Crisis Bereavement Group Intervention
Guidelines for School Social Workers

By Jerry Ciffone
School Social Worker
School District U-46 Elgin, Illinois

Background Information

The suicidal, homicidal or accidental death of a peer or other critical incident/traumatic event creates a significant stress response in the friends and acquaintances of the deceased. Those who witnessed the death, or those who themselves felt mortally threatened will be the most affected. However, Gilbert (2006) wrote that "studies of those who survive major traumas suggest that the vast majority do quite well, and that a significant portion claim that their lives were enhanced by the experience." On the other hand, Brent, et. al. (1996) found that peers peripherally involved–or at least those not thought to be affected by the death–could be deeply affected. It is the view of this writer that maladaptive behavior such as truancy, substance abuse, recklessness, excessive anxiety, depression, suicide, and other forms of pathological bereavement may develop or be exacerbated in the absence of positive social support and a desirable resolution about the event. An effective clinical intervention is suggested in case the typical and expected positive social support and desirable resolution does not follow in the days after the critical incident. The extent to which these outcomes are expected to occur or not occur is the extent to which a clinical intervention is recommended and utilized.

Crisis Bereavement Group Intervention (CBGI) is the name of the suggested clinical intervention. The CBGI model was developed by this writer in 1996. It has undergone several revisions in order to integrate useful concepts that have emerged in the field of crisis intervention and post trauma counseling.

There are some aspects of the CBGI model which are similar to the Critical Incident Stress Debriefing model first presented by Mitchell, (1983) for paramedics and other emergency rescue workers. A revised version of the CISD model (Mitchell and Everly, 1996) consists of seven phases: Introduction, Fact, Thought, Reaction, Symptom, Teaching and Re-entry. The CBGI model consists of twelve phases: Initial, Organization, Introduction, Fact, Ventilation, Validation, Prediction, Meaning, Sublimation, Affiliation, Re-entry and Follow up.

The goals of CISD are to reduce the impact of the traumatic event and to accelerate the normal recovery process. The goal of the CBGI model is to minimize the development of an undesirable resolution about the critical incident and to do so in a way that will support the natural recovery process. CBGI shares similar goals and includes some of the key components of CISD: early intervention, sequential structure, group process, ventilation, validation, prediction, education, and social support. Both utilize the stabilization and normalization principles of crisis intervention.

Although some of the same names have been used to describe the phases of this model of intervention, there are several differences with the CISD model. The CISD model is primarily used to debrief emergency rescue workers during the period of 24 to 72 hours after their traumatic exposure. The CBGI model is written to provide immediate assistance to distraught school children and adolescents (within the first few hours after exposure or notification) so as to diffuse the harmful effects of the traumatic experience. Petersen and Straub (1992) also promote the use of a defusing model in schools. They write that "the best support will come from peers who have experienced the same or a similar event" and "this is why it is so essential that defusing takes place at school, if at all possible before releasing the children."

There are several other aspects of the CBGI model which are also different from CISD. Mitchell's CISD model is a peer-managed and peer-driven process emphasizing group needs. The CBGI model is intended to be a longer and more intense intervention than CISD. The CBGI model is intended to be facilitated only by certified school personnel with a graduate degree in social work or psychology. Furthermore, unlike some of the rescue service agencies that use the CISD model, CBGI intervention is not imposed upon participants. It is offered to similarly affected students who elect to participate. The fact that students agree to attend does not also mean that those same students are expected to actively participate.

CBGI has additional phases and methods of intervention that are not included in the CISD model. The CISD model focuses upon predicting and preparing for stress reactions in adults. The CBGI model utilizes elements of post trauma counseling with a focus on the student's self-concept and worldview.

CBGI reinforces and promotes seven of the eight adaptive defense mechanisms identified by the American Psychiatric Association (2000): self-observation, anticipation, self-assertion, sublimation, altruism, affiliation, and suppression.

Implementation Guidelines

These guidelines are written in a sequential format for certified school personnel wanting to offer crisis mental health assistance to a large group of acutely stressed, traumatized or grief-stricken students. The primary purpose of this intervention is to help students react and recover from overwhelming stress with a lesser propensity for the development of major depression or a major stress disorder. This is accomplished by having students understand what happened, express their emotions, feel understood and validated, and cognitively incorporate the event so that they are able to maintain a positive opinion of themselves and an unimpaired worldview. Students are helped to predict and prepare for their immediate future. Students are also encouraged to link up with friends and family members for additional support. When the event has been positively processed, the students are more able to return to their normal school routine and normal level of academic functioning.

These ideas are written with the assumption that the working conditions are ideal. For example, the traumatic event is over, there are enough adequately trained counselors available, and the ancillary staff are aware of their roles and support the intervention process.

In situations where the intervention is offered in the immediate aftermath of the event the goal is to defuse those students who come forth, beginning in the Initial phase. In situations where the intervention is delayed by one or more days, this model can be initiated as a debriefing of students, not defused but presumed to be effected, beginning with the Organization phase.

While circumstance may not allow for a choice there are advantages and disadvantages to the timing of either intervention. In a debriefing time has past and attitudes have been formed. It is a more intellectual process; however, because of the time delay one's memory of the event is fuzzier. Most who are present are relatively calm and in control of themselves unless or until the negative emotions are triggered and reactivated by a detailed discussion of the event. Those who predict that they–through their attendance and participation in a debriefing–will loose their reverted sense of complacency or feel the intensely bad feelings again may view a debriefing as potentially harmful and may choose to avoid participation. In fact Mitchell and Everly (1996) specifically do not recommend an intervention during the period of 8 to 24 hours after exposure or notification. They have observed this to be a common period when trauma victims are rigidly defended against suggestion as they attempt to stabilize and reorient themselves. Since this intervention is not imposed upon students at any time those who attend are present because they feel the need to be present. Therefore it would seem that the benefit of a debriefing is that it is provides assistance to only those who really want to talk and still need to talk. However, the view that a delayed intervention naturally screens for those who still need to talk does not account for those who still need to talk but choose not to.

