



# **Crisis Counseling Manual 2019 - 2020**

# ISU Crisis Counseling Manual

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## **Introduction**

Alongside of protecting the immediate physical safety of students and staff, it is a priority of the school to provide an appropriate counseling intervention in situations that affect the psychological well-being of students. Thus, the Crisis Counseling Manual is meant to summarize procedures and policies to be followed in the event of a situation or behavior that affects the emotional or psychological health of students, staff or families. It is a companion manual to the *Emergency and Crisis Management Handbook*. It is intended to guide the Head of School, Principals, Counselors, staff, and teachers in responding to such situations. These procedures cannot anticipate all possible scenarios, however the manual shall be reviewed annually to provide updates and changes to best reflect current knowledge and available resources.

### **Suggestions for Responding to Unique Crisis Situations**

This handbook provides staff specific and general guidelines as to how to respond to various types of crisis-related situations. All crisis situations involving students and/or staff members cannot and have not been anticipated. There are situations which may develop during the course of a school year when the faculty and staff will be faced with the need to make some very difficult decisions regarding how to best respond to a crisis situation. With this in mind, three basic principles should be followed whenever appropriate:

- Unless the administration has given the staff a statement to be shared with students and the community, staff members should respond with a statement indicating that the Head of School will keep the community updated with the current events.
- Staff members should be sensitive to the feelings, rights and confidentiality of all students and staff who may be involved in a crisis situation.
- Staff members should discuss the dangers of false information with their students.

### **ISU Child Protection Policy**

Child physical, emotional, psychological abuse and neglect are violations of a child's basic human rights and as such present obstacles to the child's education as well as to their intellectual development. Schools fill an institutional role in society as protectors of children.

Educators, having the opportunity to observe and interact with children over time, are in a unique position to identify children who are in need of help and protection. As such, educators have a professional and ethical obligation to identify child abuse and neglect and to take steps to ensure that the child and family avail themselves of the services needed to remedy the situation.

All staff employed at the International School of Uganda must report to the Head of School or Junior/Senior School Principal all suspected incidences of child abuse or neglect whenever the staff member has reasonable cause to believe that a child has suffered, or is at significant risk of suffering, abuse or neglect. Reporting and follow up of all suspected incidences of child abuse or neglect will proceed in accordance with the procedures outlined in the ISU Crisis Counseling Manual. Furthermore, cases of suspected child abuse or neglect may be reported by the HOS to the appropriate employer, to the respective embassy in Uganda, to the appropriate child protection agency in the home country, and/or to local authorities.

This policy will be distributed to all staff annually and be included in the application packets to families. Training, guided by the contents of the Crisis Counseling Manual, will be provided on an annual basis to ensure the ISU staff is informed and educated about child protection issues, indicators of abuse or neglect, and how to respond to disclosure of abuse or neglect. Every effort will be made to

implement hiring practices to ensure the safety of children. In the case of a staff member reported as an alleged offender, the Head of School will conduct a full investigation, keeping the safety of the child as the highest priority.

As part of the admissions process, the parents of all new students are asked to signed the above policy to confirm that they have read and understood it.

### **Procedures for Reporting Suspected Child Abuse and/or Neglect**

- a) All school personnel shall be aware of the indicators and are expected to immediately report suspected cases of child abuse or neglect to the Head of School and Principal.
- b) The Counselor is available to school personnel for consultation and support purposes. A staff member may consult with the Counselor while making a report or after the report has been made.
- c) If possible, the School Nurse, with the Head of School, Principal and/or Counselor present, should examine any child suspected to be a victim of physical abuse to determine:
  - If medical treatment is needed.
  - If photographs need to be taken.
  - If the child is afraid to go home.
  - If the alleged perpetrator is inside or outside the family unit.

### **Child Protection Team at ISU**

The Child Protection Team at ISU consists of the following members of staff:

Head of School, Senior and Junior School Principals and Counselors, a Nurse and a teacher representative for each of the two school sections the teacher representatives are appointed by the Head of School.

