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School-based support groups for traumatized students

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Abstract
After students experience a traumatic event, group counseling is an effective tool to offset the effects of grief and distress. Following a school crisis, successful school-based intervention requires interdisciplinary coordination between school psychologists, counselors, school social workers, teachers, and administrative staff. Within a short time after a traumatic event, school personnel are encouraged to create student support groups, helping students cope with intense feelings and assuring them that they are not alone. Interventions are most effective when schools pre-determine an action plan, train staff to respond with correct intervention techniques, and seamlessly transition into crisis intervention and support mode. Quick professional response through organizing and offering children's support groups will help increase school stability and alleviate the effects of traumatic events.

Keywords
children, crisis intervention, grief, group counseling, school, support

When faced with overwhelming challenges following a school disaster, students and staff have the capacity to pull together, grieve together, and start the healing process (Heath, Nickerson, Annandale, Kemple, & Dean, 2009). Following the April 20, 1999 Columbine High School shootings (Colorado, USA), one Student Services Director stated, '... the power of people to come together and support one another in the deepest, dreariest days is absolutely incredible. The resiliency of the human spirit is second to none' (Austin, 2003, p. 4). Expanding on this statement, school-based mental health professionals (SBMHPs) have the unique opportunity of galvanizing social and emotional support within the school community.

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School disasters

A school crisis 'brings chaos' that 'undermines the safety and stability of the entire school' (Johnson, 2000, p. 18). It exposes students to 'threat, loss, and traumatic stimulus' and undermines their 'security and sense of power' (Johnson, 2000, p. 3). A variety of tragedies and stressful events impact students and staff, including death of a student or teacher, acts of terrorism, and school shootings (Williams, 2006).

Some school crises, such as school bus accidents, happen outside the school building. Other crises, such as student and teacher deaths (Poland & Poland, 2004) or natural disasters (e.g. earthquakes, floods, or tornadoes; Evans & Oehler-Stinnett, 2006; Heath et al., 2009), may occur either at or away from school. Additionally, exposure to gangs and bullying also contributes to a toxic school environment and precipitates acts of school violence (Center for Social and Emotional Education, 2010; James, Logan, & Davis, 2011).

School-based support following disasters

Highly publicized school shootings and catastrophic disasters have increased school administrators' awareness of the need for crisis plans. Currently, almost 95% of US schools have crisis plans in place to guide emergency response (US Government Accountability Office, 2007). When a crisis occurs, the school's crisis plan goes into effect immediately, dealing solely with the crisis at hand. In practice, school-based crisis plans and intervention are typically reactive rather than proactive, most efforts going into immediate response rather than into prevention efforts and planning (Nickerson & Heath, 2008; Shafombabi, 1999). However, recent efforts note the importance of prevention in school-based crisis planning efforts (Brock et al., 2009; James et al., 2011; US Department of Education, 2007).

In the aftermath of a school crisis, interventions range from counseling with individual students to meeting with large debriefing groups (Nader & Muni, 2002). Focusing on mental health, SBMHPs (i.e. school counselors, school psychologists, and social workers) assist in helping staff, faculty, and students address their feelings in both the immediate situation and during the weeks and months following the tragedy. This support is offered to counter the effects of trauma.

Both small and large scale school crises devastate children and teachers, particularly those centrally involved or closely tied to precipitating events and subsequent fallout. Survivors have strong emotional responses because trauma always involves loss and loss precipitates grief (Cohen & Mannarino, 2011; Cohen, Mannarino, & Deblinger, 2006; Webb, 2010, 2011). When working with children, the primary goals in school-based grief and trauma work are to help children in the following areas: to feel safe; to stay connected with supportive peers, school staff, and family; and to adaptively cope with resultant thoughts, feelings, and associated behaviors (Cohen et al., 2006; Zambelli & DeRosa, 1992).