The benefit of defusing is that it may allow skilled counselors to define, shape or influence emotional reactions and cognitive integrations of the event before they may be negatively defined and internalized (in declarative and non-declarative memory systems) and this could occur with less resistance. In a study of adults, North and her colleagues (1999) observed that symptoms of posttraumatic stress disorder most often develop within the first twenty-four hours. If given a choice, this finding would suggest that it is more favorable to defuse than to debrief. Furthermore, Mitchell and Every (1996) state that victims are "very open to help" in the first three hours and there is "some evidence which suggests that an immediate intervention is more beneficial than waiting until the usual twenty-four hours." Therefore, it seems that more students can be reached if the intervention is offered early on and at a time when more are open to help. The disadvantage of defusing is that the working conditions and quality of the intervention may be less organized and developed than what would be planned out and arranged for if the intervention is a debriefing.

Movement from one phase to the next is a flowing, gradual and non-discrete process. If this is a large group intervention, individual variability in the progression of grief work cannot be as thoroughly attended to as it could on a small group or individual basis. Therefore, the facilitator will have to determine the general pace of this group progression. Those who appear unable to move at the determined pace may need to be assisted within a smaller group or on an individual basis. Whatever the size, the sequential format should remain the same however, the facilitator should use discretion in deciding which tasks within the phases are necessary and should be included in the intervention and which tasks are not necessary.

Initial phase of intervention
The duration of this initial phase of this intervention will depend upon the nature of the incident and its impact upon the students. There are two basic types of incidents; high and low impact. High impact incidents involve situations in which the students were closely associated with the death or felt mortally threatened. Low impact incidents are those in which students are notified by their teachers or by word of mouth of a death event and feel so distressed by this information that they are unable to maintain an educational focus.

The first priority in a high impact incident is to establish a safe and secure place for the students to gather. Ancillary or crisis intervention staff should limit the extent of the sensorial effects of the incident by quickly removing the students from the scene where there is additional exposure or reminders of the incident. Some students may have neurological or visceral reactions to something they witnessed. For example, they may experience cataplexy, dizziness, fainting, profuse sweating, hyperventilation, rapid pulse, nausea, vomiting, etc. Any painful or unpleasant stimuli such as watching someone experience pain, the loss of blood or simply seeing a pool of blood can bring about a vasovagal (fainting) response (American Psychiatric Association, 2000). Move less effected students away from those who seem to be having a bodily reaction as witnessing such sights is highly disturbing in and of itself. Encourage the physically distraught students to sit down. If these students complain of feeling faint tell them to lower their heads between their knees. This will increase blood flow to the brain and reduce the potential for fainting (American Medical Association, 1994).

When an appropriate location has been determined and arranged an announcement may be made that students can or should go to a designated support center or drop-in area. Depending on the nature and impact of the event students may either be verbally encouraged or physically escorted to this location.

Parents who have heard about the traumatic event may converge upon the school. Students will feel reassured and more emotionally secure if their parents greet them in a warm and calm manner. The decision for the parents to leave with their child should be between the student and his or her parent. If students are being encouraged to remain in school the parents could be directed to another room in the building where they can receive information, support and guidance from other available staff.

The atmosphere in the designated support center or drop-in area may become very chaotic. There may be students entering the room individually or in small groups at different times. There may be uncontrolled and exaggerated grief related emotions. For example, students may make loud or dramatic comments; many will be hugging each other and crying, etc. There may be a sudden desire to find a friend not present or to leave the area or building with or without a friend. As more individuals enter the room, emotions may be reactivated in those who have settled down.

The leaders must remain calm and encourage the students to stay in the room the crisis team has set aside for the students. Inappropriately loud, provocative or hysterical students should be discreetly taken aside, and in a polite yet firm manner, given a choice of controlling themselves or leaving the room to receive one to one assistance. It is necessary to do this

because these students may not only become a distraction to the process but could easily draw disproportionate attention from the leaders.

After a period of milling about the room the leaders should go to an area within the room where they can remain visible to the students yet have a degree of solitude. This may be a good time for the leaders to begin to formulate and write down some questions for the students to address.

Organization phase

The purpose of the Organization phase is to determine which staff will do what, where, when and with whom. It is recommended that there be two counselors assigned to each group. The counselors should consult over various concerns. For example, one counselor will take on the facilitator role while the other counselor will take on the less vocal and subordinate role of the co-facilitator or "scribe" (Young, 1998). Students are more likely to comply with directives and let themselves be helped by a facilitator who seems confident, relaxed, sympathetic, non-judgmental, respectful and capable of taking control of the group. The facilitator determines the pace and intensity of the intervention, asks questions and makes comments to the students. The scribe provides emotional and practical support to the facilitator, records notes on a large writing surface, and contributes in other ways when called upon by the facilitator. The scribe should have a copy of the facilitator guidelines outline. This will help him or her to know when and how to participate in this intervention.

The counselors should also decide whether to divide the group. For example, separating those who felt mortally threatened or witnessed the death from those who did not or those who personally knew the deceased and those who did not, younger and older students, etc. These delineations could allow for a different intensity of intervention and focus of discussion.

The counselors should then decide who will go where, and assess whether pre-established plans for other support staff are ready to be implemented. Chairs should be arranged so that the students can sit in a semi circle around a flip chart, dry erase board or chalkboard. The facilitator and scribe should sit near each other (and the writing surface) so that they may, in a subtle manner, consult with each other as the intervention process progresses.

When the counselors have determined to move the students from the phase of spontaneous emotional expression to a more controlled discussion, an announcement should be made by the facilitator. Audibly firm yet compassionate verbal instructions are given to the group so that students "who have questions, are really upset or just want to talk about what happened" can be directed to take a seat or if necessary, referred to an appropriate sub-group and directed to another room. Students who do not wish to talk could be given the choice to remain in a designated area, have a parent come and take them out of school, or return to class.

Additional arrivals to the support center could be greeted by ancillary staff and directed to either group area. However, it is important to establish with ancillary staff a time period when the groups will be temporarily closed to new arrivals. Students arriving after a group has been closed could be assigned to the next available group. Ideally the starting times of additional groups should be offered on a staggered basis to accommodate new arrivals.

