

MANAGING TRAUMA

A GUIDE TO MANAGING TRAUMA FOLLOWING AN INCIDENT



Education
and Training



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CONTENTS

About this guide	4
Short-term response	9
Key actions	10
Form a recovery team	12
Identify those most at risk	13
Triage for support	14
Create calm safe spaces	15
Incident communication plan	18
Medium-term response	21
Key actions	22
Long-term response	25
Key actions	26
General support tools	27
Understanding trauma	28
Advice on self-care	32
Developmental traumatic stress responses	34
Working with the media	39
Death of school community member	40
Funerals, tributes, memorials and rituals	41
Talking with children about grief and death	42
Psychological first aid and training	44
Sample scripts and letters	45
Resources for Student Support Services	53
Capacity building	54
Five core principles of recovery	56
Triage guide for assessing vulnerability and risk	58
Responder record sheet	59
Psychosocial responder record sheet	61
Child trauma screening questionnaire	63
Leading recovery: case studies	64
A fatal road accident	67
A gun incident	68
Lessons from the 2009 Victorian bushfires	71
Recovery Tools	77
Helpful contacts	79
Short-term actions	80
Medium-term actions	87
Long-term actions	87



ABOUT THIS GUIDE

This resource supports principals, Student Support Services (SSS) and other recovery team members to take action to manage trauma for students, staff and school community members following an incident. Leading an effective recovery in the days and months following an incident can reduce trauma and promote physical, psychological and emotional safety for students, staff and the school community.

WHY USE *MANAGING TRAUMA*?

Exposure to trauma can have significant long-term adverse effects for students, staff, parents and carers.

Managing Trauma will support you to plan for, and lead an effective recovery.

This can significantly reduce trauma and protect students, staff and school community members from physical, psychological and emotional harm.

KEEP YOURSELF SAFE

Responding to an incident can affect your wellbeing.

It is not unusual for those who are being impacted by an incident to also form part of the recovery effort.

Looking after yourself is a priority. If you are experiencing symptoms of trauma or secondary trauma, please reach out and seek help as soon as possible.

For *Advice on self-care*, including *protective strategies* and *contact details for support services*, see page 32.

HOW TO USE *MANAGING TRAUMA*

This resource is divided into four sections to support timely access to information.

- **Short, medium and long-term responses after an incident and working with a recovery team**
Actions the recovery team can take to minimise trauma after physical safety has been restored.

A recovery team is a group that may comprise school leadership and staff, SSS, allied health professionals and regional team members.

The size of a recovery team will vary depending on the nature and circumstances of the incident.

- **General tools**
Relevant information to support the recovery team, referenced within the short, medium and long-term responses.
- **Resources for SSS**
Specialised information to support SSS to work with schools to lead recovery efforts and triage, and provide psychological support.
- **Leading recovery: case studies**
Case studies setting out the learnings and experiences of select principals and SSS in leading recovery efforts.

WHEN TO USE *MANAGING TRAUMA*

This resource is scalable and can be used to plan for and support recovery from a wide range of incidents that have potential to cause trauma and distress, including:

- ▶ **large-scale incidents:** which may require an extensive recovery effort involving the whole school community (e.g. bushfires, natural and other disasters)
- ▶ **incidents involving one or a few members of the school community** (e.g. a death in the school community), which are likely to impact on individuals and/or require a more targeted recovery effort.

If in doubt about whether or not a recovery effort is required, it is best to take a conservative approach or seek additional advice.

You can talk to your regional team, SSS or allied health professional.

Use the short-term key actions and Circle of Concern (see page 13) to consider whether the incident has potential to cause trauma and what actions may be required.

In determining if an incident requires a recovery effort, be aware that:

- ▶ incidents are more likely to be traumatic if those involved experience the incident as being out of control and threatening to themselves or others
- ▶ there are many factors that influence how we respond
- ▶ incidents may cause trauma for some and not for others
- ▶ some people are more vulnerable to experiencing trauma, including people with disabilities, mental health conditions, and/or with past experiences of trauma (e.g. Aboriginal¹ people, those from refugee backgrounds and children in Out of Home Care may be vulnerable due to their increased incidence of past trauma)
- ▶ some individuals experiencing trauma may display easily identifiable signs of distress, while others may only show minimal signs of trauma, or have a delayed reaction to the incident. For more information, see: *Understanding trauma* (page 28).

¹ For the purposes of this guide, Aboriginal is used to refer to Koorie, Aboriginal or Torres Strait Islanders residing in Victoria.



Some incidents will require you to enact the school's Emergency Management Plan.

This may include forming an Incident Management Team, who may also take a lead role in recovery.

For further information on schools' requirements for emergency management, and to plan for best protecting the physical, psychological and emotional safety of students, staff and the school community during your immediate response to an incident at the school, see the Department's Emergency Management Planning: www.education.vic.gov.au/school/principals/spag/management/pages/mgtplanning.aspx

Your school's online Emergency Management Plan (EMP) can now be found at: <https://emergencymanagement.eduweb.vic.gov.au/>

Note: the school principal must log in first and delegate access to relevant staff to review and update the school's EMP.

Tip: Involving students and staff in developing your school's EMP can help build their resilience.

Responding to abuse and bullying

This resource has **not** been designed to support responses to complex trauma relating to:

- ▶ suspected child abuse, sexual assault and family violence - for information on how to respond in these instances, see: www.education.vic.gov.au/protect
- ▶ bullying and cyber bullying - for information on how to respond in these instances, see: www.education.vic.gov.au/bullystoppers

Incident management

This resource supports the third stage of incident management, Ongoing support and recovery, under the Schools Incident Management System policy and Guidelines (the SIMS).

1.  Identify and analyse
2.  Report for Support (1800 126 126)
3.  Ongoing support and recovery
4.  Investigate
5.  Review and close
6.  Analyse and learn



WHAT CAN I DO TO PREPARE MY SCHOOL FOR RECOVERY?

There are actions that you can take to prepare your team and school to recover from an incident.

Being prepared is a key protective factor, and knowing how to respond will help staff to remain calm, prevent distress and reduce trauma.

To prepare for recovery, principals should:

- ▶ familiarise themselves with the SIMS policy and when and how to *Report for Support*
- ▶ ensure the school complies with the Emergency Management Policy and has an EMP in place that:
 - > considers actions to best protect the physical, psychological and emotional safety of students and the school community within the immediate response to an incident
 - > engages students in planning.
- ▶ identify appropriate members of staff and allied health professionals who can form part of a recovery team
- ▶ familiarise themselves with *Managing Trauma*, and work with staff who would likely form part of a recovery team to build understanding of:
 - > short, medium and long-term actions (this way you and your staff will not have to absorb new content in a time of high stress)
 - > trauma
 - > self-care and help-seeking strategies, (e.g. establishing a professional support network and practicing using key strategies).
- ▶ share the *Understanding trauma* information (see page 28) with all school staff and support them to undertake professional learning to build their understanding of trauma and trauma-informed responses.





SHORT-TERM RESPONSE

This section supports the recovery team to take key actions once physical safety has been restored in the first day or days following an incident. Children take a measure of danger from the adults around them. Creating calm, safe spaces, triaging for support and managing the careful flow of information will help to promote recovery and minimise trauma.

KEY ACTIONS

Once physical safety has been restored, the principal (or delegate) should consider the following actions.

Implement the EMP

Ensure the Emergency Management Plan (EMP) has been implemented (if appropriate) and that necessary reports have been made to emergency services.

Report for support

Report to the **INCIDENT SUPPORT AND OPERATIONS CENTRE (ISOC) ON 1800 126 126**. This will inform your local SSS of the incident.

Wherever possible engage with SSS **before** communicating about an incident with the school community. SSS will help you ensure that information is verified and communication is calm and well planned. Clear and calm communication can minimise the perception that the incident is out of control.

Form a recovery team

The first 24 hours following an incident may require actions to protect the psychological and emotional safety of students and staff.

Forming a recovery team and delegating actions is imperative, and will enable critical supports to be delivered simultaneously.

Engage with SSS, regional staff and other allied health professionals where appropriate.

For more information, see: *Form a recovery team* (page 12).

The principal (or delegate) should allocate the following actions where appropriate.

Identify those most at risk and triage for support

- ▶ Establish supervised support rooms for distressed individuals.
- ▶ Arrange for parents/carers to collect distressed/impacted students where appropriate.
- ▶ Keep a record of students exiting the school.
- ▶ Establish a designated calm space for reunification. This will help to limit potentially distressing discussions within the school grounds or in front of other affected students. This space should be in a different area to the support room if the incident involves more than one student.

Identify staff too distraught to supervise students

- ▶ Support staff in arranging professional and/or personal support (e.g. contacting family or friends, making contact with support services or implementing self-care strategies).
- ▶ Arrange for staff replacements within the school or from neighbouring schools, early childhood centres or casual teachers (preferably who are known to the students).

For more information, see: *Identify those at risk and triage for supports* (pages 13 & 14).



Calm and safe spaces

Create calm and safe spaces for groups of affected students, limiting exposure to distressing sights and sounds.

- ▶ Minimise numbers of students in any one space. Where possible it is recommended that there be no more than 10 students.
- ▶ Allocate an appropriate supervising staff member/s (who is/are able to provide calm support).

For more information, see: *Create calm and safe spaces* (page 15).

Plan communication

Establish and enact a plan for communicating with students, staff and the school community.

For more information, see: *Incident communication plan* (page 18).

The *Recovery Tool* (see page 81) will help you to determine what information can be shared and how it should be shared. Sample scripts and letters are also provided in *General support tools* (see page 27).

Liaise with external support

Continue/commence liaison with recovery and support services where appropriate (e.g. local councils and hospitals). Your region's Emergency Management Office will assist with the liaison with relief and recovery agencies.

RECOVERY TOOL

The *Recovery Tool* has been designed to work alongside the *Short-term Response* section. It includes a checklist of actions and space to record your *Incident Communication Plan*.



FORM A RECOVERY TEAM

Each school's EMP identifies staff who will form part of an Incident Management Team (IMT) and lead the immediate responses to an incident.

Members of this team may also form part of the recovery team and take a key role in leading emotional and psychological recovery.

The recovery team should comprise:

- ▶ **members of the leadership team**, noting that in most instances the principal will retain primary responsibility for managing the response to an incident. There will be times when this is not possible/desirable. (It is advisable to have a second in charge who has the opportunity to develop the required skill set)
- ▶ **school staff with skills** and an aptitude for providing psychological and social recovery
- ▶ **allied health professionals**, including school-based staff, SSS and/or other members of the regional team. Contact your regional team to determine what is the appropriate level and model of SSS support.

The recovery team will set the tone in an emotionally-charged situation, so it is important that team members:

- ▶ are well prepared
- ▶ have clearly defined roles
- ▶ have the opportunity to step aside if the incident is one that they find personally or professionally challenging.

Determine if you or other staff should form part of the recovery team

Following the incident, are you or the staff member:

- ▶ able to regulate emotions?
- ▶ able to be compassionate and hopeful?
- ▶ able to deal with uncertainty and identify and take appropriate actions?
- ▶ able to implement self-care, including seeking help?

Being able to demonstrate seeking help can be critical. It sets the tone for recovery for other staff, students and school community members.



IDENTIFY THOSE AT RISK

Following an incident, and once physical safety has been restored, recovery team members allocated to undertake support and triage need to identify those at risk.

To identify those at risk:

- ▶ look for any person who appears to be in physical shock and provide medical attention, support and comfort
- ▶ refer to the **Circle of Concern** and focus efforts on individuals within the first two circles
- ▶ look for signs of **traumatic stress** ideally using the *Developmental traumatic stress responses* (see page 34) and/or triage tools (see pages 56-63).

Responses to incidents vary from person to person. Some individuals may:

- ▶ be overwrought and highly distressed (demonstrating obvious signs of trauma)
- ▶ show minimal outward signs of distress, although may still be deeply impacted by the incident and require support
- ▶ be at greater risk of experiencing trauma, such as those with disabilities or likely exposure to previous traumatising incidents (e.g. Aboriginal people and those from refugee backgrounds).

Circle of Concern



MOST DIRECTLY AFFECTED

- ▶ was present
- ▶ is in a relationship with those involved
- ▶ saw or heard the incident
- ▶ is family
- ▶ has had a similar experience

DIRECTLY AFFECTED

- ▶ is a close friend
- ▶ knows those involved
- ▶ has known or observed vulnerabilities

AFFECTED

- ▶ is in the same year level, club
- ▶ attends the same school as those involved
- ▶ shares friends



TRIAGE FOR SUPPORT

Most directly affected

Once you have identified those most directly affected, undertake the following actions where appropriate.

- ▶ Move highly distressed children and adults to a safe and comfortable environment with less stimulation (a support room).
- ▶ Allocate someone to sit with directly affected staff and students. This person should:
 - > have a Working with Children Check
 - > be emotionally ready and able to assist and able to tolerate high levels of distress
 - > know their limits and when to call for support or make referrals (ideally this person will be informed about available support services)
 - > (preferably) be trained in psychological first aid, and is known to the student/s.
- ▶ Use active listening and empathy strategies to:
 - > calm and ground the person
 - > find out key information (if needed), including basic contact information for parent/carers if not known (e.g. name, phone number, address, emergency contact, doctor, any involved allied health professionals)
 - > assess what their emotional and behavioural state is (e.g. How are they feeling about what has happened? What do they think will happen next?).
- ▶ If an appropriately skilled allied health professional is available, use the triage tools to identify risk and provide additional support.

Directly affected and affected

After you have arranged triage and support for individuals most directly affected by an incident, it may be appropriate to move smaller groups of students, who are directly affected or affected by an incident, into a calm and safe space.

This will enable you to limit their exposure to further distress, while still allowing these impacted students to raise concerns.

It also provides an opportunity to identify individuals who may require further support.

Arranging additional support

A recovery team member (or allocated staff member) should:

- ▶ inform parents/carers of directly affected students as soon as possible, keeping a record of any calls made
- ▶ arrange for parents/carers to collect children if appropriate
- ▶ arrange for support and/or make referrals to allied health professionals, general practitioners or community service agencies as needed.

CREATE CALM AND SAFE SPACES

This section provides assistance for support staff who are sitting with students and/or staff after an incident.

Before gathering students:

- ▶ ensure you have a phone and can contact others for support if needed
- ▶ provide access to water and warm drinks, toilets and tissues
- ▶ decide what information can and should be shared with students and familiarise yourself with any drafted script from the recovery team
- ▶ plan for restricting and/or monitoring students access to media and social media.

Actions for supervising staff

The supervising staff member should consider taking the following actions.

- ▶ Calmly reassure students that actions have been taken to keep everyone safe (if appropriate).
- ▶ Limit exposure to the incident. This does not mean pretending an incident didn't happen. It means shielding children from details that may cause unnecessary distress, by:
 - > ensuring students are not within view/hearing of distressing sights/sounds
 - > encouraging students to limit their own exposure to distressing content (including social media/media coverage/conversations).

▶ Provide agreed information about the incident.

The recovery team should provide you with advice and/or a draft script. Remember to:

- > only include information on a 'need to know basis' and not to overwhelm students with details or contravene privacy requirements
- > repeat simple facts (it can be hard to process difficult information the first time)
- > answer questions (this can be a useful means of dispelling rumours and embellishments)
- > ensure the information is developmentally suitable for the students, being mindful of students with a disability (For more information, see: *Supporting people with disabilities to cope with grief and loss*, page 45).

▶ Acknowledge the situation (e.g. 'you've had a frightening experience' or 'this has been a big shock for you').

▶ Explain some of the common reactions (e.g. 'you may feel shocked, sad or numb'), highlighting that people respond differently and that with time and support upset feelings and thoughts will ease.

▶ Explain how students can seek help (e.g. talk to a teacher or a parent/carer) and remind them that this is an important time for everyone to support each other.

▶ Protect students who are distressed from ongoing discussion about the incident (a cause of secondary trauma) by:

- > allowing students to choose not to be part of discussions (Not everyone benefits by talking about difficult/challenging things, some do well by just thinking/reflecting or putting it aside.)
- > limiting discussion where students are speculating or graphically describing the incident or other related events. (For more information, see: *Protective interrupting* page 17).

CREATE CALM AND SAFE SPACES (CONT.)

