



**National Center
for School Safety**



Returning to School After a Crisis

A Guide to Addressing Traumatic Events at School



SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MICHIGAN

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National Center for School Safety Information

The National Center for School Safety (NCSS) is a Bureau of Justice Assistance-funded training and technical assistance center at the University of Michigan School of Public Health. As a multidisciplinary, multi-institutional center focused on improving school safety and preventing school violence, the NCSS team is composed of national leaders in criminal justice, education, social work, and public health with expertise in school safety research and practice. NCSS provides comprehensive and accessible support to Students, Teachers, and Officers Preventing (STOP) School Violence grantees and the school safety community nationwide to address today's school safety challenges. NCSS serves as the national training and technical assistance provider for the STOP School Violence Program.

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About this Guide

This guide is intended as a resource that teachers and other school personnel can use to help students cope with the aftermath of a school shooting or other traumatic events. The goals of this resource are to:

- » Identify best practices in discussing traumatic events with students
- » Outline steps for having conversations about traumatic events with students
- » Describe strategies to manage stress and trauma responses

This guide contains information about spotting common warning signs of a mental health crisis or trauma, stress management techniques, and strategies for supporting students following a crisis.

Although this guide is intended mainly for school staff, we have included a brief student resources handout at the end that can be distributed to students and their families.

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Overview

Following a crisis like a school shooting, students and community members in the surrounding area are likely to experience a trauma response. Students in surrounding communities may experience vicarious trauma or secondary traumatic stress. Although their healing journeys may look different, this guide provides lessons learned from previous school shootings, strategies teachers can use to discuss these events with their students, and shares strategies and resources that can be used to help students cope with their trauma response.

Definitions

Vicarious trauma: a negative reaction to trauma exposure

Secondary traumatic stress: the emotional duress that results when an individual hears about the firsthand trauma experiences of another

Common Trauma Responses

Reactions to trauma can be immediate or delayed. Responses may differ in severity and can include a wide range of behaviors and responses, sometimes influenced by culture.

Factors that may make people more sensitive to trauma include:

- » Direct involvement in the trauma
- » Severe or prolonged exposure to the event
- » A personal history of prior trauma
- » A family or personal history of mental health concerns
- » Limited social support
- » Ongoing life stressors



Below are some common responses to trauma by age group. Please note that reactions to trauma can be immediate or delayed, and may differ in severity. Responses to trauma may include a wide range of behaviors and responses.

Children age 5 and younger may:

- » Cling to parents or caregivers/ exhibit separation anxiety
- » Cry and be tearful
- » Have tantrums and be irritable
- » Complain of physical problems such as stomachaches or headaches
- » Lack developmental progress
- » Suddenly return to behaviors such as bed-wetting and thumb sucking/ regression in previously mastered stages of development
- » Show increased fearfulness or development of new fears
- » Over or under react to physical contact or sounds
- » Make statements and ask questions about dying and death
- » Experience difficulty with sleep (nightmares, avoid sleep, frequent waking up)
- » Recreate the traumatic event (repeated talking about, “playing” out or drawing the event)

Children age 6 to 11 may:

- » Have problems in school or changes in academic performance
- » Experience anxiety, fear, and worry about the safety of self and others
- » Show increased distress (unusually whiny, irritable, moody)
- » Isolate themselves from friends and family or withdraw from others and activities
- » Have nightmares, refuse to go to bed, or experience other sleep problems
- » Become irritable, angry, or disruptive
- » Be unable to concentrate
- » Complain of physical problems such as stomachaches and headaches
- » Develop unfounded fears
- » Lose interest in fun activities
- » Have decreased attention and/or concentration
- » Experience an increase in activity level
- » Over or under react to physical contact or sounds
- » Experience difficulty with authority, redirection, or criticism
- » Recreate the traumatic event (repeated talking about, “playing” out or drawing the event)
- » Experience hyperarousal (tendency to be easily startled)
- » Display emotional numbing (seeming to have no feeling about the event)

Adolescents age 12 to 17 may:

- » Re-experience the trauma (nightmares or disturbing memories during the day)
- » Have changes in academic performance
- » Use or abuse drugs, alcohol, or tobacco
- » Be disruptive/disrespectful or behave destructively
- » Complain of physical problems such as stomachaches and headaches
- » Become isolated from friends and family
- » Be angry or resentful
- » Lose interest in fun activities
- » Feel guilty for not preventing injuries or deaths
- » Have decreased attention and/or concentration
- » Increase in activity level
- » Show an increase in impulsivity, risk taking behavior
- » Experience anxiety, fear, and worry about safety of self and others
- » Withdraw from other or activities
- » Be irritable with friends, teachers, events
- » Have angry outbursts and/or aggression
- » Over or under react to physical contact or sounds
- » Repetitive thoughts about death or dying
- » Experience hyperarousal (tendency to be easily startled)
- » Display emotional numbing (seeming to have no feeling about the event)
- » Have changes and/or problems with sleep and appetite

Children and adolescents may experience different reactions to trauma and grief. If symptoms continue to persist, behaviors worse or you notice other changes in you child/student, contact a mental health professional for additional guidance and resources. It is important to note that some children may not demonstrate signs of suffering, or have a delay in onset of symptoms. Continue to talk with your child/student and keep lines of communication open.

Warning Signs of Risk for Suicide or Mental Health Crisis

- » Excessive isolation or withdrawing from others
- » Excessive or worsening anger, irritability, or frequent/extreme mood swings
- » Loss of interest in areas previously enjoyed
- » Giving away belongings
- » Engaging in risk taking behaviors, behaving recklessly, and/or increase in use of substances
- » Feelings of hopelessness or worthlessness
- » Engaging in self harm/researching ways to harm themselves
- » Being preoccupied with death in thoughts, conversation, writings, play, or drawings
- » Showing rage or talking about seeking revenge
- » Making comments such as “nothing matters,” “you won’t have to worry about me much longer,” “everyone would be better off without me,” feeling like a burden/failure to others, having no reason to live or other similar sentiments. These may occur in person, online, or text
- » Talking about wanting to die, “feeling trapped” or being in unbearable pain. This may occur in person, online, or text



Some warning signs may help determine if someone is at risk for suicide or has an increased mental health concern that needs immediate support from a mental health professional. If your child/student exhibits any of these signs, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or seek immediate help from a mental health professional.

If you are worried about your child/student, be direct. Ask if they are having thoughts of suicide. If your child/student has thoughts or plans of self harm, harming others, or suicide, call 911, a crisis line or take your child to the nearest emergency room immediately. It is important to take all threats seriously and seek immediate treatment.

Contact social media outlets if you are concerned about a person’s social media or dial 911 in an emergency. For guidance on how to contact specific social media platforms, visit: <https://suicidepreventionlifeline.org/help-someone-else/safety-and-support-on-social-media/>

Talking with Students the First Day Back

- » Provide time for discussion both at the beginning of the day and as a debrief at the end of the day
- » Limit the amount of time for discussion to prevent fatigue. Although the length of the discussion may vary based on age, they should be no more than an hour and a half. Let students know that they can always revisit the conversation at a later time
- » Normalize children's feelings and emotions
- » It may be helpful to share your own emotions as a model. You could say "I am feeling _____ today. What about you?"
- » Consider using feelings pictures to help students articulate their emotions
- » Provide students who want them with paper and crayons/markers to draw how they are feeling or draw as they verbally process
- » Focus on small practical suggestions, such as what you can do to help them feel more in control now
- » Let students know it's ok to cry

Feelings Pictures Links

- » [Dog Feelings Picture](#)
- » [Printable Feelings Chart for Kids](#)
- » [Happier Human Feelings Chart](#)



Supporting Students After the Event

There is no one-size-fits-all approach to supporting students after a traumatic event. The information below contains lessons learned from research on previous school shootings. However, it's most important to let students know you are there for them however they need and encourage them to talk.