If this intervention is a debriefing then the leaders can deliberate over recommendations given in the first three paragraphs in this section. Students considered to be affected can be contacted and invited to attend and participate in this intervention.

Introduction phase

The counselors should introduce themselves to the students and begin by making some statements about the nature and purpose of the meeting. If students have been victimized by their exposure to the event Young (1998) suggests telling the group: “I am sorry this happened to you.”

For most students, this will be their first psycho-educational type group experience. It can be said that the purpose is for students to listen and learn from each other, and if they choose, to talk about their own thoughts and feelings. State that this is being done in “a group setting with peers” because it has been found to be “the best way to help people who have experienced this; type of loss, crisis, event, etc.”

Describe the agenda or give examples of the questions that may be asked. State that, if they so choose, they can talk about their thoughts and feelings and ask any questions they might have. They should also be told that what they have to say may be helpful to someone else present. State that there may be periods of silence.

Define what the desired outcome is so that students will have a sense of what will be expected of them. This will also help them to know if and when they have been adequately helped. For example, state: “At the end of this time together, you will likely be feeling well enough to return to class.”

If there has been a delay of one or more days, it would be best to say: “At the end of this time together you will have a better understanding of your thoughts and feelings about the tragedy that took place yesterday.”

Define the roles of the scribe and the facilitator. The scribe “listens and writes things down on the board.” The facilitator “asks the questions and makes comments.” The facilitator should also state some basic rules. For example, state:

> We want you to remain in the room until the period is over unless given special permission to leave. You must be respectful of others who are talking so you should remain attentive and listen. This is a voluntary activity so those of you who do not wish to talk can remain silent or simply say ‘pass’.

Be aware that participants who choose to “listen only” may benefit from this group experience just as much as those who speak up. However, it is generally a good idea to draw everyone into the conversation and to do so as quickly as possible. Begin by passing around a clipboard sign-in sheet. At the same time ask the students to speak up and introduce themselves either randomly or by taking turns within the circle. This could be their name plus another bit of information about themselves. For example, they could be asked to state their relationship to the deceased, how long they knew him or her, etc. If the group is large (20 or

more), time may not permit this introduction method. In large groups, initial questions should be directed to anyone in the group who would like to speak up.

Fact phase

The purpose of the Fact phase is to discuss what happened and what the students observed. Even though the event may have a clear onset and course to an outsider there may be a great deal of ambiguity to those who were subjectively involved. According to LeDoux (1996), when there is a critical incident involving a mortal threat many of the exposed students may remember the emotions and physical reactions to the event but not recall important factual information. A discussion about the facts helps the student to make a better cognitive connection to the feelings they have as a result of the event.

Students who witnessed the death or were present at the event could be asked to share were they were or what they generally observed (saw or heard). Do not attempt to draw out specific disturbing images or lurid details of the event. Keeping similarly exposed students together minimizes the chance that the lesser exposed students will become disturbed by what might be disclosed and described by those who actually witnessed the event. Many who respond to the question: "Where were you when it happened (or, when you heard about it)?" may ask also talk about what they experienced cognitively and sensorially. It may be helpful for the scribe to diagram the scene and for the facilitator to encourage the students to identify their location within the scene.

A discussion about the facts and early observations of the incident help to identify the proximity of the students to the incident. This may also show others in the group that they are not alone in the way they perceived the event. It is also possible that this activity may cause some to view the event from a different perspective and consequently have a greater understanding of the event. Gilbert (2006) asserts that information acquired after an event alters the memory of the event. Listening to others helps students to more accurately fill in details that, for whatever reason, they are not readily able to recall.

According to Gilbert (2006) "Distorted views of reality are made possible by the fact that experiences are ambiguous." If there is ambiguity about the death event arrange to have the school police officer, principal, nurse or some other authoritative source enter the room for a few minutes to present factual information. Students should be encouraged to share what they generally observed and what they believe to be a fact not mentioned. Having students report on what they observed gives the authoritative source an opportunity to respond to distortions, exaggerations, rumors and incorrect speculations with the known facts. However, some students who were eyewitnesses may have information that the authoritative source should report to others or verify and return later with an update for the group.

After the facts have been officially established, it is inevitable that such new or restated information may confirm the worst and trigger more of the same or different emotions. Movement forward to the Ventilation phase may occur spontaneously since many may talk about what they experienced in addition to or in place of what they observed. It may be necessary for the facilitator to bring students back and forth between these two phases until all who want to address the questions in the Fact phase have had a chance to speak.

Ventilation phase
The purpose of the Ventilation phase is to discuss what the students experienced physically, behaviorally, emotionally and cognitively. This includes initial reactions and any additional reactions that occurred between the onset of the event and the present moment.

Those who are overtly disturbed should be allowed to speak up first if they show an interest in talking. If a student seems overwhelmed with emotions and unable to speak acknowledge that they seem visibly upset and that when they "are ready to speak up" they will be heard.

Other students may spontaneously share what they did (to survive or handle the situation), felt, or thought during and immediately after exposure or notification of the event. The benefit of hearing how others felt and reacted is that it can have a normalizing effect on those who can personally relate to what they hear from their peers. (Emphasis upon this is more formally addressed in the next phase.) As initial actions and feelings are recalled and disclosed the scribe writes down the words and phrases given by the students. Young (1998) recommends that the scribe uses succinct phrases that capture the essence of student's stated physical, behavioral, emotional and cognitive reactions to the event. Encourage students to put their feelings into words. Allow them to name their own reactions. This activity should be done in full view of the entire group. Student names should not be associated with the statements. With a large group, the facilitator may ask for a show of hands as he or she reviews a list of reactions.

Be aware that every student has a story to tell. It is critical that everyone who would like to speak is given enough time and has the full attention of the group. The scribe and facilitator should listen intently to those who are speaking. When there is a pause acknowledge what was talked about. Although not all who are present will feel comfortable speaking, their story should to be said to someone–now or later. However, in large groups, time may not allow for disclosures lasting more than a minute or two. Avoid giving prolonged or disproportionate attention to individuals who are the most vocal or have a more startling story. Doing so may create an attitude in other disturbed students that they have a lesser right to feel sorrow, or that their experience is not worthy of the group's attention.