Actions for supervising staff

- ▶ **Consider implementing some calming strategies** (e.g. deep, slow breathing, mindfulness, movement breaks, colouring in, gentle rhythm).
- ▶ **Remind students of coping strategies that have helped them in the past**, and work with them to compile a menu of strategies that help them to feel happier, calm and safe, that they can refer to.
- ▶ **Provide opportunities to express feelings** like drawing pictures, making cards or writing messages of hope.
- ▶ **Monitor students to identify those who are highly distressed** and contact a member of the recovery team to help you to triage for further support. If students are still distressed after an hour or so, they may be in need of more targeted support.
- ▶ **Make a record of students who are in attendance**, what information and support was provided and whether they went home and with whom.

Use active listening and empathy with children

- ▶ Be a calming presence.
- ▶ Get down to the child's physical level.
- ▶ Tell them you are sorry that such an incident has occurred, and you want to understand and help them.
- ▶ Let them have control of the situation. Let them take breaks when they need.
- ▶ Allow opportunity for them to take action (e.g. draw or listen to music).
- ▶ Allow them to talk about their concerns, worries and reactions with someone of their choice (respecting the need of adolescents to be with peers and friends rather than adults).
- ▶ Summarise the information that they have conveyed and repeat it back to them so they can see that you have understood. Give the person the opportunity to correct your summary if needed.
- ▶ Normalise emotional reactions, reminding them of what makes them feel safe (parents, friends, school).



CREATE CALM AND SAFE SPACES (CONT.)

Do not:

- ▶ probe for information or force them to provide details or answers
- ▶ make promises you can't keep, or statements about what you can't be sure of
- ▶ say 'It will be all right,' because it may not be
- ▶ say 'You're lucky it wasn't worse'
- ▶ use terms such as 'gone to sleep', 'passed away', or 'only the good die young' in relation to death
- ▶ tell them how they are feeling or should feel
- ▶ tell people to 'be strong' or 'get over it'.

PROTECTIVE INTERRUPTING

- ▶ Gently distract or divert the student from telling an anecdote in a public forum, where this anecdote is likely to cause distress to others and/or to the person telling the anecdote.
- ▶ Once you have gently distracted or diverted the student, always indicate that you will discuss this matter with them a little bit later.
- ▶ Make sure you are able to return to them when others are engaged in a task, quietly asking them what it was they wanted you to know.
- ▶ Communicate that nothing is too terrible to seek support for. Research has shown that children are often reluctant to speak of their concerns and fears to adults because they don't want to upset them.
- ▶ Do not use protective interrupting to stop people from expressing their emotions, but rather help them do so in a way that is safe for them and others.



INCIDENT COMMUNICATION PLAN

This section supports principals and members of the recovery team to effectively communicate with staff, students and parents/carers.

Following an incident, principals and members of the recovery team need to effectively communicate with staff, students, and parents/carers. It is important to ensure that information is verified and disseminated in a planned and calm manner, as clear communication will give the sense that the incident is under control and limit further potential trauma.

This section is intended as a guide to support decision-making, recognising that following some incidents, it may not be practical to print and/or complete the *communication plan template* (see page 80) before communicating with staff or students.

Sample scripts and letters are also available to support your communication efforts (see page 45).

Step 1: Verify and determine what information can be shared

Verifying information is critical. Do not share information with the school community until it is verified and you have obtained consent from relevant parties. Present agreed facts only so as not to alter evidence or taint memory.

Where appropriate:

- ▶ Contact the family of the individual/s directly impacted and provide information about the safety of their family members (if this hasn't already occurred as part of the incident response). Ascertain their wishes about what to share with the school community.
- ▶ Contact Victoria Police (and/or other emergency services) if they have been involved in the incident and/or are taking a lead role at the time, and seek advice on what information can be shared.
- ▶ Develop a brief, factual statement about the incident for the recovery team (not for circulation). This statement should contain only verified facts and reflect privacy requirements.

Some information may not be able to be shared, even if it is informally known within the school community.

Step 2: Plan your communication

Who you communicate with, and how, will depend on the nature of the incident.

Communication should be on a **need to know** basis.

Some incidents will be best kept low-key and relatively private, others will require a detailed communication plan and ongoing communication with the whole-school community.

COMMUNICATION PLAN TEMPLATE

Use the *communication plan template* in the *recovery tool* (see page 80) to:

- ▶ develop a factual statement for the recovery team's internal use
- ▶ identify the information needs of students, parents/carers and staff directly impacted by the incident
- ▶ identify the information needs of all staff, students and the wider school community
- ▶ develop factual statements tailored for these groups on a 'need to know' basis
- ▶ develop the method of communication used for these groups, and any actions you have taken
- ▶ develop media and/or social media statements.

To determine what information can be shared, contact the the Police on 000 or the relevant Department teams:

- ▶ Incident Support and Operations Centre on 1800 126 126
- ▶ Media Unit on (03) 8688 7776 (24/7)
- ▶ Legal Division on (03) 9637 3146

Communicating with those most affected by an incident

As soon as possible and where appropriate consider the following actions.

- ▶ Decide if students should be informed about an incident separately (with support) or as a group.
- ▶ Consider whether parent/carers should be notified first and/or be present at the time of notification.
- ▶ Access the sample scripts that are available to support you (see page 45).
- ▶ Provide a factual account of what has happened, ensuring that it is culturally and developmentally appropriate. For more information see:
 - > developmental responses to death, including tips on supporting and communicating with students with a disability (see page 43)
 - > customs, beliefs, death and dying (PDF) for information on the practices of many of the major religious groups currently living in Australia, see: www.lmrpcc.org.au
- ▶ Verify and restate the key facts to ensure people hearing shocking news for the first time can process it.
- ▶ Inform impacted staff, students and parents/carers of what supports are in place or will be made available.
- ▶ Use active listening and empathy (see page 16).

Communicating with school staff

Calling an incident staff meeting presents an opportunity to provide verified facts, dispel rumours and outline preliminary recovery arrangements and support.

- ▶ **Provide staff with a brief, factual account of what has happened on a 'need to know' basis** and in a way that ensures everyone hears the same information.
- ▶ **Verify and restate the key facts** so that information can be processed.

- ▶ **Provide time for questions** and for staff to talk about the incident among themselves. Make time for staff to process the information and regulate their own responses.
- ▶ **Highlight the reactions** they may experience (e.g. 'Some of you may find this immediately distressing, others may need time to process or may feel numb.').
- ▶ **Acknowledge that some staff may require additional assistance and support** (e.g. those who were close to the victim and/or are impacted by the incident).
- ▶ **Introduce the recovery team**, highlight their availability to provide support and guidance. (Have SSS/school allied health professionals present to help identify those who may need additional support).
- ▶ **Highlight that if staff are experiencing difficulty with their own emotional responses**, they should alert a member of the recovery team. This will ensure support can be provided and arrangements can be made so that any distressed staff do not have to directly inform or support students.
- ▶ **Discuss procedures to be followed** for the day/s, ahead when and what information can be shared with:
 - > students (including how staff responsible for telling students will be supported)
 - > parents/carers and the school community
 - > the media (including social media). Refer staff to: [Using Social Media: guide for DET employees](#) on the Department's website.

If appropriate, meet with staff at the end of the day or earlier to assess how they are coping and:

- ▶ provide an opportunity to review the day, share experience, and flag students/staff who may require additional support
- ▶ have SSS/allied health professionals present, and implement a 'check in system' with any staff who may be isolated/vulnerable
- ▶ provide advice on self-care. Print and disperse *Understanding trauma* (see page 28), and *Advice on self-care*, (see page 32).
- ▶ assess how staff themselves are coping.

Phone and face-to-face counselling is available to all Victorian government staff 24/7 through the Employee Assistance Program on 1300 361 008.

Communicating with those not directly affected by an incident

Consider the appropriate group composition for sharing information. Smaller class or peer groupings allow teachers to monitor individual reactions and use language that is developmentally appropriate.

Larger groups can result in contagion and expose students to levels of distress that can be overwhelming. For example, it is not recommended to tell students of a death/injury/significant incident via a year-level assembly or over the PA system.

Before communicating with groups of students, flag with SSS /allied health professionals those who will need careful monitoring or who may be additionally vulnerable.

- ▶ **Provide a factual, developmentally appropriate account** of what has happened on a 'need to know' basis.
- ▶ **Introduce the information** with a statement like 'I have some sad news'.
- ▶ **Verify and restate the key facts** several times, so that information can be processed.
- ▶ **Inform students of what supports are in place** and how to access them.
- ▶ **Advise students to be cautious** if/when using social media: Remind them to be respectful of students/families most impacted by an incident.
- ▶ **Ask teachers to mark a roll** to identify who is present and who has been informed about the incident.
- ▶ **Allocate a staff member to contact the parents** of those absent and provide agreed information about the incident (see sample scripts page 45).

Communicating with parents/carers

As soon as possible (within 24 hours or before students go home), and where appropriate, you should notify parents/carers through letters, newsletters, emails, phone calls, text messages or sms alerts, and include:

- ▶ **a brief, factual outline** on a 'need to know' basis
- ▶ **reassurance that safety has been restored** or the threat subdued to create calm. Information advice on recovery arrangements the school has/will put in place
- ▶ **information on how their children may react**, how to support them and how to get additional help/support.

Encourage parents/carers to limit their child's exposure to the incident (including exposure to conversations, social media/news coverage, etc.).

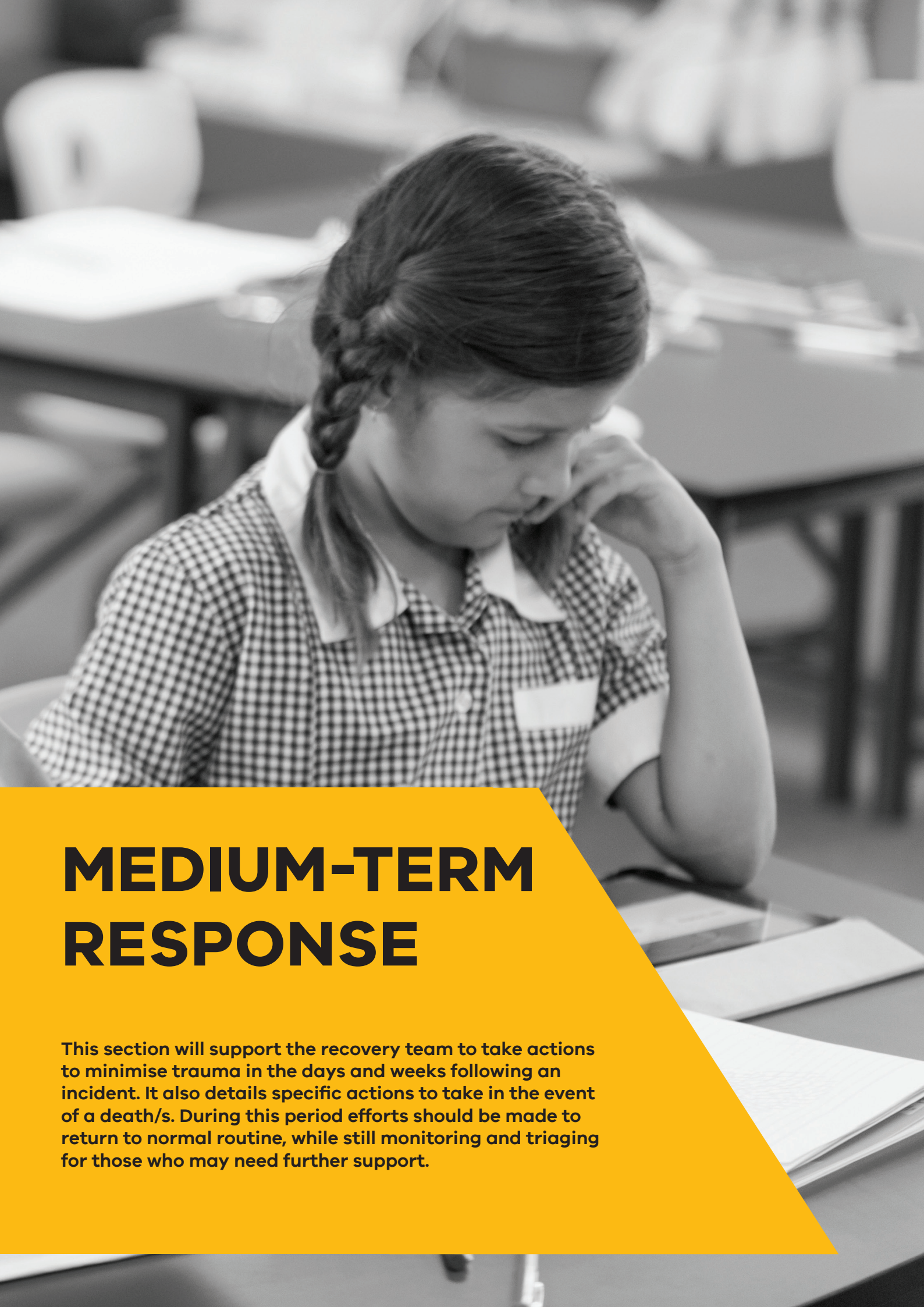
- ▶ **Explain that** this will help to minimise their child experiencing secondary trauma.
- ▶ **Encourage parents/carers** to limit discussions about the incident within the school grounds.
- ▶ **Provide a designated forum/space** to hold these discussions away from students if appropriate.
- ▶ **Advise parents/carers to be cautious if/when using social media.** Remind them to be respectful of students/families most impacted by an incident.
- ▶ **Include details of any planned forums for parents/ carers** where SSS/allied health professionals can speak directly with the community about the incident and ways in which to support and get support for their children.

Communicating with the school community

Depending on the nature of the incident, other members of the community (e.g. neighbouring schools and early childhood centres) may require information about what has happened. They may also be able to help.

Think about what agencies/supports would be acceptable, whether those who offer assistance have a Working with Children Check, and if their assistance is appropriate for your school. Also consider communicating with local GPs for large-scale incidents.

Providing an outline of the incident and recovery efforts enables GPs to understand the context when they see school community members with related concerns.



MEDIUM-TERM RESPONSE

This section will support the recovery team to take actions to minimise trauma in the days and weeks following an incident. It also details specific actions to take in the event of a death/s. During this period efforts should be made to return to normal routine, while still monitoring and triaging for those who may need further support.

KEY ACTIONS

Consider assigning the following actions to members of the recovery team to implement, where and when appropriate.

Limit exposure to ongoing trauma

Support the school to return to a normal routine, giving as much notice as possible of any changes. A return to routine promotes recovery. Sudden changes after an incident can bring about distress.

Continue to provide opportunities to talk about the incident. However, the option not to participate should always be available to those who prefer to not talk about it.

Example strategies for these opportunities include:

- ▶ timetabling of rooms as safe spaces to come together
- ▶ promoting opportunities for counselling (e.g. individual counselling or groups sessions for parents/carers)
- ▶ planning activities that build school community resilience and cohesion (e.g. movie night, BBQ, morning tea etc.).

Monitor media coverage, including social media.

Identification of potentially distressing coverage will enable you to inform the community so that repeated exposure to the incident can be minimised.

Assess and continue to implement your communication plan

- ▶ Continue to liaise with support services (e.g. hospitals, community agencies and community recovery agencies).
- ▶ Respond to media requests.
- ▶ Revisit the *Incident communication plan* to consider if communication needs have changed and/or further action is required.
- ▶ Provide helpful information to parents/ carers (where appropriate, noting privacy requirements and the wishes of those involved), including information via letters, forums and e-communication on:
 - > recovery efforts and updates about the condition of any one in hospital or injured at home where appropriate. For more information, see: *Incident communication plan*, (page 18), and *Sample scripts and letters*, (page 45)
 - > how to deal with trauma and grief. For more information, see: *Talking with children about grief and death*, (page 42).
- ▶ Communicate with those staff and students who are unable to attend school. You can use Skype, Face Time, blogs, letters or cards, ensuring that those who are absent are prepared for what they will see when they return (e.g. If an incident has left a person with significant injuries).
- ▶ Consider convening a forum for parents/ carers where SSS and school allied health professionals can speak directly with the community about the incident and ways in which to receive and give support.



