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J. Parent Guidelines for Crisis Response

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In an effort to help you to understand and deal effectively with your child's reactions to a crisis situation, our district is providing you with this information. This literature is part of a larger district-wide Crisis Response Plan intended to help our school community deal more effectively with a crisis by providing appropriate support and intervention.

What is a crisis and what is crisis response?

A crisis is an event of limited duration that is typically unpredicted and overwhelming for those who experience it. This situation may be volatile in nature and, at times, may involve threat to the survival of an individual or groups of individuals. Moreover, a crisis state may result upon exposure to drastic and tragic change in an individual's environment which has become common and familiar to them. This alteration in the status quo is unwanted, frightening, and often renders a person with a sense of vulnerability and helplessness. Ultimately, with successful intervention, the equilibrium is restored between the environment and the individual's perception of their world as a safe and secure place. Examples of crises that can potentially have a large scale effect on the students, faculty and administrators in a school building or district include: an accident involving a student or faculty member, a suicide or death of a student or faculty member, severe violence (e.g., gang fight), hostage taking, fire at school or a natural disaster (e.g., hurricane).

Crisis response, as it pertains to the school environment, is a proactive, organized and well thought out plan to a crisis situation that has adversely affected many individuals in a school district, including students, faculty and administrators. The primary goals of crisis response are 1) to prevent a chaotic situation from escalating into a potentially catastrophic one, 2) to help those affected by the crisis to return, as quickly as possible, to pre-crisis functioning, and 3) to decrease the potential long-term effects of the crisis on functioning.

Why a Crisis Response Plan?

Research conducted over the past 10 years has revealed that schools are increasingly more prone to crisis situations that adversely affect large numbers of students and faculty. The rise in adolescent suicide, increased assaults on teachers, high levels of substance abuse among students and increased violence in the schools are some of the reasons cited. Research has also indicated that today's school districts need to contend with reactions to new types of trauma. For example, hostage taking, sniper attacks, murders, terrorist activities and bomb scares were almost nonexistent in the schools 30 years ago, but today occur with greater frequency.

Thus, it is strongly suggested that school districts need to be prepared for a crisis situation that can potentially affect the functioning of their students, faculty and administrators. Lerner (1997) comments:

"There are two kinds of beach front homeowners on the south shore of Long Island: those who have faced serious erosion, and those who will. Similarly, there are two kinds of schools: those that have faced a serious crisis situation, and those that will."

Research has emerged over the past ten years supporting a proactive approach to a crisis, as opposed to one that is reactive in nature, is much better in dealing effectively with a large scale crisis situation. A reactive approach is spontaneous, and not fully thought out, planned, or practiced, and can result in a response that is less effective in meeting the immediate, and possibly the long-term needs of the students, faculty and administrators.

In summary, a proactive approach to a crisis is one that is organized, planned and practiced and more likely results in a response that can have a dramatic effect on reducing the short and long-term consequences of the crisis on the individuals in a school district.

What types of behaviors/reactions can parents expect from their child after a crisis situation has occurred?

The manner in which people react to crisis situations is dependent on a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and the type and quality of intervention. While no two people respond to situations, including crisis situations, in exactly the same manner, the following are often seen as immediate reactions to a significant crisis:

- shock, numbness,
- denial or inability to acknowledge the situation has occurred,
- dissociative behavior—appearing dazed, apathetic, expressing feelings of unreality,
- confusion,
- disorganization,
- difficulty making decisions, and
- suggestibility.

It is important to note that most children will recover from the effects of a crisis with adequate support from family, friends and school personnel. Their response to a crisis can be viewed as "a normal response to an abnormal situation." While the emotional effects of the crisis can be significant and can potentially influence

functioning for weeks to months, most children will evidence a full recovery.

Following are descriptions of responses likely to observed in children:

- **Regression in Behavior**: Children who have been exposed to a crisis often exhibit behaviors that are similar to children younger than themselves. This is especially true of toddlers, preschool and elementary school children. They may return to behavior that was abandoned long ago (e.g., thumb sucking, bed-wetting, fears of the dark). Traumatized children may also exhibit separation anxiety, clinging to parents and resistance to leaving the parents' side. They may resist going to bed alone. Bladder and bowel control may be temporarily lost in younger children.
- **Increase in Fears and Anxiety**: Children also exhibit an increase in their fears and worries. They may again become afraid of situations they mastered long ago. As mentioned above they may become fearful of the dark and refuse to go to bed alone. A school phobia may emerge where the child refuses to go to school for fear of something happening and/or fear of leaving his/her parents. They may openly verbalize their fear of the crisis occurring again in the school. It is important that parents do not allow the child to remain home as a means to deal with his/her anxiety. This will result in the anxiety increasing once the child needs to return to school. Due to the increase in fears, additional demands are made for parent attention and support. Adolescents may experience a more generalized anxiety and not the specific types of fears that are seen in younger children.
- **Decreased Academic Performance and Poor Concentration**: Given the increase in anxiety and the disruption a crisis can have on children's sense of safety and security, there is a decrease in the amount of mental energy and focus available to learn and complete academic assignments.
- **Increased Aggression and Oppositional Behavior, and Decreased Frustration Tolerance**: Children who have been exposed to a crisis can experience difficulty controlling their anger and frustration. Situations that would not have caused a heightened emotional response prior to the crisis, can post-crisis result in an aggressive response and/or expression of frustration. Adolescents may also exhibit an increase in oppositional behavior, refusing to live by the rules and regulationsof school and home, and/or meet their responsibilities (e.g., chores, academic assignments). Some adolescents may resort to antisocial behavior (e.g., stealing).
- **Increased Irritability, Emotional Liability and Depressive Feelings**: Children can also exhibit stronger and more variable emotional responses to situations. There could be symptoms of depression that include general sense of sadness, difficulty falling and remaining asleep or sleeping more than normal, change in eating habits, loss of interest in activities once enjoyed, social withdrawal, mental and physical fatigue and/or suicidal ideation. In younger children there may be an increase in irritability and moodiness.
- **Denial**: In an effort to cope with the psychological and emotional ramifications of a crisis, certain children and adolescents will deny that a crisis has occurred and/or deny the significance of a crisis. A child whose mother has died suddenly may demand that he can return home so that they can watch their favorite television program together. An adolescent whose favorite teacher was badly injured in a car accident may insist that he will recover fully, despite the medical evidence that indicates that this will not happen. Children who continue to utilize denial to cope may need to be confronted in a sensitive but straight forward manner. Anger and resentment may be expressed when confronting the child with the reality. In time, and with support, children do come to accept the reality of a situation.

What types of reactions may parents experience after a crisis situation has occurred that involves themselves and/or their child?

As in the case of children, the answer to this question is dependent on a number of variables including personal history, personality variables, severity and proximity of the event, level of social support and type and quality of intervention. The fact that some of the possible immediate adult reactions to a crisis are confusion, disorganization and difficulty in decision making, underscores the need for a preplanned, practiced and organized response plan. Longer term reactions that are experienced by adults are:

Adulthood

- denial
- feelings of detachment
- unwanted, intrusive recollections
- depression
- concentration difficulty
- anxiety
- psychosomatic complaints
- hypervigilance
- withdrawal
- eating disturbance
- irritability and low frustration tolerance
- sleep difficulty
- poor work performance
- loss of interest in activities once enjoyed
- emotional and mental fatigue
- emotional lability
- marital discord

Since you are likely to be affected by the crisis situation, either directly through exposure to the crisis or indirectly through your child's exposure, it is imperative that you receive the appropriate support and intervention. Without such intervention, you will be limited in your ability to meet the needs of your child. It is important that you have a forum to discuss your own feelings and reactions to the crisis and receive support. You should look to family members, other parents in the district, friends, and/or school support

personnel (e.g., psychologist, social worker, guidance counselor) to share your feelings. It is likely that the school will have a meeting for parents to discuss the crisis, and offer them support and education. You are encouraged to attend. As with your child, you will most likely not experience long-term effects because of the crisis. However, if the symptoms outlined above persist and continue to interfere with your ability to function, professional consultation may be beneficial.

What can parents do to address the reactions of their child to a crisis situation?

As parents you are probably the most influential factor in the recovery of your child from the emotional consequences of a crisis. Since you are the most emotionally involved with your child, your support, encouragement and reassurance is of utmost importance in your child's recovery. While you may be frequently frustrated that you can't do more to alleviate your child's suffering, you need to realize that your efforts can not be replaced by anyone else.

As a parent of a child exposed to a crisis, you face several challenges in your effort to help your him/her. First, you may experience guilt because you were unable to protect your child from the wrath of the crisis. Even though this guilt may have no foundation in reality, it is real to you, and needs to be kept under control so that it doesn't disable you from focusing on your child's needs. Second, you need to keep yourself under control in a situation that may have been very emotional and traumatizing to you. This is especially true if you were also exposed to the crisis situation. You need to realize that you can suffer secondary traumatization due to your child's exposure to a crisis. As discussed above, you need to attend to your own emotional responses and seek intervention. While you need to be fully involved in your child's recovery, time for yourself will do more to help your child. Following are interventions that you can provide to address the reactions of your child to a crisis situation.

