

## Introduction

All communities periodically experience the loss of members through death. Feather River College is no exception. Death may occur as a result of accident, illness, natural disaster, violence, suicide or other trauma. Death can strike a student or staff member. Because the core of college life is comprised of individuals who share a common identity, the impact of unpredictable or sudden death can have an especially powerful, traumatic effect. Whatever the cause of death, such a loss to the community is associated with a natural need for the expression of grief.

For staff at a college, assisting students to cope with a loss may be important for their personal and academic well-being. Whether the person who died is a close friend, fellow student, family member, staff or prominent public figure, the death promotes a sense of personal vulnerability and the challenge of change. Although the majority of faculty are sensitive to the concerns of students affected by death, faculty sometimes are unfamiliar with what actions they might take to address student needs and facilitate resumption of an academic routine. Activities designed to increase personal awareness; group support and which normalize the experiences of bereavement can aid students in adjusting to the loss.

In regard to the purpose of this procedure, crisis will be defined as follows: an event or situation that results in a sudden tragic death due to a suicide, murder, motor vehicle accident or natural disaster. Other deaths resulting from natural causes will not be considered emergency crisis situations. Additionally, this procedure will only become activated if the victim is a student or staff person, not their family members. A crisis intervention plan is an important document that recognizes while "confusion reigns," there are specific actions that can be taken to contain and lessen the impact. This plan is usually based on a worst-case scenario in which a death, perhaps a suicide, would occur on District-owned or operated facilities. A less intense response and intervention might be appropriate should the death occur from natural or other causes, off campus, or during break. In such cases, procedures will not be implemented unless administration or family members have requested the response.

The Crisis Intervention Plan outlined in this document is coordinated by a Crisis Response Team (CRT) who has a central role in notifying all offices and mediating all information during a crisis response. The CRT is an interdepartmental team, headed by the Team Leader appointed by the President of the College, which monitors the effects of traumatic incidents on the college campus and consults with the Administration throughout the event regarding how the college can effectively mitigate the shock or trauma and its consequences. Additionally, the CRT provides direct intervention services (counseling) to students and staff to help reduce the impact of the trauma being experienced. This team structure enables a single entity to monitor new developments during the intervention, document completion of activities, and ensure that accurate and consistent information is available, while maintaining open communication with all critical departments, staff and students. The team approach ensures that all necessary functions are carried out and that duplication of effort does not occur. This document provides a plan/protocol to be followed during such a crisis. It is understood that given the uniqueness of each situation there may be times when exceptions to the plan/protocol may have to be initiated, but it is anticipated that those situations will be rare.

Unless otherwise specified by the administration, this procedure is to only be used for the Feather River College community.

## Crisis Intervention Plan

When an individual associated with the campus community dies unexpectedly as the result a violent act/disaster or is the survivor of any kind of unexpected death, the college is confronted with a number of serious problems:

- Verifying what happened,
- Containing the information,
- Protecting the privacy of the family,
- Helping students and staff cope with the death,
- Communicating beyond the college as appropriate,
- Seeking resources in the community,
- Dealing with parents, and
- Minimizing the possibility that other students may imitate the behavior if the death was a suicide.

The first 48 hours following a suicide or death are crucial. For that reason it is necessary to have a well defined plan to guide staff through this period of time. The specific steps making up this plan are listed below.

- Once word of the death occurs the Safety Officer confirms the death with County Sheriffs Office or the Coroner's Office. Once confirmation is received the Safety Officer will contact the CRT Leader as well as the President's Office. Assistant to the President acting member of the CRT, will act as liaison between the team and the President. The CRT Leader will utilize a defined telephone tree to contact the other CRT members.
- The CRT team will assemble as soon as possible on campus. The team will immediately evaluate the situation and initiate this plan/protocol if appropriate.
- The CRT will assess special considerations; surviving students / staff of highest risk; external resources needed; special schedules if necessary; required time frame within which all functions will occur.
- The CRT will call upon city or countywide crisis management teams or support services if needed. Helpline will be utilized to mobilize community support if appropriate.