Conducting school-based grief support groups

Empirical evidence supports the effectiveness of group intervention with traumatized and bereaved children (Chemtob, Nakashima, & Hamada, 2002; Finn, 2003; Jaycox, Langley, Dean, Stein, et al., 2009; Salloum & Overstreet, 2008; Stubenbort & Cohen, 2006). Finn (2003) summarized several research studies that demonstrated the positive effects of children's grief groups. She concluded that group interventions reduced children's feelings of isolation and normalized feelings of loss, two critical aspects of supporting children's coping skills and facilitating adaptive grief.

Following a tragedy, schools provide an ideal setting for group interventions (Jaycox, Langley, Dean, Stein, et al., 2009). Offering support for large numbers of traumatized students and staff, SBMHPs can offer helpful interventions such as conducting classroom presentations (Sheras, 2000), informing and offering immediate intervention to impacted students and staff (Nader & Muni, 2002), and defusing volatile and emotionally charged situations (Furlong, Pavelski, & Saxton, 2002). In particular, discussing and processing traumatic events in group settings helps counter feelings of isolation, increases group cohesiveness and human connectedness, and reduces students' anxiety, decreasing symptoms of posttraumatic stress disorder (PTSD; Cohen et al., 2006; Nickerson, Reeves, Brock, & Jimerson, 2009; Poland, 2002; Tol et al., 2008).

Leadership provided by SBMHPs

Because SBMHPs are part of the school community and interact with children, parents, and teachers on a daily basis, these professionals can unobtrusively assess the impact of trauma over time (Cohen & Mannarino, 2011). They can assist in determining survivors' needs and offer support without pressuring students to divulge personal thoughts and feelings. The school setting is a natural avenue for offering students mental health support: Services in this setting decrease family's financial burdens (paying for the cost of privatized mental health care) and social stigma often associated with professional services offered in community settings (Heath & Sheen, 2005).

In a school setting, student support groups are an efficient and effective option to assist large numbers of students and teachers who have experienced trauma (Chibbaro & Jackson, 2006; Huss & Ritchie, 1996; Layne et al., 2001, 2008; Stein et al., 2003; Tol et al., 2008; Worden, 2009). However, in the immediate aftermath of a large scale tragedy the task of providing emotional support cannot be shouldered solely by the limited number of SBMHPs (Heath & Sheen, 2005; Jaycox, Langley, & Dean, 2009).

Leadership provided by teachers and staff

When needed, with minimal training, paraprofessionals and teachers may provide structured therapeutic activities within classroom settings or in small groups.

Though not extensively studied, this type of service delivery has been shown to positively impact students and decrease levels of PTSD and trauma-related anxiety (Jaycox, Langley, Dean, Stein, et al., 2009; Tol et al., 2008). *Support for Students Exposed to Trauma* (SSET), based on the *Cognitive-Behavioral Intervention for Trauma in Schools* (CBITS) format, was specifically created for school staff working with youth ages 10- to 14-years-old. SSET has been shown to be effective when administered by school staff with minimal preparatory training (Jaycox, Langley, Dean, Stein, et al., 2009). The SSET manual is provided free of charge from the following internet link: [http://www.rand.org/pubs/technical_reports/2009/RAND_TR675.pdf].

More extensively researched and proven effective, CBITS is sponsored by the National Institute of Mental Health and endorsed by the National Child Traumatic Stress Network (NCTSN). CBITS is described as a 'promising' research-based practice (Jaycox, Langley, Dean, Stein, et al., 2009). The CBITS manual (sold through Sopris West Publishers) and the SSIT include worksheets and outlined lessons that are classroom friendly and easily designed to be administered in schools. Additionally, both SSIT and CBITS have proven effective with economically disadvantaged students, with students from a variety of faiths and cultures, with ethnically diverse students; and with non-English speaking students. An added benefit for schools both in and outside the US, these programs' materials are translated into several languages. Language and culture specific information regarding the CBITS can be accessed from the following Internet link [http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/cbits_cultural.pdf].

