so, and do your best to learn the facts.

Adapt PFA-S for Students with Disabilities or Other Impairments

Children with special needs, specifically those with a disability who receive accommodation services, may not be as responsive to PFA-S techniques and adjustments may be needed. Design and adapt interventions to their particular abilities and enlist their teachers and teaching assistants for help. In this way, you will contribute to a successful resolution of the situation. Some considerations for different disabilities follow:

Autism

Children with an autism spectrum disorder (ASD), such as Asperger's Disorder, may be mainstreamed in general education classes or in self-contained classrooms depending on their disability and accompanying behavioral issues.

HOW TO HELP	<p>These students may be particularly sensitive to new people and to changes in their routine or surroundings. If possible, announce changes before they occur. These students may have heightened sensitivity to sounds, bright lights, new tastes, smells, or cold temperature that may disrupt their emotional equilibrium in response, for example, to sirens or alarm bells. Students with ASD may be obsessive or hyper-focused on some element of the crisis, and they may upset others when they perseverate on the details of an event or exhibit self-soothing behaviors such as rocking.</p> <p>Many of these students have behavior plans that include their going to a predetermined “safe place” when they are distressed. When possible to do so, allow them to follow their behavior plans. They will respond best to a familiar teacher or other person in authority who can calmly reassure them of their safety and set firm limits on their behaviors.</p> <p>For students in a self-contained classroom, the most helpful intervention will be a return to their normal daily routine. They may not be responsive to new people. For many of these students, attempts to teach them exercises meant to help them cope may, in fact, increase their distress.</p>
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Learning Disabilities

Children with one or more learning disabilities (such as dyslexia, visual/spatial problems, expressive or receptive language disorders, memory deficits) tend to be in general education classes.

HOW TO HELP	<p>These children should be responsive to most PFA-S strategies. The nature of the learning disability may affect a child’s ability to benefit from a specific exercise. For example, a student with a language disability may have difficulty expressing his/her feelings in writing, or he/she may have difficulty accurately recalling contact information such as a phone number and street address. Adapt specific exercises to the student’s strengths.</p>
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Speech Impairment

Children with speech and language deficits, including students with language processing issues, tend to be in general education classes.

HOW TO HELP	<p>Students with language deficits may have difficulties with comprehension or with verbal expression. These students may respond best to exercises that include activities and visual cues, such as artwork, or relaxation strategies that can be modeled rather than just described.</p>
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Cognitive Impairment

Students with mental retardation/cognitive delays may be mainstreamed in general education classes or in self-contained classrooms, depending on the severity of their disability and accompanying behavioral issues.

HOW TO HELP	Similar to students with autism, students with cognitive delays will do best after they return to their normal routine. Higher functioning students in general education classes may require simpler, more concrete directions, but they should respond to most PFA-S strategies.
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Emotional Disturbance

Children identified as having an emotional impairment may have a variety of mood (depression, anxiety, anger, fear, apathy) and/or behavioral (aggression, withdrawal, hyperactivity, temper tantrums) issues, with the most serious disturbances including distorted thinking, excessive anxiety, bizarre motor acts, abnormal mood swings, or psychosis. Some of these students will have a trauma history, and the current event may bring up reminders of past events that will be unsettling and disruptive. These students, whether mainstreamed in the general population or in self-contained classrooms, may act unpredictably and need their teachers and support staff to intervene.

HOW TO HELP	While most children with an emotional disturbance status may be responsive to the PFA-S techniques you are using, ask their teachers to identify which students may be resistant or become distressed. Most of these children will have behavioral intervention plans that include options for them to follow in certain circumstances; for example, a child who may become out of control is allowed to visit a particular adult or engage in a particular activity in order to self-soothe. When possible, try to follow the familiar and established routine. If this is not feasible, the child's teacher, aide, or another familiar member of the child's team should be the one to explain the new plan to him/her.
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Orthopedic, Hearing, or Visual Impairment

Children with orthopedic, hearing, or visual impairments will often experience an increased sense of vulnerability and distress when the unexpected happens.

HOW TO HELP	Reassure these children that they are safe, and work with their teachers or aides to design or adapt interventions for their needs. Again, their teachers and teaching assistants will be best able to help restore calm.
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Other Health Impairment

Children will other health impairments (e.g., asthma, epilepsy, diabetes) may have limited strength, vitality, or alertness due to chronic or acute health problems.

HOW TO HELP	<p>Watch carefully for signs that students are having physical distress. Ask them if they are physically okay and if they need any help. Seek appropriate medical attention as needed.</p>
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Attention-Deficit/Hyperactivity Disorder (ADHD)

In a crisis, you may see students with ADHD increase their symptoms of hyperactivity and impulsivity, resulting in out of control behavior.

HOW TO HELP	<p>Students with ADHD will benefit from activities that allow for physical movement. When giving directions, calmly tell students exactly what you expect, avoid directions with more than one or two steps, and give warnings about specific consequences for inappropriate behavior.</p>
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Implement PFA-S in Groups

PFA-S can be delivered in various group settings, such as in classrooms, with a small group of students, or with school staff. It is best to run groups with another provider.

When meeting with groups, keep the following in mind:

- Tailor the discussion to the shared needs and concerns of the group.
- Focus the discussion on problem solving and applying coping strategies to immediate issues.
- Allow only one person at a time to speak.
- Answer questions honestly, but limit the information to what the students and staff can handle and tolerate.
- Do not let discussions about concerns lapse into complaints.
- Redirect the discussion if it turns to descriptions of gruesome or disturbing details of the emergency. If an answer might be upsetting, tell the individual that at this time the information would not be helpful to everyone, but that you can discuss it privately later.
- If you sense that individuals are becoming anxious or distressed, interrupt and lead the group in a relaxation exercise (e.g., ask everyone to be silent and to take a few slow breaths; then refocus the conversation).
- If an individual needs further support, offer to meet with him/her after the group discussion.
- Keep the focus on creating a supportive environment for each other, with the overall goal of having the school return to a healthy learning environment.

For more guidelines on conducting PFA-S in groups (assemblies, classroom, and small groups), see Appendix B.

Psychological First Aid Core Actions

1. Contact and Engagement

Goal: To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner



2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort



3. Stabilization (if needed)

Goal: To calm and orient emotionally overwhelmed or disoriented students and staff



4. Information Gathering: Current Needs and Concerns

Goal: To identify immediate needs and concerns, gather additional information, and tailor *Psychological First Aid for Schools* interventions to meet these needs



5. Practical Assistance

Goal: To offer practical help to students and staff in addressing immediate needs and concerns

6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and other school and/or community resources



7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services

Goal: To link students and staff with available services needed at the time or in the future

These core actions of *Psychological First Aid for Schools* constitute the basic objectives of providing early assistance within hours, days, or weeks following an event. Be flexible and base the amount of time you spend on each core action on the person's specific needs and concerns.

Core Action 1: Contact and Engagement



Illustration by Dr. Bob Seaver

Goal	To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner
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Your first contact with a student or staff member is an important opportunity to promote a sense of calm, hope, and support to those impacted by the event. You may be delivering services in a large setting, such as a school gymnasium, classroom, or offsite evacuation field. Make sure the setting *has been explicitly designated as safe and secure* by an emergency response agency and/or as communicated through the Incident Command System (ICS).

Making Initial Contact

Keep the following in mind when making initial contact:

- Remember that some students, staff, or family members may not seek your help, but may still benefit from assistance. Actively engage individuals by walking around the setting and introducing yourself. Try to be mindful not to interrupt conversations.
- While an entire school or class may have witnessed or been affected by an event, no two individuals are likely to be impacted the same way.
- Not all individuals will be traumatized or be in need of PFA-S. Expect resilience, but be on the lookout for those who appear to be struggling or who are likely to be “at-risk” due to other factors mentioned previously. One way is by observing their behavior first, either alone or with their peers.
- Reach as many individuals as possible for initial contact, but do not assume that they will all need further assistance.
- Do not assume that people will respond to you immediately or positively. It may take time for some students or bereaved persons to feel a degree of safety, confidence, and trust.
- If an individual declines your offer of help, respect his/her decision and indicate when and where he/she can locate a PFA-S provider later on.
- One way to engage students and staff is by attending to their basic needs (e.g., passing out water, food).
- Ensure that students and others are able to hear, read, and understand information, regardless of their language fluency or their auditory, speech, or cognitive abilities. If working in self-contained classrooms or with students with an IEP, have a teacher or aide who regularly works with the student present, if feasible.
- Hysteria spreads like wildfire. If possible, isolate an agitated person from others, but make sure everyone who wants assistance receives it.

Provider Alert

- Respond first to those who seek you out.
- If a number of people approach you simultaneously, make contact with as many as you can.
- Giving a brief look of interest and calm concern can be grounding and helpful to people who are feeling overwhelmed or confused.

Introduce Yourself/Ask about Immediate Needs

- Introduce yourself, if you have not been introduced by a teacher or other staff member, by giving your name and title, and describing your role.
- Ask for permission to explain how you might be of help.

- Speak calmly and slowly.
- Refrain from looking around or being distracted.
- Ask about any pressing problem that needs immediate attention.
- Give priority to urgent medical concerns and immediately relay them to the PFA-S Team Leader via phone or radio. The Team Leader, in turn, should seek resources from the Operations Section Chief. If phone or radio are not available, then relay the information via a staff member or a designated student “runner.”
- If you speak with a child in significant distress, contact a teacher, school counselor, parent, or caregiver as soon as possible to let him/her know about your conversation so he/she can provide additional support to the child.

To make initial contact, you might say:

Staff/Family Members	Hello. My name is _____. I work with _____ and I am part of the school-based mental health recovery team. I'm checking in with staff/family members to see how they are doing, and to see if I can help in any way. Is it okay if I talk to you for a few minutes? May I ask your name? Mrs. Williams, before we talk, is there something that you need right now?
Adolescent	My name is _____. I work with _____ and I am part of the school-based mental health recovery team. I am touching base with students to see how they are doing and find out what they need. Is it okay if I talk to you for a few minutes?
Child	(Get on child's eye level, smile and greet the child, using her/his name and speaking calmly.) Hi, Lisa. My name is _____. I am working with Mr./Ms./Teacher _____ to help you and your family/classmates. Is there anything you need right now? Are you warm enough? Do you want a drink or some food?

Culture Alert

The type of physical or personal contact considered appropriate may vary from person to person and across cultures and social groups, for example, how close to stand next to someone, how much eye contact to make, or whether or not to touch someone, especially of the opposite sex.

Do:

- ✓ Look for clues that indicate an individual's need for "personal space."
- ✓ Seek guidance about the most common and important cultural norms from school or community cultural leaders who best understand local customs. Also ask about cultural variations, both between distinctive groups and within groups, to avoid stereotypes.
- ✓ Ask the person what cultural traditions or rituals are important to him/her.

(continued on next page)

Culture Alert (*continued*)**Don't:**

- ✗ Use sustained eye contact or stand too close to an individual unless he/she initiates such contact.
- ✗ Touch the individual unless you have asked permission. Only touch in a way that cannot be misinterpreted by others.
- ✗ Make assumptions about the individual's culture, race, nationality, or belief system.
- ✗ Expect all members of a group to be too similar in their beliefs and behaviors.

Initiating Contact and Engagement by Setting

PFA-S needs to be adapted depending on the setting where you deliver the services. For specific guidelines for assemblies, classrooms, and small groups, see Appendix B.

Provider Alert

We distinguish between delivering PFA-S to small groups in large, open settings (groups organized in an evacuation field or multiple groups in a gymnasium) and attempting to deliver PFA-S to large groups of students all at once. We strongly discourage delivering PFA-S or any other intervention to large groups of individuals, as it may be particularly harmful, given how quickly intense emotions may spread.

If possible avoid large group settings—such as an auditorium—when you need to deliver emotionally sensitive information, even if it is just limited to updates on the emergency. Many administrators may choose to hold a large, all-school gathering immediately after an emergency because of its convenience and the perception that information can be delivered accurately to large groups. The reality is that, in an emotionally charged environment, one message will be heard many different ways and may easily become distorted. Similarly, strong emotions expressed in a large group setting may cause unnecessary distress.

For parent-student reunification sites and student assembly areas, ensure that private rooms or discrete locations are available to deliver PFA-S to particularly vulnerable individuals. When entering these areas, first observe how individuals or groups are functioning to determine the level of need. Typically, giving regular and accurate updates helps to reduce anxiety. However, if the situation is still unfolding, updated information may not be available yet. In these situations, help students and families cope with their anxieties and fears, and clarify any misinformation. Staying calm is critical. Identify students with special needs and determine whether a familiar adult or staff member is available to provide additional support.

In situations in which small groups of students and staff gather informally or in classroom settings, the purpose of these meetings is not to discuss the details of the event. In most situations, these individuals will have had varying experiences. Exposure to individuals sharing explicit details of the event by those who have had limited experience of the event may cause unnecessary distress. PFA-S providers can organize small groups of individuals with similar experiences, such as all students who were injured, or friends of the deceased, to create a place for more detailed discussions to occur.