- Speak to your child regarding the crisis and provide him/her with accurate information regarding the crisis in a language that he/she can understand.
- Your child needs to feel that he/she is allowed to express his/her thoughts and feelings regarding the crisis without the fear that he/she will be judged negatively. It is important for you to listen carefully to your child and show him/her that you understand what he/she is feeling and thinking.
- Your child needs constant reassurance that things will get better and that in the long-term things will improve. This should only be stated if it is indeed true. No false statements regarding the future should be made in an effort to help your child feel better in the present. This will only lead to false hopes and distrust in the future.
- Reassure your child that you will continue to "be there" for him/her, and that you will see them through the aftermath of the crisis.
- Your child may need additional affection in the form of hugs and other physical contact.
- You will most likely need to keep in touch with your child's teacher to monitor his/her academic performance.
- You will need to spend additional individualized time with your child. Try to structure your time with him/her by playing games, having discussions and going places. During your time together, focus a majority of your attention on your child.
- You will need to monitor the adjustment of your adolescent from somewhat of a distance since his/her primary support group may be his/her peers. Don't be hesitant to ask your adolescent child how he/she is coping even though you may expect an answer of "fine." The fact that you ask will most likely be important to your adolescent child, even though he/she may not show this.
- Monitor your adolescent child for increased use of alcohol or drugs. There may be an attempt to "self-medicate" by using these substances. Also monitor your adolescent child for increased symptoms of depression.
- Regardless of your adolescent child's response to you, reassure him/her that you are there if he/she needs help and/or assistance. You may want to outline just how you can help him/her (e.g., by talking, by getting him/her professional help).

When should your child receive additional help in the form professional intervention?

With support and reassurance from you and others in your family, intervention from school personnel, and the passage of time, your child should be able to recover from the effects of a crisis and return to pre-crisis functioning. He/she should be able to meet the demands of his/her environment, most particularly his/her home and school environments. However, there is a chance that your child, due to the nature of the crisis itself and due to his/her psychological makeup, history and ability to respond to support, will continue to experience difficulties which interfere with his/her functioning. If the symptoms outlined above persist, your child is probably in need of further, and probably more individualized, intervention. The following are guidelines for determining if your child requires additional intervention from professionals trained in addressing traumatic stress:

- your child can not engage adequately in home-based responsibilities and in school-based assignments and activities after a sufficient amount of time has passed since the crisis and after a majority of his/her peers are able to do so,
- your child continues to exhibit high levels of emotional responsiveness (e.g., crying, tearfulness) after a majority of his/her peers have discontinued to do so,
- your child appears depressed, withdrawn and non-communicative,
- your child continues to exhibit poorer academic performance and a decreased capacity for concentration,
- your child expresses suicidal or homicidal ideation, or your child is intentionally hurting him/herself (e.g., cutting him/herself),
- your child exhibits an apparent increase usage of alcohol or drugs,
- your child gains or loses a significant amount of weight in a short period of time,

- your child evidences significant changes in behavior, and
- your child discontinues attending to his/her hygienic needs.

What can school personnel provide in the form of support and intervention for your child?

The Crisis Response Plan discussed earlier incorporates support and intervention to help your child return to pre-crisis functioning and cope effectively with the crisis. Teachers have been made aware through similar literature as this, disseminated by the district, on how to address their students' needs. The building psychologist, social worker and/or guidance counselors can consult with teachers to help them deal effectively with their students' reaction to the crisis. Discussions led by support staff and/or the classroom teacher regarding the crisis can be implemented if deemed necessary. These discussions hopefully will afford your child a forum in order to express his/her feelings regarding the crisis and understand how his/her classmates are coping. Specialized work may be assigned that can help your child to deal with the emotional aftermath of the crisis.

The classroom teachers can also assess their students' functioning and recovery from the crisis. They should be sensitive to the effects of the crisis on their students and can adjust the classroom demands accordingly. They can also monitor their students for signs that additional, and more individualized intervention is needed. If your child is experiencing difficulty in class and/or is referred to support staff for assessment and/or intervention, you will be notified as soon as possible.

Conclusion

The immediacy and unpredictability of crisis situations often leave individuals with a sense of worry, vulnerability and distrust. A school system is unique in that it brings together individuals of all ages and professionals from numerous disciplines. Effective response to a crisis capitalizes on the resources within the school environment. *A Crisis Response Team that identifies and responds to a crisis in a unified and collaborative manner can alter the aftermath of a crisis.*