

## Reactions and Guidelines for Children Following Traumatic Events

We all have a heightened awareness of the need for effective crisis intervention in schools. Your job is to keep the children safe; to some degree, this means managing their reactions so you can maintain order. Handling students during a crisis requires strong leadership. Children are very aware of the reactions of significant adults as they interpret and react to information about death and tragedy. It is important for adults to take time to compose themselves before being with a child in crisis. *~If an adult is overwhelmed with emotion it is imperative for them to seek support from other adults.~*

In the event of a traumatic event in the school system, it is extremely important that the faculty and staff be given the information initially. If the traumatic event took place after school or over a weekend, a before-school staff meeting is essential. This is usually about half an hour to an hour long. The agenda should include general information on the incident and specific information about its aftermath. *(Information must come from a reliable source!)* A prepared announcement should be given to each teacher to read to his or her class. This meeting will help to identify those staff members who need extra support during this time.

**It is crucial to commence rumors.** Out of sensitivity to everyone involved, it isn't necessary to give graphic details but it is important to give facts. Each classroom teacher should read the prepared announcement so that all students receive reliable, trustworthy information. Remind teachers to:

- Model healthy grieving
- Take a strong leadership role – stay in control – stay calm
- Remember that management of the group takes priority
- Separate and contain dysfunctional individuals
- Give only verified information
- Acknowledge students thoughts and feelings
- Respect privacy
- Avoid making false promises
- Let students know what's going to happen next, what to expect
- Engage the group in conversation, "I remember when...."
- Take care of themselves

### *Counselors and Administrators*

- Stay visible
- Collect information on typical grief reactions and have available
- Activate a referral process for at-risk students
- Prepare a letter or statement to go home to students (See attached)
- Purchase a scrapbook for students and staff to write notes, draw pictures or add photographs – to be given to the family in about two weeks
- Plan age related activities...art, puppets, stories
- Check bathrooms and out of the way places often
- Realize the power of small acts of kindness – nonverbal actions
- Keep Superintendent informed throughout the day
- Do not release "high risk" students from school unless a parent has been contacted
- Take care of yourself! ☺

### *After School Meeting*

An after-school staff meeting allows staff members to decompress after a very intense day of supporting students. It also lets the staff and counseling team start to identify those students that may need additional help dealing with the incident.

## **What to Expect After Trauma: Possible Reactions**

### **Physical Reactions**

- |                                      |                  |                             |
|--------------------------------------|------------------|-----------------------------|
| • <i>Headaches</i>                   | <i>Chills</i>    | <i>Rapid heart rate</i>     |
| • <i>Vague complaints of pain</i>    | <i>Dizziness</i> | <i>Flight/fight/freeze</i>  |
| • <i>Overeating/loss of appetite</i> | <i>Fatigue</i>   | <i>Numbness</i>             |
| • <i>Nausea</i>                      | <i>Fainting</i>  | <i>Profuse sweating</i>     |
| • <i>Sleep disturbances</i>          | <i>Twitches</i>  | <i>Difficulty breathing</i> |

### **Emotional Reactions**

- |                           |                    |                                  |
|---------------------------|--------------------|----------------------------------|
| • <i>Fear</i>             | <i>Guilt/Shame</i> | <i>Agitation</i>                 |
| • <i>Traumatic grief</i>  | <i>Panic</i>       | <i>Depression</i>                |
| • <i>Denial</i>           | <i>Anxiety</i>     | <i>Intense Anger</i>             |
| • <i>Startle response</i> | <i>Shock</i>       | <i>Loss of emotional control</i> |

### **Behavioral Reactions**

- |  |                                  |
|--|----------------------------------|
| • <i>Emotional outburst</i>            | <i>Accident proneness</i>        |
| • <i>Potential for violence</i>        | <i>Recklessness</i>              |
| • <i>Inability to concentrate</i>      | <i>Withdrawal</i>                |
| • <i>Irritability</i>                  | <i>Inability to rest</i>         |
| • <i>Aggressive</i>                    | <i>Antisocial acts</i>           |
| • <i>Regressive behavior</i>           | <i>Substance abuse</i>           |
| • <i>Retells and replays the event</i> | <i>Change in social behavior</i> |
| • <i>Sadness, depression, apathy</i>   | <i>+/- appetite</i>              |
| • <i>Sibling rivalry</i>               | <i>Change in communication</i>   |