Putting PFA into Practice

An elementary school principal requested help after one of his students was hit and killed by a car over the weekend. A safe room was established where students could go if they were feeling overwhelmed or needed to be with friends. One student was observed sitting in a corner, apart from the others, extremely upset. A teacher quietly walked over and sat with her. When the student appeared calmer, the teacher asked if she could talk with her. The student initially refused, so the teacher asked if she could continue to sit next to her. After a few minutes, the student began discussing how the loss of her friend was so overwhelming to her.

The teacher said little, but was able to comfort the student through observation, body language, and quiet support.

Protect Confidentiality

Given the lack of privacy in some school settings, you may find it challenging to try to protect the confidentiality of students, staff, and families after an emergency. However, it is important that you maintain the highest level of confidentiality possible. As a provider of PFA services in a school setting, you likely belong to a category of mandated reporters and must abide by state abuse and neglect reporting laws. You should be aware of the **Health Insurance Portability and Accountability Act (HIPAA)** and the provisions related to disaster and terrorism. Similarly, you should be aware of privacy and information-sharing concerns associated with the **Federal Educational Records Protection Act (FERPA)**, particularly as these relate to the sharing of information about students who are deemed a potential harm to themselves or others.

If you have questions about releasing information, your PFA-S team leader should discuss this with school administration and determine if this needs to be further reviewed by the school's legal counsel. Talking to co-workers about the challenges of working in the post-emergency environment can be helpful, but any discussions need to preserve confidentiality.

Core Action 2: Safety and Comfort

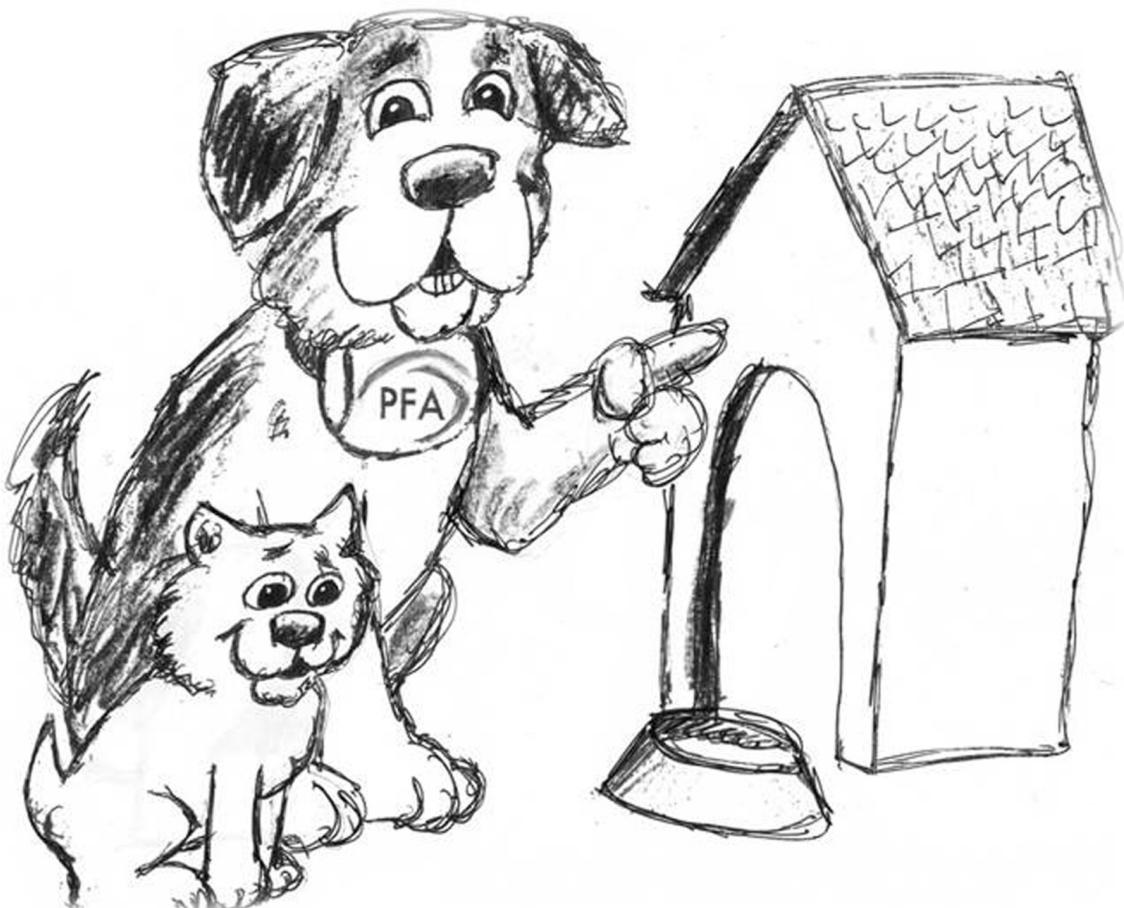


Illustration by Dr. Bob Seaver

Goal	To enhance immediate and ongoing safety, and provide physical and emotional comfort
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Restoring a sense of safety and giving physical and emotional comfort in the immediate aftermath of an emergency can begin to reduce distress and worry for students and staff members. When you can give individuals some sense of predictability, they regain a feeling of security and control.

Keep in mind that *the primary responsibility for maintaining the safety of the school community rests with the school administration and staff*. In other words, if you are working on behalf of an outside responding agency, you must first coordinate with the appropriate school officials before providing any information to students or staff.

You can provide comfort and increase sense of safety in a number of ways, including helping students, staff, and their families to:

- Do things that are:
 - Active (rather than passive waiting)
 - Practical (using available resources)
 - Familiar (drawing on past experience)
 - Soothing (calming and relaxing, easy on the nerves)
- Get current, accurate, and up-to-date information, while avoiding exposure to information that is inaccurate or excessively upsetting
- Get information about how responders are making the situation safer

Ensure Immediate Physical Safety

If you are providing PFA in a school setting where there may still be either a real or perceived threat to safety, make sure that everyone is physically safe to the extent possible. If necessary, reorganize the immediate environment to increase both physical and emotional sense of safety. Immediately report any safety concerns. For example:

- Find the appropriate officials who can resolve safety concerns beyond your control, such as threats or weapons.
- If clearly safe to do so, remove clutter or damaged equipment from the area where you are working. Let the PFA-S Team Leader or the Operations Section Chief coordinating response efforts know if there are sharp objects, spilled liquids, broken glass, or other dangerous items that need removal.
- Ask students, staff members, or caregivers if there are special medical concerns, medical devices, or medications that individuals may need. If yes, contact a school nurse, medical team leader, or relative.

Other safety concerns involve:

- *Threat of harm to self or others* – Look for signs that students or family members may hurt themselves or others (e.g., students expressing intense anger or agitation). If you need additional support or are not trained to assess at-risk individuals, get help by contacting medical or mental health personnel, an EMT, or security to handle the situation.
- *Shock* – Seek immediate medical support if an individual is showing signs of shock or has these symptoms: pale, clammy skin; weakness or rapid pulse; dizziness or irregular breathing; dull or glassy eyes; is unresponsive to communication; lacks bladder or bowel control; or shows restlessness, agitation, or confusion.

Provide Information about Response Activities and Services

Students and staff need to understand the broader context of response activities occurring at the school and in the community. When even the most minimal of predictable schedules or activities is reestablished, individuals begin to feel more stable.

Provide information about:

- What to do next
- The status, if known and if safe, of their classmates, teachers, other school staff, and relatives who may also be in the school
- What is being done to assist them
- What is currently known about the unfolding event
- The support services available to them and their families
- When and where school services will be resumed
- The best way to get updated information about the situation in the hours or days ahead

In providing information:

- Make sure school authorities have granted permission to share event-specific information, such as the circumstances of the current situation, the names of those directly affected by event, and when school services will resume.
- Use your judgment as to whether and when to present specific information.
- Use clear and concise language while avoiding technical jargon.
- Position yourself, when feasible, at eye level with the individual.
- Use a calm, reassuring tone of voice and give the person time and space to talk.
- Provide accurate information, in easy to understand terms, to young students, about who will be supervising them and what to expect next. Consider using visual cues and materials to illustrate your information.
- Consider when talking to students:
 - Is it appropriate to share this information given his/her age?
 - Does he/she appear able to comprehend what you are saying?
 - Is he/she ready to hear the content of what you are saying?

Remember:

- Address immediate needs and concerns to reduce fears, answer pressing questions, and support adaptive coping.
- Students, staff, and family members may be getting information from many sources of technology (texting, Twitter, Facebook, TV, radio, phone, Internet). Ask about what they have heard or read and address any misinformation or distressing information.
- *Do not* guess or invent information if you do not know it in order to provide reassurance. Instead, develop a plan, with those you are helping, to get them the information.

- *Do not* reassure people of the availability of goods or services (e.g., shelter, medicines, donations) unless you know that such goods and services will be available.
- When working with families, be sure to include children in discussions and in sharing information if it is appropriate. *Do not* just speak to the parent or caregiver. When children are left out of discussions, they may feel more insecure.

Examples of what you might say include:

Parent/Caregiver	A parent-student reunification area has been set up on the football field. At this location, you can get updated information about the situation. There is also food and water. When the students are released, they will go to this location. Do you need directions? Do you have any other questions?
Group of Students	Here's what's going to happen next. When your class is released, we will walk over to the football field, where your parents and the buses will be waiting. The principal informed me that we're currently safe. Do you have any questions right now?
Individual Student	We're working hard to make you and the rest of the school safe. I was informed by the principal that we have to stay here to keep us safe. Your parents have been notified and are waiting on the football field. When I am told it is okay, we will walk over together. Do you have any other questions?

Attend to Physical Comfort

- Look for simple ways to make the physical environment more comfortable.
- Make sure that the area in which you will work with the students or staff is accessible for individuals with disabilities, has minimal distractions, is warm, has good lighting, and has areas where you can speak privately.
- Help students and staff to soothe and comfort themselves and others around them.
- Keep young children with staff members who are familiar to them. When available, give them toys that they can hold and take care of to help them soothe themselves.
- Encourage students and staff to participate in getting things they need for comfort (offer to walk over to the food area with the person rather than retrieve food for him/her). Taking action helps reduce feelings of helplessness and dependency.

Address Media and Social Networking Safety Concerns

In addition to securing their physical safety, protect individuals from unnecessary exposure to additional potentially traumatic events and reminders, including sights, sounds, or smells that may be frightening. This includes media and social networking information.

- Point out that excessive viewing of media coverage may not only upset them, but may also subtly re-traumatize them.
- Discourage teachers and other staff from ongoing media viewing in and outside the classroom.
- Remind them that some reports may not be accurate and identify where they can get reliable and up-to-date information.
- Many individuals may use the Internet, texting, and/or social networking (e.g., Twitter, Facebook) to share information. Be aware that the amount of emergency information being shared through these technologies will be out of your control, but it is important to monitor what is being communicated. For example, students often develop a “memorial page” on Facebook when a member of the community is injured or died. Regularly monitor this page to see if disturbing details or misinformation are being posted. Notify the administrator about this site so that he/she can delete any inappropriate posts.
- Be proactive by encouraging school officials to post accurate information and psychoeducational material (including recommendations for where to seek assistance) on these forums, on other social media sites, and on official websites as soon as possible.
- Encourage students to ask questions or share information they have learned from these forums with trusted adults. Ask students what they heard or what they know about the situation to help you start the discussion.
- Shield students from reporters, onlookers, and attorneys, in order to help protect their privacy. Many schools have a clear policy not to allow their students to be interviewed by the media during an emergency. If the policy does allow for interviews, remind students that they may decline a media interview or have an adult they trust with them, if they choose to participate.

Provider Alert

It is very natural for students to seek out information through the media. At times, however, they may become fixated on it. While such behavior may be a protective factor—in that children are seeking to understand the event, learn more, put it into context, and avoid further danger—such behavior can also evoke fear and distress. You should tell teachers, parents, and other caregivers that:

- They should monitor and limit children’s exposure to the media, and discuss any concerns the children have. Encourage them to regularly check in to keep communication open.
- They can let children know that they are keeping track of information and that they should come to them for updates.
- Young children are often confused by repeated media coverage and assume that the events that they see in the media are happening over and over again.
- They should be careful about adults watching media reports if children are in the same or an adjacent room, as children can overhear and become confused and frightened by what they learn.
- For parents, suggest that they may consider watching or listening to limited, carefully selected news with their children and then discussing the information together afterwards. This will help children process the event and allow them to see their family members as protective and supportive.

Examples of what you might say include:

Teacher/Other Staff	It's a good idea to shield yourself and your students from further frightening or disturbing sights and sounds as much as possible. Even televised scenes or pictures can be very disturbing to children. It doesn't hurt for adults to take a break from all the media coverage, too.
Adolescent/Child	You've been through a lot already. Kids often want to watch TV a lot or go online after something like this, but that can be more upsetting and not very helpful. It's best to stay away from media reports that show this stuff. If you happen to see something that bothers you, be sure to tell your parents, your teacher, or another trusted adult.