Continue to identify those most at risk and triage for support

- ▶ Encourage staff to familiarise themselves with behavioural challenges that may manifest in affected students and staff. Circulate the *Understanding trauma* (see page 28), and information on *Developmental traumatic stress responses* (see page 34).
- ▶ Revisit the *Circle of Concern* (see page 13). Review those students who are identified as being in the first two rings of impact. This may have changed over time.
- ▶ Work with other staff to identify any other individuals who may require additional support. Include those who are in the outer circles of impact but may be vulnerable to trauma (e.g. student with disabilities and/or experiences of previous trauma).
- ▶ Keep a watchful eye on students' responses and recovery. (This is called 'watchful waiting', which includes observing and considering how people are recovering. Yard duty is a useful time for 'watchful waiting').
- ▶ Monitor attendance carefully. Also note sick bay attendance; younger children often experience stomach aches and pains when emotionally struggling.
- ▶ Use specialist staff (such as the SSS and school allied health professionals) to discuss and review any students whose presentation is causing concern.
- ▶ Consider referral for those with persistent changes in behaviour. (Allied health professionals can consider utilising the triage tools included in this resource.)

Monitor the wellbeing of staff

- ▶ Provide staff with information on understanding trauma.
- ▶ Monitor staff wellbeing, in particular those in care giving roles.
- ▶ Arrange to cover classes and yard duty for staff unable to take classes.
- ▶ Consider providing food for staff morning tea/lunch. This models self-care, provides organisational support, and promotes a sharing environment for staff to encourage and support each other.
- ▶ Support staff who are part of the legal processes and may have to provide statements, or attend coronial proceedings. Principals can request assistance from the Legal Division on 9637 3146.
- ▶ Reduce after-school meetings to foster recovery and wellbeing for staff. Acknowledge the intensity of the work and shared responsibility for staff wellbeing.
- ▶ Be explicit in modelling self-care. Your example can encourage other staff to also seek the assistance they need.
- ▶ Manage new staff and volunteers. Ensure that additional staff and volunteers who form part of the recovery effort:
 - > have the required skills and Working with Children checks
 - > understand privacy and confidentiality requirements and have sought necessary parental permission to deliver support
 - > are aware of self-care strategies.

Actively implement self-care strategies

Refer to advice on self-care, and implement appropriate key strategies including:

- ▶ meeting with a supportive friend, colleague, mentor or regional support person regularly, to enlist the personal and professional support you require
- ▶ arranging supervision and mentoring in relation to the work being done post incident (e.g. connect with trusted peers to gain personal and professional support).





LONG-TERM RESPONSE

This section will support the recovery team to take actions to minimise trauma in the months and years following an incident.

Monitoring and watching for signs of trauma is a long-term responsibility. Balancing observation with providing a climate for recovery and hope can be challenging.

KEY ACTIONS

Continue to support those impacted by the incident to return to normal routine.

Support return to school/work processes for staff and students, including:

- ▶ work cover claims
- ▶ covering classes for teachers who require ongoing counselling and support
- ▶ additional support and funding for students with ongoing health concerns
- ▶ adjustments to individual learning plans for impacted students
- ▶ applications for special provision for impacted VCE students.

Continue to support effective communication

Revisit the *Incident Communication Plan* to see if communication needs have changed and/or if further action is required and continue to:

- ▶ respond to media requests
- ▶ identify forums to acknowledge what the school community and the individuals within it have experienced and the support provided (e.g. assemblies, school newsletters etc.)
- ▶ work with the families of those impacted to consider any activities to acknowledge anniversaries.

Continue watchful waiting to identify those who may require further support

Track students and staff wellbeing and psychological recovery.

Continue to provide:

- ▶ targeted support to individuals to aid recovery (including referrals to support services)
- ▶ whole-school wellbeing programs to support trauma awareness and inform teaching learning practices.

Review your recovery efforts

- ▶ Review the EMP in light of knowledge gained.
- ▶ Review the operation of the recovery team.
- ▶ Discuss the review results with the recovery team and/or staff members so that all are aware of any changes in procedure.

Actively implement self-care strategies

Refer to the *Advice on self-care* (see page 32). Implement suitable strategies, and consider setting review dates to formally assess your wellbeing.





GENERAL SUPPORT TOOLS

This section supports principals to work with their school to build capacity to lead a recovery effort.

Being prepared to lead the recovery following an incident has a protective effect both for those impacted by the incident and those who form part of the recovery team.

UNDERSTANDING TRAUMA

A deeper understanding of trauma will help you to provide and seek support. Further age-specific information is available in *Developmental traumatic stress responses* (see page 34).

When do people experience trauma responses?

Incidents or events that cause trauma responses are common. Most people will experience at least one event in their lives where a strong emotional reaction will interfere with their usual coping skills.

Experiences of trauma are specific to the individual, and are impacted by many factors (e.g. developmental age, previous experiences, temperament and relationships).

Fortunately, most individuals have a range of protective coping mechanisms that limit experiences of trauma.

Incidents are more likely to be traumatic if the people involved experience the situation as being out of control and threatening to themselves or others.

Who is vulnerable to trauma?

Following an incident some individuals may be more vulnerable to experiences of trauma including:

- ▶ those most directly impacted by the incident,
- ▶ children
- ▶ people who are more likely to have past experiences that have resulted in trauma, including Aboriginal people or people with refugee backgrounds
- ▶ people with disabilities and mental health concerns
- ▶ people who are socially isolated and lack support networks.

People involved in recovery can also experience vicarious and secondary trauma. When people are repeatedly exposed to information and material with traumatic content, they may experience reactions similar to those who have directly experienced the trauma. They may experience sadness, anger, helplessness and anxiety.

How do people react immediately following an incident?

Reactions to incidents can vary greatly.

Reactions may include:

- ▶ laughing, anger and crying
- ▶ shock (pale colour, sweating and shaking) – these people will require first aid
- ▶ difficulty understanding the information
- ▶ wanting to go over and over the facts, and/or not wanting to talk about it at all
- ▶ wanting to be with those who make them feel safe, such as friends, family, or a teacher
- ▶ wanting to be alone – try to accompany these people in a passive way (e.g. sitting outside a room with an open door) but do not force interaction
- ▶ applying the information to their own circumstance. 'It could have been me'; 'what if ...'
- ▶ feeling guilty – 'if only I'd ...'

Signs of traumatic stress in the days and weeks following an incident

Signs of acute traumatic stress are typically those seen in the first weeks or month following an incident.

The signs can include:

- ▶ problems with attention (being easily distracted) and poor impulse control
- ▶ compulsive re-exposure and persistent intrusive thoughts (re-imagining, ruminating, thoughts and images)
- ▶ sleep disruption (e.g. difficulty sleeping or waking in the night, dreaming about the incident)
- ▶ unusually strong emotions or avoidance of emotions/numbing
- ▶ inability to modulate (i.e. being 'over the top' in responses)
- ▶ hyper-vigilance (i.e. in 'fight or flight' mode, on edge and on the lookout for further danger)
- ▶ hyper arousal that may be evident as insomnia and behaviour problems
- ▶ anxiety and disorganised thought processes,
- ▶ minimising personal stress (including indicating that their personal stress levels are less important than that of others)
- ▶ using unhelpful coping mechanisms such as social withdrawal, alcohol, and/or drugs.

Children can express traumatic stress in different ways to adults. Children may experience many different reactions, or one intense reaction immediately following the event. Many show bodily signs of distress (e.g. feeling sick or having aches and pains) but most will gradually return to their previous functioning over time.

See *Developmental traumatic stress responses* (page 34) for specific signs to look out for across lower primary, upper primary and secondary school children.

Additional signs of traumatic stress in adults include:

- ▶ difficulty in modulating responses, responding with 'all or nothing' responses
- ▶ difficulty in managing their day-to-day responsibilities
- ▶ making major life decisions
- ▶ loss of confidence or self-esteem
- ▶ difficulty in making decisions
- ▶ excessive ruminating about what happened what could have happened, or what could have been done to avoid the incident
- ▶ reassessment of the meaning of life and life/career goals and values.

Longer-term effects of trauma after an incident

When a person seems to have responded well in the early stages, it does not mean that there will be no further adverse impact or difficulties arising for them in the long-term. After a traumatic incident, many people find that dealing with the day-to-day demands of life becomes *more* challenging for them as time passes.

Sometimes, in school settings, behaviour that is seen as challenging is related to the long-term adaptations the individual has made to cope with the experience. For example, being hyper-alert serves someone well when they are facing a threat.

However, this ongoing response (after a threat has been resolved) can result in the person feeling anxious and jumpy. Their behaviour may become challenging and they may be easily angered. This is a reaction that is beyond the individual's control and regulating these behaviours and responses takes explicit teaching and learning.

Exposure to trauma can have significant long-term adverse effects for students, staff, parents and carers.

Some effects of trauma that can interfere with school life include:

- ▶ a drop in cognitive ability
- ▶ a drop in reading ability
- ▶ higher absenteeism
- ▶ poorer academic performance at school
- ▶ a drop in attention, abstract reasoning, and processing of verbal information
- ▶ difficulty with behavioural regulation
- ▶ increased anxiety, depression and separation and attachment disorders.

Vicarious and secondary trauma

Vicarious trauma refers to the trauma that a person can experience when they are repeatedly exposed to information/material with traumatic content (e.g. graphic accounts of horrific events).

Vicarious trauma can also result from empathising and engaging with individuals who are experiencing trauma themselves, where your view of the world is altered by the information you receive from others.

The term secondary trauma (or secondary traumatic stress) is often used interchangeably with vicarious trauma. Vicarious trauma is generally used to refer to long-term responses.

Limiting vicarious and secondary trauma in a school setting

- ▶ Use self-care strategies and help seeking.
- ▶ To help reduce exposure to distressing information:
 - > limit graphic details (the *Recovery Tool communication plan* template will support you in only providing information on a 'need to know' basis)
 - > provide only developmentally appropriate levels of information.
- ▶ Ensure that group processes are carefully considered, especially when you cannot gauge the ability of each individual present to tolerate the information.

Post-traumatic growth

Not all people, including children and youth, are adversely impacted by exposure to challenging incidents. Those who are experiencing negative thoughts, feelings and behaviours may also experience some positives from the experience.

Post-traumatic growth is the 'personal growth' people frequently report they experience in the aftermath of an incident.

Positive transformations can occur in one's sense of self, relationship with others, appreciation of life along with new opportunities for change and spiritual growth.

Post-traumatic growth can occur in tandem with post-traumatic stress reactions.

Members of the recovery team and supporting staff may experience secondary traumatisation and distress from the stories they hear; similarly, they may experience post-traumatic growth.

Communicating with parents/carers about trauma

Consider using the following email template to communicate with parents/carers about trauma and grief recovery.

Dear parents/carers,

Following recent events, I wanted to provide information about keeping an eye out for signs of distress and trauma, and how to promote recovery.

It's important that we work together as a school community to ensure the healthy development and recovery of our children and young people. Please know that you can contact me or your child's teacher if you have any concerns about your child, or think that they may benefit from some more guidance.

I would also like to acknowledge that this may be an especially difficult time for some of our families. Please reach out if we can be of help.

In addition, Department of Education and other counselling services are available that can offer you and your family further support. These can be accessed through your local GP.

Other support is also available online, see:

Advice for young people

www.headspace.org.au/young-people/understanding-trauma-for-young-people

Advice for parents

www.betterhealth.vic.gov.au/health/HealthyLiving/trauma-and-teenagers-tips-for-parents

General advice

www.emergingminds.com.au



ADVICE ON SELF-CARE

It is not unusual for those impacted by an incident to also form part of the recovery effort. Responding to an incident can affect your wellbeing.

Being prepared for incidents can assist you in protecting yourself from trauma. It is recommended that you familiarise yourself with, and be ready to implement, the actions suggested in the short-term response as part of your approach to emergency management.

Following an incident

Carefully consider your role in the recovery.

Ask yourself, 'Am I the right person to support recovery at this time?'

Providing direct support for the recovery from an incident is not a role for everyone. Do not get directly involved in the recovery effort if you do not feel able to. Keep yourself emotionally safe and support others. It is professional best practice to step aside at these times and appoint another person to manage the incident in the way that your school community needs.

You may still be able to provide assistance by helping with administrative work, teaching duties and helping to restore normal school routines.

Self-care strategies

- ▶ **Look out for signs of traumatic stress** (including burnout and vicarious trauma) and consider using self-monitoring tools.
- ▶ **Make time for rest**, as this is critical for your resilience.
- ▶ **Contact friends** and increase time with those whose company you enjoy.
- ▶ **Schedule pleasant events** and maintain a schedule and routine.
- ▶ **Reduce the intake of stimulants** (e.g. coffee, alcohol, energy drinks and chocolate) to help keep arousal levels within a manageable range.
- ▶ **Eat well-balanced regular meals**. This will allow you to maintain physical and emotional wellbeing, energy and balance. There is increasing evidence linking a good diet to mental wellbeing.
- ▶ **Add some type of physical exercise** into your routine.
- ▶ **Use relaxation activities** (e.g. meditation or mindfulness).
- ▶ **Use your support networks** at home and at school (including reaching out to personal and professional mentors).
- ▶ **Consider speaking with the Employee Assistance Program**. To access the program, call 1300 361 008, 24 hours a day, 7 days a week. Alternatively, speak to your GP to arrange a Medicare rebated Mental Health Plan or connect with SSS.
- ▶ **Pace yourself**. Understand that you may be involved in responding to an incident for days or even weeks. (Responding to an incident can be time consuming and bring with it an unusually heavy workload. It may be necessary to ask a colleague for help to restore normality and recovery at the school.)
- ▶ **Be careful not to over-saturate yourself** with distressing images or social media.
- ▶ **Talk through your experiences** with someone you trust and use available support mechanisms to avoid being overwhelmed.

Symptoms of burnout

Burnout can occur when your mental and physical resources are stretched too thin by the demands of your job. It can be exacerbated by feeling helpless to change the circumstances or emotional coping demands made on you.

Burnout symptoms can include emotional exhaustion, de-personalisation and reduced personal accomplishment.

Members of the recovery team, helpers and those with high exposure to the incident are at risk of burnout.

For this reason, strategies need to be in place from the beginning to protect adverse outcomes.

Self-monitoring tools

- ▶ Professional Quality of Life Scale
www.proqol.org/uploads/ProQOL_5_English.pdf
- ▶ Free e-learning module on self-care
www.earlytraumagrief.anu.edu.au
- ▶ Compassion Fatigue Self Test
www.community-networks.ca/wp-content/uploads/2015/07/Self-Assessment-Tools-Compassion-Fatigue-Feb-22-2010.pdf
- ▶ Impact of Events Scale
www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-E_Impact_of_Events_Scale_Revised.pdf
- ▶ Maslach Burnout Inventory
www.mindtools.com/pages/article/newTCS_08.htm



DEVELOPMENTAL TRAUMATIC STRESS RESPONSES

The following information sets out developmental traumatic stress responses and lists helpful actions appropriate to the following developmental levels:

- ▶ Lower primary school years
- ▶ Upper primary school years
- ▶ Adolescent and pre-adolescent years
- ▶ Adults



TRAUMATIC STRESS RESPONSES IN THE LOWER PRIMARY SCHOOL YEARS

Physical reactions

- ▶ Changes in appetite
- ▶ Nausea
- ▶ Sleep disturbances
- ▶ Changes in toileting habits, eating habits
- ▶ Clumsiness and changes in coordination
- ▶ Aches, pains and somatic complaints.

Impact on thinking

- ▶ Fragmented recall (Children of this age are likely to have a detailed long-term memory of the event/s but may experience poor recall.)
- ▶ Preoccupation with event
- ▶ Reduced attention span and concentration
- ▶ Reduced ability to play constructively
- ▶ Disorganised, confused and forgetful
- ▶ Preoccupied, appears to day dream
- ▶ Anxiety and worrying about themes such as safety, death, health
- ▶ Searching for understanding of why and how it happened
- ▶ Intrusive memories, images, smells
- ▶ Cognitive and language delays or regressions
- ▶ Wish for revenge or to be able to 'fix' the event.

Behavioural reactions

- ▶ Teariness
- ▶ Reluctance to 'worry' parents/teachers with their 'worries', protective of parents and teachers
- ▶ Unwillingness to be left alone
- ▶ Confusion, disorganisation, easily overwhelmed
- ▶ Aggression, anger, lying, withdrawal

- ▶ Anxiety, hyper-alert
- ▶ Return to younger behaviour
- ▶ Guilt, shame, helplessness
- ▶ Quieter or more chatty
- ▶ Inability or reduced ability to self soothe or manage
- ▶ Emotional states
- ▶ Excessive concern for others
- ▶ Wanting to sleep with parents at night
- ▶ Aware of information beyond their developmental age expectation
- ▶ Acute awareness of things and events
- ▶ Helplessness-passive responses
- ▶ Unusual interest in media coverage of similar events
- ▶ Difficulty in putting words to worries.

