

**Sunnyside Unified School District No. 12**  
**Office of the Assistant Superintendent for Student Services**  
**K-12 Crisis Emergency Numbers**

<b>TEAM A</b>	<b>School</b>	<b>Office</b>	<b>Home</b>	<b>Cell</b>	<b>Crisis Response</b>	<b>Group</b>
Holly Baron	Drexel	545-2757	na	591-4125	2	A
<i>Yolanda Uribe</i>	<i>Esperanza</i>	<i>545-2907</i>	<i>298-0449</i>	<i>891-1290</i>	1	A
Lisa Russell	Liberty	545-3113	207-1865	490-0271	2	A
Kerry Dominguez	Summit View	545-3850	349-3708	349-3708	2	A
Maria Kostin	Rivera	545-3907	na	(928) 446-3513	2	A
Karen Sebring	Apollo	545-2417	885-5971	240-9429	2	A
<i>Patricia G. Garcia</i>	<i>Sunnyside</i>	<i>545-4607</i>		<i>250-9047</i>	1	A
Barb Mathers	Ocotillo/Sierra	545-6318	744-8916	490-6834	2	A
Judy Rubin	Desert View	545-5703	na	891-3310	2	A
Kelly Cobos	Desert View	545-5110	none	668-6404	2	A
Rene Gonzales	Sunnyside	545-5312		427-3989	3	A
Karina Quezada	Sunnyside	545-5392	na	444-2646	2	A
Janie Morales	STAR	545-2309	na	210-836-4085	2	A
<b>TEAM B</b>	<b>School</b>	<b>Office</b>	<b>Home</b>	<b>Cell</b>	<b>Crisis Response</b>	<b>Group</b>
Maria Felix-Holt	Craycroft	545-2659	none	465-3754	1	B
Mary Pond-Gonzalez	Los Amigos	545-3207	398-6402	891-8767	2	B
Christina Sandman	Los Ninos	545-3307	529-0979	520-247-7375	2	B
Ramon Olivas	Santa Clara	545-3722	622-8624	332-3088	2	B
Rubi Soto	Apollo	545-4519	na	460-9928	2	B
<i>Sagrario Espinoza</i>	<i>Challenger</i>	<i>545-4608</i>	<i>na</i>	<i>490-3102</i>	1	B
Krystal Gandara	Lauffer	545-4907	none	390-5710	3	B
Nick Lindell	Sierra			400-1799	2	B
Kristen Morrett	Desert View	545-5112	none	480-227-1269	3	B
Colette Clendaniel	Desert View	545-5257	none	520-861-1723	3	B
Rene Gonzales	Sunnyside	545-5310		520-427-3989	3	B
<i>Bulinda Stevens</i>	<i>Sunnyside</i>	<i>545-5313</i>	<i>na</i>	<i>982-5458</i>	1	B
Kara Parkhurst	ATS	545-3480	na	343-2874	2	C
<b>TEAM C</b>	<b>School</b>	<b>Office</b>	<b>Home</b>	<b>Cell</b>	<b>Crisis Response</b>	<b>Group</b>
Katherine Weyker	Gallego K-3	545-3007	na	979-7966	3	C
Sara Logan	Elvira	545-2807	883-8520	none	3	C
Kelsi Redding	Mission Manor	545-3523			3	C
Wilson Counts	Gallego 4-8			email	3	C
Kathleen Conner	Lauffer	545-4908	320-9215	307-5735	2	C
Josie Alvarez	Challenger	545-4621	325-2937	250-6404	2	C
Darla Wojno	Sierra	545-4808		850-3515	1	C
Heather McAuley	Desert View	545-5111	579-1991	591-3472	2	C
Lisa Parriott	Desert View	545-5704		240-8549	3	C
Eve McOmber	Sunnyside	545-5497	na	237-5741	2	C
Stephanie Arnold	Sunnyside	545-5504	na	955-1973	2	C
<i>Cynthia Garcia (SAFE)</i>	<i>Gallego</i>		<i>579-0339</i>	<i>977-2484</i>	1	C
Elaine Gallardo	Rivera/Elvira		745-2595	279-2891	2	C

## CISM Team Responsibilities and CHECKLIST

The role of the CISM Team is to provide formal debriefings inside the classroom and hold individual and grief group counseling in assigned areas e.g. Library, gym, etc.