Understanding challenges in offering school-based support

Group leaders (ideally SBMHPs) must be extremely flexible and cooperative in coordinating efforts with teachers. Conducting traditional grief support groups in public schools poses several challenges requiring group leaders to address practical implications. Because schools run on a rigid time schedule, setting up groups to align with students' class schedules and scheduling a regular time for long-term support groups is difficult. Due to transportation issues, groups are best handled within the school day rather than before or after school.

Students' academic work suffers if they repeatedly miss the same class period, therefore group leaders must be creative in identifying times for group meetings. Additionally, class periods are typically 30 to 50 minutes in length, leaving little time in each group for students to address sensitive grief-related feelings. Groups must be carefully planned to maximize the effectiveness of activities and discussions in the allotted time frame.

Additionally, adequate time for closure of each session must be provided. If the traumatic topic is left open, students' grief may be exacerbated. Students who openly express feelings of loss and fear may need additional time to process their feelings prior to returning to class. If students are upset and anxious when returning to class, teachers and principals may perceive the groups as disruptive rather

than supportive of students' education. Relaxation activities should be practiced at the close of group sessions to prepare students for returning to class. Additionally, the last few minutes of group can be dedicated to 'fun thoughts', letting each student share one sentence with the group about what they are looking forward to in the coming week.

Educating teachers and administrators

School personnel need to be aware of the effects of trauma and grief (Balk, Zaengle, & Corr, 2011). Following a traumatic event, students have difficulty focusing and learning. 'In mental health as in education—trauma leaves children behind' (Wong, 2008, p. 400). Although SBMHPs and school crisis teams provide support, teachers are on the frontline observing students' reactions to the crisis, noting changes in behavior and social interactions, and listening to students' concerns. Reid and Dixon (1999) noted, 'children are most likely to select someone they know with whom to discuss their loss' (p. 219). Understanding the symptoms of grief is crucial for teachers because they are on the front lines interacting with students. Teachers have daily opportunities to observe students' difficulty moving through the grief process. However, if unaware of the warning signs, educators may have difficulty identifying children and adolescents who are experiencing traumatic grief, depression, and symptoms related to PTSD. Bottom-line, teachers should be considered part of the intervention team and should be trained to notice warning signs in traumatized children.

Understanding the warning signs

When SBMHPs provide in-service trainings, presentations should include helping staff to recognize basic warning signs, to understand how to respond, and to know when and how to seek professional assistance. To assist teachers in learning this important information, the National Traumatic Stress Network (NCTSN) offers an excellent 21-page toolkit for teachers and educators that can be downloaded from the following website [http://www.nctsnet.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf]. However, prior to making recommendations and to ensure a good fit for a specific school's situation, considered materials should be carefully reviewed.

Warning signs may be evident at school or students may report symptoms, such as heightened physical reactions (e.g. hyper-vigilance, anxiety, and cardiovascular reactivity); separation anxiety; sleep disorders and recurring nightmares; depression and feelings of hopelessness; withdrawal and avoidance; perseveration on thoughts and actions related to the traumatic event; and inappropriate acting out and risk-taking (e.g. increased aggression, increased involvement with drugs and alcohol, and sexual permissiveness). When considering these warning signs, two important points must be considered: Each individual's grief is unique and grief takes time. If after three to six months students are still experiencing excessive

difficulties and have not returned to their previous level of functioning, professional attention is warranted. Parents and teachers need to know the school's referral process: how to report their concerns, who to turn to, and how to access support.

Encouraging children's expression

When helping children come to terms with trauma and grief, some children may not want to discuss their feelings. In fact, forcing discussions or repeatedly bringing up the catastrophic event may actually re-traumatize children (Cohen et al., 2006). Professional sensitivity must be used in allowing children the opportunity to express their feelings when they are ready. Additionally, in a classroom setting or support group, students should be offered a variety of activities or modes of expression, such as journaling, drawing, creating cards or posters, listening to music, brainstorming ideas to offer support (service to others), reading a carefully selected book, researching related topics, creating a memory book, etc. (Webb, 2011).

