

THE ELEMENTARY CLASSROOM IN A SCHOOL CRISIS

In times of crisis, our entire being – physical, emotional, mental, spiritual, behavioral – goes into peak performance mode. The adrenalin flows, we become very alert especially to danger, our emotions become intense, we may have difficulty sitting still, waiting, doing nothing, and we often feel very connected to others in the crisis with us. This is very draining; we become exhausted, but we continue to push on because we cannot stop until something tells us the crisis is over.

Crisis intervention is a way of acknowledging the physical, emotional, mental, spiritual, behavioral changes that occur in crisis. Offering to care for each other will help heal the wounds of crisis. In the elementary school, most of the crisis intervention happens in the classroom with the regular classroom teacher. Therefore, teachers need crisis intervention training to be able to manage their own responses and assist children to process what has happened.

THE TEACHER

1. In crisis, students look to the teacher more intently for verbal guidance and for emotional modeling. It is imperative that you model healthy coping with the crisis situation. Healthy coping consists of honest acknowledgement of the realities of the situation, open discussion of thoughts, feelings, and ways to cope, active listening and caring support. The temptation is to tell children that everything will be all right; in fact, you cannot promise this. You can, however, listen, reinforce reality, combat rumors, encourage discussion of thoughts, worries, fears, frustration and other feelings, and be there as a calm presence. You can also help children to talk about coping skills – what they can do to help themselves feel better when they are upset.
2. If you suppress all feelings and attempt to carry on class as usual without acknowledgement of the situation, you prevent yourself and the students from coping with the emotions that arise spontaneously in crisis situations. The resultant stress will continue in the classroom and in each person's life outside the classroom until it is dealt with. The longer the stress is ignored, the more difficult it is to deal with.
3. You must take care of yourself. Carrying the weight of your own crisis response, monitoring children in crisis, and changing your class plans spontaneously can be extremely stressful. If you need a break from your classroom, ask the floating sub to come in for you. It is much easier to prevent stress overload than to remediate it.
4. Learn how people function in stressful situations and apply this knowledge to yourself and your students. The teacher who knows how children function under stress, how they cope with crisis and grief, and how they heal will be able to facilitate rather than interfere with the natural healing process that resides in all of us.

THE STUDENTS

1. Changes in behavior are indicators of the stress of crisis situations. Common behavioral changes in crisis situations include the following:
 - Withdrawal: some students will be less talkative, less interactive, less participative
 - Talkativeness: some want to talk non-stop about the crisis; some want to talk non-stop about anything that will distract from the crisis, some talk with inappropriate silliness, sarcasm, or insensitivity to avoid uncomfortable feelings.
 - Silence: some students don't want to talk about anything.
 - Changes in eating patterns: particularly watch the student that eats far less than usual – lowered blood sugar contributes to feelings of depression and limits cognitive functioning. Also note the child who began overeating in crisis and has not returned to previous eating patterns within two weeks.
 - Change in sleeping patterns: children who uncharacteristically fall asleep in school may not be sleeping well at night; it is appropriate to alert parents and/or refer to the social worker. Likewise, if parents report oversleeping at home, a check-up is in order.
 - Lack of interest: Observe changes in the students interest level, particularly in things the student usually finds interesting. If it continues for more than two weeks a referral may be in order.
2. Changes in emotional responses are also indicators of stress. Some common emotional responses in crisis situations include the following:
 - Fearfulness: including fears seemingly unrelated to the crisis event
 - Anxiety: often an increased startle response and/or general sense of emotional discomfort are seen; may also extend to frequent waking at night and/or nightmares
 - Irritability: arguments come more easily, negative assumptions and perceptions run rampant
 - Grief: people grieve over all kinds of losses, including the loss of people, material things, familiar surroundings, safety or security, relationships, self image, social role, and physical capability. Grief may be expressed as sadness, but also anger, fear, and sometimes even joy. Positive feelings may bring guilt.
 - Identification with the victim: if someone has died or been seriously hurt, some students may focus on how it felt to be that person, worry about the pain endured, feel guilt that it did not happen to them, and even reject the living victim or family and friends of the deceased. This rejection is a way to distance and “magically” protect themselves from the same fate. If this continues for more than two weeks or seems to intensifying rather than diminishing, a referral to a mental health professional is in order.

THE PARENTS

Informed parents can be wonderfully supportive to children exposed to traumatic situations. Uninformed parents can be destructive to the psychological well-being of their children and of the school environment. Schools in crisis invest their time wisely when they inform parents of what has happened, what kinds of reactions to expect from their children, and what they can do or say to help their children cope with the situation. What you tell parents must be tailored to each crisis situation because events and their ramifications often determine what the child's concerns may be.

Generally, we can expect some of the following reactions from children:

- Irritability – grumpiness about little things
- Changes in eating habits – may be picky, or may eat everything in sight
- Changes in sleeping – scary dreams, frequent waking, may be tired in A.M.
- Changes in talkativeness – non-stop talking or uncharacteristic silence
- Fears about personal safety – ghosts, burglars, bogeymen, monsters
- Fears about the safety of those who care for the child – especially if another child's caregiver has died, but any death can elicit fear of loss of caregiver

We can help by:

- Giving the child accurate, though perhaps limited, information about what occurred; if they are to do this, school personnel must send home accurate information. This also helps in rumor control
- Encouraging the child to talk about his/her thoughts and feelings about the event
- Making allowances for irritability, eating/sleeping disturbances
- Allowing the child to play about the event – this is how children assimilate emotionally difficult information
- Giving honest reassurance about safety – don't promise what you may not be able to deliver. Some children need to know who will take care of them if their parents die
- Keeping the teacher and school social worker informed about reactions at home so the school can be sensitive to the child's needs

These reactions usually diminish significantly within a week or two. If they do not, an evaluation by a mental health professional is appropriate.

The school that offers this kind of support will make many friends. The school that offers nothing to parents may incur their wrath. When parents are not supported, they sometimes misplace their anger about the event on the school or school personnel. Unless the school is truly culpable in the precipitation of the crisis, such negative reactions can usually be prevented.