- The Principal, C.I.S.M Team, and the School Crisis Team may hold a faculty meeting the day of the incident to give facts and schedule a pre-debriefing meeting the following morning. Be prompt.
- Identify eyewitnesses involved in the critical incident.
- Identify close friends of the victim and those students who have had a recent death loss.
- Assist in the identification of potentially suicidal and at-risk students. Notify their parents. Identify faculty that are having stress responses and provide support.
- Provide assessment and CISM Team intervention.
- Maintain the student under direct observation until his/her parents assume direct care.
- Identify guidelines, fact sheets, forms, memos, letters, etc., which will be used during a given crisis situation.
- Discuss community mental health agencies, private practitioners, and acquire about needed emergency services with Incident Commander if need be.
- Check with Incident Commander to have Counselors and Psychologists be available in hallways, restroom areas, and student gathering areas.
- Check with Incident Commander to have someone available in the faculty lounge or lunchroom.
- Check with Incident Commander and inform them of siblings in other schools and request their School Counselor respond.
- Check with Unified Command regarding hospital visitation or funeral arrangements with the victim's family.
- Check with Unified Command to see who will go to the family's home, send flowers, send cards, and who will attend services.
- Monitor appropriate memorials. Report to Unified Command Staff if there is a problem.
- When in doubt ASK The Unified Command Staff.
- Remind all participants to follow the CHAIN of COMMAND.

# Incident Fact Sheet

## THE FACT AS WE KNOW THEM:

### INFORMATION FOR STAFF:

1. First period teachers should read the statement above: "the facts as we know them."
2. If you need someone to come to your classroom, contact the office. A counselor will come to your classroom if they are needed.
3. Emphasize hard facts. Keep it simple. Be specific. Do what you can do to dispel rumors. Be sensitive to confidentiality issues.
4. When necessary, remind students that people express feelings in different ways- there is no one way to feel or react; their feelings are valid.
5. If you see that there are students who are having a tough time, please encourage the students to see a counselor.
6. One of the most important things to remember is that students will need to talk about this; some far more than others. You will know very quickly if this is the case. It goes without saying that you will not have a "normal class." You may find it appropriate to discuss the crisis as it might affect students as individuals and/or student body.
7. There are some students who will be more directly impacted by this tragedy. If we are able to identify these students we take them directly to the library. We have no idea who will or will not come to school today.
8. Stop by the library during your prep period to see if your help is needed.
9. Recognize that you too will be under stress.
10. There will be a staff debriefing at the end of the day. Meet in the library at 3PM.
11. We will update you whenever possible, and we will let you know when services have been scheduled.
12. Do not under any circumstances speak to any member of the media. We will do everything possible to keep the media away from our students.
13. We will try to keep as close to the regular schedule and activities as possible. Returning to normal will take time.

CRITICAL INCIDENT STRESS MANAGEMENT  
PHASES FOR THE CLASSROOM

Before starting find out if there is anyone that should not be involved in this process like the media or police.

Introduction-

1. Confidentiality issues discussed
2. Purpose: To help you deal with your thoughts and reactions.
3. Not a critique

Fact Phase- Go in a circle

1. Share the facts that you have been given
2. Have them give their name.
3. Allow them to share the information they have heard
4. Continue to share the facts and discourage any rumors.

Thought phase- Open discussion

1. Have them share their first thought when hearing about the incident.
2. Have them continue to share their thoughts

Reaction/Feeling phase-

1. How do you feel about what has happened?
2. Have you ever felt this way before? (They may bring up othe death losses!)
3. Continue to ask feeling questions.

Symptom Phase- Normalize reactions

1. Help them identify a stress response that may be physical, emotional, or reoccurring thoughts, dreams, sounds, smells, or sights (mental pictures).
2. Reassure that these responses are normal to abnormal events.
3. May use symptom checklist.

Teaching phase-

1. May interject this phase throughout the process
2. Request that they allow feelings and reoccurring thoughts or dreams to keep coming up. Assure them these will go away in time.
3. Request that if they can't sleep to not fight it but rather get up watch T.V., talk to someone, or write.
4. May teach the grieving stages (Denial and shock, bargaining, anger, depression, and terms) Also teach that other death losses may come to mind.
5. Request thaty talk often about what has happened that this in itself is healing.

Re-Entry- for closure

1. Questions
2. Reassurances
3. PLAN OF ACTION- very important for closure.

## ***Facilitating Class Discussion***

In general, informing and discussing a traumatic event with students is best done in small-groups where questions can be answered, rumors clarified, and concerns addressed. Some students may choose not to enter into discussion, and some may even express a desire to be excused. Don't force the situation; honor the student's wishes.

Students often start off by saying such things as

- ***I feel terrible.***
- ***S/he was my friend.***
- ***Why did it have to happen?***
- ***I'm really mad that it happened.***
- ***We knew he was upset; we should have done something.***
- ***Things like this don't make sense.***
- ***It could happen to me.***
- ***It's just one of those things.***
- ***I can't believe it.***
- ***If it weren't for (name of someone), it wouldn't have happened.***

You can often help keep students more fully express their thoughts and feelings by paraphrasing what they have just said. Try not to make intrusive comments. At the same time, move the discussion away from any attempts to glamorize or romanticize the event.

