

# Supporting children's recovery from crisis - How we can do it better



**David J Schonfeld, MD, FAAP**  
**Director, National Center For School Crisis And Bereavement**  
**Children's Hospital Los Angeles**

[schonfel@usc.edu](mailto:schonfel@usc.edu)



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FOR SCHOOL CRISIS  
AND BEREAVEMENT

In partnership with



NEW YORK LIFE  
FOUNDATION

# Outline

- National Center for School Crisis and Bereavement
- Limitations in reliance on medical model for school crisis recovery
- Common adjustment reactions after crisis events
- Trauma and grief
- Timeline for recovery
- Professional self-care
- Coalition to Support Grieving Students
- (Public communication in a crisis)
- ((Exercise, drills, and other prevention interventions))

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& National Philanthropic Trust**

**Current Support: New York Life Foundation**

- Promote appreciation of role schools can serve to support students, staff, and families at times of crisis and loss
- Enhance training in professional education programs
- Serve as resource for information, training materials, consultation and technical assistance – provided at no cost to the school



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Through a transdisciplinary team of medical, mental health, and school professionals, the NCSCB provides:

- Confidential on-site/remote technical assistance and consultation for school leadership and professionals
- Practical, timely advice via 24/7 toll-free number and email
- Ongoing support in the immediate aftermath of a crisis and throughout the long-term recovery period
- Educational resources and crisis management tools
- School staff training and community presentations; professional development for range of professional audiences

# What do we do when we consult?

- Help meet needs, both short- and long-term
- Advise on models of crisis mental health services, staffing, training, policies, etc.
- Offer staff support
- Prepare them to address educational impact and academic supports
- Suicide postvention
- Commemoration and memorialization

# Limitations of applying medical model to public health crisis

- ***A school response to a crisis is not the same as a clinical approach applied to every child in the school***
- Need to shift from exclusively a medical model (i.e., screening, evaluation, diagnosis, referral, and treatment for individual students with mental illness) toward a system of universal support as primary response – focusing on building resilience rather than delivering treatment

# Effects of the World Trade Center Attack on NYC Public School Students

Applied Research and Consulting, LLC, Columbia University Mailman School of Public Health, NY State Psychiatric Institute

- Students grades 4-12
- 1 of 4 surveyed 6 months after 9-11 met criteria for one or more probable psychiatric disorders:  
PTSD (11%), major depressive disorder (8%), separation anxiety disorder (12%), panic attacks (9%), agoraphobia (15%)
- Estimated that 250,000 students required counseling
- 87% reported at least 1 trauma symptom 6 months later

# Psychological First Aid

- Provide broadly to those impacted
- Supportive services to promote normative coping and accelerate natural healing process
- All adults should understand likely reactions and how to help children cope



***Anyone that interacts with children can be a potential source of assistance and support – if unprepared, they can be a source of further distress.***

# Common Adjustment Reactions to a Crisis

Fears & Anxiety;  
School  
Avoidance

Sleep problems;  
Change in  
Appetite

Difficulties with  
Concentration &  
Academic  
Performance

Sadness &  
Depression;  
Anger &  
Irritability

Alcohol & Other  
Substance Use

Physical  
Symptoms

Post-traumatic  
symptoms/PTSD

Grief

Guilt

# Grief vs. Trauma

- Trauma and grief often co-occur in lives of children; professional fields have far less overlap
- Reactions after death of close family member/friend viewed in mental health field as normative reactions → do not generally need treatment
- Reactions after traumatic event viewed as symptoms → require treatment