Obtaining parental consent for student participation

Receiving parental consent is an important consideration when working with children and adolescents. It is recommended that school administrators send a letter to parents at the beginning of each school year. This letter informs parents about student access to immediate support services during and following school-related crises. The purpose of this letter is to explain school procedures for offering individual and group support. However, in the event of a crisis, another letter (letter of consent) would be sent to parents offering the option of ongoing group support for grieving students.

During emergency situations professionals who offer 'psychological first-aid' may meet once or twice with students (individually or in groups), but not on a continuing basis without parental permission. Immediate psychological first-aid is viewed as emergency support and considered essential in maintaining student safety (Jacob & Feinberg, 2002). SBMHPs should assist their crisis team and school principal in identifying procedures for both immediate and ongoing student support, preparing letters in advance and keeping a variety of stock letters with the school's crisis plan. This preparation is greatly appreciated in the event such letters are needed. Also helpful when drafting letters for a specific situation, sharing letters with other crisis teams and school districts saves valuable time.

School-based psychological first-aid

Crisis team members should be trained in offering psychological first-aid and in de-escalating chaos. SBMHPs should work together in refining protocols for responding to school crisis situations, streamlining efforts and organizing directions that guide emergency response. Volunteer mental health professionals from the community should be paired with on-site professionals, because SBMHPs

know the students, staff, and the school's system and protocols. Optimally, group leaders should have prior experience assisting in the immediate aftermath of a school or community crisis.

The purpose of immediate short-term crisis intervention and classroom support groups is to counter the effects of trauma and strengthen and solidify support for students. These groups are time limited, have a specific purpose, and should be conducted in the familiar classroom setting with the teacher present (unless the teacher is emotionally traumatized and unable to provide emotional support). The main goal is to support students who are coping with the immediate effects of trauma and loss.

Although 'debriefing' (Everly & Mitchell, 2000; Mitchell & Everly, 2001) has increasingly come under fire over the past 15 years, in school settings the use of modified debriefing has typically been described as helpful and accepted as a standard intervention for children immediately following a traumatic event (Brock et al., 2009). In fact, Brock et al. state that no solid data have been provided to prove that 'classroom-based crisis intervention' (CCI) for children and adolescents is harmful. Brock et al. support this type of intervention, with the following indications: (a) Participating students' exposure to the trauma should be indirect and secondary, not sole or primary victimization; (b) CCI should not be conducted as one isolated piece, but should be integrated in a larger and well organized crisis intervention response, including social support over time; (c) the initial CCI meeting should allow extended time to cover required elements (approximately 3 hours); and (d) CCI should be conducted within a supportive group of students exposed to a common trauma because this increases unity and helps normalize students' experiences and feelings (p. 212). When considering the healing process and meeting the needs of bereaved students, the benefits of strengthening the existing school's social support cannot be overemphasized.

During and following CCI, teachers and SBMHPs may identify students who require more intensive long-term interventions. Initially, some students may resist small group or individualized help. No student should be forced to participate. However, in the ensuing weeks and months following a traumatic event, parents and teachers may recognize warning signs and more accurately identify students who need more intensive intervention to address grief related thoughts and feelings.

For ongoing student support groups, trauma-focused cognitive-behavioral therapy (TF-CBT) has been shown to be effective in reducing the incidence and severity of PTSD (Cohen et al., 2006; Jaycox, Langley, Dean, Stein, et al., 2009). For young children, play therapy may also be considered (Drewes, Carey, & Schaefer, 2001; Gil, 1991, 2006; Shelby, 2010; Webb, 2011).

