

Recommended follow up practices with individual students and groups

Individuals and groups of students who were closely associated with the deceased may want to develop plans for a memorial activity to commemorate the death. Follow up assistance with these individuals and groups could insure that such activities are appropriate. When guidelines are pre-established it minimizes a perception of special treatment and the potential development of negative feelings associated with special treatment. What is done for one student may set a precedent for subsequent death events even if the cause of death is different, for example, a death due to an accident versus a death due to a suicide. In any event, the following are some areas to be concerned with:

The student's locker

Reassignment of the student's hall and gym locker to another student should occur at the start of a new semester or the beginning of the school year. A locker could become a distraction if it becomes a depository of notes or if it has pictures or drawings affixed to its exterior. Students walking by it could be disturbed if it reminds them of the deceased especially if they don't want to be reminded of the deceased. Therefore a rule in place prohibiting the decoration of the locker will help students to be focused on school and learning.

Posters

As with lockers other images such as pictures and posters could easily be a daily reminder or emotional trigger. Therefore, all pictures and posters referring to the deceased or events associated with the deceased should first be approved by someone on the student support team and stamped with an expiration date.

Memorials and commemorative activities

All initial memorial-related objects (i.e. wooden cross, flowers, balloons, streamers, banners, etc) placed on school grounds should be removed from school grounds and given to the family prior to the funeral. Any other unauthorized memorial objects placed on school grounds thereafter should be removed. Any temporary or permanently placed objects on school grounds commemorating the deceased should not be a distraction from the education of the student body nor should such objects be located in an unavoidable area of the school building. Other efforts by students or concerned parents to memorialize the deceased at school, or during a school-sponsored event, whether through a school newspaper article, school yearbook, awareness activity, etc. should be done under the supervision of a designated staff member or committee that includes one or more staff members. The same criteria for staff involvement should be applied to anniversary-related activities.

School yearbook

A standard picture of the student (similar to those shown in his/her class) should be used to acknowledge the death of that student. A standard format depicting the student's accomplishments and school affiliations should be used and maintained for all students in order to establish consistency between all deceased students.

**Questions to consider asking students individually or in a group setting
as a follow up to the initial CBGI session.**

1. Is there something someone would like to say that they didn't get a chance to say in the last session?
2. What did you think about right after the last session was over?
3. Was anything said by anyone in the last session that you thought a lot about?
4. Was anything said by your parents or friends that you have been thinking a lot about?
5. Is there someone you are concerned about?
6. What have you been feeling mainly since the last session?
7. How have you been handling that feeling?
8. Have there been any changes in your thinking about yourself?
9. Have there been any changes in your thinking about the world?
10. Have there been any changes in your normal routine?
11. Have you developed memorial plans or participated in any memorial activities?
12. Are there any other things you would like to talk about before we stop?

Individualized follow-up care by the school social worker

The primary goal for school social workers is to assist troubled students so that they attend school in a “ready to learn” mode. After a tragic event the school social worker can provide some early interventions for the purpose of minimizing the impact of the event and accelerating the recovery process. However, in some high impact situations students may develop symptoms of an acute stress disorder or post-traumatic stress disorder. If this is known or presumed to be the case the following practices may be considered:

1. Screen or establish a baseline assessment utilizing a trauma impact scale such as the Impact of Event Scale or a structured clinical interview.*
2. If the student has related dissociative, numbing or avoidant symptoms a referral to an outside mental health specialist is strongly advised. If the student reports hyperarousal and intrusive symptoms (that are uncomplicated by dissociative, avoidance and numbing symptoms) normalize these symptoms to the extent that they are universally experienced by victims of trauma.
3. Promote a positive self-concept and world view that integrates an explanation for the traumatic event.
4. Address and confront excessive responsibility and guilt in relation to the event. Challenge unreasonable or maladaptive self-assessments. With permission, consider the use of a peer to assist you in this challenge. However, privately and carefully acknowledge self-blame for behaviors that are specific and can be avoided in the future.
5. Review how s/he would handle themselves differently if the event were to recur.
6. Carefully explore for positive by products.
7. Reinforce statements about change that sound healthy and reasonable.
8. Help the student to establish a social support system where there is easy accessibility to someone s/he can talk to.
9. Track social, emotional, behavioral and academic functioning for an extended time.
10. If functioning does not improve or seems seriously impaired, refer out to a mental health specialist in the community for more intense treatment.

*School social workers interested in identifying PTSD criteria through a clinical interview should review Daniel S. Weiss (1997). *Structured Clinical Interview Techniques*. In Wilson, J. and Keane, T. (Eds.), *Assessing Psychological Trauma and PTSD* (pp.493-511). New York: Guilford Press. Or: Schiraldi, G. (2000). *Post-Traumatic Stress Disorder Sourcebook*. (pp. 7-11). Los Angeles, CA. Lowell House.

IMPACT OF EVENT SCALE

On _____ you experienced _____.
 (date) (life event)

Below is a list of comments made by people after stressful life events. Please check each item, indicating how frequently these comments were true for you *DURING THE PAST SEVEN DAYS*. If they did not occur during that time, please mark the "not at all" column.

FREQUENCY

Not at all Rarely Sometimes

Often

1. I thought about it when I didn't mean to.				
2. I avoided letting myself get upset when I thought about it or was reminded of it.				
3. I tried to remove it from memory.				
4. I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.				
5. I had waves of strong feelings about it.				
6. I had dreams about it.				
7. I stayed away from reminders of it.				
8. I felt as if it hadn't happened or it wasn't real.				
9. I tried not to talk about it.				
10. Pictures about it popped into my mind.				
11. Other things kept making me think about it.				
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.				
13. I tried not to think about it.				
14. Any reminder brought back feelings about it.				
15. My feelings about it were kind of numb.				

0 1 3 5

Avd. subset = 2, 3, 7, 8, 9, 12, 13, 15 (M 14+, F 20+) Int. subset = 1, 4, 5, 6, 10, 11, 14

Source:

Horowitz, M., Wilner, N., Alvarez, W. (1979) *Impact of Event Scale: A Measure of Subjective Stress*. Psychosomatic Medicine Vol. 41, No. 3. p 214. Reprinted with permission.