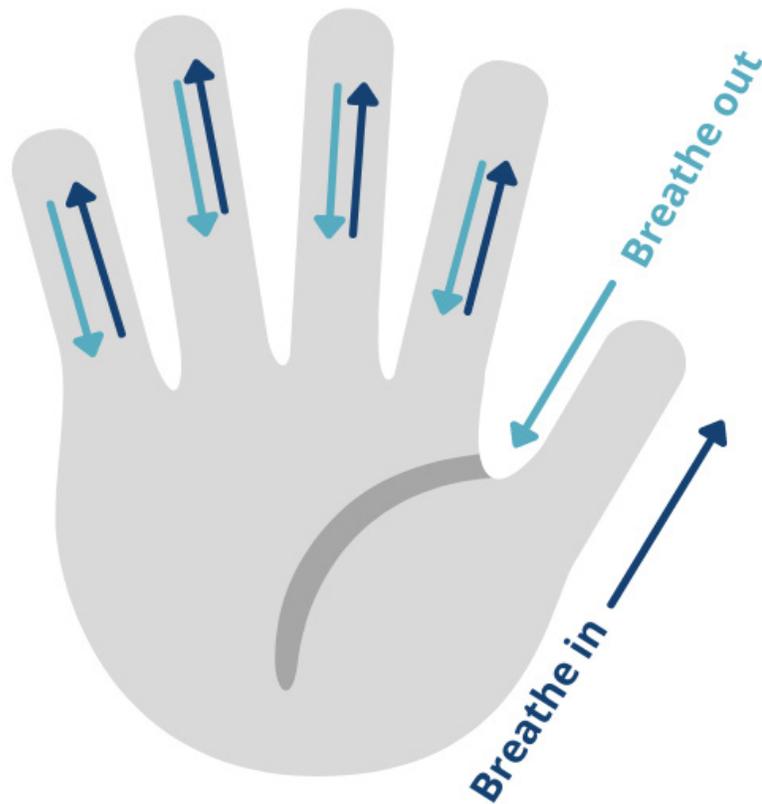
- » Social support is important. Students are likely to want to talk with others who have had a similar experience to them
- » Don't force students to talk about the traumatic event. Rather, create space for those who may want to process how they are feeling
- » Be mindful of what could be a trigger to students following a traumatic event. Certain sounds, smells, or images may bring back memories of the trauma
- » Talk to leadership about creating a safe space in the school for students who need to decompress or have someone to talk to, or create one in your classroom. These spaces could contain fidget toys, counselors, therapy dogs, or other tools to reduce stress and anxiety
- » Mindfulness and other exercises such as progressive muscle relaxation or diaphragmatic breathing can be used to help students better manage distress
- » Remind students that it's ok to be impacted in whatever way they are impacted. Comparing experiences may not be helpful
- » Blanket debriefing strategies that force students to talk can interfere with the natural recovery process and cause harm



Stress Management Techniques

There are a number of stress management techniques teachers can use to support their students as they cope with a crisis. Some examples include progressive muscle relaxation, 5 finger breathing, diaphragmatic breathing, drawing exercises, and writing exercises. The following pages provide sample stress management techniques that should take less than five minutes to complete. However, feel free to use any preferred strategies.

5 Finger Breathing



1. Stretch one hand out so that you have space between your fingers.
2. Hold up your pointer finger from the other hand.
3. Start at the bottom of your thumb. Use your pointer finger to trace up your thumb as you slowly breathe in through your mouth.
4. When you get to the top of your thumb, slowly breathe out your nose as you trace down the other side.
5. Repeat for all fingers until you have traced your whole hand.

Progressive Muscle Relaxation

Whole Body Script

1 **Forehead**

Scrunch up your forehead like you are thinking hard and squeeze tightly. Hold for about 10 seconds, then relax.



2 **Eyes**

Squeeze your eyes tight. Hold for about 10 seconds, then relax.



3 **Cheeks**

Puff your cheeks out as far as you can. Hold for about 10 seconds, then relax.



4 **Mouth**

Pretend to chew a really big piece of gum. Continue for about 10 seconds, then relax.



5 **Shoulders**

Squeeze your shoulder blades together. Hold for about 10 seconds, then relax.



6 **Arms**

Make your arms as straight and stiff as possible. Hold for about 10 seconds, then relax.



7 **Lower Back**

Sit up as straight as you can. Hold for about 10 seconds, then relax.



8 **Legs**

Make your legs as straight as you can. Hold for about 10 seconds, then relax.



9 **Feet**

Press your feet into the ground as hard as you can. Push for about 10 seconds, then relax.