In some groups the majority of students may be quite reticent. Their thoughts and feelings may need to be drawn out. If this appears to be the case ask for a response you would expect. For example, ask: "How many of you felt (or feel) surprised that this happened?" Or: "How many of you feel like you have lost a friend?" Having students raise their hands will show them how prevalent their feelings are among their peers. Observing similar responses from their peers will affirm their feelings and may promote further disclosure. Ask: "What other reactions have you had?" Other common reactions to solicit and have the scribe note may be: fear, confusion, anger, self-blame, or sadness.

If there is a time delay between the event and this intervention students will have had time to reflect upon their own behavior at the time of the event. Consider asking: "How do you feel about the way you acted at the time?"

For each student there is –on a rather philosophical level–an aspect of the event that is most disturbing. Mitchell and Everly (1996) suggest the question: "What is (was) the worst thing

about this event?” Or: “What bothers you the most about it?” Preface either of these two questions with the words: “Would anyone like to say…” Answers to these questions will probably contain issues of loss, disillusionment or shattered assumptions.

According to Peterson and Straub (1992) some examples of shattered assumptions are the loss of the following: a sense of immortality, positive self-regard, control over one's life, trust in God or adults, trust in a branch of government, a sense of fairness, a feeling of security or well being. Shattered assumptions could specifically be evoked by asking: “Has this event caused any of you to think differently about yourself or the world?”

If there has been a time delay between the event and this intervention ask the students to comment on outstanding memories. It would also be helpful to also ask: “Since the time it happened how have you been acting or thinking?”

Students should be encouraged to speak only if and when they want to so. The safer they feel about talking the more natural and free-flowing the discussion may be. Those who have been reluctant to speak up may benefit from your response to the more vocal students with whom they are identifying. Therefore, resist the temptation to draw out the feelings of those choosing to remain silent.

When it appears that the expected range of physical, behavioral, emotional and cognitive reactions have been disclosed by all who wish to speak the facilitator should begin the validation process. Although the Ventilation phase is identified as the time to formally address powerful affective and cognitive reactions, such reactions may surface in subsequent phases. With this in mind, the facilitator should be prepared to return to interventions noted in the Ventilation phase whenever students show the need to express themselves. Regression back to previous phases can be minimized by keeping the group closed to new arrivals, thoroughly assessing whether students are addressing the tasks associated with the phases, and by establishing an appropriate pace.

Validation phase

The purpose of the Validation phase is to affirm student reactions to the incident. Repeat key elements of their stories back to them. Emphasize that most types of reactions are not unusual and that each person’s experience is unique. Use their words (particularly those written by the scribe) in your response. Apologize if you use words that a student has indicated are inaccurate for their situation. Encourage a sense of validation from others in the group. Young (1998) states that this can be done by asking: “Did anyone else have a similar experience?”

If this intervention is being offered in the wake of a high impact event, physical and behavioral reactions may have been previously noted by the scribe in the Ventilation phase. Some students may not have had, or recall, a significant physical or behavioral reaction. Low impact events are more likely to be initially experienced in emotional or cognitive ways.

Review and summarize emotional and cognitive reactions and emphasize the similarities between the various student responses. These responses may include those previously

listed by the scribe in the Ventilation phase. For example; fear, confusion, anger, self-blame, or sadness.

When the facilitator is ready to discuss these responses they could be categorized by the scribe as “disorientation/physically frozen/unable to act” and “runaway/hide or attack/fight.” Initial thoughts and emotional reactions could be categorized as “rush of emotions.” In doing so the students can see how common and typical their reaction was. It should be noted that terms used to categorize here and throughout other areas of this intervention should be cognitively understood by the student group.

If this intervention is being offered in the wake of a high impact event, and there has been a time delay between the event and this intervention, many of the students may have already experienced some additional reactions to the event. These reactions may be early indications of posttraumatic stress disorder. Horowitz and his colleagues (1979) developed the Impact of Event Scale (IES) to assess the impact of a traumatic event. The following questions, appropriate for the facilitator to address in a debriefing, are drawn from the IES:

> Has anyone been having dreams about what happened? Has anyone been having trouble concentrating? Having waves of strong feelings about it? Have pictures of it pop into your mind? Tried not to think about it? Tried not to talk about it? Tried to remove it from your memory? Stayed away from reminders of it? Felt as if it hadn’t happened or it wasn’t real? Feeling kind of numb about it?

However, before asking these IES-related questions, students should be told that their responses could be given in the presence of their peers or they could choose to discuss them later and privately with a counselor or parent. Students who publicly reveal such distressing thoughts, symptoms of increased arousal or avoidance are essentially identifying themselves as needing a boost of social support and maybe some follow up counseling. Discretely note those who acknowledged or reported one or more of the last six questions. Although the first four are distressing, students could be assured that “these are normal and temporary reactions” that many people have after a traumatic event.”

Prediction phase

The purpose of the Prediction phase is to help students to prepare themselves for the thoughts and feelings they may have in the following days and weeks. Some of what lies ahead depends on the circumstances associated with the critical incident. For example, in the wake of a school shooting the proximity of the survivors to the event may have some predictive value on their reaction and course of adjustment. The facilitator could prepare a list of circumstances in relation to the event which may place a person at-risk regardless of his or her style of coping. The facilitator would then read the list out loud and ask students to raise their hand if they “have a friend who is in one or more of these categories.” The student response to this list could identify students who are friends with someone whom they could be told may be more at-risk and in need of social support. This same list could also be used to identify the at-risk status of those who are present. The facilitator could repeat this activity and this time ask “How many of you can personally relate to the following?” The following is an example of such a list:

1. Is still feeling really sad, scared or angry (ask this question only if this is a delayed debriefing and most commemorative activities have ended)

2. Is friends with one of those who were injured
3. Was in the same building earlier in the day
4. Was in the same classroom earlier in the day
5. Was friends with one of those who died
6. Was friends with two or more of those who died
7. Was friends with one of those who died and had a conversation with him/her within 24 hours of their death
8. Was in the building at the time of the shooting
9. Was in the same classroom at the time of the shooting

Those who acknowledge these circumstances in a friend may have the added stress of having to help a friend which might include convincing their friend to get professional help. If they have identified themselves as personally relating to any of the above categories they are essentially identifying themselves to their peers, the facilitator and scribe as needing a boost of social support and maybe some follow up counseling.