### **Cognitive Reactions**

- |                                 |                               |
|---------------------------------|-------------------------------|
| • <i>Blaming someone</i>        | <i>Confusion</i>              |
| • <i>Poor Attention</i>         | <i>Poor decisions</i>         |
| • <i>Poor Concentration</i>     | <i>Memory problems</i>        |
| • <i>Hyper-vigilance</i>        | <i>Nightmares</i>             |
| • <i>Intrusive images</i>       | <i>Poor problem solving</i>   |
| • <i>Difficulty calculating</i> | <i>Poor abstract thinking</i> |

### **Spiritual Reactions**

- |                                     |                              |
|-------------------------------------|------------------------------|
| • <i>Self-blame</i>                 | <i>Anger at God</i>          |
| • <i>Realization of morality</i>    | <i>Withdrawal from faith</i> |
| • <i>Concern about hereafter</i>    | <i>Questioning God</i>       |
| • <i>Promising &amp; bargaining</i> | <i>Searching for hope</i>    |
| • <i>Concern about justice</i>      | <i>Survivor guilt</i>        |

## What Can I Do to Help – General Guidelines

- Maslow's Hierarchy of Needs...provide a "safe area" with snacks and water
- Provide verbal assurance of safety and security.
- Give honest answers. If you don't know, say so.
- Never lie to a child. Do not tell half-truths.
- Listen to and be prepared to repeat explanations over and over.
- Validate the child's concerns.
- When shocking questions are asked- remain calm, answer questions in simple direct terms. Be prepared to answer some difficult questions.
- Assure the student that their feelings and fears are normal - they will feel better.
- Encourage discussion – let the child tell his/her story. Listen, listen, listen.
- Initiate resumption of routine activities and physical activity.
- **Avoid exposure to reminders of the trauma (adult conversation, T.V., media – etc..)**
- Avoid unnecessary separation from important caregivers.
- Address acting-out students quickly and firmly.
- Provide soothing activities, reading, journaling, drawing, listening to music...
- Respond only to your level of training. Seek assistance if needed. If abnormal behaviors persist for longer than 3 weeks, refer the child to a Mental Health Professional for help.

### When a child responds with

Helplessness  
Fear (not understanding the danger is over)  
Guilt feelings  
Specific fears reminders  
Clinging behaviors  
Fantasies about death  
Concern for victims and families  
Concern for safety

### Response

*Give support, comfort and rest*  
*Concrete examples of adult caring*  
*Give an opportunity to verbalize*  
*Encourage talking or drawing*  
*Give consistent care giving*  
*Explain the physical side of death*  
*Encourage meaningful activity*  
*Give reassurances and information*

## The Importance of Play and Art Activities

Drawing is a psychomotor activity that allows a child to move away from their distress. It gives them the opportunity to process and understand what has happened. Drawings can communicate for children those thoughts, feelings and reactions that cannot be given through words. *(Both the field of art therapy and play therapy require a clinician to interpret.)*

Additional activities

- Clay modeling
  - Puppets / toy manipulation
  - Journaling
  - Play writing or story telling
  - Letter writing
  - A collage project
- Art activities such as draw something...
- *You are worried about*
  - *Makes you mad, sad etc.*
  - *Something that scares you*
  - *Your family*
  - *Your favorite memory of...*

## Perceptions and Reactions

### Preadolescents ages 10 to 12

- Know that death is permanent.
- Grasp the significance of rituals.
- Understand how death occurred.
- Realize the impact of death on the family.