Following traumatic events, some immediate interventions are easy to implement. Teaching basic relaxation techniques helps students of all ages learn the connection between emotions, thoughts, and physical sensations and reactions (e.g. heart rate, depth and rate of breathing, muscle tension). Cohen et al. (2006, pp. 75–86) provide information on relaxation that could easily be utilized in classroom settings. First and foremost, students of all ages enjoy relaxation exercises. Teachers and parents should also be encouraged to assist children in tapping into

this anxiety-reducing technique. Involving teachers and parents helps empower children's most influential natural support system (Cohen & Mannarino, 2011). Minimally, students could be encouraged to inhale a long deep breath and to slowly exhale, relaxing their muscles as they do so. Groups ending with a two-minute practice of guided relaxation help reduce students' anxiety and ends the group on a positive note.

When working with students following a tragedy, participating students should be approximately equal in their exposure to the traumatic event, so group members are on equal footing in regard to their stories and exposure to the trauma. This helps prevent highly impacted students from traumatizing others with graphic comments and extreme reactions. Highly impacted students may need more individualized intervention and smaller groups with other students similarly impacted.

Ongoing support for students

In organizing ongoing student support groups, strong consultation skills are needed in bringing key players on board. Helpful introductory information should be abbreviated and formatted into a one-page handout, ready to share with administrators, teachers, and parents. Initial conversations should include school leadership, particularly the school's principal, in setting up student support. The principal must sanction activities, allow release from class, and provide an appropriate private place for student support group meetings. Additionally, when necessary, teachers must allow student group members to miss class without being penalized and to accommodate for students' missed class work. Teachers are also helpful in encouraging students to return parent permission forms (necessary prior to student participation in interventions extending beyond the immediate trauma).

SBMHPs should focus support groups on individual and group strengths, empowering students and teachers in restoring equilibrium, hope, and trust (Chen & Rybak, 2004). Individuals participate in their own recovery, fostering and utilizing natural support systems and personal strengths (McNally, Bryant, & Ehlers, 2003). During group sessions, using a strengths-based approach helps students address challenges with a positive frame of mind and channel their efforts into proactive problem solving, rather than dwelling on loss. Although parents and teachers may view crisis situations as injurious to survivors, these situations also provide opportunities for personal growth (Saleebey, 1997). It is critical to increase the school staff's understanding that positive growth comes as survivors develop adaptive coping skills.

Classroom-based support for 5- to 7-year-olds

Compared to older children, younger children have more difficulty expressing guilt. Though a common survivor's reaction following a traumatic event, guilt may be a difficult topic for children to understand and express. Adults may need to talk about these feelings and reassure children: 'It is not your fault. Sometimes children

think that something they said or did caused bad things to happen (normalize feelings), but children are not the cause'. Keep this conversation open and help children feel comfortable talking about their feelings of guilt. This topic needs to be discussed, and then re-discussed across time to continue reassuring children that the death or trauma was not their fault.

Children aged 5- to 7-years-old have difficulty processing trauma with words (both expressive and receptive communication). At this age, children should have the option of drawing a picture of the traumatic event. Children should then be encouraged to describe their picture, telling their story of what they believe happened.

Secondary or vicarious trauma occurs when children receive information about the event from parents, other children, or when they see news coverage of the event. With this information, children form their own mental pictures of the event and formulate ideas about what caused the event. At the beginning of a group intervention, group leaders may ask children to draw a picture of the traumatic event (their perception of the event). After reviewing the pictures, group leaders can offer basic facts, replacing faulty images and perceptions. They can also begin to identify where misperceptions may be occurring that exacerbate guilt. During later sessions, group leaders may again ask the children to draw a picture of the event. The initial drawing can be compared to the later drawing to determine children's progress in understanding facts and changing misperceptions to more accurate perceptions of the event. The following example demonstrates classroom-based psychoeducational groups for young children.

Case example

During the middle of the school year, Mrs Flores, a kindergarten teacher suddenly died from a heart condition (during childbirth). Shortly after the teacher's death, the school psychologist talked with the students and new teacher in their classroom, letting them know of her sadness about their teacher's death. The school psychologist brought a one-page handout for each child to take home to their parent/guardian. The handout described grief in young children and listed things the parent could do and say to support their child (English and Spanish translated handouts to match the languages spoken in the students' homes). In addition to the handout, parents also received a letter of consent, to either approve or disapprove student participation in upcoming classroom support groups.