After they have been able to express themselves, you need to let them know that what they are thinking and feeling is very natural under the circumstances and that, for some of them, it may take a while before such thoughts and feelings are worked through.

Be sure to tell them who is available to students if they or a friend are very upset. Watch for any student who appears very upset and follow predetermined procedures for connecting that student with someone who is ready to provide psychological first aid.

## 1. PRE-DEBRIEFING MEETING

- A. Obtain information regarding incident
- B. Plan for Counselors/Psychologists to go to classrooms/a few stay in library/designated rooms for eye witnesses/care providers to do formal debriefings
- C. Meeting with faculty
- D. NO MEDIA – refer to public information person
- E. NO POLICE

## 2. FORMAL DEBRIEFING –Place class in a circle

### **INTRODUCTION**

- A. Introduce yourself
- B. Explain importance of confidentiality
- C. Those who do not want to talk can pass

### **FACTS**

- A. Discuss the facts
- B. Go around in a circle and have each classmate state their name and what they know or heard

### **THOUGHTS**

- A. Ask what thoughts they have or physical symptoms (ie, stomachache, headache, etc)
- B. What re-occurring thoughts they are having

### **REACTION/FEELINGS**

- A. Ask what feelings they are having/where in their body is the feeling if needed
- B. Discuss stages of grief/may bring up other losses reassure this is often happens

### **TEACHING STAGE**

- A. Teach how to deal with stress, physical/emotional/thinking
- B. Encourage talking to someone they know who cares
- C. Write letters/journalize/send cards

### **RE-ENTRY**

- A. Wrap up loose ends, answer additional questions, provide final reassurances, establish a plan.

## 3. POST DEBRIEFING MEETING WITH COUNSELORS/PYSCHOLOGISTS ONLY (or Staff Involved)

(It is important for all debriefers to attend this!!)

- A. Discuss the outcome of the debriefing.
- B. Have debriefers discuss thoughts/feelings that stand out for them personally.

## 4. FOLLOW-UP

- A. Discuss who will follow up with classes/individuals etc.
- B. Follow-up to be done with-in one week. Report to Lead Counselor.

# THE FORMAL DEBRIEFING PROCESS

The International Critical Incident Stress Foundation Model (ICISF)  
**Debrief Eyewitnesses Separately/Place all Participants in a Circle**

1. **INTRODUCTION STAGE:** Introduce yourself and any other team members assigned to you. Discuss confidentiality, all individuals are equal (there is no rank), this is not a critique, no note taking, no media allowed, no police allowed, pagers and phones turned off, and anyone else that does not belong there will be asked to leave. Discuss the importance of the debriefing process (to reduce P.T.S.D. etc.).
  
2. **FACT STAGE -**
  - A. For students who were not involved or did not witness the incident, read from the FACT SHEET given to you by the Principal. Discuss other things that the kids may have heard and refer back to the fact sheet.
  - B. For eyewitnesses who were at the scene, have them tell you their perception and what they did at the scene.
  
3. **THOUGHT STAGE -**
  - A. During this stage ask what thought keeps reoccurring. Ask what their worst thought is regarding this incident. Ask about daydreams or nightmares that caused sleep disturbances.
  - B. For eyewitness, ask about reoccurring flashbacks, thoughts, sights, smells, and thoughts, etc. Reassure them that everything they are experiencing is absolutely normal.
  
4. **FEELING/EMOTIONAL REACTION STAGE -** Discuss feelings like anger, irritability, sadness, helplessness, hopelessness, and the grief process. Help them to identify their feelings.
  
5. **SYMPTOM STAGE -** Discuss any symptoms they may be having. Refer to The Critical Incident Information Sheet and Helpful Hints. Discuss the symptoms listed. It is helpful to have them put a check mark by each symptom they are experiencing.
  
6. **TEACHING STAGE -** Discuss and normalize all experiences. Discuss exercising, diet, encourage talking about what they experienced to someone they trust, and encourage drinking water (reduces stress hormones).
  
7. **RE-ENTRY/PLANNING STAGE -**
  - A. With those grieving, discuss what they would like to do for the family. If it was a serious injury, what they can do to help the family or the victim. Discuss funeral or memorial schedules, etc.
  - B. With eyewitness, discuss what they can do to help themselves, whether they take a CPR class or something of the like.