Attend Funerals and School Memorials to Monitor Those at Risk

In conjunction with school officials, consider how funerals and school memorials may serve as trauma reminders for students and staff. Although there are many concerns associated with holding school-wide functions to memorialize a violent event or accident, some schools still choose to hold them. A PFA-S provider should always be present at such events. The potential for memorial events to re-traumatize is real, particularly for elementary students. Take care during the event to monitor those in attendance, engage them in a sensitive way, and provide psychoeducational materials. While it is helpful to provide psychoeducational materials to attendees of memorials and to high-risk students on anniversary events, *it is never appropriate* to do so at funerals.

During funerals and school memorials, some individuals who were not close to the event but who have experienced similar loss in their lives or have other risk factors may become extremely upset. Those at risk may include those having pervasive fantasies about reuniting with the individual who has died or those who have a history of:

- Attempted suicide
- Substance abuse
- Severe depression or other mental illness
- Violent behavior, particularly when combined with access to weapons

After providing immediate assistance when these individuals become upset, collaborate with other providers to monitor them in the days and weeks following the event. Reactions may linger and it is important for these individuals to know that there are supports and resources available to them.

Provider Alert

Permanent memorials should be avoided. A school community is a dynamic process, and often the emotional significance of a memorial is lost over time. Unless the event was of major historical significance to the community, future generations of students and staff should not be constricted, however slightly, by tragedies of the past. Similarly, schools should avoid living memorials, such as trees or flower gardens, as their ongoing maintenance or health may become an issue.

Address Personal Belongings, “Empty Chairs,” and Temporary Memorials

Although it is important to protect students and staff from being constantly reminded of an event or becoming too emotional, do allow individuals to grieve at their own pace. Many well-intentioned adults quickly remove all traces of a teacher or student who has died; however, many students/staff members want to honor the life of the deceased.

- *Do not* immediately remove pictures of the deceased that are displayed in the classroom or school.
- *Do not* immediately place another student in the desk/seat of the person who has died.
- *Do* allow students to talk about their memories of the person who has died. If a student’s focus on the deceased persists and later interferes with functioning, he/she may be encouraged to speak to a family member or professional outside of the classroom.
- Prior to any emergencies, schools should work with their school board and the community to establish procedures for accepting donations, as well as for removing temporary memorials. For example, schools may have a pre-designated, temporary, in-school memorial site where flowers, poems, cards, and photographs can be collected and displayed. However, schools should clearly communicate from the start that such memorials are temporary and will be in place for a limited time, and that after that time the items will be collected and given to the deceased individual’s family. Consider having a well-respected representative of the student body assist in this process, to provide a sense of closure and respect for the student body as a whole. The school should work with the family if online memorials are created in order to monitor these sites for at-risk individuals.

Help Students/Staff with Grief

Culture Alert

Beliefs and attitudes about death, funerals, and expressions of grief are strongly influenced by family, culture, religious beliefs, and rituals related to mourning. Learn about the cultural norms of the student and staff through the assistance of community cultural and school leaders who best understand local customs. Even within cultural and religious groups, beliefs and practices can vary widely. Do not assume that all individuals in a given group will believe or behave the same way. You should allow individuals to engage in their traditions, practices, and rituals in order to provide mutual support for each other, to seek meaning, to manage the range of emotional responses and death-related adversities they may experience, and to honor the death appropriately.

Acute Grief Reactions are likely to be intense and prevalent among those who have suffered the death of a loved one or close friend. They may feel shock, disbelief, sadness, and anger; feel responsible for not preventing the death; regret not providing comfort or having a proper leave-taking; or miss the deceased and wish for reunion (including having dreams of seeing the person again). Although painful to experience, grief reactions are healthy responses that reflect the significance of the death. Over time, grief reactions tend to include more pleasant thoughts and experiences, such as telling positive stories about a loved one and remembering him/her in comforting ways.

Provider Alert

Children's and adolescents' understanding of death varies depending on age and prior experience with death, and is strongly influenced by family, religious, and cultural values.

Preschool children may not understand that death is permanent and may believe that if they wish it, the person will come back. They need help to confirm the physical reality of a person's death—that he/she is no longer breathing, moving, or having thoughts, and feels no discomfort or pain. They may worry about something bad happening to another family member. It may be helpful to explain death to young children through the use of storybooks (see www.NCTSN.org for a list of commonly used books).

School-age children understand the physical reality of death, but may picture death as a monster or a skeleton. In longing for the loved one's return, they may feel an upsetting "ghostlike" presence of the lost person, but not tell anyone.

Adolescents generally understand that death is irreversible. Losing a family member or friend can trigger rage and impulsive decisions, such as quitting school, running away, or abusing substances. These issues need prompt attention by the family and/or school.

When speaking to adults about how to help children, you can say:

Adult	<p>It can be helpful to think about times when children will miss their friend, for instance, at recess or in class. Say something like, "It is hard not to have Suzie here and I know a lot of us are missing her right now," to ease their discomfort, make them feel less alone, and help them to handle these difficult times better.</p> <p>When you see a sudden change in the children—looking lost, sad, or even angry—and you suspect that they are missing their friend, let them know that you, too, have times when you feel that way. Say something like, "I'm wondering if you're thinking about Suzie. Many of us are thinking about her, too. There are many feelings that may come up. What are you feeling? I am happy to talk with you or we can connect you to the school counselor, too."</p>
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When working with acutely bereaved individuals, remember that:

- The person should be treated with dignity, respect, and compassion.
- Grief reactions will vary from person to person.
- What they are experiencing is understandable and expectable, given the loss.
- There is no "correct" course of grieving; how a person grieves is dependent not only on his/her cultural and religious beliefs, but also on his/her developmental level.
- You can explain that they will most likely continue to experience periods of sadness, loneliness, or anger.
- Grief puts older children and adults at risk for abuse of over-the-counter medications, smoking, alcohol, drug usage, and depression and suicidal thoughts.
- Students and staff should be made aware of the above risks, the importance of self-care, and the availability of professional help.

Watch for individuals who may present with irrational blame, fear, or other strong emotions and who may require longer-term attention and more intensive services. Work closely with school administrators to provide outreach actively throughout the school, particularly in large-scale emergencies and/or during memorials or anniversaries, to find those students and staff who may need assistance but may not seek help. Some may feel guilty because they survived while others did not. They may believe that they caused the death in some way. Try to help dispel students' sense of responsibility and assure them that, in events like this, they are not to blame for what happened. If an individual continues to feel this way, work on getting him/her additional assistance.

To emphasize the importance of understanding and respecting each other's course of grief, you may say:

Adult/Student	Each person will express his or her grief differently. Some may not cry, while others cry a lot. Some may want to talk, while others don't. No one should feel bad about this or think there is something wrong with someone who expresses grief in an unfamiliar way. What is most important is to respect the different ways each person feels and help each other in the days and weeks ahead.
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Some individuals will not have words to describe their feelings of grief, and may resist talking with others about how they feel. Sometimes distracting activities, such as drawing, listening to music, or reading, will be more calming than conversation. For those who wish to be alone, provide them with some privacy if it is safe to do so. When a student or adult does want to talk with you about the loved one, listen quietly and do not feel you need to say much. Do not probe.

Do Not Say:

- | | |
|---|--|
| <ul style="list-style-type: none"> ✗ I know how you feel. ✗ It was probably for the best. ✗ He is better off now. ✗ It was her time to go. ✗ At least he went quickly. ✗ Let's talk about something else. ✗ You are strong enough to deal with this. ✗ Be glad he passed quickly. ✗ It's good that you are alive. ✗ You'll feel better soon. ✗ You did everything you could. | <ul style="list-style-type: none"> ✗ You need to grieve. ✗ You need to relax. ✗ That which doesn't kill us makes us stronger. ✗ It's good that no one else died. ✗ It could be worse; you still have a brother/sister/mother/father. ✗ Everything happens for the best according to a higher plan. ✗ Someday you will have an answer. ✗ (To a child) You are the man/woman of the house now. ✗ You should work towards getting over this. |
|---|--|

If the grieving person says any of the above things, you can respectfully acknowledge the feeling or thought, but do not initiate such statements.

Provide Additional Support to Staff

Teachers and other staff may have additional adversities that affect them. Teachers feel protective of the students in their classes. Secretaries and receptionists frequently field phone calls from worried parents, the media, and others. Custodians feel responsible for the physical building, and often have the burden of cleaning up the physical evidence of the event. Security guards must direct frightened, concerned people while remaining calm themselves.

In the event of an emergency, school staff instinctively put the students first. More frequently than not, staff go on “autopilot,” reacting with swiftness to ensure the students’ safety, whether this means moving them to another location, securing the doors of a classroom to prevent further violence, aiding in escape, and/or protecting students from disturbing visual images. Do not assume that a staff member who appears focused and active is not worried about his/her personal safety and emotional reactivity. The majority of staff will contain their reactions for the sake of their students’ well-being.

Take time to meet with staff, either in groups or individually, in a private space that is apart from the students. Be certain that there is a box of tissues in the room and, if possible, food and beverages. Update staff about the situation, plans, and safety of the school community. As you work with staff:

- Promote a sense of safety and provide psychoeducation about emotional reactions.
- Acknowledge fears and worries about personal safety or health issues.
- Find out what staff may specifically need and try to provide it.
- Secure the use of a landline telephone, cell phone, or email, as much is possible, so that they can contact and reassure family members that they are safe.
- Demonstrate calming techniques, such as slow breathing, thought stopping, or grounding.
- Compliment their professionalism, protective instincts, and fast thinking.
- Recommend limiting “second guessing” or reevaluating their actions “in hindsight.”

Putting PFA into Practice

After the suicide of a student, an event that many individuals in the school community witnessed, teachers immediately focused on the safety of their students—quickly moving them to an adjoining building, comforting them, and attending to their needs. The adults were also shaken, confused, and upset, but did not show these reactions in front of the students. Once the students were released from school, a private room was designated and the adults were organized into small groups, where providers could determine their physical or emotional concerns, answer their questions, reassure them, and attend to their needs.

School staff began to feel calmer and safer as the providers exhibited sensitivity to their needs and attended to their well-being.

Core Action 3: Stabilization



Illustration by Dr. Bob Seaver

Goal	To calm and orient emotionally overwhelmed or disoriented students and school staff
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Students and adults whose reactions are so intense and persistent that they significantly interfere with the ability to function are of the most concern and may require stabilization. Stabilization is used immediately after an event to help calm *an individual who appears disoriented or extremely agitated*.

In many instances, students and staff may be numb rather than overly agitated, and they may appear at first to be reacting normally to the event. Watch carefully to see whether these individuals *also demonstrate signs of being connected to* (aware of or interactive with) their surroundings or people in the vicinity. If they do not, attempt to stabilize them immediately and seek out a health or mental health professional for help.

REMEMBER

- Most individuals affected by school emergencies will not require stabilization.
- Strong emotions, numbing, and anxiety are expected short-term responses to traumatic stress; they do not necessarily signal the need for additional intervention beyond standard support.
- If medical or mental health professionals are available, seek them out for help.

Adults, adolescents, or school-aged children who need stabilization may be:

- Disoriented: engaging in aimless disorganized behavior
- Disconnected: numb; startlingly unaffected by the event
- Confused: not able to understand what is happening around them; not making sense
- Panicked: extremely anxious; unable to settle; their eyes wide and darting
- Hysterical: sobbing uncontrollably; hyperventilating; rocking
- Excessively preoccupied: unable to think about anything else
- In denial: refusing to accept that the event took place
- In physical shock: not being able to move; frozen
- Glassy-eyed and staring vacantly; unable to find direction
- Unresponsive to verbal questions or commands
- Exhibiting frantic searching behavior
- Feeling incapacitated by worry
- Engaging in risky activities

Young children who need stabilization may be:

- Staring blankly
- Unresponsive
- Displaying behaviors they had outgrown (e.g., urinating in inappropriate places, sucking a thumb)
- Screaming
- Crying or sobbing uncontrollably
- Hyperventilating
- Moving in an agitated way (thrashing, pushing away)
- Hiding (in a corner or under a table)
- Clinging excessively

Approach Distressed Individuals

If the person is too upset, agitated, withdrawn, or disoriented to talk, or if he/she shows extreme anxiety, fear, or panic, consider the following:

<p>Q: If a student, is there a caregiver available?</p>	<p>Yes – Make sure this adult appears stable. Focus on empowering the caregiver in his/her role of calming the child. Reassure the caregiver that you are available to assist.</p> <p>No – A familiar staff person may serve to help a child regain control.</p>
<p>Q: Is there a staff member who knows the student or adult well enough to provide emotional support?</p>	<p>Yes – Have that person take the student or adult to a quiet place. Let the staff member know you are available to help.</p> <p>No – You should help the person. Do not forget to remain calm yourself. Follow the steps below.</p> <p>Caution: Do not simply try to convince the person to “calm down” or to “feel safe.” Neither tends to be effective.</p>

Support Distressed Individuals

For adults, adolescents, and school-aged children

- Respect the person’s privacy and give him/her a few minutes before you intervene. Say you will be available if he/she needs you, or that you will check back in a few minutes to see how he/she is doing and whether there is anything you can do to help at that time.
- Remain calm, quiet, and present, rather than trying to talk to him/her directly, as your questioning may contribute to cognitive and/or emotional overload.
- Remain available, while giving him/her a few minutes to calm down.
- Stand nearby as you talk to other individuals, do some paperwork, or do other tasks, watching to see if the person needs or wishes help.
- Offer support and help him/her focus on specific manageable feelings, thoughts, and goals.
- Give information that orients him/her to the surroundings, such as how the setting is organized, what will be happening, and what steps he/she may consider.
- Clarify any misinformation or misunderstanding about what is taking place, while helping to curtail rumors.
- Attempt to determine what the student or adult is experiencing, so that you can address the individual’s immediate concern or difficulty.