After receiving signed parent permission for each student, five group counseling sessions (one per week) were held in the classroom. All 21 students and the new teacher participated. Each session lasted approximately 30 to 40 minutes. The first session focused on giving the students information about their teacher's death and reassuring the students of the school's support; the availability of the school counselor, school psychologist, and school social worker; and the availability of the principal to check in on their classroom.

During the second session, students were asked to draw pictures of what they heard about their teacher's death and what they thought happened to their teacher.

Then, each child discussed their drawing. Commonalities were noted (normalizing experiences and feelings). Facts were briefly described, and then differences in stories were noted. Children were reassured that when someone dies children and adults may get confused about what really happened. Children closed the session by drawing pictures of flowers because their teacher loved flowers. The flower pictures were displayed to decorate the classroom. This activity left the children with positive thoughts about their teacher and moved them into an active role.

During the third session, the school psychologist explained—with basic facts and on the children's level—how Mrs Flores heart condition created stress on her body. The school psychologist stated, 'This stress caused her to die because her heart stopped working. The doctor said she died of a heart attack'. The children were assured that this was not common and very few young people have heart problems (dispelling fear that a child or parent would die of a heart attack). Following the school librarian's recommendation, the new teacher read aloud the story, *Badger's Parting Gifts* (author, Susan Varley). Similar to the story's message, children discussed things they learned from Mrs Flores. Their comments were listed on a large poster board, later decorated by the children and given to Mrs Flores' husband. This activity moved the children from a passive to an active role.

In session four, the students were asked to draw another picture of what happened to their teacher. Each child talked about their picture and their thoughts and feelings about their teacher being gone. The children asked for their new teacher to read 'their story' again (*Badger's Parting Gifts*). In closing, the teacher and students talked about good things that were happening in the classroom over the past month. The school psychologist noted, 'Mrs Flores was always pleased when her students had good things happen'.

The fifth and final session gave the students a chance to ask questions about death, funerals, and what people did to honor Mrs Flores. This final session allowed the school psychologist to check on students' adjustment and coping skills. Additionally, each child was given an opportunity to share something they learned during their group meetings. This provided a sense of closure. The class then brainstormed an activity to remember their teacher. The class planned to plant a flower garden outside their classroom window alongside the school. The principal and custodian were involved in the planning and offered to assist. The garden would be named after their teacher, 'Mrs Flores Flower Garden'. In honor of Mrs Flores, the librarian ordered several copies of *Badger's Parting Gifts*. One copy was permanently assigned to the Kindergarten classroom. Following the fifth session, as follow-up, the school psychologist checked in each week and helped plant the 'Mrs Flores Memory Garden' the following spring.

Classroom-based support for 14- to 18-year-olds

Older adolescents may want to lash out after a peer's or teacher's death (Balk et al., 2011). They may want to blame an individual and focus their energy on destructive revenge. Although their feelings should not be discounted, energy channeled in a

more positive direction will facilitate adaptive coping and healing. One positive direction is to support students in honoring the life of the deceased (Bingham et al., 2009; Jerome, 2011). It is common among adolescents to become involved in creating temporary shrines, taking monetary collections to support surviving family members or to pay for a memorial, or planning and participating in an activity to remember the deceased.

For this age group, classroom psychoeducational support meetings may last up to 75 minutes, depending on the group's ability to stay on task and process information and feelings. After initial rapport building, the group facilitator should focus on helping students identify and express feelings. If groups are formed following a tragedy, the SMBHP should give available facts surrounding the tragedy, allow adolescents to express their thoughts and feelings, and help them cope with their loss. Special arrangements should be made to offer individualized support for those directly impacted (e.g. close friends or siblings of the deceased, those who witnessed the tragedy, students struggling with other challenges, etc.). Teachers' and staff support serves as a natural support system, facilitating students' adaptive coping. To assist teachers and staff, a basic one- to two-page handout should be offered to describe common adolescent grief reactions and strategies to strengthen coping skills.