**SAMPLE**

# CRISIS COUNSELING LOG

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME	Grade	Teacher/Period	Time In	Time Out	Would you like a counselor to call you in?	
			Yes	No	Yes	No





## STAGES OF GRIEF

Following are the six stages through which people must pass when confronted with most forms of loss. They are based on the principles of Elizabeth Kubler-Ross.

Depending on individual needs, a person may stay in one stage for a long time, move back and forth from one stage to another, or move through each stage in the order listed below.

### DENIAL

*Definition:* The 'shock' stage when a person is not able to face the loss that has just occurred. This may be expressed by feeling nothing or insisting there has been no change. This is an important stage and gives people a "time out" to recognize, reorganize, and begin to deal with the loss.

*Normal Symptoms:* Fantasize or state that trauma has not occurred or is temporary.

*More Serious Symptoms:* Prolonged fantasy; difficulty distinguishing reality from fantasy.

### ANGER

*Definition:* Often, after denying a situation, people turn around and react through anger. It can be expressed through nightmares, fears, and/or aggressive behaviors. People in this stage need opportunities to express anger in a positive and healthy way. They may blame themselves or others.

*Normal Symptoms:* Mild illness or injuries; nervousness; acting out; anger directed at unrelated parties.

*More Serious Symptoms:* Prolonged fears or nightmares; rage; uncontrolled violence.

### BARGAINING

*Definition:* The purpose of bargaining is to regain a loss. Consequently, a promise is made to do something in order to get something in return.

*Normal Symptoms:* Threats; making promises; angelic behavior.

*More Serious Symptoms:* Continual tantrums; need to control environment.

### DEPRESSION

*Definition:* A feeling of loss or sadness due to missing the way things were before the traumatic event. Depression sets in when it is realized that anger and bargaining will not work and that the change most likely will be permanent. This is the stage most associated with "grieving" for whom or whatever has been lost. People in this stage need to know that others understand and are concerned about their feelings.

*Normal Symptoms:* Apathy; withdrawal; loss of interest; daydreaming.

*More Serious Symptoms:* Loss of appetite; self-harming actions; prolonged sense of helplessness.

### ACCEPTANCE

*Definition:* Ability to passively adapt to change and resume normal activity. A time when the loss or death is acknowledged. A period of calm following the release of emotions, demonstrated by a lifting of sadness and a willingness to continue living in spite of the loss.

*Normal Symptoms:* Lift of apathy and mechanical responses.

*More Serious Symptoms:* Pretending to accept situation without really having gone through previous stages.

### HOPE

*Definition:* Evidenced by a revitalization of energy, a renewed interest in old friendships and the development of new friendships. Although possibly wishing for things to return to the remembered past, the individual can acknowledge good things that resulted from the change.

*Normal Symptoms:* Renewed Interest in old activities; return of sense of humor.

*More Serious Symptoms:* Sarcasm; pretending or presenting false hope which is still a form of denial.

## Suicide

A school's general response to a suicide does not differ markedly from a response to any sudden death crisis, and the Procedures for General Crisis Intervention can appropriately be implemented. However, some issues exclusive to suicide require specific attention.

School administrators must allow students to grieve the loss of a peer without glorifying the method of death. Over emphasis of a suicide may be interpreted by vulnerable students as a glamorization of the suicidal act, which can assign legendary or idolized status to taking one's own life. Those who desire recognition may be encouraged to emulate the victim's behaviors.

The following "DOs" and "DON'Ts" will help school staff limit glamorization of suicide:

**Do** verify the facts, and treat the death as a suicide.

**Do** acknowledge the suicide as a tragic loss of life.

**Do** provide support for students profoundly affected by the death.

**Do** emphasize that no one is to blame for the suicide.

**Do not** dismiss school or encourage funeral attendance during school hours.

**Do** consider establishing up a fund for contributions to a local suicide prevention hotline or crisis center or to a national suicide prevention organization.

**Do not** organize school assemblies to honor the deceased student or dedicate the yearbook or yearbook pages, newspaper articles, proms, athletic events, or advertisements to the deceased individual.

**Do not** pay tribute to a suicidal act by planting trees, hanging engraved plaques, or holding other memorial activities.

A suicide in the school community can heighten the likelihood, in the subsequent weeks, of "copycat" suicide attempts and threats among those especially vulnerable to the effects of a suicide. To prevent further tragedies, students considered to be especially susceptible to depression/suicide must be carefully monitored and appropriate action taken if they are identified as high risk. These efforts require a limited, rather than school wide, response.

