



Many of us are feeling the weight of our community's grief as we begin the recovery process. The intensity of the trauma can take its toll and it is so important we care for each other and ourselves. In addition, many of us are in caregiving roles as parents and professionals. While some of us are further removed in terms of physical distance, we are all connected emotionally to this event and all of us have been impacted in some way.

### Talking with Youth

When youth ask questions, it is important to tell the truth without escalating fears. Refer to communication verified by law enforcement and/or other authorities about what happened. Share only general details as specific details can escalate threat perceptions. It's possible you won't have answers to every question. It's okay to say "*I don't know*." Acknowledge that it's frustrating to not have all the answers. Sometimes youth will ask questions that are sensitive or may be better answered by parents/primary caregivers or another trusted adult. (e.g., "*Why did God let this happen?*"). Many times they ask, "*Is this going to happen again?*" or "*It happened there, why couldn't it happen here, too?*"

Direct answers or yes/no responses can be problematic so it's better to broaden your response with reassuring facts. For example, "*It sounds like you have some concerns about your/our safety. It's important you know there are a lot of people that care about you, and they are doing everything they can to keep us safe. Today they are....; tomorrow the plan is...*" While such responses do not guarantee safety, they can provide needed hope and comfort. Repetition of reassuring and factual statements may be needed over time. It is also important to normalize common reactions such as changes in sleep, eating, concentration at school, motivation, level of worry, etc. Remind them they are not alone with those reactions/feelings and with time, reactions tend to get better. Remind them where to find supports. If they have more serious behaviors/emotions that are less common (e.g., suicidal ideation, threats, extreme fear or other overwhelming emotions), refer them to a school or community mental health professional crisis team member who can more thoroughly check on the child's needs.

Additional guidance can be found at: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/talking-to-children-about-violence-tips-for-parents-and-teachers>



### **Caregiver (Parent and Parent) Support**

A natural instinct is for parents, teachers, and other caregiving adults to put their personal needs aside in order to ensure the safety and well-being of the children in their care. It is extremely important for caregivers to monitor their own reactions and take care of their own needs, because failure to do so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines have been severely disrupted and for which recovery will take a long time.

Caregivers can also experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy. Caregivers who have their own histories of prior psychological trauma, loss and grief, mental illness (including substance abuse), or who lack social and family resources can be even more vulnerable to these issues.

If the following reactions are experienced or observed, it is important to seek professional supports:

*Cognitive reactions:* inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, or an inability to express oneself verbally or in writing.

*Physical reactions* - chronic fatigue and exhaustion, gastrointestinal problems, headaches and other aches and pains, loss of appetite, or difficulty sleeping.

*Emotional reactions* - excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.

*Behavioral or social reactions* - alcohol and substance abuse, withdrawal from contact with loved ones, or an inability to complete or return to normal job responsibilities.

To mitigate these consequences, it is important to ensure good physical and emotional self-care, continue to seek connections with others to maintain social care, and identify support resources. It is ok to ask for help and doing so models for youth the importance of reaching out.

The following document provides additional information on how to identify trauma responses and strategies for ensuring self-care. <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-guidelines-for-administrators-and-crisis-teams>



### **Teacher/Staff Support:**

It is critical for school districts to allow supports to be available to their staff. Educators are in a very tough position, physically and emotionally to try and “stay strong” for their students, while at the same time providing a stable educational environment while they may also be struggling to manage their own emotions. Supports should include, providing access to counseling services, having coverage available in case the educator/staff member becomes emotionally overwhelmed, decrease job demands, frequent check-ins on physical and emotional health, show gratitude, and provide professional development to increase skill sets in responding to student needs in the aftermath of a crisis event.

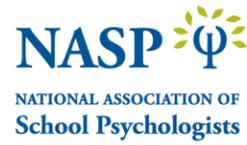
More information guidance on long-term recovery can be found at:

<https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-safety-and-crisis/school-violence-resources/recovery-from-large-scale-crises-guidelines-for-crisis-teams-and-administrators>

### **Behavioral Threat Assessment and Management (BTAM)**

BTAM is a multidisciplinary, fact-based, systematic process designed to identify, assess, and manage potentially dangerous or violent situations where someone is intending to injure or kill others. The primary goal of BTAM is intervention, not punishment. Violence is preventable, and school threat assessment teams are a critical component to school safety. The BTAM process is utilized specifically in response to a threatening situation and when there are concerns for targeted acts of violence. The BTAM process does not replace, nor is it a substitute for, child study/behavioral intervention teams that engage with other nonviolent behaviors of concern (e.g., academic, attentional, emotional regulation, social skills). BTAM is not a mechanism to allow schools to remove children from school because they may have behaviors that are difficult to manage. Rather, the purpose of the BTAM team is to identify, evaluate, and address potential threats to help schools distinguish between incidents where a threat was made but there is no legitimate intent to harm and other incidents in which the student poses an actual threat of targeted violence.

For more information on BTAM visit: [https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/behavioral-threat-assessment-and-management-\(btam\)best-practice-considerations-for-k%E2%80%9312-schools](https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/behavioral-threat-assessment-and-management-(btam)best-practice-considerations-for-k%E2%80%9312-schools)



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**Risk assessments** conducted with an organization are different than the threat assessment process described above. Conducting a risk assessment with organizations can include physical security audits and also psychological safety audits (e.g., look at discipline data to identify trends, fair and equitable discipline practices, meeting mental health needs of staff, etc.) In the aftermath of a trauma, psychological triage must be conducted (identifying level of impact and how an individual is impacted) and supports need to be provided based upon demonstrated need.