Whether or not the aforementioned activity is indicated the facilitator should, in most cases, consider asking the following question suggested by Young (1998): “After all that you have been through, what do you think will happen (to you personally) in the next days and weeks?” In a reassuring tone, predict the course of bereavement in the context of its being a natural and temporary yet unavoidable process. Encourage students to think of the grieving process as something to be experienced rather than something to be overcome. Earl Grollman (2000) states that it is the body’s natural propensity to grieve (to weep when feeling sad) after a significant loss just as much as it is for one to eat when hungry, drink when thirsty or sleep when tired. It is also important for students to be told that grieving should occur, without shame, in a somewhat open and outward manner (Wolfelt, 1989).

Grollman (2000) does not believe that people respond to loss in particular stages. He views the process as an unpredictable “roller coaster type pattern” in which waves of intense emotions and thoughts are experienced. He states that a healthy course of recovering from a significant loss includes four basic tasks. To “accept” the loss, to experience and “express” the emotions and cognitions associated with the loss, to “commemorate” the person who has died and “to go on living.”

The facilitator could identify some of the common emotional, behavioral, cognitive and physical reactions students may experience in the following days or weeks. These can be reactions that were not previously identified (in the Validation phase). For example, the facilitator could discuss feelings of loneliness, a sense of responsibility or regret, reminders and dreams of the deceased, concentration difficulties, preoccupation, sleeping difficulties, somatic complaints, etc.

Someone may ask: “How long will I feel this way?” Students could be assured that they will be feeling better within a short period of time. In fact most individuals return to their regular routines within one to three days. Yet, a sustained period of bereavement may last four to six weeks (American Psychiatric Association, 1994). An intermittent pattern of bereavement continues as painful thoughts and feelings that often resurface in the future more intensely at birth and death dates, holidays and special events, places or other experiences that are reminders of the deceased. Memories of the deceased may change or diminish over time but

the deceased will not be forgotten. However, to respond with the comment: “You may never be the same” will unnecessarily frighten them. What they really need to hear is: “You have taken another step in the growing up process. You now know more of what your parents know about life and death.” By reframing the experience as a lesson, they can think of themselves as being a little “wiser” rather than different or vulnerable because of it. Students could also be told that in the future they may look back on this event from a different perspective and with a greater understanding of it.

Some students, because of their close physical or emotional proximity to the death event, may be more prone to develop depression or a stress disorder. These students would benefit from an educational discussion about reactions that are relatively normal and not evidence of impending psychiatric illness versus symptoms that are pathological. The facilitator should consider the need for a discussion about specific examples of uncommon or pathological reactions. For example, drawing the wrong conclusion about the cause of the death or why the death occurred, over-idealization of the person who died, social alienation, avoidance at all costs from anything that reminds the person of the death, numbing of feelings through the use of drugs or alcohol, hostility or antisocial activities, not caring any more about school, a preoccupation or fascination with death, unnecessary risk-taking behaviors, depression or excessive anxiety. Students could also be given simplified information about symptoms of major depression and symptoms of PTSD. They should be warned that certain things or reminders could trigger physical and emotional reactions. This may include sights and sounds, odors, or tastes similar to those experienced by the traumatic event. Although these reactions are distressing, students could be assured that this is “a normal and temporary reaction that many people have after a traumatic event.”

If this intervention is in the wake of a high impact event and there has been a time delay some students may have already acknowledged or reported PTSD symptoms. Without causing embarrassment, such at-risk students should be monitored discreetly and given special attention after this intervention process.

Meaning phase

The purpose of the Meaning phase is to interpret, define or redefine cognitive views of the event so that a desirable resolution of the event is formed in the minds of the students. Gilbert (2006) states that “explanations ameliorate the impact of unpleasant events.” He asserts that this is because “explanations allow us to understand how and why an event happened, which immediately allows us to see how and why it might happen again.” Gilbert goes on to state that “unexplained events have a disproportionate emotional impact” because victims of trauma “are especially likely to keep thinking about them… Once we explain an event,” we can file it away in our memory and move on; “but if an event defies explanation, it becomes a mystery” and it will maintain itself on the forefront of our mind. Gilbert continues on this theme by stating: “Explanation robs events of their emotional impact because it makes them seem likely and allows us to stop thinking about them. Oddly enough, an explanation doesn’t actually have to explain anything to have these effects–it merely needs to seem as though it does.”

With the aforementioned in mind ask: “Why do you think this happened?” It is critical that the adult leaders, with their greater life experience and wisdom, to then carefully place the event

in its proper context or perspective. This may be done by providing a credible explanation for the event. Children look to adults for an interpretation of events and measure the meaning of it, including the degree of danger they are in, by the reaction of parents, teachers and other adults around them (Garbarino, 1999). Even though a credible explanation was offered, explore what he or she believes about how and why the event occurred.

Seligman (2007) asserts that helping students to make accurate explanations for bad events is critical in preventing a maladaptive response. He states such explanations should lack permanence and pervasiveness. It is better if the cause, or effect, of the event is judged to be changeable or transient rather than something that will persist. It is also better if the cause of the event is judged to have a limited or specific effect in the larger scheme of life rather than a pervasive or widespread unwanted effect.

If this intervention is being offered in the wake of a suicide there may be issues of confusion, anger, anxiety and self-blame. Those who may be particularly vulnerable are those who were friends or were in conflict with the deceased; those who talked with the deceased within 24 hours of the death; those who felt they could have prevented the suicide; those admired or identified with him or her; or those who suffer from a mental illness such as depression. According to the Centers for Disease Control (1994) several concerns should be noted. Avoid any discussion detailing the specific method of the suicide. Although suicide is a very rare event, the mental illness evident in the lives of most all teens that complete suicide is far from rare. Suicide is not the result of any specific stress related event; it is the result of thinking errors and poor coping skills. Therefore, avoid focusing upon apparent precipitants to the suicide. This will minimize student conclusions that the act of suicide was a logical, normal or inevitable response to stress events. Focus upon the terrible emotional devastation experienced by the deceased's family and close friends. Acknowledge that the deceased was a "good person" and their positive characteristics then carefully focus more upon "what," in retrospect; appear to be symptoms of their mental illness. These symptoms could be <u>listed by the scribe</u>. It may also be helpful to talk about other ways the deceased could have coped.