For young children

- Remain calm, quiet, and reassuring. Sit with the child at eye level as you speak in a low tone and in a reassuring manner.
- Reassure and calm through physical contact, such as a protective arm across the shoulder, if it appears welcome. Some children may dislike or have a negative association with being touched. If you are unsure, ask them if you may touch them.

- Distract the child from the situation by asking questions about his/her favorite story, hobby, sport, or song. Keep the circumstances in mind so that you do not inadvertently trigger greater anxiety by asking about a topic that may be related to existing fears (such as asking, “What is your favorite bedtime story?” when the child is fearful for his/her caregiver’s safety).
- Give age-appropriate information about what to expect, and always answer questions in an honest, developmentally appropriate way.
- Do not overwhelm children with too much information. Under stress, a child can only process so much information, and will likely change the subject or move to a different activity when feeling overwhelmed. Watch for and be respectful of the cues the child gives.
- Reconnect children with their caregivers or staff who know them as soon as possible.

Putting PFA into Practice

Upon arriving late at school, a high school student learned that his best friend had died the night before. The principal had been informed by the family early that morning, and news of the death had spread through the school. Staff were very concerned about the friend’s reactions once he learned of the death. One teacher, who felt he had established a positive relationship with the teen, offered to be with the principal when he broke the news. The teen immediately became extremely agitated, pacing the office, holding and shaking his head, shouting “No, no, no!” Sensing that the boy was near panic, the principal and the teacher spoke calmly and gently, guiding the boy to sit and take slow breaths. The teacher then stayed in the office with the teen, offering emotional support by his mere physical presence until the teen was ready to ask questions and speak about his friend.

Observation, physical presence, a soothing voice, and anxiety-reducing techniques (e.g., slow breathing) helped to stabilize the teen.

Use these talking points to help individuals understand their reactions:

For adults, adolescents, and school-aged children

- You may feel intense emotions coming and going like waves. (You may also feel emotionally knocked down or dragged under, just when you thought you were standing on firm ground.)
- You may find that shocking experiences trigger strong—and often upsetting—self-protective “alarm” reactions in the body, such as an adrenaline surge, startling easily, or being on-guard.
- Sometimes you may feel so anxious, upset, and out of control, you wonder if you’re going crazy. Remember that these are expectable and understandable reactions to a very upsetting and frightening event.
- Sometimes the best way to recover is to take a few moments to do activities that calm you (take a walk, breathe slowly, listen to music).
- Calm yourself by keeping in mind the family members and friends who love you and support you.
- Staying busy or helping others can distract you from your thoughts and feelings.
- There are people here to help you learn more ways to calm yourself.

REMEMBER

Adolescents and young adults may have impulses to do something risky, just to feel better temporarily. They may not see the need to be cautious. Ask them to try talking to an adult they trust before acting impulsively. For example, you might say, “When something bad like this happens, it is really important to talk to adults that you trust. Is there anyone who helps you feel better? Maybe I can help you reach him or her.”

For young children

- After bad things happen, your body may have strong feelings that come and go like waves in the ocean. First you’re feeling sort of okay, but then you feel bad all over again. When you feel really bad, that’s a good time to talk to your mom and/or dad to help you calm down. Here at school, there are teachers or other adults you can talk to.
- Did you know that lots of people need help at times like this? See all the people here with the vests on and all those guys out front with the yellow jackets? All these people—and many more—are working together to help keep you and the other children safe, and to help people feel better.
- One trick to help you start to feel a little better is to do something. Just sitting here might be boring or make you feel even worse. Would you like to play with the other kids or would you like to draw? Do you know Mrs. Smith? She’s teaching some kids a breathing game to help them calm their bodies. Calming your body can help calm your mind, and that can help you start to feel better.

Assist Individuals with Extreme Agitation and Disorientation

If the person appears extremely agitated, has accelerated speech, seems out of touch with the surroundings, or is crying intensely, it may be helpful to:

- Position yourself at eye level, so he/she becomes aware of you.
- Ask the individual to listen to you and look at you.
- Find out if he/she knows who he/she is, where he/she is, and what is happening.
- Ask him/her to describe the surroundings and say where both of you are.

If these actions do not help, introduce a technique called “grounding,” by saying:

Child/Student	After a frightening experience, you can be very upset or angry or unable to stop thinking about what happened. I can help you feel less overwhelmed by teaching you about something called “grounding.” Grounding works by having you focus on the things you see and hear around you, instead of all the thoughts you’re having. Would you like to try it?
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If the person agrees, speak in a calm, quiet voice and lead him/her through the steps:

- Sit in a comfortable position with your legs and arms uncrossed.
- Breathe in and out slowly three times.
- Look around you and name five non-distressing, simple objects that you can see. For example, you might say, "I see the floor, I see a shoe, I see a table, I see a chair, I see my friend."
- Breathe in and out slowly three times.
- Next, name five non-distressing sounds you can hear. For example, you might say, "I hear a teacher talking, I hear myself breathing, I hear a door close, I hear kids playing, I hear a cell phone ringing."
- Breathe in and out slowly three times.
- Next, name five non-distressing things you can feel. For example, you might say, "I can feel the pen in my hand, I can feel my toes inside my shoes, I can feel my back pressing against my chair, I can feel my feet on the floor, I can feel my lips pressed together."
- Breathe in and out slowly three times.

If the person selects distressing objects or sounds to name, interrupt him/her and suggest he/she pick items that are not upsetting.

You might have a younger student name the colors of objects that he/she sees around them. For example, you could say, "Next, name five colors that you can see from where you are sitting. Tell me something you see that is blue, now something that's yellow, now something green."

Stabilize Students in Group Settings

While working with a group of students, monitor how the students are responding to the discussion. If you see that students are getting distressed, stabilize the situation by conducting a neutral group activity. These activities can be drawing/coloring, a writing exercise, a breathing exercise, making a collage, or working together on a mural. If a student is still having problems calming down, you or another PFA-S provider should work with him/her in private.

Putting PFA into Practice

After the sudden, violent death of a favorite teacher, the fourth grade class came together to talk about him and the upsetting news. As the level of anxiety increased among the students, the adult stopped the discussion and guided the students in slow breathing, stretching out their arms, and then shaking the tension out of their hands. Once relaxed, the group resumed their discussion.

Taking a break in the discussion and doing a calming activity can quickly stabilize a situation.

Core Action 4:

Information Gathering: Needs and Current Concerns



Illustration by Dr. Bob Seaver

Goal	To identify immediate needs and concerns, gather additional information, and tailor <i>Psychological First Aid for Schools</i> interventions to meet these needs
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In most emergencies, you will have limited time to gather information, and you will have to adjust to individuals' needs and priorities. Therefore, you will need to be flexible in adapting PFA-S interventions. Although a formal assessment is not appropriate, gather enough information so that you can tailor interventions quickly to these needs and concerns.

Gather Information Directly with These Questions:

1. How are you doing now? What are your immediate needs and concerns?

Students and staff will experience the emergency differently. By asking these questions, you will find out what concerns are most pressing. Also, ask if they have any immediate safety issues, medical or psychiatric concerns, or problems attending to basic needs. Highlight that you are willing to discuss whatever they wish—a big problem or even something they think is trivial. Some students and staff may not talk because they feel others are in greater need of your services. Assure them that you and your team have time for everyone.

2. What happened to you during the event? How were you affected?

You will want to find out how the person was impacted by the event. You might ask:

- Where were you during the emergency?
- Did you feel threatened? Did you get hurt/injured?
- Do you still feel threatened?
- What problems do you have now? Do you have any continuing or ongoing problems?
- Did a loved one die or suffer severe injury?
- Have you lost contact with, or are you separated from, a loved one?
- Did you (or your family) lose any personal property?
- Did your pet die or get hurt?

Provider Alert

In clarifying emergency-related experiences, avoid asking for in-depth descriptions, as this may provoke additional distress. Follow the individual's lead in discussing what happened. Do not press him/her to disclose the details of a trauma or loss. If a person is anxious to talk about an experience, respectfully say that you can best help now by getting some *basic* information so that you can help with his/her current needs, and that you will give him/her referrals to talk with a school counselor or professional about his/her experiences. Remind the person that immediately after an emergency it is difficult to fully protect his/her privacy, and that the situation may not permit you to give him/her enough time to fully assist with his/her experiences.

3. How has the event impacted you, your family, and your friends?

When asking this question, use the names of the individuals that the person has already mentioned.

When working with middle or high school students, ask how their classmates and friends are doing. Note whether students are limiting their interactions with others, delaying important developmental activities (birthday, prom, getting a driver's license), or increasing at-risk behaviors (drinking, using drugs, reckless driving, self-injurious behaviors). Also, explore students' ability to do schoolwork, their sleep habits, and recent moods.

4. When you look ahead, do you have any concerns? Is there anything bothering you about your future?

These questions allow you to identify any academic concerns, worries about relationships, changes in parental behavior, and developmental issues.

5. Is there anything else you would like to share?

You can use the form *Student/Staff Current Needs* (Appendix C) to document the information you have gathered. Additionally, use the *Psychological First Aid Provider Worksheet* (Appendix C) to document the services you have provided.

Gather Information Indirectly

Use other ways to gather information in addition to direct interviewing. For example, encourage the use of the referral procedures in place for teachers and staff so that if they see changes in a student's behavior they can contact you or another PFA-S provider to follow up. As noted previously, you can work with school administration to find out what happened during the event. The more you know about what occurred, the better you will be able to identify individuals who need to be checked on.

The PFA-Team Leader can also monitor daily attendance, and disciplinary and nursing logs to identify students at risk. Remember: some students and staff will ask for help, but most will not. Some may complain of physical symptoms (e.g., headaches, stomachaches, rapid heart beat) and frequently visit the nurse. Be watchful, so you can identify and help those individuals affected by the emergency.

Gather Information to Guide Your Intervention Choices

As PFA-S is a modular and flexible approach, the information you obtain will guide the intervention strategies you choose to use. The table **Areas of Concern and PFA Intervention** on the following pages indicates the strategies to use based on different pressing needs or concerns reported. Much of the information that will be gathered is from conversation and what the individual reports as current concerns. Do not use the table as a checklist and ask each of these questions. Also keep in mind your role. If an individual brings up concerns you are not trained to assist in, get help from the PFA-S Team Leader or a mental health professional.