HELPFUL ACTIONS

- ▶ Provide reassurance, comfort and support and calm.
- ▶ Take care of yourself and seek support for your own reactions.
- ▶ Provide realistic, developmentally appropriate information about the event; listen for misunderstanding or embellishment of the event and gently correct and reassure.
- ▶ Provide time to draw and play.
- ▶ Provide ongoing, consistent care with predictable routines.
- ▶ Explain changes to routine in advance and reassure about arrangements.
- ▶ Monitor and note any changes in temperament, discuss with school wellbeing/psychologist/social worker.
- ▶ Protect from inappropriate or repetitive discussions, media or images of the event, monitor social network access and discussions.

TRAUMATIC STRESS RESPONSES IN THE UPPER PRIMARY SCHOOL YEARS

Physical reactions

- ▶ Bodily aches and pains such as headaches, nausea
- ▶ Skin problems
- ▶ Visual and perceptual problems
- ▶ More prone to becoming unwell
- ▶ Eating disturbances
- ▶ Enuresis and encopresis, changes in toileting habits
- ▶ Sleep disturbances, tiredness, fatigue
- ▶ Hyper arousal, hyper vigilance, hyperactivity, on edge and anxious, jumpy, easily startled.

Impact on thinking

- ▶ Interference with concentration and capacity for learning
- ▶ Distortions about the event, may be embellished by fear or wish, perception of time and duration may be altered
- ▶ Fear of the supernatural such as ghosts
- ▶ Preoccupation with the traumatic event
- ▶ Impaired memory and recall
- ▶ Intrusive recollections
- ▶ Preoccupation with revenge.

Behavioural reactions

- ▶ Preoccupation with own actions during the event
- ▶ Specific fears set off by reminders or when alone, may want to sleep with parents
- ▶ Retelling or replaying the event
- ▶ Reluctance to express feelings
- ▶ Concern about own and others' safety

- ▶ Reckless, invulnerable behaviour
- ▶ Interest in parent's/teacher's response to the event
- ▶ Concern for parent/adults recovery, may withhold information about own responses to protect them
- ▶ Refusal to go to school
- ▶ Disturbed grief reactions, displaced anger, aggression, insecurity
- ▶ Regressive behaviour.

HELPFUL ACTIONS

- ▶ Provide rest, support, and comfort.
- ▶ Provide realistic age appropriate information about the event and address distortions.
- ▶ Provide time to talk about fears, event, and dreams.
- ▶ Help identify traumatic reminders and anxieties and encourage children not to generalise.
- ▶ Confirm that these feelings are normal.
- ▶ Encourage support networks.
- ▶ Encourage constructive activities on behalf of the injured or deceased, support restorative actions that promote self-efficacy.
- ▶ Help child to retain positive memories.
- ▶ Provide a structured and predictable environment to provide a sense of safety.
- ▶ Monitor the child and note any changes in temperament and behaviour.
- ▶ Encourage the child to let significant others know about the event.

TRAUMATIC STRESS RESPONSES IN THE ADOLESCENT AND PRE-ADOLESCENT YEARS

Physical reactions

- ▶ Headaches
- ▶ Aches and pains, bodily complaints
- ▶ Appetite disturbances/ disorders, sleep disturbances, nightmares, skin disorders
- ▶ Accident proneness
- ▶ Increased tension, irritability, difficulty in relaxing
- ▶ Substance abuse.

Impact on thinking

- ▶ Recall of vivid and disturbing images
- ▶ Radical change in attitudes
- ▶ Memory disturbances
- ▶ Poor concentration and difficulty sustaining attention
- ▶ Cognitive distortions of the event
- ▶ Preoccupation with aspects of the event
- ▶ Seeing the event over and over, being re-triggered by similar sights, smells and sounds.

Behavioural reactions

- ▶ Decreased school performance
- ▶ Attention seeking
- ▶ Rebellious behaviour
- ▶ Loss of interest in usual activities
- ▶ Lack of emotion, numbing, detachment, shame, guilt
- ▶ Fear of being labelled abnormal
- ▶ Overly self-conscious of emotional responses
- ▶ Life threatening re-enactment

- ▶ Increase in self-destructive, risk-taking behaviours (substances and sexual)
- ▶ Need to conform to peer responses to the incident
- ▶ Truancy
- ▶ Mood swings
- ▶ Premature entrance to adulthood or inhibition
- ▶ Shame related to regressions, fears and role in event.

HELPFUL ACTIONS

- ▶ Provide rest, calm, support and comfort.
- ▶ Provide realistic, age appropriate information about the event.
- ▶ Don't force discussion of the event in detail.
- ▶ Encourage peer acceptance and understanding of emotional responses.
- ▶ Link attitude changes to the impact of the event; acknowledge the significance of the event for them.
- ▶ Encourage postponing major life decisions.
- ▶ Provide information about safe ways to relieve emotional responses.
- ▶ Encourage support networks.
- ▶ Monitor wellbeing; be aware of vulnerability to depression, withdrawal, anxiety, stress disorders, suicidal ideation, and conduct and attachment disturbances.

TRAUMATIC STRESS RESPONSES IN ADULTS

Emotional effects

- ▶ Shock
- ▶ Anger
- ▶ Grief
- ▶ Despair
- ▶ Guilt
- ▶ Sadness
- ▶ Irritability
- ▶ Hopelessness
- ▶ Helplessness
- ▶ Hypersensitive
- ▶ Overwhelmed
- ▶ Withdrawn
- ▶ Dissociation.

Cognitive effects

- ▶ Impaired concentration and attention
- ▶ Difficulty making decisions
- ▶ Disbelief
- ▶ Distortion
- ▶ Confusion
- ▶ Short-term memory impairments
- ▶ Difficulty using language to describe the event
- ▶ Decreased self-esteem and self-efficacy
- ▶ Nightmares/intrusive images.

Physical effects

- ▶ Fatigue
- ▶ Difficulty going to and/or staying asleep
- ▶ Hyper-vigilant
- ▶ Easily startled, jumpy
- ▶ Body aches and pains
- ▶ Changes in appetite
- ▶ Changes in libido
- ▶ Run-down immunity
- ▶ Hyperaroused, spacey.

Interpersonal/behavioural effects

- ▶ Loneliness
- ▶ Avoidance of reminders/triggers
- ▶ Isolation
- ▶ Increased interpersonal conflict
- ▶ Changes in attendance at work or school
- ▶ Attachment changes/separation.

HELPFUL ACTIONS

Self-care

- ▶ Rest and comfort, allow your body and mind to regroup.
- ▶ Eat well. There is a strong connection between diet and mental wellbeing; cut down on alcohol, coffee, tea, soft drinks, anything that might 'hype you' up further.
- ▶ Stay connected with people you know and care for, who are good to be with.
- ▶ Acknowledge to yourself that things have been challenging; think about what has helped you through tough times before.
- ▶ Schedule nice things into your day.

Care and support for others

- ▶ Acknowledge what has happened.
- ▶ Validate that the incident has been challenging and that emotional responses are common.
- ▶ Acknowledge the positive actions undertaken.
- ▶ Encourage and enable them to look after themselves. Provide practical support.
- ▶ Stay connected.
- ▶ Encourage them to get professional help if they are struggling after two weeks.

WORKING WITH THE MEDIA

You should never feel obligated to immediately respond to a journalist's questions. Seeking support and asking for time to consider your response will help you to provide thoughtful communication that limits trauma for the school community.

If you receive a phone call from a journalist, always ask for, and record, the journalist's name, organisation, phone number, email address and deadline. Ask for time to consider your response to their questions, and ask for those questions to be put in writing. Contact the Media Unit for advice and support on (03) 8688 7776 (available 24/7). You should also notify your Senior Education Improvement Leader (SEIL).

The school principal is generally sought to speak on behalf of the school. The principal can nominate another school leader to take on the spokesperson duties. Either way, it is important to nominate one point of contact between the school and journalists during an incident.

Support from the Media Unit

The Department's Media Unit is a small team of ex-journalists who provide 24/7 media advice and support for principals, particularly during serious incidents.

This includes support in responding to newspapers, conducting TV and radio interviews, and managing social media issues.

The Media Unit works very closely with key areas of the Department including the Legal Services Division and the Regional Services Group to ensure that public comments do not breach any laws.

Preparing for media interest

- ▶ Seek advice from the Media Unit on (03) 8688 7776.
- ▶ Appoint a media spokesperson (this does not have to be the principal).
- ▶ Check with police what information can be released if they are involved. Police may put out statements; you may choose to let the media know that the school will not be making comment and refer them to the police.
- ▶ Keep a log of journalists who contact the school, including their name, organisation, phone number, email address and deadline, and a record of all statements made by the school.
- ▶ Identify a location for interviews away from students, parents and teachers.
- ▶ Inform the bereaved or impacted family/s of any statements to be made prior to releasing them to the media. If possible let them know when and where the statement will be released and used.
- ▶ Brief staff on all aspects of media involvement.
- ▶ Establish a system where office protocol is that no media contact is put directly through to the spokesperson. Rather, the journalist's name, phone number, organisation, enquiry and deadline should be recorded and the spokesperson can call them back. This allows time for a considered response to be formulated. A prepared script for office staff answering calls can be helpful.
- ▶ Use the opportunity to have media communicate your message regarding the steps being taken to address the incident, assist the community, and promote the available supports.

DEATH OF A SCHOOL COMMUNITY MEMBER

Consider implementing the following actions where appropriate.

- ▶ **Communicate** with the family/s of those who have died.
- ▶ **Consider any special cultural and religious needs** that may arise (e.g. Many indigenous groups avoid showing images or speaking the names of those who are deceased). See advice on *funerals and rituals* (see page 41), and respectfully seek advice from the family (or others they nominate) where appropriate.
- ▶ **Determine if the school will send flowers or other tributes.**
- ▶ **Make plans for the school's involvement at any funerals.** Always seek the family's consent to any plans before proceeding.
 - > Provide support for students and staff who attend the funeral/s. (e.g. Hold discussions to ensure that those attending the funeral know what to expect, and provide support and de-briefing after the funeral.) Note that it is always preferable for students attending funerals to be accompanied by a family member or trusted adult.
 - > Arrange for relief teachers or consider whether the school should close for the funeral/s.
 - > Prepare a response if parents/carers request that a funeral/s or part of the service be held at the school.
 - > Prepare public expressions of farewell such as obituaries and wreaths when a death has occurred.
 - > Ensure any public expressions are undertaken in close consultation with the family/s, respecting their wishes.
 - > Provide an opportunity for students and staff to have a say in how the school community is represented.
- ▶ **Consider appropriate support** based on a student's developmental responses to death, including specialised support for students with a disability.
- ▶ **Keep a scrapbook of eulogies** and sympathy messages. Make these available for members of the school community to read when they wish to, as part of the grieving process.
- ▶ **Discuss with staff when is the best time to collect belongings** of the deceased student or staff member.
- ▶ **Consider how this should occur**, what staff member/s should undertake this task and who should be present at the time. This process is something affected family members may wish to be involved in.
- ▶ **Consider opportunities to appropriately address bereavement in the curriculum.**

FUNERALS, TRIBUTES, MEMORIALS AND RITUALS

‘When well facilitated, the process of achieving remembrance seeks to collectively express the meaning of the incident for all the community, by engaging people in a conversation about the past, what is important to them, and the future.’²

Tributes and memorials can aid recovery

The tributes and memorials that follow incidents are an important factor in long-term psychological and social recovery. They can help a community recover together or they can cause divisions and hierarchies within the community.

Decisions about tributes are ideally collaborative, community driven and involve student voice. Negotiating divergent opinions can be difficult.

Considerations for tributes and memorials

- ▶ **Ensure planning is consultative** and includes the student voice.
- ▶ **Collect cards and messages of support.** These can be digitised and made available on the school website for those who wish to read them.
- ▶ **Decide on what, where and for how long the memorial/tribute will be maintained.**
Note that living tributes (such as flowers) may die, and this can cause additional distress and conflict. Tributes and memorials can re-trigger those who were part of the event or who are directly impacted.
- ▶ **Explain when and why** the tribute will be removed (and what will be done with them after removal). This helps the community to accept these changes.
- ▶ **Consider the impact** of re-occurring memorials. Public marking of anniversaries year after year can be distressing for individuals. Not marking anniversaries can also be distressing for others.
- ▶ **Consider if a memorial should be on school grounds.** Note that:
 - > members of the public will most likely come onto school grounds
 - > witnessing people’s sadness and distress at the memorial can result in students and staff being adversely affected.

- ▶ **A memorial garden will require maintenance** and attention, including over school holidays, yet it can provide a place of reflection.
- ▶ **Understand that some members of the community may perceive** that a memorial glamorises death (especially in the case of suicide).

Arrangements for funerals and rituals

Funerals and rituals serve an important function for both adults and children. Rituals can assist with reducing the sense of unreality, counteracting fantasies, helping to understand what has happened, saying goodbye and establishing a shared understanding and response to loss and bereavement.

For information on the practices of many of the major religious groups currently living in Australia see:

- ▶ Customs, Beliefs, Death and Dying produced by Loddon Mallee Religious Palliative Care Consortium. <http://lmrpcc.org.au/admin/wp-content/uploads/2011/07/Customs-Beliefs-Death-Dying.pdf>
- ▶ Death, Dying and Grieving – a cultural perspective produced by the Australian Multicultural Foundation. amf.net.au/library/uploads/files/Dying_Death_and_Grief_Conf.pdf

Note that in some cultures, viewing the body is seen as an important part of the ritual. Preparing students and staff for what they are likely to encounter if attending a funeral is an important part of managing the next stage of potential challenges.

Resources

- ▶ **Australian Centre for Grief and Bereavement** www.grief.org.au

A series of fact sheets are available for parents and carers and school staff explaining grief and useful strategies to support adults and children who are grieving.

- ▶ **Supporting people with disabilities coping with grief and loss** www.easyhealth.org.uk/sites/default/files/SUPPORTING%20PEOPLE%20WITH%20DISABILITIES%20COPING%20WITH%20GRIEF%20AND%20LOSS.pdf

² (Richardson, JF (2010), Disasters and Remembrance a journey to a new place – Grief Matters).

TALKING WITH CHILDREN ABOUT GRIEF AND DEATH

Talking with children about death

When speaking with children about death, like any potentially emotional topic, it is wise to start by trying to elicit the child's understanding of what has occurred.

Although talking about death and dying can be challenging, children are never too young to talk about death and dying. Speaking of death allows children to know it's okay to ask questions and to discuss their feelings.

Talking about it helps them to make sense of what they are feeling. Not talking about death and dying with children can leave them with fears and misunderstanding.

Children's understanding of death comes from factors such as their developmental age, previous experiences, and their family, culture and religion.

Their understanding can also be affected by the nature of the death, the deceased person's connection to them, their shared relationship, and the manner in which family and social supports mediate the experience for the child.

For information on the practices of many of the major religious groups currently living in Australia see:

- Customs, Beliefs, Death and Dying produced by Loddon Mallee Religious Palliative Care Consortium. lmrpcc.org.au/admin/wp-content/uploads/2011/07/Customs-Beliefs-Death-Dying.pdf
- Death, Dying and Grieving – a cultural perspective produced by the Australian Multicultural Foundation. amf.net.au/library/uploads/files/Dying_Death_and_Grief_Conf.pdf

Tips for supporting bereaved children

- Explaining death to a child can be difficult. Try to use the word 'death' or 'dead' rather than phrases such as 'gone to sleep', 'passed away', 'lost', 'gone'.
- Be prepared to repeat information as many times as asked. Children may need reminders that the deceased person won't come back, and of the permanency of death, according to their developmental level.
- Children benefit from having the cause of death explained to them. This should be done simply and in language that they can understand. If children are not given a clear explanation they may blame themselves.
- Children often grieve in waves. They can switch from being very sad to happily playing in a short space of time; this does not mean they are unaware of what has happened.

Additional fact sheets and advice are available through the Australian Centre for Grief and Bereavement, see: www.grief.org.au



Developmental responses to death

The following table outlines key developmental responses to death. Use these responses to plan your communication and support for affected students.