Something may need to be stated to characterize the thinking errors of the perpetrator in the event of a homicide. For example, it might be appropriate to say: "He probably did not think ahead about the terrible consequences of his actions." Or: "Maybe he thought this act would gain himself some level of respect, revenge, or teach someone some type of lesson." It may be appropriate to say: "He seemed to be mentally ill and probably did not get the help he needed." Another example might be: "He seemed unable to cope with all of the bullying he experienced." Students who may be at risk of developing a maladaptive resolution to this type of event are those who were friends of the perpetrator; those who knew of the homicide plans and under reacted, minimized, ignored or kept them a secret; those who have had homicidal thoughts in the past; those who identified with the perpetrator's situation; and any student who had reason to feel guilty about things said or done to the perpetrator or victim(s) prior to the incident.

The worldview one has in response to a critical incident may be adaptive. For example, the event may cause the person to feel more informed, be more aware and alert, more capable, empowered, etc. Conversely, others may have a maladaptive response. Their view of the world now causes them to be overly anxious, emotionally paralyzed, hopeless or helpless.

It is important that the leaders guide the group so that students can positively integrate the event into their existing world view. Some students may have identified shattered assumptions about the world in the Ventilation phase. This is a good time to address them. This may require some students to revise their attitudes and belief systems about the world. To address this state:

> Some of you said, that in some way, your view of the world is different now. A big part of growing up is taking what we live through and using it to our advantage. We become stronger, wiser and more mature when we do this. What is it that you realize now that you didn't realize before?

It is equally important that students are helped to maintain a positive opinion of themselves in spite of the traumatic event. Explore how students have incorporated the event into their thinking about themselves. If this is a debriefing ask: "Since the time it happened have you had any feelings about yourself or the way you have been acting?" The goal here is to reconcile the student's perception of what happened with what you know happened.

Seligman (2007) asserts that depression is less likely to develop if the explanation for the bad event lacks personalization. For example, about other people or circumstances rather than an explanation whereby the student believes he or she caused the event. If it has been determined that one or more of those present had a more direct or indirect role in the death, careful consideration should be given to the individual's reported behavior in comparison to his or her level of self-blame about the event. Mitchell and Everly (1996) believe that if a person concludes that he is at fault because he should have been able to prevent the suicidal death of his friend, he is likely to develop a serious stress disorder. However, if he is presented with information in the presence of his peers that the death was produced by his friend's own reckless, careless or hopeless attitude "it is far less likely that he will interpret the event in a manner which leads to post-traumatic stress disorder." Epstein, (2004) also suggests that "psychological debriefings" can–in addition to potentially provide individuals to feel validated and empowered–potentially "destigmatize" those whom prior to their group participation felt excessive guilt or remorse.

In any event, discourage the students from assuming an inordinate amount of responsibility for the incident. However, acknowledge, perhaps on a private basis, their self-blame for behaviors that were related to the event, are specific, and can be avoided in the future. Lyons (1987) believes that persuading a partly culpable child that they had no responsibility for the events that took place is "unlikely to convince the child very long, and may actually jeopardize the child's sense of efficacy." Affirming that which they know to be true permits them to recognize their mistake and helps them to move beyond a ruminating cycle of guilt.

According to Shapiro (1995) and Fletcher (1997), some examples of desirable or adaptive self-assessment statements following a tragedy are:

> I did the best I could under the circumstances. Bad things can happen (randomly) to good people. There are dangers in life. I learned from it. It's in the past. I am safe. I am in control. I can trust myself. I am a good person. For the most part this town is a pretty safe place to live. If I can live through something like that, then I can do a whole lot more than I thought I could. Since I have lived through this I have a better idea of

what is important to me and what is not. This event has caused me to feel closer to the important people in my life.

Undesirable or maladaptive statements would be statements that seem objectively untrue. For example, these might include:

It is my fault. I am a bad person. I am such a coward. I should have acted differently at the time. No one is ever going to like me or trust me. It is hard for me to trust anyone anymore. I believe this will happen again to me. There is something wrong with me. This has mentally damaged me for life. I feel like I am going crazy over this.

Ask the students to identify (by a show of hands) the positive self-assessments they are ascribing to themselves. Be prepared to carefully challenge unsolicited inappropriate self-blame as well as unreasonable or maladaptive assessments of the world. Draw out the impressions of those in the group who seem capable of role modeling a positive cognitive integration of the event. The facilitator should then guide students toward a consensus or group-based belief about themselves, the world, and the event that is adaptive. Do not probe for undesirable or maladaptive statements, however, students who do express these beliefs will require one-to-one follow up.

McMillen (1999) writes about the importance of focusing on the "positive by-products" of adverse or traumatic events. Individuals who believe that something was–or could be–gained or learned from a traumatic event feel less victimized or robbed by it. Moreover, McMillen reports that the realization or perception that one has somehow benefited from adversity "may help facilitate" a positive cognitive integration of the traumatic event and may "decrease the odds of having posttraumatic stress disorder." However, McMillen strongly cautions counselors against introducing this concept before the individual is ready to look at the possibility that the adverse or traumatic event may yield benefits. Introducing this concept prematurely might incorrectly suggest to students that they should view the tragic event in some fortuitous way. With this in mind, carefully ask: "Is there anyway for you to look at this event and have it help you to be a wiser or stronger person?" The scribe should note any positive by-products.

Additional questions can be asked to promote a sense of self-efficacy. For example: "How can you avoid this from happening to you?" Or: "How would you act if this ever happened again?" Changed views–that integrate the experience without impairing the self-concept or worldview–and the discovery of any lessons learned may increase their sense of personal control, reduce their sense of helplessness or vulnerability, and perhaps give them a sense of greater maturity and personal growth.