Areas of Concern and PFA Interventions

Areas of Concern	Questions to Ask	PFA Intervention Strategies
Nature and Severity of Experiences	<ul style="list-style-type: none"> • “Where were you during the crisis?” • “Did you get hurt?” • “Did you see anyone get hurt?” • “How afraid were you?” 	<ul style="list-style-type: none"> • Provide information about post-crisis reactions and coping • Arrange medical care for those injured • Provide a sense of safety and calm • Offer a follow-up meeting
Death of a Loved One	<ul style="list-style-type: none"> • “Did someone close to you get hurt or die as a result of the event? Who got hurt or died?” 	<ul style="list-style-type: none"> • Provide emotional comfort, acute grief assistance, and practical assistance • Connect with social supports • For younger children, ensure that a familiar adult is attending to him/her • Offer a follow-up meeting
Immediate Safety Concerns and Ongoing Threat	<ul style="list-style-type: none"> • “Tell me what you understand.” • “Do you have concerns about your safety or the safety of your family or friends?” • “Do you have concerns about the safety of the school?” 	<ul style="list-style-type: none"> • Help obtain information about safety and protection • Provide information obtained from officials about the incident as well as available services • Report safety concerns to the appropriate authority
Separations from, or Concern for, the Safety of Loved Ones	<ul style="list-style-type: none"> • “Are you worried about anyone close to you right now? Do you know where they are?” • “Is there anyone you care about, like a family member or friend, who is missing?” 	<ul style="list-style-type: none"> • Provide practical assistance to connect people to information resources and registries to help locate and reunite loved ones
Physical Illness, Mental Health Conditions, and Need for Medications	<ul style="list-style-type: none"> • “Do you have any medical or mental health condition that needs attention?” • “Do you need any medications that you don’t have?” • “Can you get in touch with your doctor or parents?” 	<ul style="list-style-type: none"> • Provide practical assistance to obtain medical and/or psychological care and medication
Losses (Home, School, Neighborhood, Property, Pets, etc.)	<ul style="list-style-type: none"> • “Was your school / home badly damaged or destroyed?” • “What did you lose that is important to you?” • “Did a pet die or get lost?” • “Was your business or neighborhood badly damaged or destroyed?” 	<ul style="list-style-type: none"> • Provide emotional comfort • Provide practical assistance to help link the person with available resources • Provide information about positive coping and social support

Areas of Concern	Questions to Ask	PFA Intervention Strategies
Extreme Feelings of Guilt and/or Shame	<ul style="list-style-type: none"> “Do you feel that some part of the incident was your fault?” “Do you feel you could have done something differently that would have changed the course of what happened?” 	<ul style="list-style-type: none"> Provide emotional comfort Provide information about coping with these distressing emotions
Thoughts about Causing Harm to Self or Others	<ul style="list-style-type: none"> “Sometimes situations like these can be overwhelming. Have you had any thoughts about harming yourself?” “Have you had any thoughts about harming someone else?” 	<ul style="list-style-type: none"> Get immediate medical or mental health assistance Stay with the individual until appropriate personnel arrive and assume management of his/her care
Availability of Social Support	<ul style="list-style-type: none"> “Do you know of family members, friends, or community agencies that can help with the problems you’re currently facing?” “Do you feel comfortable speaking to your family or friends when you need help or want to talk? Who can you go to for help?” 	<ul style="list-style-type: none"> Help the person connect with available resources and services Provide information about coping and social support Offer a follow-up meeting
Prior Alcohol or Drug Use	<ul style="list-style-type: none"> “Have you been using alcohol, drugs, or prescription medications to stop thinking about the event?” “Have you had any problems in the past with alcohol or drug use?” 	<ul style="list-style-type: none"> Provide information about coping and social support Link to appropriate services Offer a follow-up meeting For those undergoing withdrawal, seek a medical referral
Prior Exposure to Trauma and Death of Loved Ones	<ul style="list-style-type: none"> “Sometimes events like this can remind people of previous trauma and loss. Have you ever been in a similar situation before?” “Has some other bad thing happened to you in the past?” “Have you ever had someone close to you die?” 	<ul style="list-style-type: none"> Provide information about post-crisis and grief reactions, coping, and social support Offer a follow-up meeting Take note of those students who report prior trauma/loss, as they may have future academic or behavioral problems
Specific Youth, Adult, and Family Concerns about Developmental Impact	<ul style="list-style-type: none"> “Were there any special events coming up that were disrupted by this event?” 	<ul style="list-style-type: none"> Provide information on coping Assist with strategies for practical help

Core Action 5: Practical Assistance



Illustration by Dr. Bob Seaver

Goal	To offer practical help to students and staff to address their immediate needs and concerns
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Individuals likely to have more favorable outcomes after emergencies are those who have one or more of the following characteristics:

- Optimism (a belief that things will turn out as well as can be expected)
- Confidence that life is predictable
- Belief that they can achieve the goals they set (self-efficacy)
- Belief that outside sources will act benevolently on one's behalf (e.g., that the community is willing to help)
- Positive self-talk or beliefs (e.g., "I have gotten through some tough situations in the past and I can get through this too")
- Knowledge that they will have the resources they need (such as support from others, money for essential expenses, the opportunity to receive tutoring services)

Providing students, staff, and their families with needed resources can empower them, help them have hope, and restore their dignity. Therefore, assisting individuals with current or anticipated problems is a central component of PFA-S.

Offer Practical Assistance to School Personnel

After emergencies, staff members are often asked by students and their families about resources available at the school and in the community to address post-event adversities. Keep staff informed about the resources or services that are currently available and where they can connect families to organizations or individuals who are coordinating such activities. This information should include ways to help address students' academic needs and connect them with resources to facilitate their learning (identify whether transfer students have an IEP in place, availability of tutoring services, and/or where they can obtain school supply donations). Work with teachers around what homework strategies will help students with attention and concentration problems. Some events may cause students additional stress. For example, athletes who have to relocate to a new school may be concerned about being able to join the team at the new school, or that a temporary decline in grades may impact their potential for acceptance at colleges. Work with the appropriate school staff member to address these types of concerns.

To facilitate the school's recovery, school staff can encourage students to organize or participate in various recovery activities, including donation drives, clean-up days, or events that promote wellness or civic responsibility. Teachers can establish class goals and can display the class's progress as they move forward. Staff can help students problem-solve how they can share with others in the school community or how they can lend a helping hand.

Staff may have their own needs, and they may welcome your assistance. For example, they may have lost their own homes in a disaster and struggle with the rebuilding process themselves. Helping staff problem-solve together on how to support their school community and each other can improve their recovery process.

Throughout any contact, do all you can to help students and staff members identify immediate needs, set priorities, and choose initial steps to address the problems they face. Even under conditions of stress

and adversity, helping individuals set achievable goals may reverse their immediate feelings of failure and inability to cope, give them repeated successes, and help them reestablish the sense of control necessary for recovery.

Offer Practical Assistance to Students and Staff

Students, staff, and family members benefit from clarifying their needs and concerns, developing a plan to address them, and acting on the plan. Their ability to clarify what they want, think through alternatives, select the best option, and follow through develops gradually. For example, many school-age students can participate in problem solving, but they will require the assistance of adults to follow through with their plans. When appropriate, share the plans you have developed with parents/caregivers or involve parents/caregivers in making the plans, so that they can help the child or adolescent complete them.

Follow these four steps when offering practical assistance:

Step 1: Identify the Most Immediate Needs

If the student, staff member, or family member has identified several needs or current concerns, focus on them one at a time. For some needs, there will be immediate solutions (e.g., getting school books, phoning a family member to reassure him/her that the student or staff member is okay). Others (locating a lost loved one, obtaining services due to a newly acquired disability/injury, securing insurance for lost property, acquiring childcare for after-school hours) will not be solved quickly, and may be impossible to solve within the school setting. Collaborate with the individual to help him/her select the issues that require immediate help. For example, you might say:

Adult	I understand from what you're telling me, Mrs. Williams, that your main goal right now is to rebuild your house so that your kids can stay in the same school. Let's make a plan for what you have to do next.
Adolescent/ Child	It sounds as if you are really worried about four different things: (1) what happened to your house, (2) when your dad is coming for you, (3) whether you will be able to return to your classroom, and (4) what will happen next. All of these are important, but let's decide which is most important right now, and then make a plan.

Step 2: Clarify the Need

Talk with the individual to specify the primary problem. Once you have helped him/her clarify the problem, you will be able to identify the next practical step to address it. You might say:

Teacher/ School Personnel	I understand that your first concern is about several students whose parents can't be contacted. Let's work on a plan to address that problem.
Adolescent/ Child	It sounds as if you are worried about several things. Right now let's focus on finding out where your sister is.

Teacher/ School Personnel	I understand that your biggest worry right now is what to tell your students about the situation. Let's talk about what you might say.
Adolescent/ Child	You seem to be very worried about what is going to happen next. Let's talk about what you can expect for the rest of the day.

Step 3: Discuss an Action Plan

Discuss what can be done to address the individual's needs or concerns. He/she may have ideas, or you can offer a suggestion. If you know ahead of time what services are available, you can help obtain food, clothing, shelter, tutoring, mental health, or childcare services, financial assistance, help to locate missing family members or friends, and volunteer opportunities for those who want to help in the relief efforts. Give school personnel realistic expectations about resources and support, qualification criteria, and application procedures. The more you understand the community's and school system's plan for dealing with emergencies, the more you will be a reliable resource for what can be expected.

Step 4: Act to Address the Need

Help the individual to take action. For example, help him/her set an appointment for a needed service, or assist him/her in completing paperwork. Within the school setting, you may be able to address the need yourself, but you may also help staff to decide on the actions to address that need. For example, encourage community agencies to present and have available the paperwork at a parent's meeting, so that parents have a better understanding of available services and they can sign up for more than one program or service at a time.

Putting PFA into Practice

Over the weekend, a family who had two students enrolled in the school lost everything in a residential fire. The vice principal contacted the mother, who was worried about how she could acquire clothing and school supplies so that her children could return to the school. The vice principal told her that the PTA and the school community wanted to help. The mother gave permission, a fund was set up in the family's name, and the students organized a bake sale to raise money.

Assisting others after an emergency can be rewarding for the entire school community.

Core Action 6: Connection with Social Supports

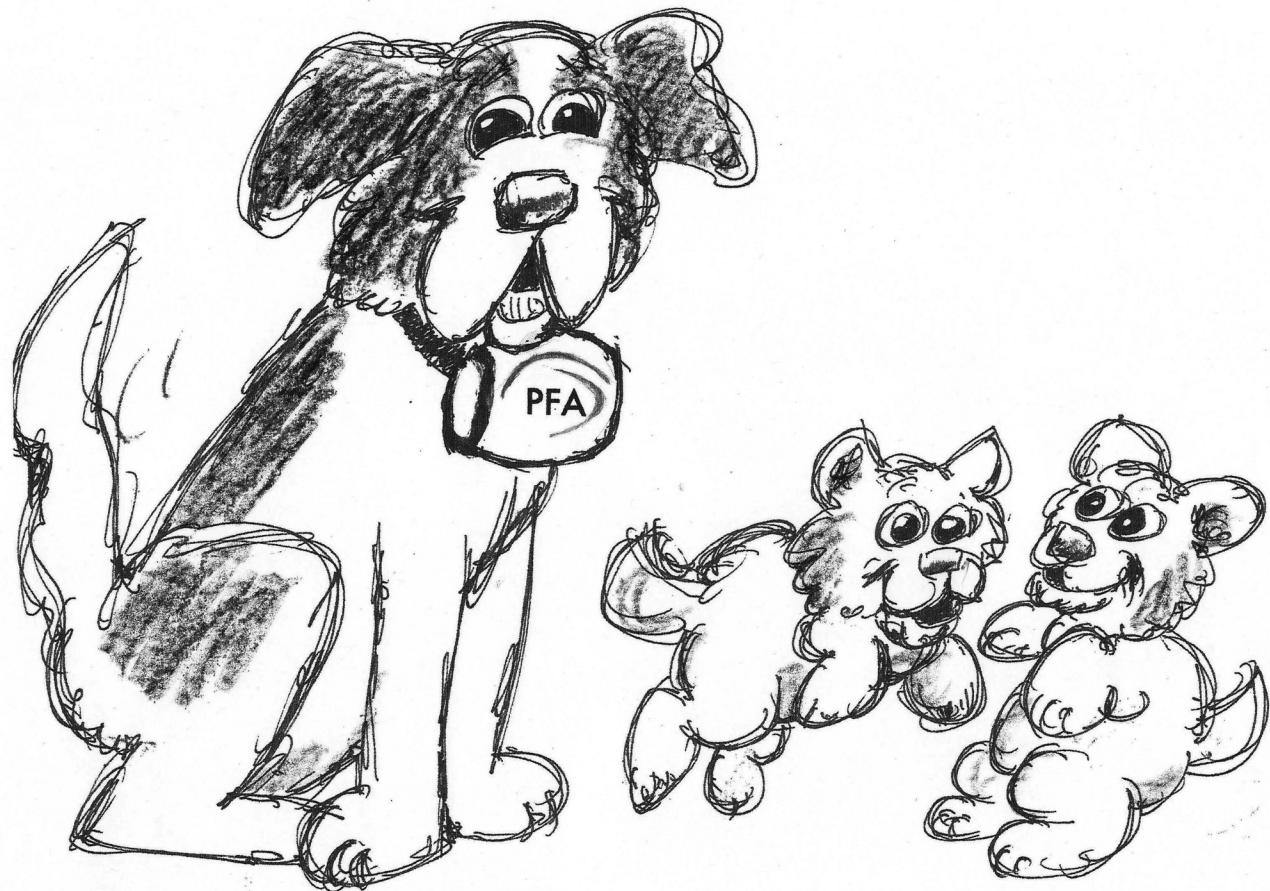


Illustration by Dr. Bob Seaver

Goal	To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and school and/or community resources
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Social support is an important component of emotional well-being and recovery following emergencies. Students and staff members who are well connected with others are more likely to engage in supportive activities (both receiving and giving support) that assist with recovery.

