



**National Center  
for School Safety**



## **Returning to School Following a Crisis**



SCHOOL OF  
**PUBLIC HEALTH**  
UNIVERSITY OF MICHIGAN

## About this Guide

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

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

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## Overview

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

### Definitions

Vicarious trauma: a negative reaction to trauma exposure

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

## Common Trauma Responses

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

### Children age 5 and younger may:

- » Cling to parents or caregivers
- » Cry and be tearful
- » Have tantrums and be irritable
- » Complain of physical problems such as stomachaches or headaches
- » Suddenly return to behaviors such as bed-wetting and thumb sucking
- » Show increased fearfulness
- » Incorporate aspects of the traumatic event into imaginary play

### Children age 6 to 11 may:

- » Have problems at school
- » Isolate themselves from friends and family
- » Have nightmares, refuse to go to bed, or experience other sleep problems
- » Become irritable, angry, or disruptive
- » Be unable to concentrate
- » Complain of physical problems such as stomachaches and headaches
- » Develop unfounded fears
- » Lose interest in fun activities

### Adolescents age 12 to 17 may:

- » Have nightmares or other sleep problems
- » Avoid reminders of the event
- » Use or abuse drugs, alcohol, or tobacco
- » Be disruptive or disrespectful or behave destructively
- » Complain of physical problems
- » Become isolated
- » Be angry or resentful
- » Lose interest in fun activities
- » Feel guilty for not preventing injury or deaths

## Warning Signs

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

Some warning signs may help determine if someone is at risk for suicide or has an increased mental health concern that needs immediate support from a mental health professional. If your child exhibits any of these signs, call the National Suicide Prevention Lifeline, or seek immediate help from a mental health professional:

- » Increase in severity of anxiety, or panic attacks
- » Changes in daily routines, such as a loss of appetite, inability to sleep, nightmares
- » Excessive isolation
- » Excessive or worsening anger, irritability, or mood swings
- » Loss of interest in areas previously enjoyed
- » Giving away belongings
- » Engaging in risk taking behaviors
- » Feelings of hopelessness or worthlessness
- » Engaging in self harm/ researching ways to harm themselves
- » Talking about wanting to die or harming themselves
- » Being preoccupied with death in thoughts, conversation, writings, play, or drawings
- » Showing rage or talking about seeking revenge



***If your child has thoughts or plans of self harm, harming others, or suicide, call 911, a crisis line or take your child to the nearest emergency room immediately. It is important to take all threats seriously and seek immediate treatment.***

## Talking with Students the First Day Back

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

### Feelings Pictures Links

- » [Dog feelings chart](#)
- » <https://www.mrsmerry.com/printable-feelings-chart-for-kids/>
- » <https://www.happierhuman.com/feelings-charts-kids/>