Students may decide that there are changes they would like to make as result of the traumatic event. For example, they may have decided to be more cautious and alert; to be less of a risk taker, to be kinder to unpopular peers; to tell an adult if concerned about a peer; to appreciate and take better care of their health; to re-evaluate their priorities in life; to dedicate oneself to a specific cause; or to appreciate parents, friends and others more. The scribe should note statements (reinforced by the facilitator) about changes that sound healthy and reasonable.

Sublimation phase
The purpose of the Sublimation phase is to help students to find ways to channel anger and other negative emotions into socially constructive acts or activities appropriate to the cause of death. In the event of a homicide, it is common for the survivors to be filled with anger and thoughts of revenge. While acknowledging their anger and other negative emotions, students should be helped to realize that it is the job of the police and courts to address issues of justice and retribution and that they should confine their energies to socially constructive, non-violent activities. That compassion and respect for one another makes the world a better place, not hatred and retribution.

Although reminiscing may occur spontaneously at any point during this intervention process, this is a good time to encourage reminiscing. Stories of the deceased, perpetrators, or victims may yield useful information. For example, a great deal can be learned by listening and asking key questions about the type of person the deceased was and the things these individuals did with the deceased. This discussion may also reveal what the deceased's views or attitudes were about life. When restated and summarized by the facilitator, this information could inspire or give direction to those wishing to promote a cause or activity (noted by the scribe) that would help prevent a preventable death, make the community a better place to live in, or honor (yet not idealize) the deceased. For example, students could be encouraged to write an article about suicide in the context of its being a treatable mental illness, an article about the risks of gang involvement, or a tribute in the school newspaper or yearbook. Some may feel inspired to form a new student organization or awareness program in the school or community that the deceased would have benefited from, liked or supported. Some may feel a strong desire to design or develop an appropriate memorial. Be aware that whatever is done to publicly commemorate the death may set a precedent for other student deaths that follow.

A discussion about socially constructive activities promotes the adaptive defense mechanisms of sublimation and altruism. If the selected activity seems to have a certain relevancy to the deceased it may give students a greater a sense of meaning to the painful event. Those who have a sense of meaning can more easily develop a positive purpose, resolve or determination to do something constructive. An adult within the school should be identified and available as a contact person for those students interested in such follow up activities. Small group activities or projects would bring students together at a later date for intermittent discussion of the loss event. This also allows the adult to track their adjustment.

Develop a discussion about the visitation and funeral. Funerals allow students the opportunity to confront the reality of the death in the supportive presence of their friends and their parents. It also is a place to show and provide support and friendship to others who were related or close to the deceased. However, everyone deals with loss and grief differently. Some, for various reasons, are not comfortable going to a visitation or funeral. Tell students that if someone chooses not to attend it does not mean they did not care about the person who died. Describe what to expect and suggest appropriate behavior at these events. This discussion should factor in behaviors or rituals that may be unique to the cultural background of the family of the deceased. On-line memorial sites are becoming more prevalent. Students should be cautioned about the public viewing and possible scrutiny of their private thoughts and well-intended words of condolence.

Many times the parents of the deceased find themselves in the uncomfortable position of providing emotional support to their child's friends. Discourage students from turning to those parents for support. Movement at this time to the next discussion phase will help to identify alternative sources of support.

Affiliation phase

The purpose of the Affiliation phase is to establish and encourage social support. Social support provides a number of benefits. It provides opportunities for others to counter negative statements about oneself or, his or her negative view of the world. Social involvement provides companionship and support in helping students to carry out plans for positive changes, to return to normal routines, to observe of how well a friend is adjusting, and to intervene with a peer if it is needed at a later time. Ask: “What can you do to help each other during this difficult time?”

Ask: “How are you planning to cope with the thoughts and feelings you have about this event?” If there has been a time delay and this is a debriefing ask: “How have you been coping?” Ask students to talk about how they usually cope when feeling angry, confused, sad, lonely, or otherwise troubled. Students should be reinforced or encouraged to turn to others for support, namely family members or other trusted adults. There is also the potential for some to develop additional social support as a result of meeting others through their group participation. Students who have experienced a prior loss may be a helpful resource to show how one may positively cope with grief. Positive strategies could be summarized by the facilitator and listed by the scribe. Consider the distribution of appropriate and useful materials about coping with loss and stress, school and community resources, etc. These materials could also include information on when and how they should seek further help for themselves.

If there has been a delay of one or more days between the event and this intervention, ask how significant others have responded so far to their reaction to this event. Those who report that their parents, older siblings or others have shown warmth, acceptance, patience, understanding and other helpful behaviors should be reassured that these persons will be important to them in their adjustment to this event. However, some less fortunate students may disclose non-supportive behaviors or detrimental advice. Johnson (1989) reported that certain parental responses to a critical incident in their child’s life were associated with subsequent maladaptive behavior in that same child. Examples of detrimental parental responses are: parents who “focus on their own needs, deny the seriousness of the child’s experience,” shrug off the child’s feelings, make false assumptions or false assurances, withdraw from the child, “discourage discussion about the incident, and are themselves unable to cope or to continue fulfilling their normal role functions as parents.” Counteract detrimental advice with healthful information and encourage these students to continue their help-seeking behavior with other adults.

If this is a debriefing some students may be disturbed by rumors that have circulated in the school or inaccurate written information about the deceased or the event in the local newspaper. Some of this can be countered or rebutted by offering to pass along the correct version through a memo to all teachers or to write a letter to the school or local newspaper or to make a statement on-line. Consider giving such students some ideas of what to say to

inquisitive or opinionated peers once they are out and about. Help students to understand that most peers make comments or share their personal views with good intentions. It can also be said that some of their peers may actually be trying to help themselves work through the meaning of this event by sounding out their thoughts and gauging the reaction of others.

Re-entry phase

The purpose of the Re-entry phase is to help students to end their participation in this intervention and to return to their normal routine. Generally, within a period of about two hours of appropriate crisis work (following a high impact incident), the atmosphere may become serene or even jovial.