### **At the Beginning of the Year**

The Child Protection Team will meet once at the beginning of each school year, to review policies and practices concerning Child Protection and possible critical situations. This meeting will be called by the Counsellors before 10th September. In addition, the team members will (get in touch with each other or/and) meet whenever a suspected case of abuse is disclosed by any member of the ISU community. As needed/required, the Counselors will keep in contact with the school's external referral agents throughout the school year.

### **Concern Management**

When a concern is brought up, the reporting member of staff/member of the ISU community will be invited to meet with the Child Protection Team. They will be kept informed and invited to following meetings with the Child Protection Team as needed. The Child Protection Team will decide on further actions concerning the disclosed concern. See flowchart on the next page.

### **Confidentiality**

The Child Protection Team discussions are strictly confidential. Any information shared with other parties must only be done in the best interest of the child and with the agreement of the Child Protection Committee and the Head of School.

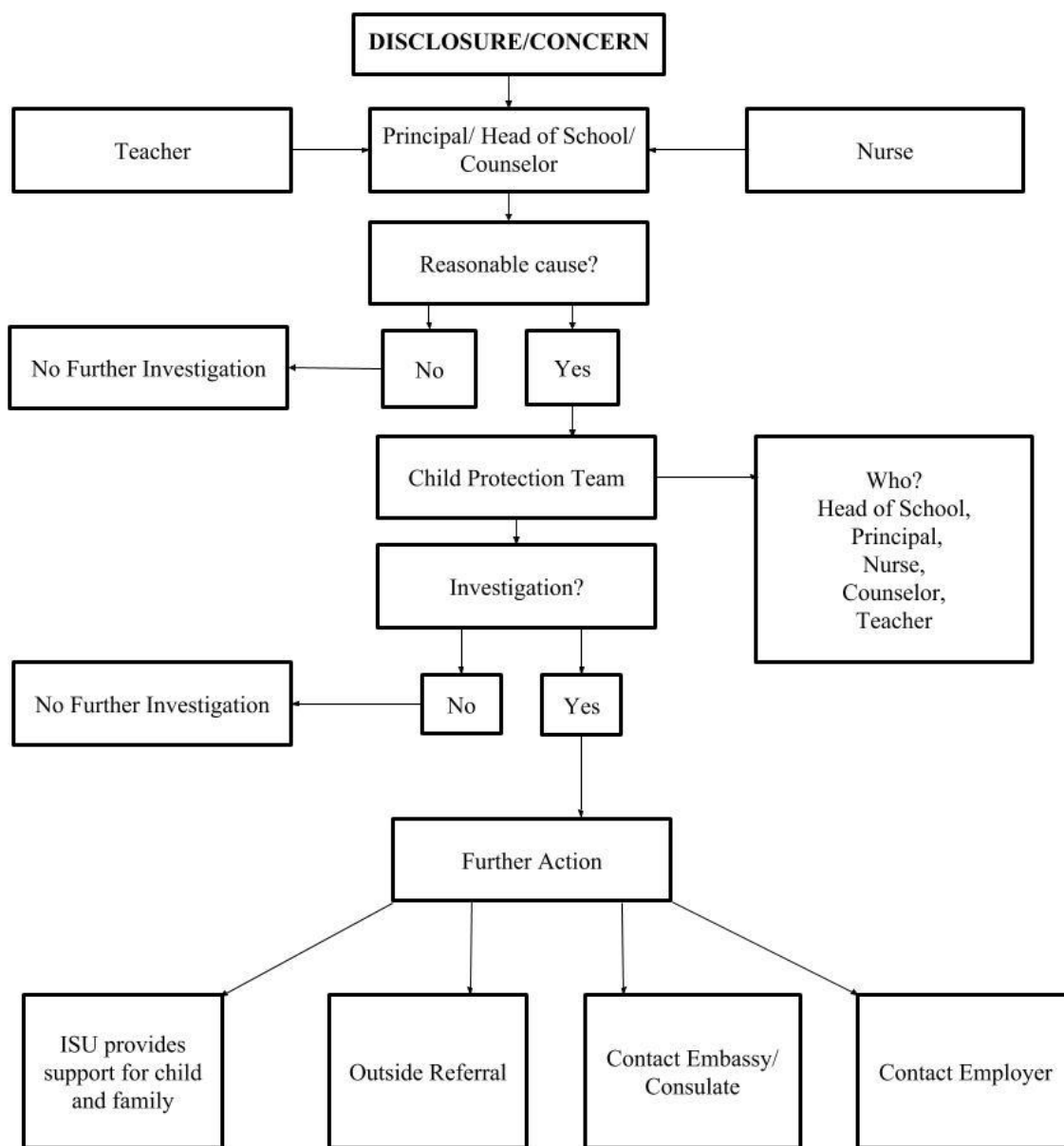
### **Record keeping and confidentiality**