Child's age	Understanding of death	Common reactions
3–5 years	Developing an understanding that dead things are motionless, not breathing etc. Believe that dead things can come back or that they are living in another place such as heaven.	Worries about separation, regression in milestones, pining and withdrawal.
6–9 years	Increased understanding that people die and do not come back. They may think that their own actions (such as misbehaving or wishing that someone might die) have brought about the death.	Superstitious actions, anger, separation, concern, regression, interest in the physical nature of what happens when you die and questions about funerals and burial/cremation.
10–12 years	Full understanding that death is final, that the person is not coming back, and that death is inevitable and irreversible.	Responses are similar to that of an adult. May have fears about self and others; feelings of responsibility are not unusual.
12+ years	Full understanding.	Withdrawn, sad, loss of interest, guilt, shame and worry about the future.

Supporting people with disabilities to cope with grief and loss

Regardless of a person's disability, people are likely to feel the absence of someone they cared for and who has been part of their life. Changes in behaviour may be indicative of how the person is responding to a death.

People who have disabilities require access to appropriate supports and information for dealing with grief and loss. Additional supports that are developmentally appropriate, and accessible, can assist people to understand what has happened and use coping skills to manage their reactions.

For pictorial aids to assist understanding and expression for people with a range of cognitive and communication abilities, see: www.easyhealth.org.uk/sites/default/files/SUPPORTING%20PEOPLE%20WITH%20DISABILITIES%20COPING%20WITH%20GRIEF%20AND%20LOSS.pdf



PSYCHOLOGICAL FIRST AID AND TRAINING

There are many models of psychological first aid that enable support to be provided for students. The Department of Education and Training has developed a *Psychological First Aid Framework* for teachers based on the **Listen, Connect, Protect** model.

- **Listen** to what children are saying (after an incident), being aware of non-verbal cues and being guided by the child's needs.
- **Protect** children by acknowledging their experience and talking about how the community and the school can help to keep them safe.
- **Connect** children to their social networks, school community and wider community.

The program has online training. The three modules include lesson plans, information and activity sheets.

These can be copied and contain strategies for teaching skills such as problem solving, managing reactions, building healthy social connections and helpful thinking.

This training is recommended for those education staff with emergency management and recovery roles within the school. It includes a module on mental health first aid.

Additional resource: PFA Mobile App (search psychological first aid in the App store or Google Play).



SAMPLE SCRIPTS AND LETTERS

Sometimes it is difficult to find the words to inform people about a death or an incident. The following sample scripts are included within this section to help the recovery team in developing communication.

For younger students

- ▶ Following an incident (like a bomb threat)
- ▶ Following the death of a school community member

For older students

- ▶ Following an incident (like a bomb threat)
- ▶ Following the death of a school community member

For parents and carers

- ▶ Following an assault
- ▶ Following a death from illness
- ▶ Following an accident
- ▶ Following an accidental death
- ▶ Following death and injury
- ▶ Following the death of a teacher



SCRIPTS FOR YOUNGER STUDENTS

Following an incident (like a bomb threat)

On Friday, we all went to the oval. All of our school did this as part of our Emergency Management Plan (EMP). This is a school plan about what we can do to make sure we keep safe.

We did this because (the principal) received a phone call that made them think that we might not be safe if we stayed inside (or went outside if the school responded with a lock down). Thank you everyone for listening to, and following my instructions.

We are all safe now. The police came to our school to help make sure that everyone was safe, and we could go back to our class and do some work. The principal let all of your parents and carers know what happened.

Some of you may have felt a bit worried and some of you might have felt okay. It is normal for everyone to feel a little bit different. It is important that we all help each other and that you talk with your parents or another grown up you know and trust about how you feel.

You can also talk with me.

Following the death of a school community member

Some of you may have heard that something very sad happened ... (name)'s brother died. Some of us might feel very sad about this. (Name) is at home with her (mother/ family member) at the moment.

When someone tells us very sad news we need to look after each other and make sure we are okay. (You can add ways in which this can be done that are developmentally appropriate, such as being kind, breathing calmly, thinking about nice things that make us feel happy, listening and being supportive, not spreading rumours).

All of the teachers and the other students will be doing this. We have some people at school you can talk to if you are very sad or worried.



SCRIPTS FOR OLDER STUDENTS

Following an incident (like a bomb threat)

Over the last few days some schools have received phone calls saying that the school may not be safe. You may be able to identify that there have been bomb threats. Some students may already know this and volunteer the information.

The school followed the Emergency Management Plan (EMP) and called the police who came to make sure the school was safe for us to return. Your parents and carers have been informed of what happened.

Some of you may have felt a bit worried and some of you might have felt okay. It is normal for everyone to feel a little bit different. It is important that we all help each other and that you talk with your parents or another grown up you know and trust about how you feel. You can also talk with me.

Following the death of a school community member

I have some very sad news to tell you. Some of you may already have heard. One of our Year 9 students (name) died on the weekend. It was an accident. We don't know all the details, but (name) has a brother in Year 6 and a sister in Year 1, and they may be very upset. When someone tells us very sad news we need to look after each other and make sure we are okay (you can add ways in which this can be done that are developmentally appropriate, such as being kind, breathing calmly, thinking about nice things that make us feel happy, listening and being supportive, not spreading rumours).

All of the teachers and the other students will be doing this. We have some people at school you can talk to if you are very sad or worried. Some people may start to cry, others may just sit quietly, that's okay. Not all of us know (name) or (sibling name) and (sibling name) but we want to make sure we help them when they come back to school.



LETTERS FOR PARENTS AND CARERS

Following an Incident of violence

Dear parents and carers,

You may have heard that today a group of 10 students from another school came onto our school grounds and are reported to have assaulted two of our students.

Those students were taken by ambulance to hospital; one has been released and the second has been retained for observation.

The incident occurred at recess and the students were moved inside the buildings immediately for safety. Police attended and have arrested three young people.

We will follow directions from police as this matter is investigated and resolved.

Yours sincerely,

Principal

Following a death from illness

Dear parents and carers,

Today we were saddened to hear of the death of one of our students (name) in Year 3. (Name) died of leukaemia. We have talked to students in her class and the other Year 3s about her death and they have begun to make cards for her family. As you may know (name) has a brother in Year 5; we have also let his class and the other Year 5s and 6s know of (name)'s death. We have our school' psychologist, (name), who is available for the rest of the week to talk with any children who might need extra support.

We suggest you discuss this matter with your children and have attached a sheet of information to guide your discussions. If you wish to join the staff in contributing to a fund for the family, you can contact the school.

Yours sincerely,

Principal

Following an accident

Dear parents and carers,

Yesterday several students and staff saw a serious car accident take place while on a school excursion. Some of the students and staff directly assisted in the first aid response to those involved and others directed traffic and called the emergency services.

Those involved were required to give statements to the police. The parents and carers of these students were contacted and advised of the situation. Students then gave statements with either their parents/carers present or with a staff member accompanying them.

All concerned responded well to the emergency. No members of our school community were in danger at any point. The police and ambulance services have commended their actions.

To assist our staff and students in coping with any anxiety or distress in response to the emergency situation, a school social work team member met the students and staff at the site of the excursion and returned to school that afternoon and provided support.

(Name) will be available at the school again tomorrow to meet with any staff, parents or students who would like to discuss the incident and to provide support to their students/colleagues.

If you would like to make a time to see (name) please contact me directly.

Yours sincerely,

Principal



Following an accidental death

Dear parents and carers,

As you may be aware, two of our students were tragically killed in a road accident while returning from (location).

(Name) and (name) were in the bus with other Year 11 students when it crashed into an oncoming vehicle. Several other students, teachers and the driver were injured, but none have sustained serious physical injuries. All were able to go home after medical treatment at the local hospital.

I have visited the parents of (name) and (name) on Wednesday afternoon and offered them the condolences of our community along with any support we are able to give. We intend to hold a memorial service for (name) and (name) at a later date. Further information will follow.

Although your children may be affected by the death of our students, it would be best for school routine to continue as normally as possible and students should continue to attend regularly.

Reactions of students and staff will vary and may include crying, not wanting to talk about their feelings about this tragic loss or wanting to discuss it, wanting to be alone, experiencing difficulty in concentrating and in sleeping. It's common for students of this age to want to be with their friends when faced with such challenging experiences. Attached is an information sheet that identifies common reactions and ways in which you can support your child during difficult times.

Should you or your child feel the need for professional help or additional support, please contact myself or the student wellbeing coordinator (name) who will be able to assist you.

Psychologists/social workers from the Department of Education have provided support to (name)'s and (name)'s classes and friends. If you would like to meet with the psychologist/social worker contact can be made through the student wellbeing coordinator or on (telephone).

Yours sincerely,

Principal



Following death and injury

Dear parents and carers,

Early on Sunday morning, three current students and a former student were tragically involved in a fatal car accident. One of our current students (name) was killed and the others seriously injured including (names). We have spoken with the parents and carers of these students and offered them the heartfelt sympathy of our whole school community as well as any support or help we are able to give.

We have been reassured by the care and concern demonstrated by students, teachers and parents and the support offered at this difficult time. We have in place at the school a support system that involves psychologists and social work staff from the Department of Education and Training. We will have these additional staff at the school for some time. They will be working with all students and staff as required.

You and your children may be affected by this tragic event in many ways. Individual reactions vary. Some may cry and want to reminisce about (name), others will not want to speak about the event. Both are normal.

Attached is a sheet that identifies common responses and ways in which you can support your child. Should you or your children feel the need for individual support from the psychologist and social work team please contact (name and number) to arrange a time and to sign for this referral to occur.

It is best for school routine to resume as normally as possible and for your children to attend each day. There is no doubt we have all been saddened by this event. Details of the recovery of (name), and (name's) recovery will be provided when possible and we have passed on our concern and wishes to the students who are hospitalised.

Funeral arrangements for (name) are not yet known.

Please call this designated number if you have further questions (number).

Yours sincerely,

School spokesperson



Following the death of a teacher

Dear parents and carers,

Today we had some very sad news about one of our teachers. As some of you will know (name) has not been well and sadly she died yesterday. Our staff have been informed and as you can imagine, many are upset.

Most were able to continue with their classes, but some went home early.

We are informing you this afternoon so that you may speak with your child this evening about (name)'s death.

Tomorrow, we will speak with the children in her class and those she taught last year. Teachers will let their classes know in the morning and there will be cards for children to make or sign for her family.

There will be a condolence book at the office if you would like to write a message for her family. (Name) was a loved and highly regarded member of our school community and we will miss her presence at our school.

Information is available on understanding how children of different ages often understand death and how to support your child. Although your child will be affected by the loss of their teacher, it would be best for school routine to continue as normally as possible and children should attend school.

If there is any way in which we can help you or your children with this sadness, please contact me on (phone/email).

Department of Education and Training psychologists and a social work team are available to provide support and will be in classes tomorrow.

Yours sincerely,

Principal





RESOURCES FOR STUDENT SUPPORT SERVICES

This section includes specialised triage tools and information for SSS staff.

Understanding, assessing and recording students' responses in a timely manner is key in ensuring effective recovery from trauma.

CAPABILITY BUILDING

Being prepared

Being prepared has a protective effect both for you in your role as an allied health professional and for others impacted by the event or involved in the recovery.

Student Support Services (SSS) staff who may play a role in leading recovery efforts should:

- ▶ familiarise yourself with the *Managing Trauma* resource, including self-care strategies
- ▶ complete the PREPaRE training and consider professional learning options to build your capacity to provide mental health triaging and support (see *General Support tools*, page 27, and *Developmental traumatic stress responses*, page 34)
- ▶ consider working with the regional team to implement strategies to build the capacity of schools to support recovery. Examples may include:
 - > providing and promoting professional learning opportunities
 - > circulating the *Understanding trauma* information and other evidence-based resources about trauma and recovery, including the *Leading recovery: case studies* (see page 64)
 - > having conversations with principals about preparedness, and promoting *Managing Trauma*.

Additional reading on trauma

Understanding trauma will build your capacity to support recovery and take steps to protect the emotional and psychological safety for others and yourself.

Incidents or events that cause grief and trauma responses are common, and most people will experience at least one event in their lives where a strong emotional reaction will interfere with their usual coping skills.

Further resources for practitioners on grief and trauma responses are available:

- ▶ PREPaRE training: www.nasponline.org/professional-development/prepare-training-curriculum
- ▶ www.psychology.org.au/for-the-public/Psychology-Topics/Trauma
- ▶ earlytraumagrief.anu.edu.au
- ▶ emerging minds: www.emergingminds.com.au



Smart phone resources - for mental health clinicians

The PsySTART (Psychological Simple Triage And Rapid Treatment)

PsySTART will support you to undertake mental health triage. It operates as a cloud-based smart-phone application.

The application will support you to measure:

- ▶ severe stressors
- ▶ extreme exposure and traumatic loss
- ▶ persistent stressors
- ▶ illness
- ▶ history of PTSD.

To access PsySTART, see: psystart.net/tn

NCTSN PFA Mobile Survivor Experiences

The National Child Traumatic Stress Network (NCTSN) has a mobile app that identifies the core actions of psychological first aid (PFA).

It lists a range of survivor experiences that may guide you in your considerations of risk and intervention.

No list can be exhaustive and cover all potentially traumatic events. Use the list to frame your understanding of the experience your client has had.

It may allow informed decisions in relation to immediacy of intervention. It may also inform you as to whether the needs of the client can be met within a school context or whether their support will require more intense and specialised intervention.

To access NCTSN, see: www.nctsn.org/resources/pfa-mobile or download from the App Store on your device.



FIVE CORE PRINCIPLES OF RECOVERY

It can be useful to refresh your familiarity with the five core principles of recovery:

- ▶ Safety
- ▶ Calming
- ▶ Connectedness and secure attachments
- ▶ Self and community efficacy
- ▶ Hope.

The tables below describe each principle and set out practical strategies for you to embed them.

(These five principles and many of these intervention strategies are already covered in a chronological framework within the short, medium and long-term responses.)

Safety	
Promotion of safety	<p>Potentially traumatic incidents can destabilise our view of the world as being safe and predictable.</p> <p>Enact a plan that restores safety as quickly as is possible.</p>
Core concepts	Threats to safety can cause hyperarousal, which can be destabilising and damaging.
Intervention strategy examples	<ul style="list-style-type: none"> ▶ Physically move away from any threat and ensure there is clear communication. ▶ Shield students from potentiality distressing sights and sounds. ▶ Remain calm (this is easiest when there are clear roles). ▶ Encourage parents to limit exposure to conversations about the incident. Provide reassurance that safety has been restored and that the threat is over ('You are safe now.').
Calming	
Promotion of calming	An increased sense of control and predictability has a calming effect.
Core concepts	<ul style="list-style-type: none"> ▶ Hyperarousal can alter physiological and neurological responses and may lead to maladaptive behaviours. ▶ Hyperarousal increases our perception of threat, maintains distress and a sense of fear. ▶ Direct targeted interventions are recommended for those with severe agitation.
Intervention strategy examples	<ul style="list-style-type: none"> ▶ Breathing retraining (calm breaths) ▶ Muscle relaxation ▶ Role playing and covert modelling, thought stopping, positive thinking ▶ Positive self-talk ▶ Mindfulness ▶ Normalisation of stress reactions ▶ Psychoeducation ▶ Cognitive restructuring ▶ Problem-focused coping (problem solving) ▶ Scheduling pleasant events

Connectedness

Promote connectedness and secure attachments	<p>Identifying and linking with loved ones is a protective factor.</p> <p>Attachment to others promotes:</p> <ul style="list-style-type: none"> ▶ practical problem solving ▶ emotional acceptance and understanding ▶ sharing of experience and adversity ▶ normalisation of reactions ▶ sharing of coping strategies.
Core concepts	<ul style="list-style-type: none"> ▶ Natural networks of support can fatigue or be devastated following an incident. ▶ Incidents can create a heightening of differences and a sense of 'us and them', fractures can occur in communities including school communities.
Intervention strategy examples	<ul style="list-style-type: none"> ▶ Plan for orderly, timely and calm reunification ▶ Restore regular community activity ▶ Re-open schools as soon as possible ▶ Engage with impacted students and adults in a supportive way, and provide validation and affirmation.