Provide Basic Information about Social Supports

Social support can come in many forms:

- **Emotional support:** a listening ear, understanding, love, acceptance
- **Social connection:** feeling as if you fit in and have things in common with other people; having people with whom you can talk and do activities
- **Feeling needed:** feeling that you are important to others, that you are valued, useful, and productive, and that people appreciate you
- **Reassurance of self-worth:** people who help you feel confident in yourself and your abilities, who believe that you can handle the challenges you face, and who help you remember the effective things you have done in past difficult situations
- **Reliable support:** having people reassure you that they will be there for you if you need them and that you can rely on them for help
- **Advice and information:** having people show you how to do something, give you information that you need, or offer good advice, and help you understand that your reactions to the event are common; having people who are good role models, from whom you can learn how to cope with what is happening in positive ways
- **Physical assistance:** having people to help you do things, such as cleaning up the classroom, helping you with paperwork, or gathering class assignments for you
- **Material assistance:** having people who can get you access to food, clothing, shelter, medicine, textbooks, school supplies, or money

Assist students and their families, as well as staff members, to develop and maintain their social connections as soon as possible. Critical to recovery, social connectedness has these benefits:

- Opportunities for sharing knowledge
- Opportunities for a range of social support activities, including:
 - Practical problem-solving
 - Emotional understanding and acceptance
 - Sharing of experiences and concerns
 - Normalization of reactions
 - Teaching each other about coping

Enhance Access to Primary Support Persons (Family and Significant Others)

Most individuals will immediately want to contact those with whom they have a primary relationship (parents, other family members, close friends, teachers, spouses or intimate partners, neighbors, and clergy). Take practical steps to assist students and school staff to reach these individuals (in person, by phone, by e-mail, through Internet databases/social media sites).

They may want to contact other sources of social support, such as coaches, peers, co-workers, or club members (after-school clubs or sports teams). For most students and staff, the school itself functions as a setting of primary support. Reinforcing the connectedness to the school “family” will be helpful. Some students and staff may also be worried about family members in neighboring schools. Provide information about what is known about the nearby schools and clarify any misinformation about the safety of others.

Enhance the School Community

One of the objectives of PFA-S is to stabilize the school community and to foster an environment for learning. To accomplish this goal:

- Promote a sense of tolerance by helping students and staff members understand that everyone is on their own recovery path. Some will need longer, while others may not have been affected. Acceptance of this difference and giving each other support can foster a healthy recovery environment.
- Highlight the importance of mutual aid among the students and staff. Brainstorm ways that groups can work together to address mutual problems.
- Encourage students to watch out for each other. If they see a change in a peer’s behavior or mood, they should notify a parent, school counselor, or other trusted adult.
- Create a plan for integrating new students who may have temporarily or permanently transferred to the school. Attempt to integrate these students into the school culture, and orient them to the school rules/procedures as quickly as possible. Avoid singling these students out in a way that alienates them from the rest of the student body. For example, transfer students who have been given increased personal attention and received new backpacks or supplies from staff might be resented by other members of the student body, making it more difficult for new students to find friends or feel included.
- If a school structure has been destroyed and students have been assigned to new locations, strategize ways to reconnect old classmates if possible. Work with the school administration or community agencies to create events that will bring together students from the same community (e.g., charity runs, food drives). A website can also be set up so that students can communicate with each other. If siblings are separated, encourage “bring your sibling to school day,” so that they can see the classrooms and the new building.
- Facilitate social support activities by encouraging staff and teachers to increase the number of group activities and collaborative assignments.
- Alert students and staff to upcoming community events and school-sponsored meetings. Give details about events, and add precautions if you are concerned that some students may not be ready for some events (e.g., memorials).
- Consider what developmental milestones may have interrupted for students and staff (e.g., graduation, retirement, first dance) and help them find ways to address this disruption. For example, they may have to postpone or relocate the celebration or they may have to adjust their expectations.

Some individuals may need assistance in adjusting to changes in their relationships. For example, parents may monitor their children more after an emergency, which may be especially difficult for adolescents to handle. You may have to help students understand that their parents were also affected by the situation and that these changes are typically temporary. Other changes may be due to some individuals' being more directly impacted by the event, how they are coping (seeking help vs. avoidance), and their involvement in the situation. Individuals who have visible injuries may have difficulty relating to their peers; they may become a reminder to others of what happened and lose important connections. Those who were considered "heroes" may gain immediate attention from the school community, and then struggle when those connections fade. If they were friends with an individual who is being blamed for the incident, they may be faced with alienation or bullying. As these changes occur, you may have to help facilitate communication between peer groups, or help individuals with seeking or giving support. Peer-to-peer programs can also help facilitate a sense of belonging among students.

Discuss Support-Seeking and Giving

If students or staff members are reluctant to seek support, there may be many reasons, including:

- Not knowing what they need (and perhaps feeling that they should know)
- Feeling embarrassed or weak because they need help
- Feeling guilty about receiving help when others are in greater need
- Not knowing where to turn for help
- Not knowing how to ask for help
- Worrying that they will be a burden or depress others
- Thinking that since they've been helped in the past, they shouldn't ask again
- Fearing that they will get so upset that they will lose control
- Doubting that support will be available or helpful
- Thinking, "No one can understand what I'm going through"
- Having tried to get help in the past and finding that help was not there (feeling let down or betrayed)
- Fearing that the people they ask will be angry or make them feel guilty for needing help

In helping students and staff to appreciate the value of social support and engaging with others, you can also help them to:

- Think about the type of support that would be most helpful
- Think about whom they might approach for that type of support
- Choose the right time and place to approach the person
- Talk to the support person and explain how he/she can be of help
- Thank the support person afterwards for his/her time and help

Let people know that, following a stressful, frightening event, some people choose not to talk about their experiences, and that spending time (sitting, walking, hanging out, playing a game) with people can allow one to feel close without talking. For example, your message might be:

Adult/Caregiver	When you're able to leave school, you may not want to talk, but just be with the people you feel close to. At some point, you may find it helpful to talk about what you have been through. You can decide what to talk about and when. You don't have to talk about everything that occurred, just what you choose to share with the other person.
Adolescent/Child	When something really upsetting like this happens, it's okay not to talk if you don't want to. Hanging out with people you are close to without saying a word can be a good thing to do. But if you want or need something, be sure to reach out to someone you trust.

For those who would like to provide support to others, you can help them to:

- Discover ways that they can help others (tutor students who missed school, organize fundraisers, disseminate donations, ask a friend if he/she wants to talk)
- Identify a person or persons to help
- Find an uninterrupted time and place to talk or to help
- Show interest, attention, and care
- Offer to talk or spend time together as often as needed

Let them know that, instead of discussing the event, it is better to provide practical assistance and help to problem-solve current needs and concerns.

Model Support

As a provider, you can model positive supportive responses, such as:

Reflective comments:	"From what you're saying, I can see how you would be . . ." "It sounds as if you're saying . . ." "It seems that you are . . ."
Clarifying comments:	"Tell me if I'm wrong, but it sounds as if you . . ." "Am I right when I say that you . . ."

Supportive comments:	<p>“No wonder you feel . . .”</p> <p>“It sounds really hard . . .”</p> <p>“It sounds as if you’re being hard on yourself.”</p> <p>“It is such a tough thing to go through something like this.”</p> <p>“I’m really sorry this is such a tough time for you.”</p> <p>“We can talk more tomorrow if you’d like.”</p>
Empowering comments and questions:	<p>“What have you done in the past to help yourself feel better when things got difficult?”</p> <p>“What do you think would help you to feel better?”</p> <p>“I have an information sheet with some ideas about how to deal with difficult situations. Maybe there’s an idea or two here that might be helpful for you.”</p> <p>“People can be very different in what helps them to feel better. When things get difficult for me, it has helped me to . . . Do you think something like that would work for you?”</p>

If appropriate, distribute the handouts ***Connecting with Others: Seeking Social Support*** and ***Connecting with Others: Giving Social Support*** provided in Appendix C.

Putting PFA into Practice

Following a school shooting, the track team struggled with how to support one another.

The team had always been close. Two of its members had been shot and could no longer compete with the team. A PFA provider, along with the coach, met with the entire team to discuss ways they could support each other during this difficult time. The injured students discussed how they wanted to remain part of the team, so the group problem-solved that the students would become managers of the team and have specific roles in the meets. The group agreed to check in again after the first meet to see how everyone was doing.

Creating open communication and an understanding of each other’s recovery can create problem-solving strategies that can foster a group’s recovery.

Core Action 7: Information on Coping



Illustration by Dr. Bob Seaver

Goal	To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
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Emergencies can be disorienting, confusing, and overwhelming, putting students and staff members at risk for feeling incompetent to handle problems that they face. Feeling confident that one can cope with trauma-related stress and adversity is beneficial to recovery.

Giving students, staff, and their families certain information can help them manage their stress reactions and deal more effectively with problems. Such information includes:

- What is currently known about the unfolding event
- What is being done to assist them
- What, where, and when services are available
- What post-disaster reactions to expect and how to manage them
- What they can do to assist with self-care, family care, and adaptive coping

Provide Basic Information about Stress Reactions

Briefly discuss the stress reactions that people commonly experience after a crisis. You may:

- Highlight that they may be frightened or alarmed by their own response, and may view their reactions in negative ways (e.g., thinking, “There’s something wrong with me” or “I’m weak”). You can reduce their worry about their own responses by explaining that their reactions are understandable and expectable.
- Avoid pathologizing stress reactions; do not use terms like “symptoms” or “disorder.”
- Make sure you note that there is a range of possible reactions from negative to positive, including a greater appreciation of life, family, and friends, or a strengthening of spiritual beliefs and social connections, so as not to give people the suggestion that they will only be negatively affected by events.
- Indicate that if their stress reactions continue to interfere with their ability to function adequately for more than a month, they should seek psychological services or student support staff to help restore their pre-event level of functioning. (Remember that you may have to refer earlier if the individual is having major difficulty with sleep, unable to care for oneself, or shows signs of safety concerns.)

Provider Alert

While it may be helpful to describe stress reactions and to note that intense reactions are common but often diminish over time, avoid providing “blanket” reassurance that stress reactions will disappear. This may set up unrealistic expectations about the time it takes to recover.

Putting PFA into Practice

PFA providers were called to a school after the death of a preschool student. Parents were concerned about how to explain death to children who had not previously experienced a death. Providers gave parents and teachers information about young children’s limited understanding of death and the need to explain death in sensitive, but concrete, terms. Providers also gave information about common grief reactions and the need to actively listen to young children’s feelings. Some of the parents were reluctant to talk to their child about death, stating that their child did not need to know and would not understand. However, when several parents utilized the information they were provided and talked with their children, they were surprised and relieved to find their children able to talk about the death, to express sadness for the loss, and to share positive memories of their friend.

Providing psychoeducation to parents can help them be more responsive to their children.

Common Psychological Reactions to Traumatic Experiences and Losses

Below is basic information about posttraumatic stress and other reactions that you can discuss with students and staff as issues arise.

Posttraumatic stress reactions:

Intrusive Reactions are ways in which the traumatic experience comes back to mind. These reactions include distressing thoughts or mental images of the event (e.g., visualizing what one saw) or dreams about what happened. In children, bad dreams may not be specifically about the trauma. Intrusive reactions also include upsetting emotional or physical reactions to reminders of the experience. Some people may feel and act as if one of their worst experiences is happening all over again. These reactions can interfere with individuals' attention, concentration, and overall functioning at school.

Avoidance and Withdrawal Reactions are ways people use to keep away from, or protect against, intrusive reactions. They may try to avoid talking, thinking, and having feelings about the emergency, and avoid reminders of the event, including places and people. They may restrict or numb their emotions to protect themselves against distress. Their feelings of detachment and estrangement from others may lead to social withdrawal. They may lose interest in formerly pleasurable activities. Those experiencing these reactions may miss school more frequently, limit their participation in school activities, or change their peer group.

Physical Arousal Reactions are bodily responses to danger that occur when the danger is no longer present. People may react by constantly being “on the lookout” for danger, by startling easily or being jumpy, by being irritable or having outbursts of anger, having difficulty falling or staying asleep, and having problems concentrating or paying attention. Those struggling with these reactions can result in problems with school or work functioning, completing chores or homework, peers relationships, and overall health.

Other kinds of reactions:

Grief Reactions will be prevalent among those who survived the event but have suffered losses, such as the death of loved ones, or loss of their home, possessions, pets, school, or community. Loss may lead to feelings of sadness and anger, guilt or regret over the death, missing or longing for the deceased, and dreams of seeing the person again. More information on grief reactions can be found in the section on **Safety and Comfort**.

Traumatic Grief Reactions occur when children and adults have suffered the traumatic death of a loved one. Some survivors may stay focused on the circumstances of the death, including being preoccupied with how the death could have been prevented, what the loved one's last moments were like, and who was at fault. These reactions may interfere with grieving, making it more difficult for survivors to adjust to the death over time. More information on traumatic grief reactions and how to respond can be found in the section on **Safety and Comfort**.

Depression is associated with prolonged grief reactions, and is strongly related to the accumulation of post-event adversities. Reactions include persistent depressed or irritable mood, loss of appetite, sleep disturbance, greatly diminished interest or pleasure in life activities, fatigue or loss of energy, feelings of worthlessness or guilt, feelings of hopelessness, and sometimes thoughts about suicide.