10 **Toes**

Squish your toes into the ground. Keep squishing for about 10 seconds, then relax.



Using Restorative Practices

Post-crisis situations provide opportunities for students to examine their feelings as they rebuild their school community and put the pieces back together. Schools need to provide space for students to process and communicate their thoughts and feelings during a grieving process. Counselors, psychologists, and social workers recommend providing student opportunities to share in a restorative circle format.

Navigating restorative conversations involves self-reflection, language, vulnerability, and ground rules to allow for emotional conversations. These circles can include prompts or discussion starters to guide structure and consistency. The Crisis Prevention Institute advises to begin by letting students know that the crisis has impacted everyone. It is normal to have many different emotions and reactions - being scared, angry, shocked, guilty, or relieved. These emotions may change over a few days or weeks or last a while due to uncertainties. It is crucial to talk about how students feel while supporting one another in the process.

The purpose of the restorative circle is to allow students to know that they are supported. The restorative language uses “I” statements to remain nonjudgmental and allow the speaker to express feelings and describe how they were affected by the situation. “I” or affective statements, encourages ownership over one’s thoughts and feelings.

It is essential to ask thoughtful questions to validate your willingness to hear what others are thinking, feeling, and experiencing. Juliette Boewe, a school psychologist, recommends beginning with low-risk questions, and then gradually increasing to medium and high-risk questions.

Discussion Starters

- » What has this been like for you?
- » How have you been taking care of yourself?
- » How have you been taking care of others?
- » Where have you seen helpers?
- » How can we support each other?
- » How did you help your family during or after the disaster?
- » How could you help your family if you were in another disaster?
- » Did anything good or positive happen because of the disaster?
- » Did you learn anything?
- » What has this experience made you grateful for?

Crisis and Mental Health Resources

Find a Mental Health Provider:

<https://findtreatment.samhsa.gov/locator>

Find a mental health and/or substance abuse provider

<https://www.psychologytoday.com/us/therapists>

Find a mental health professional, psychiatrist, support group, or treatment center

Filter results by insurance provider, specialty and more

SAMHSA's National Helpline

Confidential, free, 24/7 information service, in English and Spanish, for individuals and family members facing mental health and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information.

Call: 1-800-662-HELP (4357) or TTY: 1-800-487-4889

Crisis Hotlines:

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Call: 1- 800-273-TALK (8255)

Call: 1-888-628-9454 (Spanish)

Chat with a Crisis Counselor: [https://](https://suicidepreventionlifeline.org/chat/)

suicidepreventionlifeline.org/chat/

Available 24/7

Crisis Text Line

<https://www.crisistextline.org/>

Crisis Text Line: Text HOME to 741741 to connect with a crisis counselor

Available 24/7

National Disaster Distress Helpline

Call: 1-800-985-5950

Text: TALKWITHUS to 66746

Available 24/7

DisasterAssistance.gov

Find, apply and check on the status of disaster assistance

<https://www.disasterassistance.gov/>

<https://www.apa.org/topics/crisis-hotlines>

Additional national hotline resources and to locate a psychologist near you

FEMA

Disaster assistance and resources

<https://www.fema.gov/>

Call: 1-800-621-3362 (apply for assistance by phone)

Student Resources

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

Call: 1- 800-273-TALK (8255) (English)

Call: 1-888-628-9454 (Spanish)

Chat with a Crisis Counselor: <https://suicidepreventionlifeline.org/chat/>

Available 24/7

Crisis Text Line

<https://www.crisistextline.org/>

Crisis Text Line: Text HOME to 741741 to connect with a crisis counselor

Available 24/7

The Trevor Project

Information & support for LGBTQ+ youth

<https://www.thetrevorproject.org/>

Call: 1-866-488-7386

Crisis Text Line: START to 678678

Chat with a Crisis Counselor: <https://www.thetrevorproject.org/get-help/>

Available 24/7

Within seconds, you will receive a message with the closest 'Safe Place' site and phone number for the local youth agency (while there are 20,000 'Safe Place' sites across the U.S., not every state has locations). For immediate help, reply with 2CHAT to text with a counselor.

