

Student Crisis Response

Strategies for Parents and Teachers in screening for STS; Secondary Traumatic Stress after a Community Shooting



Psychological Coping Strategies from Dwight Bain, LMHC

“If you can talk through it – you can get through it”

4 TYPES OF NORMAL REACTIONS TO CRISIS



TRAUMA –

Any event outside the usual realm of human experience that is markedly distressing, (*which creates horror, helplessness or terror.*) Such traumatic stressors usually involve the perceived threat to one’s physical integrity or to the physical integrity of someone in close proximity. This is the very intense psychological reaction to feeling highly threatened, which is normal. Children experience Traumatic Stress differently based on age and maturity level as this recovery guide will outline as a tool for parents and teachers.

SECONDARY TRAUMATIC STRESS

Traumatic stress overwhelms coping mechanisms leaving students feeling out of control and helpless. Continual exposure to the trauma create the normal reaction of being depleted, exhausted, or worse, self-destructive

STS Symptoms in Students:

- Intrusive fearful thoughts
- Sadness or continual waves of grief
- Poor concentration or difficult remembering the most basic of tasks
- Second guessing every decision
- Detachment or emotional numbness
- Hyper-vigilance of danger
- Hopelessness
- Inability to embrace complex concepts
- Inability to listen
- Anger or continual irritation
- Sleeplessness or disturbing dreams
- Fear, anxiety or panic
- Chronic exhaustion or energy loss
- Physical aches or muscle pain, (*usually unidentified source*)
- Minimizing the severity of the situation, especially among teenagers



How to Help Students or Teachers after a Shooting Lock-Down

- Listen carefully and compassionately
- Spend time with the traumatized student, it's better to be together than alone after a major trauma
- Offer your assistance and a listening ear if they have not asked for help; consider reaching out to text or call friends you haven't heard from since the incident
- Reassure they are safe once stability can be assured
- Help them with everyday tasks
- Don't take their anger or other feelings personally; Crisis brings out the best or the worst in students, parents and staff
- Don't tell people they are "*lucky it wasn't worse*" at their school – Instead, tell them that you are sorry such an event has occurred and you want to understand and assist as you are able
- Connect with compassion and empathy instead of trying to '*fix*' them
- Help peers as much as possible by sharing feelings and asking about their wellbeing
- Utilize Grief counselors, self-care groups or counseling support groups available to the school
- Encouraging all students and staff to be aware of stress overload, or STS and to keep the conversation moving forward toward resiliency
- We can get through this together, but no one gets through crisis alone.
- Remind students or staff the emotions of STS are normal reactions to an abnormal situation
- Talking through the elevated stress is essential; remember if you can talk through it, you can get through it

Signs of stress in children who are affected by Traumatic Stress

Sometimes parents need help identifying stress in children or teens. Here are some typical experiences and signs of stress in children of different ages who have experienced major crisis.



INFANTS AND TODDLERS

- Regression of sleeping, toilet training or eating; slowing down in the mastery of new skills
- Sleep disturbances (difficulty going to sleep; frequently waking)
- Difficulty leaving parent, extreme clinginess
- General crankiness, temper tantrums, crying

3-5 YEARS

- Regression-returning to security blankets/discarded toys, lapses in toilet training, thumb sucking or other age inappropriate behavior
- Immature grasp of what has happened; bewildered; making up fantasy stories
- Blaming themselves and feeling guilty about how the crisis affected their family
- Bedtime anxiety; fitful/fretful sleep; frequent waking or chronic worrying
- Fear of being abandoned by both parents; clinginess increases as child feels unsafe
- Greater irritability, aggression, or temper tantrums, especially from previously quiet children

6-8 YEARS

- Pervasive sadness; especially when perceived feelings of being abandoned or rejected
- Crying and sobbing can be a common reaction, and sometimes a healing one
- Afraid of their worst fears coming true, this is sometimes called “catastrophizing”
- Fantasies that the stressful event didn’t happen and things will ‘just go back to normal’
- May become overactive or over-involved to avoid thinking about stressful issues
- Feel ashamed of the crisis; or feel they are different from other children because of the crisis

ADOLESCENTS:

- Fear of being isolated and lonely, separation anxiety increases in kids with other major losses.
- Fear loss of stability and security from parents leaving them or parents not available to them
- Feel hurried to achieve independence, partly to escape the crisis situation
- May tend to over-achieve academically or in sports to try and forget the crisis
- Worry about their own future; preoccupied with the survival of any stable situation
- Chronic fatigue; difficulty concentrating, physical complaints may indicate stuffed emotions
- Mourn the loss caused by the crisis or begin to understand that life can be a dangerous place



(Created by Kathleen O’Connell and Dwight Bain to help kids in crisis)

Strategies to help children after a Traumatic Event

Children look to their parents for support and encouragement during any crisis. The following is a guide to help parents and teachers manage the flood of emotions that may come up because of the community shootings that led to school lock-down.

Ages birth to 6

It is recommended that children under the age of six not be given exposure to major traumatic events. Children of this age draw their support from their parents, so if the

parents or guardians feel safe and secure, the children will as well. Parents should speak calmly around children about bad things that happen in the world, and that "we will remember the students that were hurt in our prayers." If the parents are able to maintain a sense of calmness, children will feel safe.

Ages 6 to 12

Children this age are more aware of the world around them, yet still need moms and dads to shield them from most of the bad news in our world. Very limited exposure to the media is recommended at this stage, with more open discussions about any fears or insecurities that the child is feeling. Talking is encouraged for this age group, or write letters to emergency workers to thank them for helping the victims. Drawing pictures allows for healthy emotional expression, and something everyone needs is just being held close. A hug can help bring security to a child. Also remember to have special times of prayer. These steps help children better deal with their fears about bad things that happen in the world.

Ages 12 to 18

Young students have their own impressions of traumatic events. The older they are, the more likely they will have strong opinions, and it is normal for them to process their feelings with friends. This should be balanced with family, teachers, clergy or counselors. They need time to verbally process how they feel about what happened ten years ago.

Special emphasis should be placed on helping this age group talk through the issues and how it impacted them and not stay isolated.

Silence is a warning sign that the crisis events of the past have been internalized. Strict limits on over exposure of media is essential to prevent anxiety or panic levels from rising.



Dangerous Warning Signs

Stress signs of overexposure to painful memories from the past may occur immediately after the trauma or even a few years later. These signs are indicators that stress is beginning to overwhelm the individual. The longer the stress symptoms occur, the greater the severity of the traumatic event on the individual. This does not imply craziness or weakness rather it indicates that the memories are too powerful for the person to manage by themselves.

Students or staff who display more than a few of the following stress symptoms may need additional help dealing with the events of the crisis. They should seek the appropriate medical or psychological assistance.

Physical: Chills, thirst, fatigue, nausea, fainting, vomiting, dizziness, weakness, chest pain, headaches, elevated Blood Pressure, rapid heart rate, muscle tremors, difficulty breathing, shock symptoms, etc.

Emotional: Fear, guilt, grief, panic, denial, anxiety, irritability, depression, apprehension, emotional shock, feeling overwhelmed, loss of emotional control, etc.

Cognitive: Confusion, nightmares, uncertainty, hyper-vigilance, suspiciousness, intrusive images, poor problem solving, poor abstract thinking, poor attention/memory and concentration, disorientation of time, places or people, difficulty identifying objects or students, heightened or lowered alertness, etc.

Behavioral: Withdrawal, antisocial acts, inability to rest, intensified pacing, erratic movements, changes in social activity, changes in speech patterns, loss of or increase of appetite, increased alcohol consumption, etc.

When in doubt, contact a trusted family member, a physician or certified mental health professional. It is important to actively deal with any painful past emotions to find strength to cope with issues in the present. Remember there are caring people who can help you and your children. You never have to go through a crisis alone.

Family Discussion Topics - Think about and discuss these issues with your children



- What are you worried about or afraid of since the community shooting?
- How is our family affected by the community shooting?
- Talk about what was important to you (*Core Values*)



Warning Signs of Dangerous Trauma in Adults or Children

Below are the warning signs and symptoms that become noticeable in an individual who has been negatively impacted by dangerous levels of psychological trauma.

This includes concentrated exposure to high conflict situations like domestic violence or repetitive and stressful situations, which could include overload from repeated viewing of traumatic events on Social Media or the Internet.