Physical Reactions are commonly experienced, even in the absence of any underlying physical injury or illness. These reactions include headaches, dizziness, stomachaches, muscle aches, rapid heart beating, tightness in the chest, hyperventilation, loss of appetite, and bowel problems.

Reminders and hardships:

Trauma Reminders can be sights, sounds, places, smells, specific people, time of day, situations, or even feelings such as being afraid or anxious. Trauma reminders are related to the specific type of event—such as a hurricane, shooting, flood, tornado, or fire—and specific circumstances can evoke upsetting thoughts and feelings about what happened. Examples include hearing the sound of wind, rain, helicopters, screaming or shouting, and seeing individuals who were present at the event. Students reacting to such reminders can cause them to be distracted, miss teacher instruction, engage in risky behaviors, and may result in a decline in academic performance.

Loss Reminders can also be sights, sounds, places, smells, specific people, time of day, situations, or feelings. Examples include seeing a picture of a lost loved one or seeing their belongings, such as their locker or desk. Loss reminders bring to mind the absence of the loved one. Missing the deceased can evoke strong feelings of sadness, anxiety, uncertainty about life without him/her, anger, loneliness, abandonment, or hopelessness. Loss reminders can lead students to miss school or other activities to avoid experiencing these reminders.

Change Reminders can be people, places, things, activities, or hardships that remind people of how their lives have changed as the result of an emergency. Change reminders can be something as simple as waking up in a different bed in the morning, going to a different school, or being in a refurbished place. Even nice things can remind people of how life has changed and make them miss what they had before.

Hardships often follow in the wake of disaster and can make it more difficult to recover. Hardships place additional strains on survivors and can contribute to feelings of anxiety, depression, irritability, uncertainty, and mental and physical exhaustion. Hardships can be loss of home or possessions, lack of money, shortages of food or water, separations from friends and family, school closures, medical or physical health problems, the process of obtaining compensation for losses, moving to a new area, and lack of fun activities. For these types of emergencies, the response phase may be longer and trauma/grief specific services will be needed to facilitate the school recovery.

Talking with Students about Physical and Emotional Reactions

Students may show a wide range of responses in the aftermath of an emergency. Some students will seem to bounce back fairly quickly, while others will take more time to recover. Keep in mind that children of the same age, exposed to the same event, may show very different reactions. Children also vary in their capacity to see connections between events and emotions. Many will benefit from a basic explanation of how trauma-related experiences produce upsetting emotions and physical sensations. Below are suggestions for working with students individually or within groups:

Suggestions	Examples
Ask students to tell you about their physical sensations, instead of directly asking them to describe their emotions.	"How do you feel inside?" "Do you feel something like butterflies in your stomach or tight all over?"
Students have a wide range of reactions after crises. If they have problems identifying their reactions, suggest one or two and then let them come up with other ways. pick one, rather than asking open-ended questions.	"Each one of you may have differently reactions to what happened. There is no right or wrong way. Some students may feel sad, others may feel knots in your stomach. What are other reactions?"
Draw (or ask the student to draw) an outline of a person, and use this to help the student talk about his/her physical sensations.	[Point to stomach] "How does it feel here?"

The following script provides a basic explanation that helps children to talk about their reactions:

Sample Script: Helping Students Talk about Emotions	<p>When something really bad happens, kids may feel funny, strange, or uncomfortable. Maybe your heart is beating really fast, or your hands feel sweaty, or your stomach hurts, or your legs or arms feel weak or shaky. Other times kids just feel funny inside their heads, almost as if they cannot press stop on the DVR and they keep watching the bad thing happen over and over again in their mind.</p> <p>Sometimes your body keeps having these feelings for a while even after the bad thing is over and you are safe. These feelings are your body's way of telling you again how bad the event was.</p> <p>There is a wide range of reactions that you may be feeling. Do you have any of these feelings now, or other ones that I didn't talk about? Can you tell me where you feel them, and what they feel like?</p> <p>Sometimes these strange or uncomfortable feelings come up when kids see, hear, or smell things that remind them of the bad thing that happened, like strong winds, glass breaking, or the smell of smoke. It can be very scary for kids to have these feelings in their bodies, especially if they don't know why they are happening or what to do about them. If you like, I can tell you some ways to help you cope better. Would you like that?</p>
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Providing Basic Information on Coping

Discuss a variety of ways to cope effectively with post-event reactions and adversity. **Adaptive coping actions** help to reduce anxiety, lessen other distressing reactions, improve the situation, or help people get through bad times. **Maladaptive coping actions** tend to be ineffective in addressing problems.

Adaptive Coping Actions	Maladaptive Coping Actions
✓ Talking to someone (friend, teacher, support group, counselor)	✗ Watching too much TV or playing computer games too long
✓ Getting needed information	✗ Withdrawing from activities
✓ Getting adequate rest, nutrition, exercise	✗ Withdrawing from family or friends
✓ Engaging in positive, distracting activities (sports, hobbies, reading)	✗ Working too many hours or overly participating in activities to avoid reminders or feelings
✓ Trying your best to maintain a normal schedule	✗ Getting violently angry
✓ Telling yourself that it is natural to be upset for some period of time; using calming self-talk	✗ Blaming yourself or others excessively
✓ Taking breaks; using relaxation methods	✗ Overeating or not eating enough
✓ Keeping a journal	✗ Using alcohol or drugs to cope
✓ Focusing on something practical that you can do right now to manage the situation better	✗ Doing risky or dangerous things
✓ Using coping methods that have been successful in the past	✗ Not taking care of yourself (too little sleep, poor diet, no exercise)

The aim of discussing positive and negative forms of coping is to:

- Help students and staff consider different coping options
- Identify and acknowledge their personal coping strengths
- Guide students and staff to examine the negative consequences of maladaptive coping actions
- Encourage students to make conscious, goal-oriented choices
- Enhance a sense of personal control over their coping choices

Activity for Students

To help students identify positive and negative forms of coping, write down on slips of paper methods that students are currently using to cope. Then talk with them about adaptive and maladaptive coping strategies. Have the students sort the pieces of paper into two piles, one for each category, and then discuss ways they can increase their adaptive coping strategies. For younger children, play a memory game in which each coping strategy is written on two pieces of paper. Place the blank side of each paper face up, and have the children find matching pairs. Once a child finds a pair, discuss whether this is a good or bad strategy to help him/her feel better.

Relaxation Exercises

Breathing exercises help reduce feelings of arousal and physical tension and, if practiced regularly, can improve sleep, eating, and functioning. You can teach simple breathing exercises quickly, particularly when people are calm and can pay attention. Give out the handout ***Tips for Relaxation*** (Appendix C) to reinforce the use and practice of these techniques. To teach a breathing exercise, you might say:

School Staff/ Adolescents	<ol style="list-style-type: none"> 1. Sit in a comfortable position with your arms and legs uncrossed. 2. Inhale slowly through your nose or mouth (one-thousand one, one-thousand two, one-thousand three), and fill your lungs. 3. Silently and gently say to yourself, “I’m filling my body with calm.” 4. Exhale slowly through your mouth (one-thousand one, one-thousand two, one-thousand three), and comfortably empty your lungs. 5. Silently and gently say to yourself, “I’m letting the tension drain away.” 6. Repeat five times slowly.
Children	<p>Let’s practice a different way of breathing that can help calm our bodies.</p> <ol style="list-style-type: none"> 1. I want each of you to think about your favorite color. Okay, we are going to breathe in through our noses or mouths. When we breathe in, we are going to think about our favorite color and the beautiful things that you connect with that color. 2. Next, we will breathe out slowly through our mouths. When we breathe out, we are going to breathe out the gray and the uncomfortable feelings that have been building up. Let out the air, slowly and quietly. 3. Let’s try it together. Breathe in really slowly and inhale thinking about your favorite color and the beautiful things connected to this color while I count to three. One...two...three. Good job. Now, while I count again, slowly let the air out while thinking about the color gray and all the unpleasant feelings. One...two...three. Great job. Let’s try it again together. [Remember to praise children for their efforts.]

If you find that a person has previously learned a relaxation technique, support him/her in doing what he/she has already learned rather than teaching new skills.

Relaxation Exercises in Groups

When teaching these skills in a group setting, have students seat themselves throughout the room in order to have more personal space. Some students may feel more comfortable closing their eyes, while others will not. Position yourself in the room in such a way that you can supervise the students during the exercise without having to walk too close to them. Students may find it disconcerting to have someone pass close by during relaxation.

Helping with Difficulties Concentrating and Learning

In the aftermath of emergencies, students and staff members may have difficulties concentrating on school tasks, focusing on work, and learning. They may have trouble thinking about anything other than what happened, how life is different, and what may be ahead. This may make it difficult for them to focus on what is required in school, and add to their distress. Find out if this is happening, and help students and staff members to find ways to focus and get back on track with schoolwork/teaching and other necessary tasks.

Things to Ask:

- What are you worried about? How much are you thinking about it? For example, have you had trouble sleeping? Are you thinking a lot about what happened?
- What would be a different way to give yourself time to think about what happened and what it means to you, so that it would be less likely to interfere with what you have to do right now?
- What are some ways that you can stay focused and achieve what you need to do now?

Other Things to Consider:

- Help the person focus on needed activities by encouraging him/her to set aside times for talking with others or for thinking about his/her concerns. Make sure the person doesn't plan to think about his/her concerns at bedtime.
- Encourage the person to allow more time to complete school-related tasks, including taking more breaks and asking for help from others.
- Work with teachers and parents to modify classroom and homework structures for students with particular difficulty concentrating, by reducing distractions, breaking schoolwork into more achievable chunks, and giving more frequent assistance and feedback on the student's performance.
- Remind the person that he/she will feel better in the long run by staying on track with what is in front of him/her now.
- Provide referral for additional services for individuals who have continued sleep difficulties, are overly preoccupied with thinking about what happened, and worried about the future.

Helping with Feelings of Anger and Frustration

Discussion Points about Anger

- Many students and staff members will struggle with feelings of anger after crises. They may see the event as unfair to themselves, their families, and the community.
- Having an anger problem before the event can make it more challenging to deal with anger afterwards.
- It is common to feel angry, but angry actions or unsafe behaviors can cause problems with family or friends.
- Holding on to the anger can hurt survivors or leave them feeling “stuck” in that bad moment. Coping with and letting go of anger, or directing energy toward positive activities, can help them move forward.
- Controlling anger is a great way to stay in charge. The calmer you are, the more you have the upper hand. If a student and/or staff member cannot control his/her anger, then others will have to step in to control them. Teens, in particular, seldom like the feeling of someone else taking control.

Ways to Help Individuals Cope with Anger

1. **Establish a connection.** Take time to get to know the person and to gain some trust. Those who act out in angry ways may actually feel quite scared and vulnerable.
2. **Discuss the warning signs of anger.** Suggest that they can become more aware of early warning signs of anger by watching for clenched fists, biting one's lip, yelling, and/or throwing objects.
3. **Develop a plan.** Brainstorm several ways to cope with anger. Help students and staff plan responses to fit different challenging situations.
4. **Model and role-play.** Demonstrate using the plan in a challenging situation. First, you should play (model) the role of the angry individual applying his/her plan. Then, have the person practice the anger coping plan. Do this a couple of times, until he/she feels comfortable with the plan. If you are working in a group, pick a member who appears comfortable speaking in front of others to try it.
5. **Reinforce.** Praise the individual's efforts when you see them using their anger coping plan. Sometimes students find it helpful to share their plan with others (parents, for example) who can support the student's coping.
6. **Monitor and evaluate.** If possible, try out the plan an agreed-upon number of times; later, review how well it worked or did not work. Change the plan as needed.

Provider Alert

Working with angry individuals can make professionals feel uncomfortable. Remain calm yourself. Keep safety in mind, but remind yourself that anger in these situations is common. If an individual appears out of control or becomes violent, contact security.

Ways to Cope

- Take a “time out”
- Talk to a friend
- Exercise
- Write about it
- Draw a picture
- Read a book
- Listen to music
- Pray/meditate
- Look at it from another’s viewpoint
- Problem-solve

Helping with Guilt, Shame, and Other Difficult Emotions

Students and staff may think about what caused the event, how they reacted, and what the future holds. They may blame themselves or others, adding to their distress. Listen for such negative beliefs, and help them to look at the situation in ways that are less upsetting.

Things to Ask:

- What would be a different way to look at the situation that would be less upsetting and more helpful? What's another way of thinking about this?
- What are some other ways people might look at the situation. Would this be more or less upsetting to you? What would you say to a good friend who was talking like this? Can you say the same things to yourself?

Developmental Alert

When working with younger children, use an activity. They often find it easier to focus on play objects such as dolls or puppets or to draw pictures related to their feelings.

Remember that the purpose of the activity is to help children find a different way to view their situation, not merely to act out their feelings without resolution. Actively participate by labeling feelings, clarifying the thoughts of the characters, or joining in the play to model a different way of thinking about or responding to the situation.