## What to do Pre-adolescent

- Be available. Spend quiet time one-on-one.
- They may want to be alone with pictures, thoughts, music.
- Explain how they will receive continued care.
- Invite them to be part of planning for the future.
- Explain that there is “no replacement”.

## Perception and Reaction

### Adolescents

- They have a sense of themselves; strengths, weakness.
- Understanding of death is comparable to an adult but their emotional state is in constant change and turmoil. They think abstractly and can reason.
- May see some more child like reactions mixed with adult responses.
- May feel overwhelmed by their emotions and may be unable to discuss them with family members.

## What to do Adolescents

- Encourage participation in community work.
- Encourage resumption of social activities.
- Encourage discussion of event.
- Temporarily reduce expectations for performance
- Encourage but do not insist upon discussion of trauma fears when they clearly are uncomfortable with the peer or family group.

## Special considerations are needed for children who are:

- Medically challenged
- Physically limited
- Mentally limited
- Communication limited
- Emotional / behavioral identified
- ADHD children
- Previously diagnosed mental or physical illness

## When children are impacted by death

### Factors that affect reactions and resiliency

- Past history of death experiences
- Support given with these experiences
- Personality
- The stress of the immediate crisis

## Some things to say to a child

- *This is hard for all of us.*
- *I will tell you the truth.*
- *I know you are feeling frightened.*
- *This can be very scary. Let's see what we can do to make it less scary.*
- *You are sad and angry. I know you must miss him/her very much.*

## Some things NOT to say

- Life goes on.
- Get over it.
- Don't cry, everything will be fine.
- Big boys don't cry.
- This is nothing, wait until you really have a problem.
- You have to be the man in the family now.

## Do remember the child is doing the best he/she can

Be protective  
patient  
nurturing  
consistent  
informed

## Some things NOT to do

- Rush the child's return to the way s/he was before
- Minimize or ridicule any behaviors
- Stop the child from talking about the event
- Ignore changes in behavior
- Personalize the child's reactions
- Introduce any major changes for at least 6-8 weeks post event

## SAMPLE PARENT LETTER

Dear Parents:

A very sad thing happened today that I want to share with you.

(Share the information honestly)

(i.e. This morning one of our kindergarten students, (Name), was hit by a car outside of his home. According to his family, he ran out into the street and was seriously injured. He died at the hospital. We are all profoundly saddened by his death)

We have shared this information and had discussions with all of our students (in the classroom/school) so that they know what has happened. Counselors, teachers and other support personnel have been, and will continue to be, available to students, teachers and parents on an ongoing basis. Please call the school, (number), if you want assistance.

As parents, you may want to talk to your children too. The death of a (student/teacher) may affect a child in a variety of ways depending on the age of a child, how well the child knew (the one who died) and the child's prior experience with grief.

When reacting to a death, a child may:

- Appear to not be affected
  - Ask a lot of questions
  - Be agitated and angry
  - Try extra hard to be good
- Be thinking of it privately  
Be frightened  
Be sad and withdrawn

We suggest you listen to your children. If they seem to need to talk, answer their questions simply, honestly and possibly over and over again.

(optional) A parent Information Night is planned for (date, time and place). At that time, we can talk further about how to help children in grief.

Our thoughts are with (family name).

Sincerely,

## ***Fight/ FLIGHT/ Freeze*** - MANAGING EXTREME BEHAVIOR

- **FOCUS**

Stop the imagination! Work at keeping students focused on the moment. A child will use personal imagination or past exposures to violence to fill in the blanks. If a student is shutting down, direct his or her attention outward. If he or she is growing agitated, shift his or her attention back to himself or herself.

- **WORDS**

The words we choose to describe a crisis will shape our expectation regarding what is going to happen, and our reactions. Use clear language when talking to students. Speak in calming soft reassuring tones. Use reminders like *“Let’s stop and think this through”*; *“We will work this out”*; *“Stay focused and stay strong.”*

- **IMAGES**

Mental pictures can be used to calm ourselves down or push us into action. They can be directly suggested or embedded in conversation. Tell your students to visualize positive outcomes.