Efficacy

Promote a sense of self and collective efficacy	<p>Exposure to potentially traumatic incidents can generate feelings that you, your family, school and/or your community lack competency to handle adversity.</p>
Core concepts	<ul style="list-style-type: none"> ▶ People must feel that they have the skills to overcome threat and to solve their problems. ▶ Being part of a collective effort and supporting children to take meaningful action can promote their resilience and safety. ▶ Believing in your own ability gives you a sense of future.
Intervention strategy examples	<ul style="list-style-type: none"> ▶ Individual and group Cognitive Behaviour Therapy ▶ Encouraging agency in decision making ▶ Promoting problem solving ▶ Normalisation and validation ▶ Playing an active role in community recovery ▶ Organise community and group level activities.

Hope

Promote a sense of hope	<p>We must have hope to go on.</p>
Core concepts	<ul style="list-style-type: none"> ▶ Self-defeat comes from a lack of hope. ▶ Internal and external realities can be managed and controlled. ▶ You can learn optimism.
Intervention strategy examples	<ul style="list-style-type: none"> ▶ Benefit finding (caution must be taken when trying to find the benefit in a disaster) ▶ De-catastrophising strategies from Cognitive Behaviour Therapy ▶ Coping worksheets ▶ Mobilise assets ▶ Positive psychology ▶ Being an active part of recovery plans and actions.

TRIAGE GUIDE FOR ASSESSING VULNERABILITY AND RISK

NAME: _____ YEAR LEVEL: _____
 RESPONDER: _____ AGE: _____
 DATE: _____

Pre-trauma risk factors	Yes	Not evident
Prior exposure to traumatic or stressful life events		
The child has a history of emotional or behavioural difficulties		
Pre-existing family stressors such as family conflict, divorce, financial strain		
History of losses/death of significant others		
Trauma-related risk factors		
Threat to life		
Injury to self		
Witnessed a family member or friend get injured or killed		
Heard cries for help and/or of distress		
Separated from parent/s		
Death of family member or friend		
Witnessed family members highly distressed		
Witnessed teacher/s highly distressed		
Loss of home, personal belongings		
Loss, injury or death of pets or companion animals		
Witnessing other property damage (e.g. neighbour, school)		
Changes in the family such as death of a parent, family breakdown, increased parental absence due to changes in work circumstances or post event recovery activities		
Parental mental health problems		
Parent-child relationship difficulties		
Family dysfunction		
Change in parenting		
Family stressors (e.g. relocation, change in routines, grief, change in roles and responsibilities)		
Loss of school and/or community		
Loss of social supports		
Exposure to listening to people speaking of the event either directly or through the media		

RESPONDER RECORD SHEET

NAME: _____ YEAR LEVEL: _____ DATE: _____
 RESPONDER: _____ AGE: _____

Check the boxes corresponding to any difficulties reported or observed.

Behavioural

- ☐ Extreme disorientation
- ☐ Excessive drug/alcohol use
- ☐ Isolation/withdrawal
- ☐ High-risk behaviour
- ☐ Regressive behaviour
- ☐ Separation anxiety
- ☐ Violent behaviour
- ☐ Maladaptive coping
- ☐ Repetitive play with themes of the event
- ☐ Other: _____

Emotional

- ☐ Acute stress reactions
- ☐ Acute grief
- ☐ Sadness/tearful
- ☐ Irritability/anger
- ☐ Feeling anxious/fearful
- ☐ Despair/hopelessness
- ☐ Feelings of guilt/shame
- ☐ Numbness
- ☐ Disconnected
- ☐ Other: _____

Physical

- ☐ Headaches
- ☐ Stomach aches
- ☐ Sleep difficulties
- ☐ Difficulty eating/changes in eating patterns
- ☐ Worsening health
- ☐ Fatigue/exhaustion
- ☐ Chronic agitation
- ☐ Other: _____

Cognitive

- ☐ Inability to accept the event
- ☐ Distressing dreams/nightmares
- ☐ Intrusive thoughts/images
- ☐ Difficulty concentrating
- ☐ Memory difficulties
- ☐ Difficulty making decisions
- ☐ Preoccupations with death/destruction/violence
- ☐ Rumination

Other concerns or information

- ☐ Previous trauma/psychological problems
- ☐ Previous history of drug/alcohol abuse
- ☐ Displaced from home
- ☐ Injured as a result of current event
- ☐ No family support
- ☐ Out of Home Care
- ☐ Previous referral to SSS and school allied health
- ☐ Previous involvement with community agencies
- ☐ Physical/neurodevelopmental/intellectual disability
- ☐ Other: _____

Referral options discussed

- ☐ SSS and school allied health professionals
- ☐ Child Adolescent Mental Health Services (CAMHS)
- ☐ Mental health care plan
- ☐ GP/Medical
- ☐ School Nurse
- ☐ School Doctor
- ☐ Orygen
- ☐ Headspace
- ☐ Other: _____

Recommended follow up ☐ Yes ☐ No

Please make note of any other information that may be useful.

PSYCHOSOCIAL RESPONDER RECORD SHEET

NAME: _____ DATE: _____

RESPONDER: _____

Individual school staff consulted:

Role:

Nature of the contact with the school (please tick relevant boxes)

Staff

- ☐ Met with principal
- ☐ Met with welfare staff
- ☐ Attended or addressed staff meeting
- ☐ Support/advice provided to IMT
- ☐ Support or advice provided to administration team
- ☐ Attended assembly
- ☐ Recommended EAP support

Students

- ☐ One-to-one
- ☐ Groups
- ☐ Attended or addressed classes
- ☐ Met with student and parent/carer

Parent/Carers

- ☐ Telephone conversation
- ☐ One-to-one/couple
- ☐ Group
- ☐ Community meeting

Additional

- ☐ Provided psych educational printed material
- ☐ Met with personnel from other agencies (record details)

Recommendations

School follow up? ☐ Yes ☐ No

If yes, by whom:

☐ SSS ☐ Other agency/professional (record details)

☐ Regional staff

Nature of follow up

- ☐ School visit
- ☐ Phone/electronic
- ☐ Provision of resources

Suggested timing

- ☐ Next day
- ☐ Within a few days
- ☐ As part of next scheduled visit
- ☐ Only if requested

Has your recommendation been made known to the school/s? ☐ Yes ☐ No

Has your recommendation been made known to the:

☐ Other (Please specify): _____

Emergency Management Coordinator ☐ Yes ☐ No

Area Emergency Management Contact ☐ Yes ☐ No

Regional staff ☐ Yes ☐ No

SSS and school allied health professionals/Network Leader ☐ Yes ☐ No

Other (Please specify): _____

Please make note of any other information that may be useful.

CHILD TRAUMA SCREENING QUESTIONNAIRE

The child trauma screening questionnaire (CTSQ)* is a 10 item self-report screen that can be used to assist in the identification of children at risk of developing Post Traumatic Stress Disorder (PTSD).

It is recommended that informed consent be gained before administering this screener and that it is administered by mental health practitioners such as psychologists or social worker staff.

How is it scored?

Children answer each question with either 'yes' (score 1) or 'no' (score 0) indicating whether they have experienced a symptom since the event.

Children who score higher than five are identified as being at risk of developing PTSD.

NAME: _____

YEAR LEVEL: _____

RESPONDER: _____

AGE: _____

DATE: _____

Have any of these things happened to you since the event?	Yes	No
Do you have thoughts or memories of the event that you don't want to have?		
Do you have bad dreams about the event?		
Do you feel or act as if the event is about to happen again?		
Do you have bodily reactions (such as a fast beating heart, stomach churning, sweating, feeling dizzy) when reminded of the event?		
Do you have trouble falling or staying asleep?		
Do you feel grumpy or lose your temper?		
Do you feel upset by reminders of the event?		
Do you have a hard time paying attention?		
Are you 'on the look out' for possible dangerous things that might happen to yourself and others?		
When things happen by surprise or all of a sudden, does it make you 'jump'?		

* Kenardy, J.A., Spence, S.H, and Macleod, A.C. (2006). Screening for Post Traumatic Stress disorder in children after accidental injury. *Paediatrics*, 118 (3) 1002-1009



LEADING RECOVERY: CASE STUDIES

This section sets out four case studies where principals and SSS staff reflect on recovery efforts and share their learnings from the ground.

These case studies can be read and discussed with your teams to build your preparedness or following an incident to reflect on your approach. Trigger warning: These case studies may be distressing for some readers and contain reference to the 2009 Victorian bushfires, a suicide, a fatal road accident and threats of physical violence.

A STUDENT SUICIDE

Effective partnerships

This case study sets out the actions that were taken in response to a student suicide. In this case study the situation was well managed and calm, which appeared to benefit the school community.

This was achievable through:

- ▶ strong partnerships between principals and their teams, Senior Education and Improvement Leaders (SEILs) and SSS
- ▶ good planning, clear task allocation and careful communication.

The incident

A Year 8 student tragically died by suicide. The school was informed via the parent and Victoria Police then confirmed the death.

Immediate response

An IRIS alert was lodged and the principal contacted the SEIL and SSS.

The SEIL shared the student suicide response plan of a neighbouring school with the principal (this had been developed as a result of Headspace postvention training).

The principal enacted the plan and liaised with the family, police, and staff members who he predicted would be most directly affected by the event. An email was sent to all staff advising of the reported death.

He then liaised with SSS regarding concerns for the wellbeing of the wellbeing worker, who requested additional support. SSS contacted the staff member and provided psychological first aid, and information regarding the Employee Assistance Program (EAP).

On behalf of the principal, SSS contacted Headspace, School Support and EAP and arranged their attendance on Monday.

Forming the recovery team

The principal assembled the recovery team on Sunday afternoon, consisting of the principal, assistant principal, year level coordinator, year level teacher, wellbeing coordinator, secondary school nurse, business manager, SEIL, and the SSS team leader.

SSS worked collaboratively with the team to tailor the response plan to the situation and staff available. This included the development of a communication plan, which addressed the family, school staff, students, parents, neighbouring schools, relevant services within the Department (the Media Unit) and externally (the local mental health service). A letter was sent home to parents of students at the senior campus, and scripts were developed for teachers that were consistent with *Headspace School Support* resources and the wishes of the family.

SSS provided initial advice and information to the team regarding responding to suicide. Relevant Headspace resources were provided and copied in preparation for the return to school of staff, students, and parent community.

Triaging and providing support

The team identified vulnerable staff and students, and developed plans to support these individuals (For more information, see: *Triage for support* page 14). Parents of identified students were contacted by members of the team, and the school liaised with local mental health services, which were involved with some of the students. Ongoing monitoring of staff and students was discussed, including warning signs requiring further support. The team planned the establishment of a 'break-out' room for distressed students at the senior campus.

This also included protocols to be shared with teachers (i.e. sign-in/sign-out process, length of stay, indicators parents would need to be called). Two SSS social workers/psychologists were scheduled to attend and provide support to staff and students as needed.

Medium-term response

SSS attended the staff briefing on Monday morning. SSS were then located in the break-out room with up to two other school-based staff for Monday and half of Tuesday. The wellbeing coordinator and school nurse were also available and provided support to individual students as needed.

SSS attended recovery team meetings, including during break times on the first day, and at the end of the day.

Plans were adjusted as needed, including responding to an impromptu memorial set up by students at the deceased student's locker. School routine was maintained as much as possible throughout.

Headspace attended the school and participated in the recovery team meeting on Monday afternoon.

Additional advice and resources were provided. On advice of the team, SSS arranged follow-up on-site EAP counselling for school staff on Thursday.

The funeral

The family advised the school of the funeral arrangements, which was scheduled for the following Wednesday. The Emergency Management Team (EMT), led by the principal, planned for this, including anticipated staff absences.

The principal sent a follow-up letter to parents/carers regarding the funeral and suggested strategies for supporting their children. SSS were present at the school following the funeral in the event that students returned to school, and provided support as needed.

Longer term response

SSS also worked collaboratively with the school as other issues arose, including suicidal ideation of other students, and blaming of particular students for the student's death (which presented on social media).

SSS provided advice regarding responding to inappropriate social media use, and possible discussions with students at a classroom level regarding supporting each other and respectful communication, including via social media.

The SEIL and SSS communicated regularly with the principal and team throughout and provided support and advice as needed.

SSS attended the team debrief four weeks after the student's death and participated in reflections regarding what went well and future adjustments.

Capability building

The team identified the need for further training and SSS provided information on training options including:

- SAFEMinds In-Practice training for leadership and wellbeing staff, see: www.education.vic.gov.au/Documents/school/principals/health/safemindsflyerpractice.pdf

QUESTIONS FOR CONSIDERATION

- Does your school (or schools you work with) have a suicide response plan?
- How would your school and/or regional teams work to respond to a student suicide?
- Are there any actions you could take to build your capacity to respond to a suicide?

A FATAL ROAD ACCIDENT

A multi-school response

This case study sets out the actions that were taken in response to a fatal road accident. The student who died and her siblings attended three different schools, requiring a multi-school response.

The incident

A Year 8 student died in a fatal road accident. She was a pedestrian and her two siblings and parents witnessed her death, but were not physically harmed.

Verifying the incident

Police contacted the school principal late on Thursday night to advise of the death, but no details were officially verified. At 7am the next morning the principal contacted the police to verify the facts, before calling the principals of the two schools the siblings attended.

Seeking support

The principal then contacted the SSS team leader and the SEIL for support along with all three principals, and met with them at 8am to plan their actions and supports.

Planning and delegating leadership

Together the principals, SSS team leader (and two of her team) and SEIL worked through the short-term actions, developing the communication plan and triage approaches. During this meeting the principal of the student who had died was visibly very distressed. At that point, the SSS team leader offered to coordinate the recovery, and the offer was gratefully accepted.

Short-term response

SSS worked with school welfare staff at each school to enact the triage, support and referral process. They contacted the local Child and Youth Mental Health Services to advise them of the incident and establish an agreed process for support and referral. A nominated SSS officer also contacted ChildFIRST to discuss supports for the family, who were already known to Child Protection due to incidents of family violence.

The principal worked with the Department's media unit so she was prepared to make a public comment if the school was contacted by media. They developed a script that she could read or ask the SSS team leader to read if requested, and discussed strategies to ensure that any interviews occurred away from students and school community members. The principal then sent this suggested script to the other two principals.

QUESTIONS FOR CONSIDERATION

- ▶ How would you and your team respond to an incident impacting multiple schools? Do you have established networks of support?
- ▶ One of the principals was too distressed to lead the recovery. Recognising this and nominating another person to lead recovery was critical. How would you and your team work together to make this assessment? For more information, see: *Form a recovery team* (page 10).
- ▶ Are you aware of the local and state services you would engage with in this instance? Do you have established referral pathways?

A GUN INCIDENT

A principal's story

This case study reflects the experiences of principal Dr Barbara Myers in what she describes as the most 'testing experience of her leadership capabilities', where a man drew a gun in front of all of her students and members of the school community.

In this case study Dr Myers also draws on her doctoral thesis, which explores principals' experiences leading their schools through and beyond critical incidents.

The following are Dr Myers' words.

The incident

It began on a hot morning in mid-December 2005. I was in the library of my school, a medium-sized, outer suburban Catholic parish primary school (St Joseph's School), in front of the entire school population of 400 children, their teachers and about 100 parents with attendant toddlers and babies; we celebrated merit award winners for the year.

A disturbed, angry man rose out of the group of parents, drew a loaded gun from his shorts, waved it around and cocked it. In the ensuing panic, some attentive dads wrestled the man to the floor, while the teachers quickly evacuated the children and other parents from the library and went into the classrooms, where they instituted lockdown conditions.

As we did not know what was happening (for instance, was there more than one gunman?), the lockdown conditions remained until sometime after the police arrived with their guns drawn, with the media in hot pursuit. Parents, who had not been at the ceremony, started arriving soon after, having heard of the incident via radio reports and mobile phones. As police dealt with the issues at hand, office staff began phoning parents and answering queries from who teachers, who, while in lockdown in the classrooms, checked their roll books and managed their students and the parents who had accompanied them.

Emergency management

As a school we had practiced our evacuation and lockdown drills as required. We had a school culture focused on safety, both emotional and physical. As a core principle and in line with our work on distributed leadership, staff instinctively stepped up to leadership in particular areas.

For instance, it was a teacher who started the evacuation with a call for heads down, (then) out the door, into the classrooms, lockdown, while I was still absorbing the fact that the gun was real! The assistant principal immediately took over the public-address system, keeping those in lockdown in the classroom informed about what was happening and reassuring them, until police gave us permission to release the lockdown conditions an hour later.