Following a tragic event, adolescents should be offered psychological first-aid. Adolescents need an opportunity to discuss facts surrounding a tragedy and a safe place to express feelings. Adolescents may want to become actively involved in brainstorming opportunities to offer condolences and support for those impacted by the trauma (e.g. signing cards, creating banners, planning service projects, etc.). Supervised counseling rooms and the school counselor's office should be made available for those desiring more individualized attention. Special hall passes should be prepared in advance, easing student access to this support. The school crisis team may also prepare basic 'self care' directions, printed on credit-card-sized laminated stock paper and easily stored in wallets and pockets.

Several months following a tragedy, psychoeducational groups should be offered to provide additional support for adolescents (signed parent permission is required). However, rather than focusing on one specific tragedy, these groups should focus on coping with grief and loss across the life span. The primary focus of group support is to encourage students to express their grief, help normalize their reactions ('you are not alone'), and support adaptive coping skills. Group leaders help students understand the connection between an individual's thoughts, feelings, and behaviors. Group support also encourages group members to channel their feelings of grief in a positive direction. Moving from a passive to an active role, adolescents are empowered to use positive coping strategies.

School-community coordination of services

Typically, teachers, parents, and administrators make referrals for students to participate in school-based support groups. However, individuals from the community

(e.g. tutors, religious and spiritual leaders, scout leaders, coaches, probation officers, and others) may also observe a child or adolescent having difficulty coping with grief (James et al., 2011). School district officials, especially public relations specialists, should announce through the local media that school-based support groups are available to students. Home-school communications should announce upcoming groups, giving parents the option of referring their child for participation. Contact information should always be included, encouraging parents to call and discuss questions and concerns.

Follow-up

Following a school tragedy most students gain support either in the classroom's natural setting, in smaller school-based groups, in individual counseling sessions, or in community-based counseling agencies. The vast majority of students adapt to their previous level of functioning within the first three to six months (Cohen et al., 2006). These students successfully adapt and incorporate their loss and grief into their life experience. After offering psychological first-aid and classroom psychoeducational counseling, SBMPHs should consult with teachers and parents/guardians to determine which students would benefit from continued grief-related counseling.

Another aspect of follow-up, all adults who offer student support following a tragedy are at risk for developing secondary traumatic stress or vicarious trauma. Often referred to as 'compassion fatigue' (Jenkins, & Baird, 2002), this vulnerability, if left untreated, can lead to burn-out. It is essential for all involved adults, particularly group leaders, to have a supportive group opportunity to discuss their experiences. These discussions follow the same format as psychological first-aid, offering an opportunity for adults to discuss how they were directly and indirectly impacted by what they heard, saw, and experienced. This type of group support allows adults to become aware of their own personal responses, to express their thoughts, and to examine their emotions. It may be necessary to bring in a mental health professional from another school or school district to help run this group. This is a critical preventative measure that helps maintain the mental and physical health of those who are at risk for compassion fatigue and burnout.

Conclusions

Tragic events impact schools and communities. In response to these tragedies, the amount of information available on the topic of assisting traumatized and bereaved students is burgeoning (Cohen et al., 2006; Jaycox et al., 2009; Layne et al., 2008; Webb, 2010). SBMHPs must have the basic skills to assist students and staff through the grief process. Additionally, they must have the ongoing support of school administrators in offering student grief support services. SBMHPs must continue to sharpen their knowledge and skills in offering effective and efficient intervention to students and staff. Offering the most effective and efficient grief

interventions typically involves school-based group interventions (Jaycox et al., 2009; Jaycox, Langley, Dean, & Stein, 2009; Layne et al., 2008). Following a crisis, group interventions address the emotional needs of students, helping schools return to previous functioning more quickly. Additionally, students benefit from group intervention, learning lifelong skills of coping with loss and strengthening natural support systems.

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