**CLASSROOM GUIDELINES:  
CLASSROOM DISCUSSION WHEN A STUDENT DIES**

1. Review the facts and dispel rumors.
2. Share your own reactions with the class and encourage students to express their reactions in a way appropriate for them, noting that people react in many ways and that is okay.  
**Possible discussion: What was it like for you when you first heard the news?**
3. Inform students of locations for grief support; reassure students that any adult in the building is available for support.  
**Possible discussion: How can you students help each other through this?**
4. Listen to what students have to say. It is important not to shut off discussion.
5. Talk with students about their concerns regarding "what to say" to other bereaved students and the family of the deceased. If applicable, share information about the deceased's culture (beliefs and ceremonies) which will help students understand and respond comfortably to the affected family.  
**Possible discussion question: If you were a member of (the student's) family, what do you think you would want at a time like this?**
6. If the student died of an illness and it is appropriate to do so, discuss the illness. This is especially useful for younger children who may need to differentiate between the illness of the child who died and any medical problems of others the child knows.
7. If a suicide occurs, discuss facts and myths about suicide.
8. Allow students to discuss other losses they have experienced. Help them understand this loss often brings up past losses; this is a normal occurrence.
9. Encourage students to discuss their feelings with their parents/families. Keep in mind a "regular" day may be too hard for grieving students. Offer choices of activities.

## ***Age-Specific Reactions to Loss***

### **Age 6-10**

Reactions observed primarily in play or artwork.

- Reduced attention span
- Changes in behavior
- Fantasizing event with savior at the end
- Mistrust of adults

### **Age 10-12 in girls, 12-14 in boys**

Reactions reflected primarily in behavior which is less mature than characteristic behavior.

- Anger at unfairness
- Excitement of survival
- Attributes symbolic meaning to events (omens)
- Self-judgmental
- Psychosomatic illness

### **Age 13-18 in girls, 15-18 in boys**

Reactions are similar to adult behaviors.

- Judgmental
- Mortality crisis
- Move to adult responsibilities to assume control
- Suspicious and guarded
- Difficult eating and sleeping
- Alcohol and other drug abuse
- More impulsive

## **SPECIAL ISSUES WITH ADOLESCENTS**

- Allow regression and dependency
- Realize their lack of life experience in handling trauma
- Allow expression of feelings such as sorrow, hostility, and guilt
- Encourage discussion
- Allow for fluctuations in maturity level
- Watch for emergence of unfinished business or unresolved conflicts of the past
- Answer questions and provide factual information
- Correct distortions
- Avoid power struggle with adolescents
- Focus on strengths and constructive adaptive behaviors
- Identify and help resolve adolescents' sense of powerlessness

## COMMON MYTHS ABOUT GRIEF AND LOSS

- **Myth: Grief and mourning are the same experience.** Grief is an internal experience, the thoughts and feelings that occur after a significant loss. Mourning is the outward expression of that grief through language and/or behavior. It is mourning, not just grieving, that ultimately leads to healing.
- **Myth: A child's grief and mourning are short in duration.** Grief and mourning constitute a process not an event. Sometimes children don't "show" strong feelings about a loss, particularly initially; sometimes they want to go out and play soon after learning about a loss. Children work out feelings best through play. This does not mean that they are not mourning or that they have "gotten over it" quickly, but may rather be the only way they have of protecting themselves from the hurt and pain they do feel. Sometimes children don't "show" their feelings because that is what is modeled by the adults around them; sometimes they control their feelings so as not to upset those around them.
- **Myth: Grief and mourning proceed in a predictable and orderly stage-like progression.** No two children are alike in their experience and expression of grief and mourning, and there is no prescribed pattern of "normal" grief and mourning. Not even children in the same age group, with all their developmental similarities, will grieve and mourn the same way. Rather than assume we "know" what a child will (or worse yet "should") experience, we need to allow and encourage the child to teach us about his/her grief, about the variety of unique thoughts, feelings, and behaviors the child experiences as part of the healing process.
- **Myth: Infants and toddlers are too young to grieve.** Any child old enough to love is old enough to grieve and mourn. While infants and toddlers cannot use words to "teach us about their grief," we can learn much from their behaviors if we pay attention. Regressive behavior, sleep disturbances, and explosive emotions are all ways that pre-verbal and early-verbal children express their grief.
- **Myth: Children are not affected by the grief and mourning of the adults who surround them.** The most important factor in enabling and encouraging children to move through mourning toward healing is the behavior of the significant adults around them. In some cases, adults deny or conceal their own grief and mourning, teaching children to do the same and leaving them to create their own explanations, often blaming themselves, for the unhappiness and tension they feel around them. In other cases, the adults may be so distraught that they are emotionally unavailable to the children, leaving them without a much-needed caring adult support system.
- **Myth: Childhood bereavement leads to adult maladjustment.** While the trauma of childhood bereavement is significant, it does not preclude positive adjustment. Healing or "reconciliation" is greatly facilitated by family and social environments which allow and help children to do the "work" of mourning.
- **Myth: Children are better off if they don't attend funerals.** A funeral is a significant event which allows and encourages both adults and children to comfort each other, to openly mourn, and to honor the life of the person who has died. Children should have the same opportunity as adults (indeed, should be encouraged, but never forced) to attend and participate in this important ritual in the company of caring adults.