As the principal, I was the point of reference for the assistant principal, the office staff, the parents arriving and leaving, the children, the police, the media and the support people who started arriving from neighbouring schools and the Catholic Schools Office. As principal I dealt with everyone and everything, and felt responsible for everyone and everything.

After the incident

Little did I realise on that day, that this was just the beginning of a very long and extremely testing time for our school as a community, for individuals who were part of that community, and for me as principal. Staff held things together for the next five days until school holidays began.

When we returned to school at the end of January the following year, it became immediately obvious that our community was still in crisis. Many children were exhibiting symptoms of anxiety and sleep disorders. Use of the library, where the incident occurred, was out of the question for quite some time due to anxiety symptoms from staff and students. Teachers were also displaying symptoms of anxiety and stress and were sometimes unable to perform their teaching duties, which in turn caused more disruption for the children. Some parents needed constant reassurance (multiple phone calls in a day in some instances) about separation from their children. The problem of finding enough rooms in which to put the visiting counsellors developed into a full-blown anxiety attack for one of the office staff.

Throughout the 12 months following 'the gun incident', as it became known, I not only led my community in the normal aspects of primary school life, but also had to deal with issues of mental health for the children, staff, parents; issues of workers' insurance and safety audits; media interest, police and legal interactions (in the following 18 months I attended court five times as the case went through multiple adjournments and each of these events generated more media interest); building renovations in order to improve safety of the front office; and my own stress reaction and overwhelming feeling of responsibility for everyone's wellbeing. I had not trained for any of these responsibilities, nor did I feel I had expertise in any of them.

Aren't you over that yet?

Compared to recent dramatic and violent school events in other countries (e.g. the incident at Sandy Hook Elementary School), the incident at St Joseph's seemed a fairly straight forward event: no shots were fired; no-one was physically injured, not even in the panicked evacuation; the man was having a disagreement with a family member and was suffering from a mental illness; so, there was no intention to hurt anyone at the school; the man was quickly overpowered; the police were there in 11 minutes. So, what was the big deal?

It is a natural expectation that an Australian primary school is regarded as a safe place. St Joseph's Primary School mission statement declares '... everyone has the right to feel and be safe' (St Joseph Primary School, 2004).

School administrators, principals and educational systems invest a lot of time, energy and resources in activities such as putting up fences, ensuring play equipment meets stringent safety requirements, training teachers and parents in child protection issues, authorising police checks on potential employees and other associated measures.

However, it was proven on that day that we, the principal, teachers and parents, could not stop the school from being unsafe. Individual responses to the event varied, of course, and were exhibited in many different ways. My own response was to assume responsibility for the wellbeing of every person in the school community. At the same time, I was aware at some level, that I was suffering a stress reaction with anxiety attacks and disrupted sleep patterns.

I continually asked myself: *What should we have done to prevent, manage and respond to this incident, in order to reduce the impact on members of the school community?*

How does a school principal deliver appropriate and effective support? What support can I call on to help me?

I was shocked by my own overwhelming feelings of responsibility and I felt quite unable to delegate any of that responsibility to anyone else. Added to those feelings of responsibility were the feelings of guilt that I was 'not coping' with the normal business of school – the learning agenda was not something we staff could focus on at all, so we felt we were letting our children down in this area.

Many people, particularly my principal colleagues, kept offering to help: 'Just tell us what you need, we want to help', but I was so absorbed in the business of survival, that I had no idea what anyone could do to help. However, the unstinting offers of support, the baskets of fruit and flowers, were an important signal to the staff that other school communities cared about what they were going through.

My relationship with our very capable school counsellor became intense and vital to my survival. Although he was allocated to our school only one day a week, he became my guide through the minefield of mental health interventions. His knowledge of not only mental health issues but also of the specific culture of our community meant that the advice and support he gave was tailored to our context. He was also trusted by the staff and parents who sought his advice and guidance.

The system head office (Catholic Schools Office-CSO) responded to the school with support people (clerical staff, a PR advisor, a fellow principal and a senior CSO leader), and access to counsellors. These measures were extremely helpful and supportive for dealing with the immediate issues and individual needs.

However, there was no concept or understanding of the effects of trauma on a school at an organisational level, nor of the long-term nature of those effects. My relationship with the CSO became strained over the following 12 months as I was challenged with comments such as: 'Aren't you over that yet?' and 'Maybe you need more counselling'.

There seemed to be an attitude that all that was needed was to allocate more counselling for those affected. My ability to 'cope' and to lead my community was questioned, with very little acknowledgement or understanding of the complexity of the task of school leadership in this context. In my later reading and research, I realised that this was a common experience. I felt frustrated that there appeared to be no interest from the CSO in evaluating its response to the critical incident.

I felt I had learned a lot, and although I shared this with some fellow principals, the CSO did not demonstrate any interest in reviewing either my experience or the CSO response.

Sharing stories

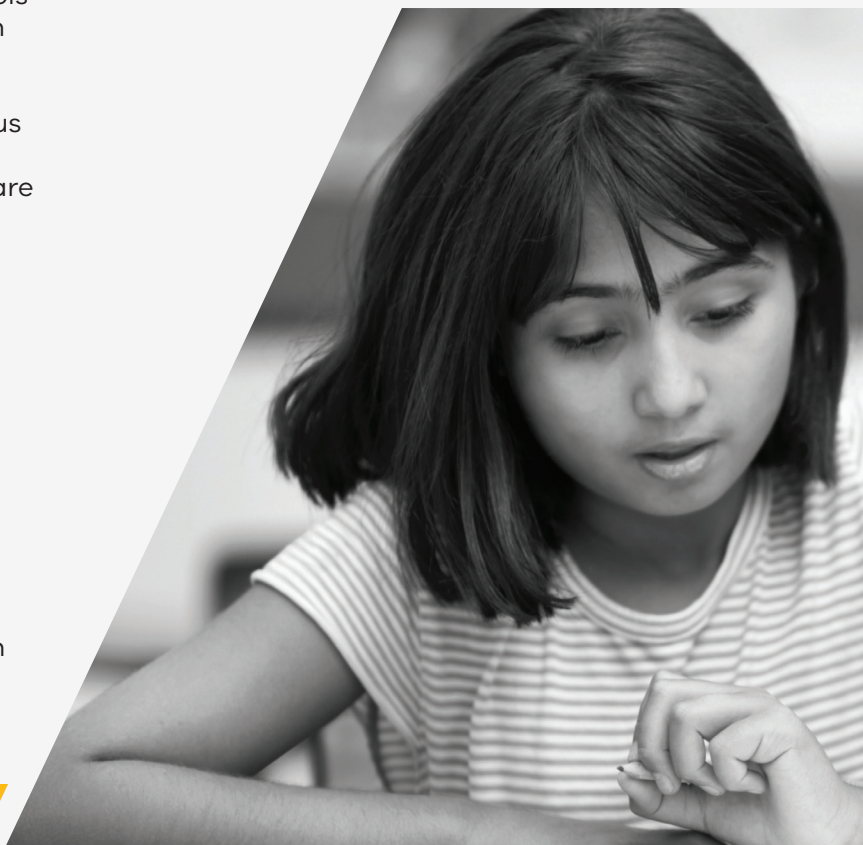
In the years following the gun incident at St Joseph's school, I talked with several principals who had led their schools through similar difficult times. I found, anecdotally, these principals felt that there had been little understanding by system administrators of the complexity and difficulties encountered by principals in leading their schools in post-critical incident contexts. Principals with whom I spoke acknowledged that their CSOs expressed a willingness to help but displayed a limited knowledge of the issues involved and thus had no cohesive, structured support available. These principals spoke of their eagerness to share what they had learned with other principals but also felt frustration at the lack of opportunity or a suitable forum to do so.

In talking with colleague principals about my experience, the discussion often turned to three issues:

- ▶ the inevitability of experiencing a critical incident
- ▶ what sort of preparation and training could be provided to prepare principals for an experience such as this
- ▶ what sort of support would be most helpful in recovering from a critical incident.

QUESTIONS FOR CONSIDERATION

- ▶ How would your school and/or regional teams work to respond to this situation?
- ▶ Would you and your team be able to identify signs of trauma following the incident and triage for support? (For more information, see: *Identify those most at risk and triage for support* page 10.)
- ▶ Leading the recovery from this incident caused the principal to feel 'overwhelmed' and at times like she 'wasn't coping'. Can you identify who in your network you could draw on for professional and personal support? What other self-care strategies would you put in place? (For more information, see: *Advice on self-care* page 32).



LESSONS FROM THE 2009 VICTORIAN BUSHFIRES

The school as a community centre for disaster management and recovery

This case study reflects the experiences of principal, Jane Hayward, following the 2009 Victorian bushfires and recovery efforts.

About Jane Hayward

Jane Hayward is the Principal of Strathewen Primary School, a small, relatively isolated school that sits at the base of the Kinglake Ranges. Before becoming a teaching principal Jane taught at Middle Kinglake Primary school.

About the community

Strathewen Primary School's community is diverse, with long-established farming families, families that made a conscious choice to move outside of the urban fringe and recent arrivals. The school community generally consists of higher socio economic groups, with little experience with Centrelink or other support agencies before the fires.

The following content is drawn from Jane's account of the recovery effort.

Before the bushfires (preparedness)

Student welfare has always been a priority for me. We never saw kids in isolation; they were part of a family and the parents were encouraged to share their worries with us and we'd assist whenever we could. Back then it wasn't practice but we managed the budget carefully and paid a private educational psychologist to support the school community when it was needed. Our education psych was a lovely man named Lindsay, who passed away some time ago. Often over the past four years I've asked myself: 'What would Lindsay say?', 'How would he have managed this?'.

At the beginning of 2009 we had around 35 students. Two of us were full time teachers, myself and Diane. We had a little team of part time staff and a school full of volunteer parents, grandparents and friends. And I do mean full of volunteers, bringing their variety of skills through the door. Honestly, there wasn't a day that I didn't park my car at the school and consciously think of how blessed we were at Strathewen Primary – fantastic families, fantastic kids, amazing grounds and gardens that had been a labour of love.

We'd won the State Schools Garden Award for small schools in 2007; the place was that good. Ours was a true community school – the village raising the children, everyone pulling together to provide the best possible learning opportunities for our kids. My staff was what I often referred to as 'the dream team.' I still do!

Back pre-bushfire, we had our hiccups – we were managing a seriously ill student, a parent recently had a heart attack, my wonderful business manager was battling what turned out to be a terminal illness. But we pulled together; community support was endless, meal rosters were in place in a blink and we looked after one another. I had no idea that we'd need every ounce of that community strength to get us through the days in the near future. The fact that our school was such a strong and healthy one would stand us in the best possible position to get us through the years ahead.

We knew about fire risk back then. We had a fire refuge room that could go into lock down, we had shutters on windows, rooftop sprinklers. It was the unofficial 'safe' place in Strathewen. Even the exact coordinates to give the water bombers sat prominently on the side of the filing cabinet in my office.

We knew we were vulnerable, but we had a great fire plan, none of which would have prepared us for what eventuated had 7 February 2009 been a school day.

Community resilience can act as a protective factor in times of adversity. The ecological model is a framework where the intersecting influences on a child's life and development are considered. The community, family, school, sporting clubs, intrinsic and extrinsic factors are all contributors to the child's development and wellbeing.

During

I guess our story of loss has been pretty well told, so I won't go into too much detail about the actual events of 7 February 2009. The loss was incredible, the force of the firestorm hard to believe; not much was left behind in Strathewan.

During the afternoon of Black Saturday, my staff and I were in continual contact. When things started looking bad, my mobile didn't stop ringing. When I look back and think about it, school families calling me for advice as they fled the fire seems bizarre now. But that's the way it was.

The result of the day was the loss of our school, the loss of a large number of school family and staff homes, the loss of school parents, grandparents, friends, one student, neighbours, livestock, pets ... just so much. As I mentioned my mobile didn't stop ringing and none of the news was good.

My staff and I (those that were safe and able to) worked together from day one, caring for families. That hasn't stopped, even this far down the track.

If I'd ever doubted school was the central point in a small rural community – I doubted no longer. From that early stage, families looked to the school for direction, support, care, material aid – everything.

Recovery

On the Sunday, parents were ringing me asking what we would do on Monday morning without a school! With my little team of workmates, we planned to meet Monday morning as a school community at a nearby hall, just outside the fire area. We met from 10am to 6pm. What was being experienced was overwhelming.

The need to be together was strong. The need for my staff and I to have our school up and running was incredible. We needed to be together, operating our own school, running things the way we always had. We opened our temporary site 20 km away on the Wednesday, with a 9am start. We worked hard to set up our little school in the empty portables at Wattle Glen.

Adrenaline is a wonderful thing! I still don't know how we managed to have things ready after just one school day of combined effort. The rooms had been a storage area for disused stuff. With a bunch of volunteers, we emptied the space, cleaned old furniture, vacuumed, found and hung posters, and even arranged seating just like we had it in our old classrooms. We wanted things to be as normal as possible.

Keeping the media outside the school fence was a priority. Everything was just so raw and private; we needed to protect our children and families. That would be more and more of an issue as we went along.

The first morning, the kids came in and clung to their teachers and parents. Some cried, some were frozen and quiet, some were firing on all cylinders and almost manic in their behaviours. Parents were distressed – obviously.

Parents and children didn't want to be apart, the need to stay close was strong. Our families were all displaced – sleeping wherever they could. Some families weren't accounted for.

Parents came to school and most stayed – they had nowhere to be. We set up a single portable classroom as a staffroom and a parents' room, so we had somewhere for the parents to come and sit. The school provided our parents and community members who came our way with a cuppa and a snack, meals, material aid, pastoral care, even access to service providers such as Centrelink who came and set up a table. Mostly we gave parents somewhere to be.

People seem to gravitate to schools for support in times of adversity. The school provides an anchor when everything is unpredictable. Reconnection and physical support provided a base for people to become grounded in their new reality and to begin the process of coping. Practical challenges for schools include having a physical space to resume and to accommodate parents and support services, to look after core needs such as food, hygiene, and relationships. To have staff who were able to be present both physically and psychologically.

The need for attachment needed to be considered by allowing parents and children to be together in a safe space.

The school was a conduit for accurate information where people could keep up to date with the identification and location of those missing and deceased.

We were really well supported – the local Subway sent in platters of salad rolls each day for weeks to feed the adults – unless food was put in your hands, you didn't eat. You forgot. A local lady coordinated a team of friends and they provided a packed lunch for each student for weeks. For parents making a school lunch was too hard. Seeing strong capable people that I knew so well in this position was one of the saddest things.

Many people notice after such a stressful and overwhelming experience that their ability to think clearly, process and sequence is impaired. This is commonly observed after a range of disasters and generally resolves naturally overtime. It's common to see impairments with short-term memory and attention in both adults and children.

Some people reported after the 2009 fires, that they were unable to shop for food because they couldn't follow a list or recall items, sequence driving to the supermarket, shopping and paying. So common was this phenomenon that people referred to this as 'having bushfire brain'.

The students

It quickly became obvious how traumatised our students were. From the first day they wanted familiarity – a bell ringing, school uniform, spelling, homework, take home readers and all the school routines they knew. Mind you, all the things they used to whinge about! I don't know how we got through the first day – it was a marathon effort. My crew was amazing.

Soon we had students bussing in from all directions – getting that going was a big one. I was generally on deck from 6.30am until 8pm. Diane, my trusty sidekick, was usually with me. Unable to get home, (which I finally learned was still standing) I'd moved into my old bedroom at my parents' place in the suburbs and was getting looked after there. But the days were long. Dealing with outside agencies took up loads of time, face-to-face welfare support was vital, setting up the school's admin side of things and getting that running, dealing with well-meaning visitors, managing a determined media, handling the amazing and continual drop off of donations, sourcing essential school equipment that we needed to operate and also teaching my grade, my staff and I soldiered on.

Our kids didn't really like visitors much; they called them 'tourists'. Families that had moved back into the fire-affected areas living in caravans and in make shift camps on burnt out blocks had to do battle with sightseers pulling into their driveways to photograph burnt ruins and temporary homes.

Justifiably, the kids hated it, hated being on show for the tourists. Our school's early decision was to do no media. We kept this in place for the first few months. It's a decision I have never regretted.