A clear, detailed record of the disclosed concerns and the following Child Protection Team discussions and decisions will be kept by the counsellor of the relevant section of the School. The Counselors are responsible for safe and secure keeping of these records.

All reported incidence involving a student or member of staff will be recorded in writing. In the best

interest of the child all written records of all reported cases will be safely kept in the Junior and Senior school counselor's offices in a locked cabinet. Cases will be handled with confidentiality and discretion in the child's best interest.

### CHILD PROTECTION PROCEDURES



### DEFINITIONS

Maltreatment of a child means physical abuse, sexual abuse or neglect.

#### Physical Abuse

- Any physical or mental injury, or threatened injury, inflicted by a person responsible for the child's care on a child other than by accidental means. Injuries include: bruises, cuts, bites, scalding, bone fracture, welts, burns, wounds, punctures or malnutrition.

- Any physical injury that cannot reasonably be explained by the child's history of injuries.
- "Threatened injury" means a statement, overt act, conditions or status that represents a substantial risk of physical or sexual abuse or mental injury.

### **Sexual Abuse**

- A. Subjection by the child's parent, guardian, person responsible for the child's care, or another individual to any act which constitutes criminal sexual conduct, interfamilial abuse or incest. Sexual contact is intentional touching of victim's own intimate parts or the intimate parts of another person. The touching can occur over the victim's clothing. Intimate parts refer to: primary genital area, groin, inner thigh, buttocks or breast. Sexual abuse may include threatened sexual abuse, child pornography and juvenile prostitution.
- B. Sexual abuse/harassment/behavior may be perpetrated by peers, siblings, or relatives. While these incidents may or may not constitute criminal behavior, they are of serious concern and should also be reported to the Counselor, Principal, and/or Head of School who will assist in following up with parents of the involved students.

### **Neglect**

- A. Failure by a parent, guardian or other person responsible for a child's care to supply a child with necessary food, clothing, shelter or medical treatment when reasonably able to do so. Failure to protect a child from conditions/actions which imminently and seriously endanger the child's physical and mental health when reasonably able to do so. Children without necessary subsistence, education or emotional/psychological care because the parent neglects or refuses to provide such care.

### **Physical and Behavioral Indicators of Abuse**

For the abused or neglected individual, behavioral indicators may exist alone, or may accompany physical indicators. Behavior indicators serve as warning signals that something is wrong.

**CAUTION:** This is not a complete list, nor do these characteristics necessarily mean abuse has occurred. Frequency, intensity and duration of the behavior must be considered.

There are several degrees of sexual assault and several examples of harassment. Sexual assault must include physical contact, sexual harassment is usually verbal sexual comments; sexual assault is a criminal matter, sexual harassment is a civil matter.