- **Myth: Tears are an expression of "weakness" and should be discouraged. Adults should avoid topics that might make children cry.** Because children's crying often makes adults feel helpless, there is a tendency for them to urge children to "be strong" and to avoid situations or topics that might elicit children's tears. Crying is nature's way of releasing internal tension and allows both children and adults to communicate a need to be comforted. Rather than a sign of weakness, tears are a sign of the on-going "work" of mourning, and this natural expression of grief should not be thwarted or discouraged. Adults who can share their own tears provide healthy models for this process.
  
- **Myth: Adults should be able to make bereaved children understand about religion and death.** Abstract concepts are difficult to teach under any circumstances and certainly so when a death raises questions of religion and spirituality. A major goal should be to clarify any misconceptions and avoid providing explanations or concepts which minimize or deny the impact of the death on the child or overwhelm the child's capacity to mourn.
  
- **Myth: The goal in helping bereaved children is to help them "get over" their grief and "get on with" their lives.** Neither children nor adults ever "get over" their grief. Rather, they "reconcile" or come to terms with their loss in a way which enables them to move forward. Pushing children to resolve or "get over" their grief impedes the healing process.

Responding to Crisis at a School (<http://smhp.psych.ucla.edu>).

# CRITICAL INCIDENT STRESS INFORMATION

## PHYSICAL

1. Chest Pain (See a Doctor)
2. Chills
3. Irritable Bowel Syndrome
4. Dizziness
5. Fatigue
6. Feeling uncoordinated
7. Headaches
8. Increased blood pressure
9. Muscle aches
10. Nausea
11. Profuse sweating
12. Rapid breathing
13. Rapid heart beat
14. Sleep disturbances
15. Tremors (lips, hands)
16. Upset stomach
17. Onset of illness
18. Kinetic sensations
19. *Crawlings*

The signs and symptoms of a stress response may last a few days, weeks, or months and occasionally longer depending on the severity of the traumatic event.

## THINKING

1. Confusion
2. Difficulty Concentrating
3. Difficulty forming words- Verbal acuity
4. Difficulty making decisions
5. Difficulty problem solving
6. Difficulty naming common objects
7. Disorientation to place and time
8. Feeling numb
9. Flashbacks
10. Memory problems
11. Poor attention span
12. Problem with number calculations
13. Seeing the event over and over again
14. Slowed thinking
15. Difficulty learning
16. Difficulty putting thoughts on paper
17. Reoccurring thoughts
18. Sights, sounds, smells

## EMOTIONAL

1. Anger
2. Anxiety
3. Depression \*
4. Fear
5. Feeling abandoned
6. Feeling isolated
7. Feeling lost
8. Distressing dreams
9. Grief
10. Guilt
11. Irritability
12. Sadness
13. Shocked
14. Startled
15. Wanting to hide
16. Repressed anger/ sadness
17. Withdrawal
18. Dissociation
19. *Drawings (Self-medicate)*

With understanding and support of loved ones, the stress responses usually pass more quickly. Occasionally the event is so painful too manage alone that assistance from a counselor may be necessary.



## Helpful Hints in Dealing with a Critical Incident

Implementing the following suggestions may help to alleviate the stress responses associated with a traumatic event.

### For Yourself

1. Try to rest more.
2. Eat vegetables and protein.
3. Drink lots of water.
4. Contact friends and have someone stay with you for a few hours or a day or so.
5. Maintain a normal schedule and then get back to your regular schedule.
6. Reoccurring thoughts, dreams, and flashbacks are NORMAL. Do NOT try and fight them. They will decrease over time and become less painful.
7. Exercise (walk, lift weights, swim etc.).
8. Express your feelings as they arise. Switch negative thoughts to positive thoughts. Explore and make positive behavioral choices.
9. Talk to people who you love and trust.
10. Find a counselor trained in Stress Management if the feelings are prolonged or too intense.