- **FEELINGS**

Feelings can influence physical reactions and thought processes. These responses can be amplified or softened by words and images. Use a calming tone of voice, body posture, and facial expression. Look the person in the eye and hold their gaze. Stand right in front of them as you speak. Tell them what you see happening in order to redirect their attention.

- **BREATHE**

By changing a person’s breathing patterns, their thoughts and physical reactions can also be changed. To lower the level of reaction in cases of agitation, teach students “four-count breathing”: Inhale deeply and slowly for a count of four. Then hold the breath for another count of four. Next, release the breath slowly over a count of four. Then hold it out for a count of four. Repeat the process four times. This breathing technique initiates a relaxation response.

~In the case of a shutdown have the student take several panting breaths quickly~

- **MOVEMENT**

To focus thoughts and control feelings, direct students to deliberately slow down their body movements.

~In case of shutdown direct the student to pick up the pacing of movements.

- **PHYSICAL ENERGY**

When a student is agitated his/her body may be jerky and hyperactive. During shutdown, the body is motionless. Ask a student who is shutting down or agitated to go along with you while you do things. Walk, move, and speak at a pace similar to the student’s then gradually slow down if he/she is agitated, or speed up if he/she is fading. When the student is responding positively, give him or her appropriate assignment to complete.

- ACTION

Give students something to do. This will help to calm down their reaction levels and redirect their attention. Some suggested actions are simple: “*Walk around the track*” or “*Sit down.*” Others are more complex. “*Take this box to that person.*” “*Organize these papers.*” “*Please pack these lunches.*”

- RITUALS

Everyday rituals can boost people’s awareness, help them balance their emotions, and focus their energy. Some rituals help us to face challenges; teams, for example, sometime have everyone hold hands and yell their team name before a game. Other rituals can bring comfort and a sense of community support. A brief moment of silence together or holding hands in a circle can remind students that the group has cohesiveness. Intentionally use your existing classroom routines as rituals during stressful times.

### **Dealing with Agitation**

When those around us become agitated, they can be a risk to themselves and to others.

*Look for:*

- Overreacting
- Catastrophic thinking
- Panic, rage, hysteria
- Rapid breathing, sweating
- Agitated, frantic, and unproductive behavior

*Your goals are to:*

- Refocus the student’s attention inward
- Help the student shift his or her expectations
- Attend to the present moment
- Lower the students oxygen and adrenaline levels
- Initiate the relaxation response
- Lower the students activity level
- Redirect activity

*To implement these goals, try the following*

- Use a soothing and calming tone
- Suggest positive outcomes and images
- Encourage talking
- Initiate and lead four-count breathing
- Sit the student down or change his/her location; model relaxation
- Encourage student to stretch; take a walk; do things slowly
- Give student something useful to do

**USE CARE IN APPROACHING SOMEONE WHO SHOWS  
SIGNS OF PANIC, HYSTERIA, OR RAGE**

***Keep your distance  
Do not touch the person  
Use gestures that are reassuring  
Make sure your voice tone is nonconfrontational***

## Dealing with Shutdown

When those around us shut down they are at risk for delayed stress reactions.

*Look for:*

- Little reaction
- Vacant expression
- Little or no emotion
- Lack of muscle tone
- Immobile or slowed pace and movement

*Your goals are to:*

- Refocus the student's attention outward
- Help the student shift his/her expectations
- Help the student broaden his/her perspective
- Help him/her raise oxygen and adrenaline levels
- Initiate the arousal response
- Increase the students activity level

*To implement these goals try:*

- Ask the student to take several quick breaths
- Suggest and help the student visualize actions
- Provide simple directions
- Use an empowering, encouraging tone and touch
- Suggest and demonstrate faster breathing and bodily movements
- Help the student walk around; encourage rapid movement
- Give the student things to do

**Oklahoma Crisis  
Response Network**  
[www.okcism.org](http://www.okcism.org)

**Gary Doty**  
**Managing School Crises:**  
**From Theory to Application**  
for workshops contact  
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