Other Things to Consider:

- Explain that even if he/she feels at fault, that does not make it true. If he/she is receptive, offer some alternative ways of looking at the situation.
- Help to clarify misunderstandings, rumors, and distortions that exacerbate distress, unwarranted guilt, or shame.
- For children and adolescents who have difficulty labeling these thoughts, you can write out their negative thoughts on a piece of paper ("I did something wrong," "I caused it to happen," "I was misbehaving"). For a child still struggling with this, you may suggest some negative thoughts that other children have had and invite him/her to identify the ones that fit best. You can then discuss each one, clarify any misunderstandings, discuss helpful counter-thoughts, and write those down as well.
- Remind the person that he/she is not at fault, even if he/she has not expressed this concern directly.
- In the event that the person is in some way responsible and is dealing with the resulting guilt, he/she should be referred for ongoing counseling. These situations fall outside the scope of short-term interventions such as PFA-S.

Risk-Taking Behaviors Following Traumatic Events

Things to Keep in Mind:

- Some students and young adults increase their risk-taking behaviors and may have more accidents.
- Their actions may be more unpredictable or impulsive.
- Trauma increases adults' and students' risk for substance abuse, and substance abuse increases the risk of trauma.
- They may react to traumatic reminders (sounds, sights, smells associated with the emergency) with risky behaviors.
- Students and young adults exposed to traumatic events may adopt a "live for today" attitude and be less focused on the future.

Risky Behaviors

- Reckless driving
- Cutting
- Unsafe sexual behaviors
- Drug and alcohol use
- Delinquent behavior
- Running away
- Dangerous behaviors on the playground

How to Help:

- Be alert for possible dangerous behaviors among students.
- Follow up with younger students who show an increase in visits to the nurse due to accidents and injuries.
- Discuss the potential for an increase in risky behavior with students and staff, how it relates to the emergency and reminders, and the temporary need to be more careful for a few months after a crisis or disaster.
- Discuss these risks with parents. Encourage them to temporarily increase supervision and set clear, firm limits on risky behaviors.
- Involve students in meaningful activities that have a tangible outcome, such as a project to help others in their community.
- Encourage students and staff who have previously received treatment for substance abuse to seek additional support in the weeks and months following an emergency.

Monitoring Warning Signs

Students may show a variety of behaviors that indicate that they are having difficulty coping with the emergency. Be on the lookout for students exhibiting the following behaviors, as they may benefit from extra support:

- Increased worries or fears about self and others
- Unusually whiny, irritable, moody
- Behavior changes (activity level, anger, withdrawal)
- Somatic complaints (stomachaches, headaches)
- Recreating the event (acting it out in play)
- Overreacting to sudden sounds or movements
- Dwelling about death or dying
- Difficulty following directions or accepting authority
- Nightmares or disturbing memories during the day
- Chronic decrease in school performance and completing assignments
- Increased problems with peers or interacting with others
- Hyperarousal (problems sleeping, easily startled)
- Avoidance behaviors (resists experiencing things that remind him/her of the event)
- Appearing numb emotionally

Preschool	Elementary School
<ul style="list-style-type: none"> • New fears (the dark, monsters, going to the bathroom alone) • Separation anxiety/clinginess • Regression in development (loss of toilet training skills, baby talk) • Aggression (biting, hitting) 	<ul style="list-style-type: none"> • Excessive clinginess to adults • More whining • More babyish behaviors • Signs of risky behavior, such as increased accidents on the playground
Middle School	High School
<ul style="list-style-type: none"> • Difficulties with authority (challenging or defying) • Troubled thoughts, such as recurring revenge fantasies 	<ul style="list-style-type: none"> • Increase in impulsive, risky behaviors • Drug or alcohol use/abuse • Repetitive thoughts or comments about death (writing, art, or Internet searches about morbid topics)

Helping with Sleep Problems

Sleep difficulties are common following an emergency. People tend to stay on alert, which makes it hard to fall asleep and causes frequent awakenings during the night. Worrying about adversities and life changes can also make it hard to fall asleep. Disturbances in sleep can have a major effect on mood, concentration, decision-making, and risk for injury. Ask students and staff members about any trouble sleeping, sleep routines, and sleep-related habits.

Problem-Solve Ways to Improve Sleep:

- Go to sleep at the same time and get up at the same time each day.
- Reduce alcohol consumption, as alcohol disrupts sleep.
- Eliminate consumption of caffeinated beverages in the afternoon or evening.
- Increase regular exercise, but not too close to bedtime.
- Relax before bedtime by doing something calming, such as listening to soothing music, meditating or praying, or reading.
- Limit daytime naps to 15 minutes and do not nap after 4 PM.

Caution: Teens and Adults

Avoid driving, physical labor, or activity—such as home repairs or cleaning up a park—if you are sleeping poorly. Be extra careful when you are feeling tired.

Other Things to Consider:

- Encourage them to talk about and get support from others as worrying and reacting to reminders can disrupt sleep.
- Encourage the individual to use calming strategies, such as breathing exercises, meditation, stretching, yoga, prayer, or listening to quiet music.
- Talk to the student's parents about how they can provide their child with additional support at night. For example, they could soothe their child, give more time to the nighttime routine, or practice the relaxation exercises at bedtime.

Core Action 8: Linkage with Collaborative Services

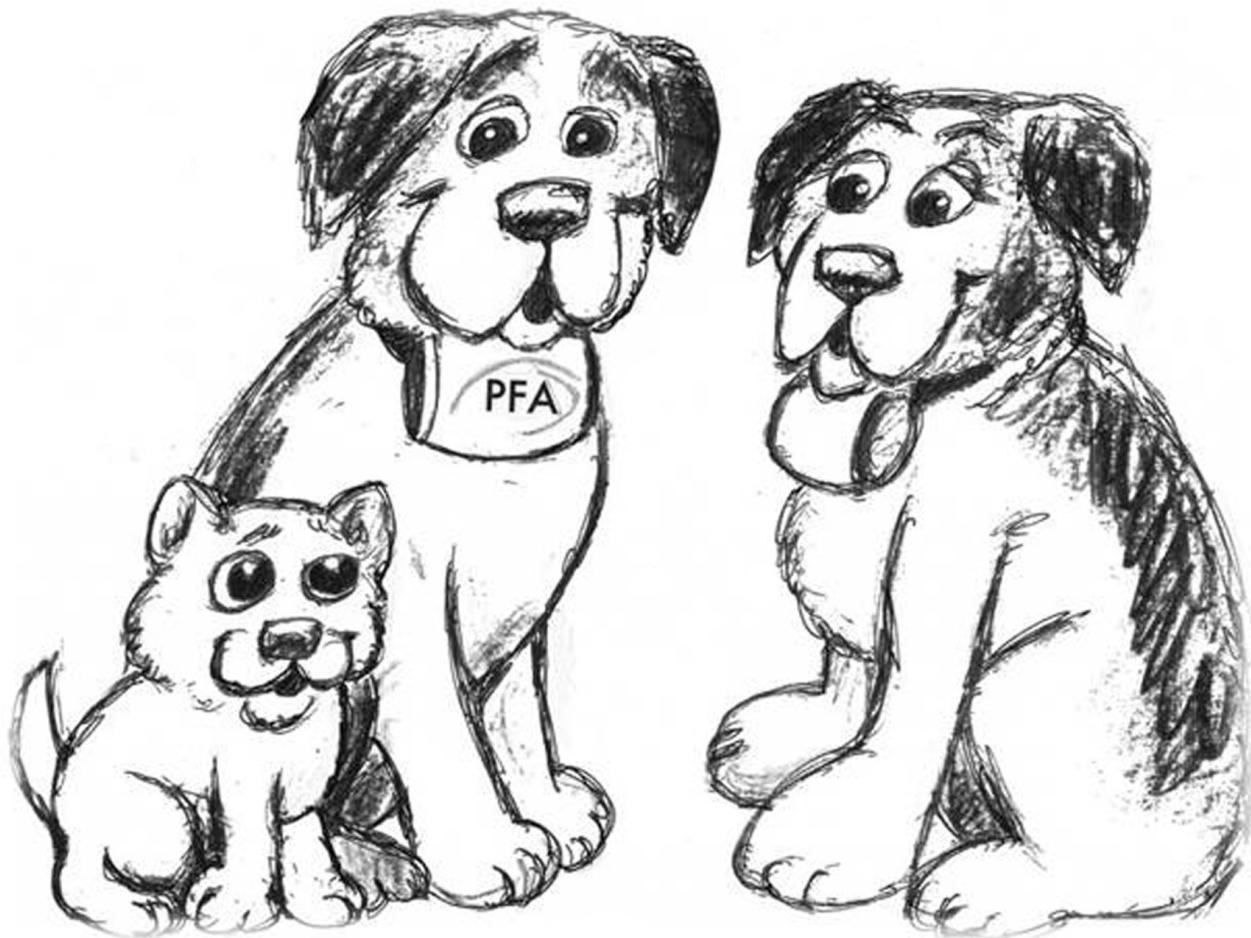


Illustration by Dr. Bob Seaver

Goal	To link students and staff with available services they need now or will need in the future
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Provide Direct Link to Additional Needed Services

Identify which of the student's, staff member's, or family members' needs and current concerns require additional information or services, and discuss with that person how to connect with these additional resources. Be aware of school policy about making referrals to outside resources and of existing links the school may have with outside agencies. Make sure you adhere to confidentiality laws and parental notification policies. Do what is necessary to ensure effective linkage with those services (walk the family over to a service agency representative, set up a meeting with a community representative who may provide appropriate referrals, or talk with the school representative who typically makes referrals for students).

Examples of situations requiring a referral include:

- An acute medical problem that needs immediate attention
- An acute mental health problem that needs immediate attention
- Worsening of a preexisting medical, emotional, or behavioral problem
- Threat of harm to self or others
- Concerns related to alcohol or drug use
- Cases involving domestic, child, or elder abuse (be aware of reporting laws)
- When pastoral counseling is desired
- Ongoing difficulties with coping (four weeks or more after the event)
- Significant developmental concerns about children or adolescents
- When they ask for a referral

In addition, encourage families and staff to reconnect to agencies that provided services and support to them *before* the event, including:

- Mental health services
- Medical services
- Social support services
- Child welfare services
- Drug and alcohol support groups
- Churches, synagogues, temples, mosques or other spiritual groups

When making a referral:

- Give the person a brief summary of your understanding of his/her needs and concerns.
- Check for the accuracy of your summary.
- Describe the option of referral, including how this may help and what will take place if the individual goes for further help.
- Ask about the person's reaction to the suggested referral, and ask for permission to share information with the new provider.
- Give written referral information or, if possible, make an appointment then and there.

- Ask for permission and/or a written release from the parent to share information with the professional receiving the referral.
- Make sure that both a parent and the school are aware of your concern that a referral for continuing care may be warranted.
- Recommend that any follow-up services for the family include (at least) a brief evaluation of child and adolescent adjustment.

Promote Continuity in Helping Relationships

As the recovery process continues, follow up with teachers and other staff members to monitor any significant emotional or behavioral reactions students may be displaying. Ensure that all staff members know the procedures for how and when to make a referral. Make sure a member of the counseling staff or a nurse is monitoring students' attendance, nursing visits, academic performance, and disciplinary records to identify students who may be at-risk. It is always good practice to inform the individual who made the referral that you followed up with the referral. Finally, a member of the team should contact agencies with whom your school has preexisting mutual aid agreements and identify others to contact for additional services your school community requires for recovery. Meet with these agencies regularly to ensure that they are able to support the school community's needs.

A secondary—but important—concern for many students and staff members is keeping in contact with responders who have been helpful. If you are an outside responder, you will not be able to have continuing contact with students and staff, as you will leave once the crisis is resolved. Fortunately, school personnel provide continuity and help protect against feelings of abandonment or rejection. You can create a sense of continuing care if you:

- Emphasize the role of school personnel in providing immediate and ongoing support for students, and personally “hand off” students with whom you have worked to school personnel who will remain onsite.
- Provide names and contact information for the local public health and public mental health service providers in the community. There may also be other local providers or agencies that have volunteered to provide post-disaster follow-up services for the community. (Be wary of referring to unknown volunteer providers.)

Minimize the need for a student or staff member to retell his/her story, by sharing information with those who will have ongoing contact. Orient the new provider to what he/she needs to know about the person and, if possible, provide an introduction.

Putting PFA into Practice

A student was badly injured in a bus accident and missed several days of school. When he returned, he had difficulty concentrating and completing his school work. His counselor recommended that he see a mental health professional, but he refused. The counselor addressed the student's concerns and he agreed that it would make him feel better if the counselor talked to the psychologist first. The student's parents agreed with this. When the counselor made contact, the parents agreed to have the first appointment at the school, with the counselor present, to help with the transition.

Spend extra time understanding an individual's concerns about a referral, and problem-solve ways to ease the transition.