Media and visitors

During those early days the media reports were tough to manage. I bought the newspaper each day. Not to read the news but to look at photos for evidence of people I knew being alive. It seems strange now, but I've still got a sack of newspapers in my attic. One day I'll read them.

Keeping track of visitors and managing them was a challenge. At one time my Education Department boss was meeting with me at school one evening. He was a terrific boss, who stood beside us from day one. He'd drop by on his way home and we used to sit down and chat, often at the end of the day. One such time, the phone rang and I was told a very senior political figure was planning to visit the school the next day. I asked what the purpose of the visit would be. I was told it was to cheer up the children and spend time with them! I remember thinking just how ludicrous that sounded. I had kids who were coming to terms with the loss of parents, friends, and homes. How nice it would be if you could magically cheer them up. It turned out the visit was a camera opportunity, with a full media crew, TV cameras, the lot! A circus! 'No', I said, I didn't think my kids would be cheered up by that; I wasn't going to allow the visit, end of story. I got a pretty shocked response and a fair amount of aggressive argument from the staffer, but I held out. I got off the phone, turned to my boss and told him, 'It looks like I might not keep my job for too long!' I can laugh now but I was wild then!

Lindy and Titchener developed the conceptual framework of the 'trauma membrane'. The term was first used to describe a protection barrier that individuals, such as mental health professionals, friends and family, provided to traumatised individuals. It acts as a mediator and aims to protect individuals and communities after a natural disaster.

Sometimes, school staff, early childhood teachers, principals and mental health professionals need to work within the interface of this membrane, acting as gatekeepers, in order to protect their school communities until they are able to mediate the exposure and experiences for themselves. Secondary exposure to challenging and overwhelming events that occur after a disaster can also create traumatic stress responses and can undermine the natural recovery and coping strategies of individuals.

With home lives so disrupted and families in such distress, it was quickly evident that our children tended to 'bottle up' what was going on for them and then unravel spontaneously at school. Out of the blue, we'd be in crisis mode. Working through some really tough stuff with kids, it turned out that they were very aware of the need to protect their parents. For many kids seeing their parents cry and not in control was very confronting. Mums and dads weren't operating as usual; everything was upside down at home. Kids were seeing their parents in great distress, so they didn't want to add to that. Our children very often stepped into the 'almost adult role' of pretending things were okay for the rest of the family. We became quick to spot the vacant stare that went with the fixed smile, the pretence that they were fine.

One of the toughest things to manage with the kids was their loss of innocence. They now knew that the world wasn't a safe place. They knew that despite what parents promised them, they couldn't always be kept safe; things could get bad quickly. Some children were angry at their parents for 'letting them down', in many homes parents struggled with guilt around not protecting their children and their partners, particularly the dads. This continues.

The tough stuff

With Departmental support, I was able to employ an additional teacher within a week or two. Thankfully it was a former colleague from Kinglake who'd taken some leave without pay and who had experienced the fires herself and knew what our kids were going through. She was wonderful. We really needed people on board with a high level of emotional intelligence – it was essential. Having an extra teacher with us meant that if a sudden crisis hit, if a meltdown was on, Di or I could leave the classroom with a child and go for a walk. We'd sit outside with them and talk and work through some very tough stuff.

We couldn't fix anything, but we could listen, support, share, even just quietly sit and hold them while they unravelled. These kids had lost on so many levels.

The compassion and empathy shared in our student group was and still is, incredible. Someone would start to silently sob, midway through a lesson; there was no dramatic reaction, no fuss, no enthralled silence, no questions. These kids would quietly look to me to intervene, or they'd walk past their friends and just place a gentle hand on his or her back; they all understood.

Self-care

My staff is pretty much the original bunch. A long-term teacher aide retired and sadly we lost our business manager through illness, but the rest of us are all on deck. The strongest team you'd ever find. The gang have had almost no sick days, no days off. Only recently Diane and I have decided to take short bursts of long service leave – we're getting better at letting go and taking off. I'm not saying we're good at it though. For a long time leave wasn't possible. The fear that something would go wrong while we were away – the fear that one of students would need us and we wouldn't be there – was a real problem. The first time I set off on leave, my husband and I headed off to the airport, flying out to far North Queensland. My tears fell all the way to Tullamarine airport. Letting go was terrible.

Staffing

Due to the complexity of our students' needs, staffing is a problem at times. We are unable to employ emergency or replacement staff that don't know and understand our children. Bringing in strangers has to be managed very carefully. We have a small band of emergency teachers; they know our kids and know what might happen, what to watch for and how to support them.

With additional funding, I was able to employ an additional office person part time, which meant that I had someone who could manage unexpected visitors without disrupting teaching time, handle donation drop-offs, chase up stuff we needed and sometimes just sit and chat with a parent in need.

Continuity of care

So, our days went like this for months, years even. Different experts came our way, some great and some not so great. Some passing through, others there for a longer stint. This was a huge issue for us. Many experts were simply not equipped to deal with the scale of the disaster. One day I had a counsellor come to me while I was teaching; this was about a year and a half into the journey. He told me that one of the boys had just told him his entire fire story, retelling his experiences from Black Saturday. He told me he was so distressed by what he had heard that he needed to go home and contact his support person for a debrief. He had a full list of kids to see that day and parents to meet. I didn't know whether to laugh or cry.

There was no 'out' option for my staff and I, no opportunity to take off, no chance to retreat. We just kept going, hearing stories day after day, as the kids worked through their understandings and were able to talk.

Often students would test the water and let out a little bit, share a snippet, then see if it was safe to continue. This was particularly evident in the junior classroom.

They'd often tell just a bit of their story and see how you'd respond. It was, and always is, safe with my crew at school.

From the word go, we firmly believed that our kids might only ever attempt to unload once; we had to get it right and we had to be prepared for anything anytime.

Mental health professionals who work in the disaster recovery space must be able to tolerate the demands of the work and to have in place strategies that allow them to 'bear witness' to the traumatic experiences while maintaining their own self-protective and professional boundaries, otherwise they run the risk of harming their client and themselves.

Our students needed to know that they could unload to us. Very early on, as a staff, we talked about the need to never appear shocked by what we were told; we had to wear the old professional disguise and calmly listen. This was tough, and still is.

Vicarious trauma for staff is a big issue and something that I think went completely under the radar for many not working on the front line. In a small school, we know our kids so well. We're a family, and seeing them hurt, hurts. The ability to turn off after a wild day was pretty hard. Still can be. We tend to debrief with one another, to do our sharing and caring in the staffroom and try not to take too much of the upset home. A lot of tears were shed in the photocopier room. I don't know why, but it became **the** place.

Self-care is probably the area we have fallen down in the most; we just haven't managed it well. We've learned a lot, but putting things into practice isn't easy. Everyone else comes first. Our own families certainly missed out on a lot.

What the children needed

It became obvious from the first day that our children needed normality. They needed to feel safe at school. They needed a sense of calm and some consistency. School needed to be happy, busy and a good place to be. They needed to see that while so much of their world was rattled and turned upside down, we, their teachers, were still the same, strong and steady, keeping on going.

They needed to know that the usual school boundaries were still in place; we enforced them, and the usual expectations remained. Our student code of conduct still applied; we would still say 'no', it wasn't a free for all. The students needed to test the boundaries and find that they were still in the same place; this was really important for them.

Our plan from day one as we dealt with traumatised kids and families was to do no harm and to make no decisions we might regret. Fortunately, we've done pretty well on this I think. There are a few things I'd do differently, but not too many biggies.

Through the Education Department, we were allocated some funding to put towards community wellness programs. This is so important. When a community is so damaged, it's easy for families to withdraw from social situations. Our local community group has done a marvellous job at keeping our community connected.

Long-term

So here we are, nearly four and a half years down the track (2014). We continue to spend a lot of time managing post-trauma issues in children and families.

We have an outstanding chaplain working with our school one day a week and he brings great talent to the job, doing film making, art projects and things with the kids. He also recognises the needs of our dads, running special holiday outings during the year and making time to catch up with them.

Learning has been interrupted

My colleagues from ten fire-affected primary and secondary schools are experiencing the same journey as us, or a very similar one. Learning has been interrupted for many. Gaps in learning are common. Recently, in the NAPLAN test for writing, the kids in Years 3 and 5 were asked to write a persuasive piece, presenting reasons that a person of their choice should be given a hero's award. This piece is done under exam conditions, no prompting, no teacher direction from me, just the writing topic page read aloud and they had to go for 40 minutes or so of writing.

I was blown away and pretty emotional, when I sat and read through the kids writing after school. Who would their heroes be? One student wrote about the local CFA and the amazing job they do.

Another wrote about Mum, and how she kept them safe, sheltering and protecting them as the fire front passed, driving them safely out after the fires, dodging fallen and burning trees and then making sure they had a fire-safe house built for their new home. Another wrote about how her Pa saved her life on Black Saturday, dunking her in cold water as they prepared to flee and wait out in a cleared space during the fire. Another wrote about how her older sister kept the siblings calm, singing to them under a wet blanket for ages, while Dad battled the fire outside. We are this far down the track and at the slightest prompt out it all comes. I wonder who'll be reading the Strathewen NAPLAN writing papers. I hope they've got a box of tissues.

Our littlies coming into school, who would have been only two or so at the time of the fires have many issues. Schools are seeing high risk behaviours in young kids. In talking to principal colleagues across fire-affected communities, the story is consistent.

We see kids who still sleep on the floor of their parents' bedroom. Facial tics develop out of the blue, hair loss, stress incontinence, and explosive anger. High schools are seeing disengagement, loss of ambition and learning problems in formerly high achievers. Life at home is broken and disrupted for many. Family breakdown has been common. In some cases, people are only now seeking specialist trauma counselling.

To finish off, at Strathewen Primary, with regards to our post-disaster journey, we winged it to a large extent. There was no manual to get us through such a large-scale disaster. Nothing prepared us for this and we made it up as we went along. Fortunately, we found some great people along the way. The support has been incredible. With the knowledge we have now, it's obvious that there's a need to have plans in place to support schools post-disaster.

Putting into place the framework for managing a critical incident or disaster and the aftermath requires planning, preparation and practice. The 2009 Victorian bushfires as described by Jane Hayward are an extreme event but one where the community looked to the school for guidance, reassurance and support.

The basic principles for responding and managing events are the same whether the incident is a disaster of the magnitude of Black Saturday or one that impacts on a small number of the school community and which is localised.

QUESTIONS FOR CONSIDERATION

Jane Hayward saw the ongoing impacts of trauma in her community. She describes first hand many types of trauma, including the vicarious trauma that she experienced and witnessed.

- ▶ Do you and your team have an understanding of the key signs and types of trauma? (For more information, see: *Understanding trauma* page 28).
- ▶ Do you have self-care strategies that you could draw on to help with your own recovery and reduce the impact of vicarious trauma? (For more information, see: *Advice on self-care* page 32).





RECOVERY TOOLS

When is a recovery effort required?

There are a wide range of incidents that have potential to cause trauma and distress, including large-scale incidents involving the whole-school community, and incidents involving smaller sections of the school community (e.g. a student death).

If in doubt about whether or not a recovery effort is required, err on the side of caution and consult with a SSS staff member.

RECOVERY TOOLS

About

This form is a practical tool to help you take action following an event to minimise trauma for students, staff and the school community.

This tool is intended for use with *Managing Trauma*, which sets out comprehensive advice on how to plan for and respond to incidents that may cause trauma.

Incident details

Incident

Location of incident

Author

Date/time

HELPFUL CONTACTS

Fill this in for your easy reference and circulate as appropriate

Recovery team members:	Phone number:

SSS staff:	Phone number:

Relevant emergency services and support agencies:	Phone number:

Employee Assistance Program: 1300 361 008
Department's Legal Division: (03) 9637 3146
Incident Support Operations Centre: 1800 126 126

Lifeline: 13 11 14
Department's Media Unit: (03) 8688 7776

SHORT-TERM ACTIONS

Once physical safety has been restored, where appropriate the principal (or delegate) should:

- ☐ ensure the EMP has been implemented, and that necessary reports have been made
- ☐ contact SSS for expert advice and support. (Wherever possible this should be done before communicating about an incident with the school community)
- ☐ form a recovery team (comprising school and regional staff and SSS). For further information on who should form part of the recovery team, see: *Forming a recovery team* on page 12 of *Managing Trauma*.

The principal (or delegate) and recovery team should allocate the following actions where appropriate:

- ☐ Identify students most at risk and triage for support.
- ☐ Establish supervised support rooms for distressed individuals and triage for support.
- ☐ Arrange for parents/carers to collect distressed students if appropriate and arrange a calm space for reunification.
- ☐ Keep a record of students who are exiting the school.
- ☐ Use the Circle of Concern to support you in identifying and recording the names of impacted students. Further details on establishing calm spaces and support rooms and triaging for support are available on pages 14 and 15 of *Managing Trauma*.
- ☐ Identify staff who are distraught and unable to supervise students, arranging:
 - ☐ professional and/or personal support
 - ☐ replacements within the school.
- ☐ Establish and enact a communication plan. The *communication plan template* (see page 81) will prompt you to verify any facts and help you to plan and sequence your communication.

Circle of Concern



MOST DIRECTLY AFFECTED

- ▶ was present
- ▶ is in a relationship with those involved
- ▶ saw or heard the incident
- ▶ is family
- ▶ has had a similar experience

DIRECTLY AFFECTED

- ▶ is a close friend
- ▶ knows those involved
- ▶ has known or observed vulnerabilities

AFFECTED

- ▶ is in the same year level, club
- ▶ attends the same school as those involved
- ▶ shares friends

COMMUNICATION PLAN TEMPLATE

Step 1: Verify and determine what information can be shared

Verifying information is critical. Do not share information with the school community until it is verified and you have obtained consent from relevant parties.

Where appropriate:

- ☐ ensure the EMP has been implemented, and that necessary reports have been made
- ☐ contact SSS for expert advice and support (wherever possible this should be done before communicating about an incident with the school community)
- ☐ form a recovery team (comprising school and regional staff and SSS).

Recovery team incident factual statement. (Not for circulation)

Step 2: Plan your communication

Complete the following, or use it as a prompt to consider who information should be shared with, and in what sequence.

Students, parents/carers and staff members directly impacted by an incident	
Names	What do they need to know? <i>(on a 'need to know' basis from the recovery team factual statement).</i>
	How will information be delivered? (include location) <i>(e.g. by phone, principal's office)</i>

Further information

Actions taken to restore safety

Next steps (e.g. students to be collected)

Who to contact for support

Staff with direct support or teaching role with impacted students

Names	What do they need to know? <i>(on a 'need to know' basis from the recovery team factual statement).</i>
	How will information be delivered? (include location) <i>(e.g. by phone, principal's office)</i>

Further information

Actions taken to restore safety

Next steps (e.g. students to be collected)

Who to contact for support

Students within the peer group and year level

Insert description

e.g. Year 8G

What do they need to know?

*(on a 'need to know' basis from the recovery team factual statement)
Include guidance on use of social media.*

How will information be delivered? (include location)

Note: It is not recommended to inform students of potentially distressing news in large groups (e.g. assemblies).

All students

What do they need to know?

(on a 'need to know' basis from the recovery team factual statement) Include guidance on use of social media.

How will information be delivered? (include location)

Parents/carers and broader school community

Insert description

e.g. Year 8G

What do they need to know?

*(on a 'need to know' basis from the recovery team factual statement)
Include guidance on use of social media.*

How will information be delivered? (include location)

MEDIUM-TERM ACTIONS

Where appropriate consider the following:

- ☐ Support the school to return to a normal routine.
- ☐ Continue to allow opportunities to talk about the incident, but also allow for those who prefer not to talk about it.
- ☐ Continue to identify those most at risk and triage for support.
- ☐ Actively implement self-care strategies, (See *Managing Trauma* page 12) and circulate this information to staff.
- ☐ Taking action to support the wellbeing of staff and where appropriate (e.g. circulating arrange for class coverage and referral to EAP).
- ☐ Revisit the communication plan including communicating with staff and students who are unable to attend school.

LONG-TERM ACTIONS

Where appropriate consider the following:

- ☐ Track students and staff wellbeing and psychological recovery and triage for support.
- ☐ Revisit the communication plan, considering if a tribute or forum is needed to acknowledge the incident and the support.
- ☐ Continue to implement self-care strategies and support staff to do the same.
- ☐ Review your recovery efforts.