### For Your Family and Friends

1. LISTEN carefully.
2. Spend time with your loved one.
3. Do NOT take their anger or irritability or other feelings personally.
4. Reassure them that they are safe.
5. Offer your assistance and a listening ear even if they have not asked for help.
6. Help them with everyday tasks e.g. caring for the family or minding their kids for a while.
7. Give them some private time.
8. Do NOT tell them that they are lucky it was not worse...People are not consoled by these statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.
9. Make sure they are eating a well-balanced meal and exercising. Suggest taking a walk together.
10. When the time presents itself and only when it is appropriate, expose them to something fun that will promote laughter. Laughter is very helpful in stabilizing a traumatized person (remember only when appropriate). If the symptoms described on the previous page are severe or if they last longer than six weeks, the traumatized person may need professional counseling.

## Hoja De Información Sobre la Tensión Por Un Incidente Crítico

Ha experimentado un acontecimiento traumático (un golpe, una pérdida de un amigo, compañero de trabajo, o un ser querido, o pérdida de una propiedad, una amenaza seria, o una experiencia emocional abrumadora). Aunque el acontecimiento puede que haya terminado, usted puede ahora estar experimentando o pudiera experimentar más adelante algunas respuestas cognitivas (los pensamientos), emocionales, o fuertemente físicas.

Es muy común, de hecho absolutamente NORMAL, que la gente experimente efectos emocionales después de haber pasado por un acontecimiento horrible. A veces, estos efectos emocionales o REACCIONES de ESTRÉS aparecen inmediatamente después del acontecimiento (Severo). Estas reacciones pueden aparecer ocasionalmente después de algunas horas, pocos días, semanas, o meses más adelante (RETRASADO). Usted Pudo haber experimentado otros acontecimientos traumáticos recientemente o en el pasado (ACUMULATIVO). Las señales y síntomas de una reacción del estrés pueden durar algunos días, semanas, o meses y de vez en cuando más largo dependiendo de lo severo que es el acontecimiento traumático. Con la ayuda y apoyo de sus seres queridos, la reacción del estrés generalmente pasa más rápido. De vez en cuando, la experiencia puede ser tan dolorosa que puede ser necesaria la ayuda profesional de un consejero entrenado en Manejos de Incidentes Críticos del Estrés. Esto no implica que sea ayuda profesional mental o debilidad. Simplemente Indica que este acontecimiento traumático en particular fue doloroso y difícil que uno no puede manejarlo por si mismo.

Físicamente	Pensamientos	Emociones
1. Dolor de pecho (consulte a su medico)	1. Confusión	1. Cólera
2. Escalofrío	2. Teniendo dificultad al concentrarse	2. Ansiedad
3. Síndrome irritable del Intestino	3. Teniendo dificultad al hablar.	3. Depresión
4. Atarantas	4. Teniendo dificultad en tomar decisiones	4. Temor
5. Fatiga (cansancio)	5. Teniendo dificultad en resolver problemas	5. Sintiendo abandonado
6. Sin coordinación	6. Teniendo dificultad al nombrar objetos comunes	6. Sintiendo aislado
7. Dolor de cabeza	7. Desorientación de lugar o tiempo	7. Sintiendo perdido
8. Alta Presión	8. Entumecimiento	8. Teniendo pesadillas
9. Dolor de músculos	9. Retrocesos	9. Pesar
10. Náusea	10. Problemas de memoria	10. Culpabilidad
11. Sudor profuso	11. Falta de atención	11. Irritado
12. Respiración rápida	12. Problemas calculando números	12. Triste
13. Palpitación de corazón rápida	13. Visualizando el acontecimiento vez tras vez.	13. Estado de shock
14. Insomnio	14. Pensamientos retrasados	14. Asustado
15. Temblor (labios, manos)	15. Teniendo dificultad al aprender	15. Queriendo esconderse
16. Dolor de estómago	16. Teniendo dificultad al escribir sus pensamientos	16. Cólera o tristeza reprimida
17. Inicio de una enfermedad	17. Pensamientos que ocurren vez tras vez	17. Retirarse
18. Sensación cinética	18. Visualizaciones, ruidos, olores	18. Disociación

## Comunicado para padres de familia y tutores

Demuestre que le interesa: ¡Vamos a prepararnos para los exámenes!  
Padres, aquí están algunos consejos provechosos que pueden ayudarle a su estudiante a descubrir maneras como pasar los exámenes sin tener estrés

### COMO PUEDE USTED AYUDAR

1. Recuérdele a su niño que ningún examen puede compararse al lo estupendo que él es.
2. Haga ciertos ejercicios de relajación con su niño, por ejemplo respirar profundamente o contar en silencio del diez al uno. Sugíerale que haga estos ejercicios antes de tomar una prueba para mantenerse relajado y concentrado.
3. Elogie siempre a su niño por hacer bien en asignaciones de la escuela. Los niños que se sienten bien de sí mismos hacen mejor en las pruebas.
4. Asegúrese que su niño duerma lo suficiente un día antes de una prueba.
5. Prepárele a su niño un desayuno ligero el día de la prueba, bajo en azúcar. Una comida pesada puede hacer a un niño soñoliento.
6. Ayúdele a su niño a llegar a la escuela a tiempo.
7. Provéele a su niño con una botella de agua y una botana saludable.
8. Recuérdele a su niño que lea todas las preguntas y respuestas cuidadosamente. Agregue que si no sabe la respuesta que puede adivinar – ¡puede que adivine bien!