PHYSICAL

Fatigue	Sweating	Shortness of breath	Loss or increase of appetite	Nausea or Diarrhea
Elevated blood pressure	Tight chest or chest pain	Muscle fatigue or weakness	Insomnia or Hyper-somnia	Increased cold or flu symptoms
Pacing	Heart Palpitations	Shallow breathing	Fainting	Abdominal pain

EMOTIONAL

Anger	Stress	Anxiety	Tension	Apathy
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Fear	Panic	Guilt	Uneasiness	Alarm
Numb inside	Impatience	Depression	Shame	Nervousness
Grief	Loss	Irritability	Apprehension	Overwhelmed

BEHAVIORAL

Restlessness	Impulsive	Avoidance	Edgy	Rapid speech
Tense muscles/neck	Easily startled or jumpy	Hyper-vigilance	Withdrawal from others	Accident proneness
Anti-social acts	Inability to rest	Intensified pacing	Increased use of alcohol	Increased use of caffeine

COGNITIVE

Easily Distracted	Poor concentration	Forgetfulness	Errors in judgment	Mental Fog
Decreased decision making	Reduced creativity or mental focus	Diminished productivity	Loss of objectivity	Self-consciousness
Confusion	Fear of losing control	Frightening visual images	Fear of injury, death, pain	Flashbacks-nightmares

The more warning indicators identified in a single category or across multiple categories, the more that person may be over-exposed to dangerous levels of psychological trauma.

Some of these stress-related conditions are quite common after a traumatic incident, so when only one or two symptoms are present, it is not usually a cause for alarm. However, when in doubt it's best to review any symptoms that concern you or someone you care about with an experienced counselor or physician.

60 Critical Incident Coping Skills to reduce traumatic stress in parents, caregivers, faculty or staff

Physical:

- Sleep, (7-9 hours)
- Sleep rituals- Same time to wake up and go to bed
- Predictable daily schedule
- Healthy Diet with Regular mealtimes
- Hydration throughout day
- Nutritional supplements

- Low impact exercise
- Yoga/Pilates/Stretching
- Deep breathing
- Relaxation routines/massage or energizing naps
- Regular physical checkups, including blood work
- Medication, *(as prescribed by your physician)*

Emotional:

- Esteem building exercises, especially with photos or images
- Laughter/Fun/Playtime
- Face anger, anxiety and apathy directly
- Journal out negative emotions
- Let go of painful past memories
- Say “NO” to bad habits
- Talk through issues to get through issues
- Identify and process hurtful emotions
- Write letters to vent out disappointment, *(then tear them up)*

Relational:

- Face relationship issues
- Voice your needs to others
- Confront conflict directly
- Connect with friends/family
- Share your burdens with others
- Join a support group
- Utilize counseling supports
- Join a hobby group which involves others
- Say “NO” to manipulative behavior
- Hugs/affection, *(from pets or students)*
- Learn the love language of those close to you

Behavioral:

- Daily planning time
- Utilize organizational planners
- Short term goals
- Daily hobbies for enjoyment
- Creative activities for relaxation
- Develop victory list of accomplishments
- Create a bucket list of lifetime goals
- Reading for personal development

- “Pay it forward” to do good for others
- Learn something new everyday
- Take on new challenges
- Leave work stress at work
- Take a training course to gain a new skill

Spiritual:

- Meditation
- Volunteer to help others
- Reading for inspiration
- Forgive those who have wronged you and forgive yourself
- Listen to inspirational music
- Attend spiritual development classes
- Attend inspirational services
- Make prayer a regular part of your day
- Observe a day of rest
- Find a way to get in touch with nature by visiting a state park, lake or beach
- Memorize scripture to develop your soul
- Remember, “*Things come to pass – not stay*”
- Re-create spiritual peace in quiet places
- Build spiritual strength through meaningful experiences
- Attend prayer vigils to experience greater spiritual and community connection



Dwight Bain is an author and leading critical incident trauma therapist who leads people through crisis. He is a certified Critical Incident Stress Instructor with the International Critical Incident Stress Foundation in Baltimore and based in Orlando, FL.

Follow his blog at www.DwightBain.com or follow online for updates to manage stress in daily life across all social media platforms @DwightBain