- The CRT, in association with the President's Office, will prepare statements as appropriate for delivery to staff, students and concerned parents.
- If needed, Public Information Officer will coordinate any statements for delivery to media and the community.
- Once statements are prepared and approved by the Administration, the CRT will notify staff connected to the deceased, when appropriate. One member of the CRT will follow the deceased's regular schedule on the day following the death. That person will meet with staff / classmates as needed and monitor the environment following the crisis.
- If necessary, it may be appropriate to conduct a staff meeting to explain circumstances surrounding the death, review protocol to be followed, discuss how the announcement will be made to the students and staff, ask for staffs assistance in identifying high risk individuals, discuss the grieving process and behaviors to look for, and where to refer individuals for help.
- CRT, via the Wellness / Health Services, will coordinate all on-campus counseling, both individual and small group. If outside resources are obtained CRT will make those contacts and coordinate any outside services on campus, including space arrangements. Any identified high-risk individuals will be contacted and monitored.
- Parents/Family of deceased will be contacted by the CRT to determine how they want the situation managed. If referral is needed with funeral arrangements or notification of the funeral a CRT member will be identified to work with the family on those matters.

## **Behavior Manifestations of Loss**

The reactions of survivors who have experienced a suicide or sudden loss are likely to be complex, but typically include some or all of the following behavioral characteristics: denial, anger, blaming, shame, guilt, fear, intellectualization, or hostility. Stanford (1978) and Hunt (1987) further suggested the need for direct intervention in schools with survivors. Shneidman (1972) noted that when a death occurs, particularly of an unexpected nature, there is no pattern of behavior to draw upon, and confusion results. Instructors also need help in understanding and handling people's normal, yet often inappropriate, reactions to death. People often take clues as to how to react from persons around them more than from the event itself. A paramount need is for counselors, educators and other support personnel to process the emotional needs of survivors. Intervention to enhance coping skills could ultimately prevent future suicides, or related self-destructive behavior.

Hawton (1986) and Perrone (1987) found that peers of adolescents and young adults who attempted suicide are vulnerable because suicide is higher:

- Among persons with unstable social relationships;
- When a population is self-contained (as in school as community or institution);
- When imitative behavior is common;
- When the element of bravado exists; and
- When the act is sure to be noticed.

Balk (1983) further identified acute emotional responses of students after the death of a peer. He revealed that while peer support and chances to talk with friends about the death at such a time of loss were important aids in coping with death, many peers feel uncomfortable talking about death. They frequently avoid the survivors to decrease their discomfort of not knowing what to say or how to say it.

Balk maintained that young people sometimes hide their feeling of grief because such feelings often are not considered acceptable in public, and as a result, adolescents are often confused about the source of their recurring grief reactions. For that reason, it is important that staff responding to such a crisis understand the typical grief reactions that students and fellow staff may experience.

## **Helping Students/Staff Cope With An Unexpected Death**

### **Tasks Of Mourning And Grief Counseling**

Accepting the reality of the loss and confronting the fact that the person is dead are two of the most important initial tasks of mourning. The early denial and avoidance is quickly replaced by the realization of the loss and it is necessary to feel the pain of the loss and work through the grief process.

The grief process includes adjusting to an environment in which the deceased is missing. Survivors must face the loss of the many roles the deceased person filled in their life (e.g., classmate, team member, close friend, student). Students need to recognize that symptoms such as startle reactions; restlessness, agitation, sleeplessness, depression and anxiety are typical intense reactions to a traumatic experience such as death. Also essential is coming to terms with the anger one often feels toward (1) the person who died, (2) oneself, and (3) others. A final task of mourning is to redirect the belief that one should have somehow prevented the death.

### **Special Treatment Issues Adolescents And Young Adults**

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

It is not unusual for some secondary victims to experience a delayed bereavement reaction or to have such grief responses reelicited by an "anniversary reaction" (i.e., holiday, birthday, anniversary, other special occasion). Student services should be alert to emerging needs over several weeks and even months following the death. It is recommended that all staff in direct contact with high risk students follow guidelines outlined in the Faculty and Staff Resource Guide For Assisting the Emotionally Distressed Student under the section describing the Depressed Student.

## **Conclusion**

Individuals continue to communicate their need for help in understanding their feelings of confusion, loss, alienation, loneliness, depression, anger, sadness, and guilt. Their ability to develop coping strategies for their uncomfortable but normal feelings and their ability to adjust to loss and maintain control over everyday life experiences, will ultimately be dependent on the assistance they obtain and the resources provided to them by the school-as-community. Counselors, administrators and other support personnel can provide the curative environment that fosters prevention and intervention with at-risk students. Collective efforts to provide structured programs and secure environments to work through significant losses are necessary to arrest the potential of other self-destructive behavior after a traumatic event has occurred on campus.

This document is based upon models developed by the University of Florida, The College of St. Scholastica, Buckeye Middle School, The Educational Resources Information Center and Shasta Community College.