#### **Physical abuse:**

Physical Indicators:

1. unexplained bruises, welts
2. unexplained burns
3. unexplained fractures
4. unexplained lacerations or abrasions
5. psychosomatic symptoms

Behavioral Indicators:

1. behavioral extremes: aggressive/withdrawn
2. frightened of parents
3. afraid to go home
4. reports injury by parents

Neglect:

- A. consistent hunger, poor hygiene, inappropriate dress
- B. unattended physical problems or medical needs
- C. abandonment

- D. begging, stealing food
- E. extended stays at school (comes early, stays late)
- F. consistent fatigue, listlessness, sleeping in class
- G. alcohol or drug abuse
- H. delinquency e.g. theft
- I. states there is no caretaker
- J. Consistent lack of supervision, especially in dangerous activities or for long periods of time.

Sexual Abuse:

- A. bed wetting, fecal soiling
- B. frequent genital infections, pain, itching
- C. unexplained gagging
- D. loss of appetite
- E. difficulty in walking or sitting
- F. torn, stained underclothing
- G. bruises or bleeding in the vaginal or anal areas
- H. sexually transmitted infections
- I. recurrent complaints of muscle aches, cramping, abdominal pains, dizziness, severe headaches, lower back pain
- J. clinging, whining
- K. explicit sexual knowledge, behavior or language unusual for age
- L. regression/infantile behavior
- M. withdrawn
- N. agitation/hyperactivity/irritability, aggressiveness
- O. depression
- P. poor self-image
- Q. chemical use/abuse
- R. running away, avoids home
- S. self-mutilations; cutting, burning, hair pulling
- T. suicide attempts
- U. truancy
- V. change in school performance
- W. overly seductive behavior
- X. reports sexual assault
- Y. pregnancy

### **Responding to Students Who Disclose about Abuse or Attack**

1. Believe what the child tells you, even though your first reaction may be, "This can't be true". It is very unlikely the child will make up an abuse experience, particularly a sexual abuse experience.
2. Affirm the child by acknowledging the importance of talking about the abuse and getting help. Do not assume that the child knows how to talk about it.
3. Support the child. Reinforce that a child who has been victimized is not to blame.
4. Empower the child. A victim often feels helpless and powerless. Affirm and support feelings; listen to fears, concerns and needs; and assure that every effort will be made to improve the situation so the abuse doesn't happen again. Do not promise the child "that you won't tell".

If there may be other students involved, for example if there have been incidents of abuse or attack in the neighborhood, the following procedures should be taken:

- Student(s) should speak to Counselor, Principal and/or Head of School to give details.
- Head of School or Principal should contact parents for conference (unless parents are the perpetrator).
- Police/ relevant embassy should be contacted.
- Counselor shall conduct sessions with groups of students to discuss strategies for protection.
- School/community/family shall arrange "escort" assistance for students who are in danger or afraid of walking home alone.

### **Procedures for Dealing with Behaviorally/Emotionally Out-Of-Control Students**

NOTE: When possible, the decision regarding when a student is out-of-control should be made by at least two staff members, one of which should not be directly involved in the current incident.

An out-of-control condition is defined as:

1. A student who is endangering himself/herself through inappropriate behavior and has not responded to reasonable efforts to stop the behavior.
2. A student is endangering classmates through inappropriate behavior and has not responded to reasonable efforts to stop the behavior.
3. A student is threatening to strike or has struck an adult staff member.
4. A student damaging school or other people's property.
5. Any staff member witnessing a student endangering him/herself or others may prevent the injury by intervening immediately, using reasonable restraint, as necessary. Following this action, the classroom teacher must decide whether the student has regained control or is continuing to be resistive. If the student is still resistive, another staff member needs to be consulted.