When, through private consultation between the leaders, it seems time to end the group intervention, students can be told that it is now, or with the ring of the bell, time for them to return to class. Help them to understand that returning to their normal routines will help them to regain a sense of control over their emotions about the loss/event. Ask if anyone is feeling "confused about anything." Ask if anyone is "more upset" now than when the intervention began. The scribe should note those who indicate that they are confused or upset. These students should be encouraged to stay in the room after the first dismissal. Some students, whether or not they have identified themselves as feeing confused and/or highly upset, may choose to leave the session. Whether they choose to stay or not these particular students should also be strongly encouraged to continue talking about this with a family member or trusted adult.

All of the students should be reminded that the purpose of the meeting was not to completely extinguish their bad feelings, but rather to help them feel "well enough to return to class" or "have a better understanding of their thoughts and feelings about the tragedy." Therefore, although it is difficult, they must tolerate their discomfort. Remind them of the times they successfully tolerated hunger pangs during class, a headache, a backache, etc. Doing so promotes the adaptive defense mechanism of suppression. Help them to understand that it can be beneficial to mentally set aside disturbing feelings so that they are able to function in their normal daily routine. However, numbing and the avoidance behaviors (associated with PTSD) that impair functioning are not the healthy result of suppression.

Some students may have been drawn to the intervention event for the purpose of reworking a previous loss or trauma. The students themselves may be unaware of this connection. If time permits, encourage a discussion about their loss as well as how their loss relates to the present situation. If time does not permit such a discussion, assure them of your availability and encourage those students to seek you out at a later date.

Thank or praise the group for sharing their personal thoughts and feelings. Tell them that their presence and participation probably helped others in the group. Let them know how they can access support services in the school during the next several weeks and beyond. Ask the students if they have any final questions. When all questions have been addressed consider the distribution and voluntary completion of an exit survey of some type and then dismiss the students. If time permits allow for students to converse among themselves. The counselors should stay in the room to respond to individual questions or statements.

Those who remain confused or highly upset and those who otherwise indicate that they would like to stay into the next period should be required to talk more and ask questions. Their desire to stay suggests they are still overwhelmed with their thoughts or feelings. Perhaps they remain fearful, confused or unconvinced about something.

Consider having some of the more positive and outspoken participants stay after the first dismissal so that they can assist the leaders in getting the more disturbed individuals to a restored level of functioning. Concentrate on issues related to the Meaning phase. Draw out the attributions they are ascribing to the event. If they are unrealistic or maladaptive, encourage the positive and outspoken peers in the group to counter incorrect or unrealistic conclusions about the incident or the person's negative self-appraisal.

Those who do not appear to be responding to any of the interventions or appear to be taking advantage of the time out of class should be dealt with on an individual basis. Some may need to have their parents contacted and/or teachers be made aware of their mental status and any special needs. When a student needs to be sent home, it is best to have the parent come to a sign out and pick up area of the school. Calmly articulate your assessment of their child and be clear about what you think their child needs. Discreetly note any other students whom you predict may need follow up therapeutic contact or special supervision; for example, students who remain confused, seem highly upset, or have reported or acknowledged symptoms of excessive anxiety.

Follow-up phase

It is critical for the counseling staff to follow up with students needing ongoing contact or supervision. This will help them to resolve issues or problems that arose from the traumatic incident. Those who do not show a satisfactory return to previous levels of academic functioning should receive additional support and/or be referred to an appropriate mental health resource in the community.

The counselor may prefer to provide continued assistance to certain individuals who seem at-risk or the deceased student's inner circle of friends, perhaps on a weekly basis for a limited time. This contact provides the opportunity to track and guide individuals or a small group toward a therapeutic resolution. The best indication that the chosen interventions were sufficient is when the student's level of academic functioning returns to the level that existed prior to the traumatic loss or event. One way this can be measured is by the degree to which special concern is shown or not shown by the students' parents, their teachers or their friends. A symptoms checklist for excessive anxiety or depression could be given to the parents. A list of mental health resources in the school and community could be included with the checklist.

A more specific assessment of adjustment could be obtained by having selected students complete a trauma impact scale or other type questionnaire. This could serve as a general screening mechanism or be used as a baseline/post-treatment measurement of treatment effectiveness. Those who experienced the event as a major loss could be given a depression inventory along with, or in place of, a trauma impact scale at similar time intervals.

Older, more mature students could evaluate–for themselves–their emotional and psychological adjustment to this event if they are given simplified information about depression and PTSD. Those who see symptomatic behaviors in themselves or their peers could be informed about how they could later access mental health services in school or the community.

Summary

Students, who were directly or indirectly exposed to a traumatic loss or event need to understand what happened, express their emotions, and feel validated. Students should be helped to predict and prepare for their immediate future. They also need to be able to cognitively process the experience so that they are able to maintain a positive opinion of themselves and an unimpaired worldview. The impact of this intervention process is more powerful and more authentic when it is done at the earliest opportunity and in the presence of encouraging peers. This process also helps to facilitate social support or, if necessary, a boost of social support. These activities will help affected students to more fully resolve issues or problems that have come up as a result of the incident in a positive manner and promote a timelier return to their regular school routine and pre-existing levels of academic functioning. This should also minimize the development of maladaptive behavior and pathological bereavement.

Counseling staff will need to assess the level of follow up services some students may require. Some may need therapeutic intervention within the school for a set period of time. Other students may need to be referred to resources in the community. It may also be beneficial to educate and encourage parents and adults associated with effected students to observe for signs of concern. If concerned, involved adults should know when and how to refer students requiring further attention to competent resources in the school or community.

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Notes

1. A version of this document was published in the IASSW School Social Work Journal, Vol. 22, No. 2, Spring, 1998.

2. Additional information about crisis intervention with student groups can be obtained at the following web site: www.u-46.org/sehs/cbgi

3. This information is regularly updated and revised. Therefore, the reader should check the web site listed above on the day it may be needed so that the most current version can be downloaded, printed and internally distributed to school social workers wishing to use it following a critical incident at a school.

4. Some of the concepts identified in this document can also be utilized at the university level in the wake of a shooting on campus.

5. Send questions or comments to the author at: jerryciffone@u-46.org

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