## Supporting Students after the Event

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

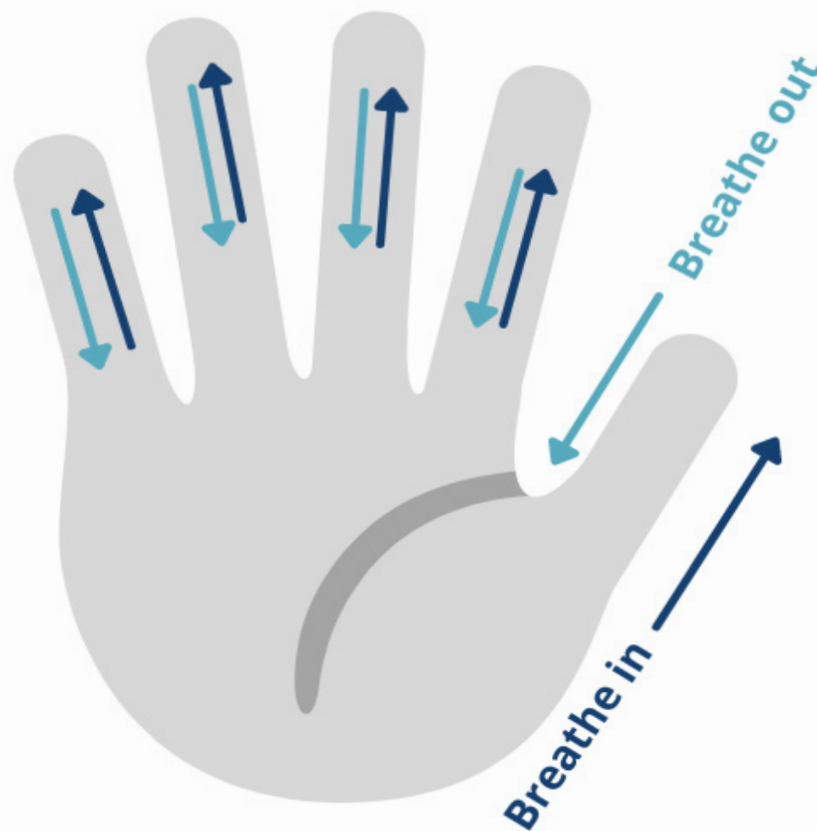
- » Social support is important. Students are likely to want to talk with others who have had a similar experience to them
- » Don't force students to talk about the traumatic event. Rather, create space for those who may want to process how they are feeling
- » Be mindful of what could be a trigger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



## Stress Management Techniques

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

### 5 Finger Breathing



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

# Progressive Muscle Relaxation

## *Whole Body Script*

### **1. Forehead**

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

### **2. Eyes**

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

### **3. Cheeks**

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

### **4. Mouth**

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

### **5. Shoulders**

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

### **6. Arms**

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

### **7. Lower Back**

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

### **8. Legs**

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

### **9. Feet**

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

### **10. Toes**

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



## Using Restorative Practices

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

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

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

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

### Discussion Starters

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

# Crisis and Mental Health Resources

## **Lenawee County**

Lenawee County County Mental Health Department  
1040 S Winter St # 1022, Adrian, MI 49221  
Access: 517-263-8905  
Crisis Number: 800-664-5005  
<https://www.lcmha.org/>

## **Livingston County**

Livingston County Community Mental Health Authority  
622mE. Grand River, Howell, MI 48843  
517-546-4126  
800-615-1245  
<http://www.cmhliv.org/>

## **Macomb County**

Macomb County Community Mental Health  
22550 Hall Rd. Clinton Twp., MI 48036  
Access: 1-855-996-2264  
Crisis Center: 800-273-TALK  
<https://mccmh.macombgov.org/Mccmh-Home>

## **Oakland County**

Common Ground  
24/7 Hotline and Crisis Center  
800-231-1127  
Crisis Center: 1200 North Telegraph Rd, Bldg 32E, Pontiac, MI 48341

## **Washtenaw County**

Washtenaw County Community Mental Health  
Access/Crisis Line/Mobile crisis services for Washtenaw County residents: 734-544-3050

University of Michigan Psychiatric Emergency Services  
734-936-5900 or 734-996-4747

## **Wayne County**

Detroit Wayne Integrated Health Network  
Mental Health Crisis Hotline: 800-241-4949 (24/7)  
313-833-2500 (8am-4:30pm M-F)

Northeast Integrated Health  
Mental Health Crisis Hotline: 800-241-4949  
Access line: 877-242-4140

Children's Crisis Center  
Crisis Center (M-F 8am-8pm)  
313-324-8557  
79 Alexandrine West, Bldg 90, Detroit, MI 48201

New Oakland Family Services  
Main Number: 877-800-1650  
Crisis/Emergency Line 24/7: 877-395-3223  
For Wayne & Oakland County residents- Crisis screenings for children

## **State of Michigan**

Community Mental Health Providers across the state  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4899-178824--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899-178824--,00.html)

## **National**

National Suicide Prevention Lifeline  
Call 800-273-8255  
Chat with a crisis counselor: <https://suicidepreventionlifeline.org/chat/>  
Crisis Text line: Text HOME to 741741 to connect with a crisis counselor



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