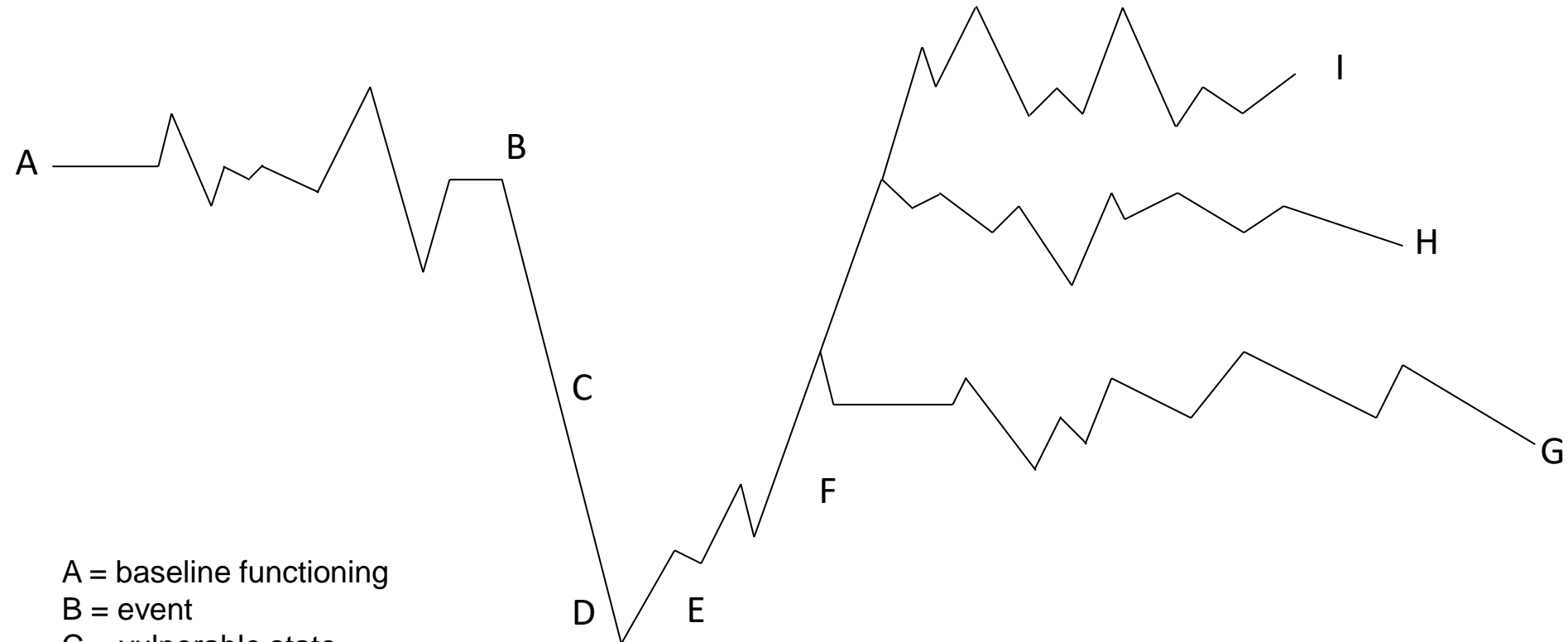
# Co-occurrence of trauma and grief

- Those caring for children who have experienced both trauma and loss should attend to impact of both
- It should not be assumed that every time loss and trauma co-occur, the predominant reactions relate to trauma, nor that consideration of bereavement is less crucial or time-sensitive than trauma
- Interventions designed for treatment of trauma may not be optimal for supporting grieving children

# Crises are not generally isolated events

- Reactions may be due to a wide range of other stressors associated with the crisis
- Yet, we treat crisis events as singular, isolated events in terms of funding
- A crisis often awakens feelings related to a pre-existing or even past crisis

# Adjustment Over Time in Crisis



A = baseline functioning

B = event

C = vulnerable state

D = usual coping mechanisms fail

E = helplessness, hopelessness

F = improved functioning

G = continued impairment

H = return to baseline

I = post-traumatic growth

# Importance of professional self-care

- Recognize it is distressing to be with children who are in distress
- It's important professionals appreciate and address impact of supporting children are grieving, traumatized, or otherwise distressed
- Create a culture where:
  - it is ok to be upset
  - members normalize asking for help and model willingness to accept assistance

# Compassion Fatigue & Burnout

- Exposure to trauma and suffering of others can lead to compassion fatigue
  - Empathy: understanding and taking perspective of another
  - Compassion: requires empathy but includes wanting to help and/or desiring to relieve suffering – “to bear or suffer together”
- Warnings about compassion fatigue imply that compassion is necessarily tiring
- Compassionate approaches can be gratifying and bring meaning to the work

# Supporting those most in need can be gratifying

- Realistic objectives of purpose of interactions
- Have skills and resources to provide meaningful assistance
- Are aware of and have sufficient support to deal with personal impact of work
- Especially difficult in austere environment and when you have other challenges

# Trauma and loss are common; training is not

- 1 out of 20 children experience the death of a parent
- 9 out of 10 experience the death of a close relative or friend by the time they complete high school
- <10% of educators receive any training on how to support grieving children → the main factor limiting their ability and willingness to provide support

# Training is important prior to an event

- Training has not been a priority in teacher preparation coursework nor in professional development
- Often sought only in the aftermath of event
- Just in time training is not in time
- The recommendations we suggest need to be broadly relevant and applied in all communities



# COALITION *to* SUPPORT GRIEVING STUDENTS

## Lead Founding Members



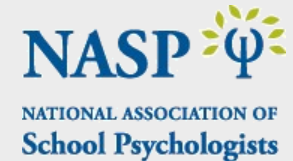
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## Founding Members



School Social Work  
Association of America




# Supporting Organizational Members



# www.grievingstudents.org

Home Page - Coalition to Support Grieving Students x +  
https://grievingstudents.org

DOES YOUR SCHOOL NEED ADVICE NOW? Contact us at 877-53-NCSCB (877-536-2722) or info@grievingstudents.org


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**Children's Grief Awareness Day is November 17**  
This offers guidance to educators on how to recognize Grief Awareness Day in their school.