## CRITICAL INCIDENT STRESS INFORMATION SHEET

You have experienced a traumatic event (an injury, loss of a friend, co-worker, loved one, or property, a serious threat, or an overwhelming emotional experience). Although the event may be completed, you may now be experiencing or may experience later some strong cognitive (thoughts), emotional, or physical responses. It is very common, in fact quite NORMAL, for people to experience emotional aftershocks when they have passed through a horrible event. Sometimes these aftershocks or STRESS RESPONSES appear immediately after the event (ACUTE). At times these responses may appear a few hours, few days, weeks, or months later (DELAYED). You may have experienced other traumatic events recently or in the past (CUMULATIVE). The signs and symptoms of a stress response may last a few days, weeks, or months and occasionally longer depending on the severity of the traumatic event. With understanding and support of loved ones, the stress responses usually pass more quickly. Occasionally the event is so painful that professional assistance from a counselor trained in Critical Incident Stress Management may be necessary. This does not imply craziness or weakness. It simply indicates that the particular traumatic event was just too painful to manage alone.

PHYSICAL	THINKING	EMOTIONAL
1. Chest Pain (See a Doctor)	1. Confusion	1. Anger
2. Chills	2. Difficulty Concentrating	2. Anxiety
3. Irritable Bowel Syndrome	3. Difficulty forming words Verbal acuity	3. Depression
4. Dizziness	4. Difficulty making decisions	4. Fear
5. Fatigue	5. Difficulty problem solving	5. Feeling abandoned
6. Feeling uncoordinated	6. Difficulty naming common objects	6. Feeling isolated
7. Headaches	7. Disorientation to place and time	7. Feeling lost
8. Increased blood pressure	8. Feeling numb	8. Distressing dreams
9. Muscle aches	9. Flashbacks	9. Grief
10. Nausea	10. Memory problems	10. Guilt
11. Profuse sweating	11. Poor attention span	11. Irritability
12. Rapid breathing	12. Problem with number calculations	12. Sadness
13. Rapid heart beat	13. Seeing the event over and over again	13. Shocked
14. Sleep disturbances	14. Slowed thinking	14. Startled
15. Tremors (lips, hands)	15. Difficulty learning	15. Wanting to hide
16. Upset stomach	16. Difficulty putting thoughts on paper	16. Repressed anger/ sadness
17. Onset of illness	17. Reoccurring thoughts	17. Withdrawal
18. Kinetic sensations	18. Sights, sounds, smells	18. Dissociation

## Helpful Hints in Dealing with a Critical Incident

Implementing the following suggestions may help to alleviate the stress responses associated with a traumatic event.

### For Yourself

1. Try to rest more.
2. Eat vegetables and protein.
3. Drink lots of water.
4. Contact friends and have someone stay with you for a few hours or a day or so.
5. Maintain a normal schedule and then get back to your regular schedule.
6. Reoccurring thoughts, dreams, and flashbacks are NORMAL. Do NOT try and fight them. They will decrease over time and become less painful.
7. Exercise (walk, lift weights, swim etc.).
8. Express your feelings as they arise. Switch negative thoughts to positive thoughts. Explore and make positive behavioral choices.
9. Talk to people who you love and trust.
10. Find a counselor trained in Stress Management if the feelings are prolonged or too intense.

### For Your Family and Friends

1. LISTEN carefully.
2. Spend time with your loved one.
3. Do NOT take their anger or irritability or other feelings personally.
4. Reassure them that they are safe.
5. Offer your assistance and a listening ear even if they have not asked for help.
6. Help them with everyday tasks e.g. caring for the family or minding their kids for a while.
7. Give them some private time.
8. Do NOT tell them that they are lucky it was not worse...People are not consoled by these statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them.
9. Make sure they are eating a well-balanced meal and exercising. Suggest taking a walk together.
10. When the time presents itself and only when it is appropriate, expose them to something fun that will promote laughter. Laughter is very helpful in stabilizing a traumatized person (remember only when appropriate). If the symptoms described on the previous page are severe or if they last longer than six weeks, the traumatized person may need professional counseling.