Your Life Your Voice

<https://www.yourlifeyourvoice.org/pages/home.aspx>

Call: 1-800-448-3000

Text Line: Text VOICE to 20121

National Safe Place

24 hour text-for-support service for teens in crisis for abuse, bullying, family problems, depression, suicidal thoughts, and more

<https://www.nationalsafeplace.org/for-teens>

Text Line: Text SAFE and your current location to 4HELP (44357)

Childhelp

The Childhelp National Child Abuse Hotline

24/7 Reporting for child abuse and neglect

If you believe a child is in immediate danger, call 911

<https://www.childhelp.org/>

Call: 1-800-4-A-CHILD (1-800-422-4453) or find your state's local child abuse hotline number at: <https://childhelpline.org/> to report child abuse and neglect

Text: 1-800-422-4452

Live Chat: <https://childhelpline.org/>

National Sexual Assault Hotline (RAINN)

RAINN offers survivors of sexual violence and their families support, resources, and links to local service providers

<https://rainn.org/>

Call: 800-656-HOPE (4673)

Online Chat with Trained Staff: <https://hotline.rainn.org/online>

Worried about a friend?

Know someone who is talking about or having thoughts of hurting themselves or others? Even though it can be scary, the best option is to reach out for help from an adult. Don't try to solve the problem on your own. You may have promised not to tell anyone, but this is a promise worth breaking. Tell a trusted adult right away, don't wait. This could be a school counselor, teacher or parent. Tell the person's parent or caregiver, if you think they will be helpful. Call the suicide prevention lifeline at 1-800-273-TALK (8255), or 911. A professional will determine next steps to help keep your friend or others safe. Remember, don't wait, call immediately and ask for help!



References

Tykes of Tomorrow | Facebook. (n.d.). Retrieved December 3, 2021, from <https://www.facebook.com/tykesoftomorrow/>

Cowan, R., Blum, C., Szirony, G., & Cicchetti, R. (2020). Supporting Survivors of Public Mass Shootings. *Journal of Social, Behavioral, and Health Sciences*, 14(1). <https://doi.org/10.5590/JSBHS.2020.14.1.12>

Help Someone Else. (n.d.). Suicide Prevention Lifeline. Retrieved December 3, 2021, from <https://suicidepreventionlifeline.org/help-someone-else/>

Helping Children and Adolescents Cope with Disasters and Other Traumatic Events: What Parents, Rescue Workers, and the Community Can Do. (n.d.). National Institute of Mental Health (NIMH). Retrieved December 3, 2021, from <https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-disasters-and-other-traumatic-events>

Material Share Monday: 5 Finger Breathing. (2018, November 4). The Calming Corner. <http://www.thecalmcorner.com/2018/11/material-share-monday-5-finger-breathing.html>

Parents & Caregivers | Youth Suicide Warning Signs. (n.d.). Youth Suicide Signs. Retrieved February 8, 2022, from <https://www.youthsuicidewarningsigns.org/parents-caregivers>

Peterson, S. (2018, January 30). Secondary Traumatic Stress [Text]. The National Child Traumatic Stress Network. <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

Schildkraut, J., Sokolowski, E. S., & Nicoletti, J. (2021). The Survivor Network: The Role of Shared Experiences in Mass Shootings Recovery. *Victims & Offenders*, 16(1), 20–49. <https://doi.org/10.1080/15564886.2020.1764426>

Talking to Children About Violence: Tips for Parents and Teachers. (n.d.). National Association of School Psychologists (NASP). Retrieved December 3, 2021, from <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/talking-to-children-about-violence-tips-for-parents-and-teachers>

University of Michigan | CS Mott Children’s Hospital | Michigan Medicine. (n.d.). C.S Mott Children’s Hospital. Retrieved February 8, 2022, from <https://www.mottchildren.org/>

What is Vicarious Trauma? | The Vicarious Trauma Toolkit | OVC. (n.d.). Office for Victims of Crime. Retrieved December 3, 2021, from <https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma>

What to Do if You’re Worried About a Friend’s Safety. (2021). TRAILS to Wellness. <https://storage.trailstowellness.org/trails-2/resources/what-to-do-if-youre-worried-about-a-friends-safety.pdf>