Additional Resources GUIDES AND POLICIES FAMILY MATERIALS ADDITIONAL MODULES ARTICLES & OTHER PUBLICATIONS EXTERNAL RESOURCES

https://grievingstudents.org/wp-content/uploads/2016/05/Recognizing-Grief-Awareness-Day-in-Your-School-10272022.pdf

[www.grievingstudents.org](http://www.grievingstudents.org)

*Order Free Materials (download)*



After a loved one dies—

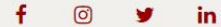
How children grieve and how parents  
and other adults can support them.

www.schoolcrisiscenter.org



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ABOUT RESOURCES PROJECTS NEWS EVENTS SUPPORT



HE TRAVELS TO SCHOOLS AFTER MASS SHOOTINGS. HEAR HIS ADVICE TO PARENTS.

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TALKING TO KIDS ABOUT TRAGEDIES (SUCH AS SHOOTINGS AND TERROR ATTACKS) IN THE NEWS

READ MORE

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Dedicated to helping schools support their students  
through crisis and loss

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National Center for School Crisis and Bereavement



# Public communication during a crisis

- Communication about a crisis should not be a source of further crisis
- Two basic reasons for public communications in setting of crisis: Reassure or provide information to direct people to take actions to decrease risk
- Use language that is direct and simple to understand (avoid jargon)
- Provide accurate and timely information, but avoid undue speculation

# Public communication principles continued

- There will be many sources of information and they won't agree
- Misinformation often travels faster than accurate information and is usually more interesting and compelling
- Those who are ill informed often come up with explanations convincing to those who are ill informed
- People decide what information is correct mainly by trust – often base trust on interpersonal factors
- People often pick up on how we present ourselves more than what we say

# General principles continued

- People don't learn well when stressed; they will be stressed during a crisis. People don't explain things well when stressed – have material scripted prior
- Goal: help people *feel* they understand and know what to do

# Avoid fear-based approaches

- We don't need to craft message that tell people to get scared – they can do that on their own
- Excess fear can lead to:
  - Sense of fatalism
  - Discrediting risks if one risk felt to be false or exaggerated
  - Reactive risk-taking and counter-phobic behavior

# Our behavior should be directed by human behavior in crisis situations

- While we would hope people in crisis rise to the occasion, most are in distress and not at their best
- Those impacted by crisis often react to feeling out of control by trying to exert more control – people will have very different views about what should be done and feel strongly about those views
- People don't generally do what you want them to do, they do what they want/need to do – try not to ask them to choose



# Early intervention and prevention initiatives

- Children's stories, coloring books and parent guidance often quickly developed in immediate aftermath and widely disseminated without evidence base – and without attempt to collect evidence to guide future use
- Materials are developed and promoted for prevention efforts without evaluation for efficacy

# Exercises and drills (e.g., active shooter drills in schools)

- Occurring in almost all schools
- Lack evidence of efficacy – researchers have begun to question efficacy of some popular training approaches
- We must be cautious about potential unintended consequences
- Growing evidence of a significant potential of psychological risks and other unintended consequences, especially when children are deceived or high-intensity drills

# Some children report they want this training

- Some students feel empowered by exercises
- They may underestimate how others with different personalities, coping studies, personal histories of prior trauma or anxiety/stress, and other individual vulnerabilities may respond
- May feel comforted because it provides illusion of control – prevention efforts are only effective if they actually decrease risk of harm
- Such efforts could result in increased guilt if individual is not able to respond in idealized fashion in real event

# Additional considerations

- Unique needs of young children; children who suffered traumatic events/losses or pre-existing anxiety; those with physical, intellectual and NDD rarely considered in exercise planning
- We need research identifying children most likely to experience negative impacts and successful accommodations to mitigate additional burden on vulnerable children
- Must also consider needs of adults

# Summary recommendations

- Research is needed to evaluate the goals, efficacy, and potential unintended consequences of crisis preparedness activities involving children
- Strategies likely to cause significant distress or unintended consequences (e.g., high-intensity live exercises) should be evaluated carefully before implemented, especially in absence of evidence of efficacy