### **PROCEDURES**

- The staff member first in contact with an out-of-control student should immediately seek the assistance of another adult by one of the following methods:
    1. Sending a student messenger to the office.
    2. Contacting a nearby teacher or assistant.
    3. Contacting the Office, Head of School, Principal or Counselor over the phone.
  - The student should be isolated from his/her classmates as quickly as possible. If the agitated student will not leave the area in which the disturbance is taking place, the other students should be temporarily removed to another area.
  - The student should only be physically restrained or removed from the scene of the problem with two (2) or more adults present and authorization of the Head of School.
- a) The student's parent(s), or emergency contact person, should be telephoned immediately by a staff member familiar with the situation. The purpose of the phone contact should be to:
1. Inform the parent of status of the situation.
  2. Determine the availability of the parent to come to school for an immediate conference or to take the student home.
  3. If the parent(s) are not available to come to school, an alternative plan should be developed with them during the telephone conference.
  4. If the parent(s) cannot be reached, the plan must be developed with the emergency contact person.



5. If no emergency contact person is indicated on school records and the parent(s) cannot be reached, the school team must determine whether or not to keep the student in the school or to call the police for assistance. Continuous efforts should be made to reach the student's parents.
- b) If an out-of-control student should leave school property, the following procedures are to be followed:
1. Head of School and Principal are notified immediately.
  2. Parent or emergency contact person should be notified immediately.
  3. The student's age, emotional status, health condition and parental wishes should dictate whether or not school personnel should pursue the student.

**RE-ENTRY PROCEDURES:**

- A. A meeting is needed with the school team including the classroom teacher to discuss information needed by students, staff and parents to develop the transition plan back to school and the classroom.
- B. For out of school suspension, a meeting must take place with parents before re-entry can occur.

**Procedures for Students and Staff Identified as At-Risk for Suicide/Psychological Crisis**

1. HOW ARE STUDENTS IDENTIFIED AS AT-RISK FOR SUICIDE/PSYCHOLOGICAL CRISIS?
  - a) When a staff member is concerned that a student may be contemplating suicide or a student is self-referred or referred by a friend, parent/guardian, teacher, neighbor, etc., that student is considered "at-risk" for suicide.
2. WHAT ARE FACTORS WHICH MAY INDICATE SUICIDAL RISK?
  - a) Depression
  - b) Hopelessness
  - c) Loss of parent, close friend
  - d) Revengeful behavior
  - e) Significant self-destructive struggles with family
  - f) Alcohol and/or drug abuse
  - g) Familiarity with weapons
  - h) Romanticizing death
  - i) Withdrawal, display or sadness
  - j) Changed relationship with friends and classmates
  - k) Loner, social isolation
  - l) Previous suicide attempts
  - m) Family history of suicide, recent suicide in family
  - n) Psychosomatic illness
  - o) Marked personality change
  - p) Diagnosed mental illness
  - q) History of self-destructive behavior, unnecessary risk-taking
  - r) Inability to express feelings or emotion
  - s) End of a love relationship
3. HOW DO YOU KNOW WHEN A STUDENT IS AT-RISK FOR SUICIDE?
 

You may observe factors in the student's life and/or behaviors which indicate a suicide risk. For example:

  1. changes in personality (withdrawn/aggressive)
  2. changes in peer relationships
  3. sadness/hopelessness expressed in writing or play

4. a traumatic life event such as death in the family
5. comments or threats about suicide, making plans
6. absenteeism

Comments should be taken seriously. All staff should be observant. If you have concerns about a student's emotional well-being, contact the Counselor, Principal and/or the Head of School. The Counselor will help gather information to assess the seriousness of the situation and develop an appropriate plan. The referring staff member will usually be involved in this process. The Counselor would be no more bound to confidentiality.

#### 4. WHAT DO YOU DO WHEN A STUDENT TALKS ABOUT SUICIDE?

1. Suicide is a frightening subject but try to stay calm and listen to the student. Take what the student says seriously, avoid criticism and try to establish a trusting relationship. Be sure the student understands that the information shared cannot be kept confidential. Remember, the more comfortable an adult is in discussing thoughts of suicide with a student in crisis, the less likely the student is to carry out such thoughts. Seek out help from the school Counselor or mental health experts outside of ISU.
2. After the referral has been made, the Counselor is responsible for implementing intervention procedures. The staff member reporting the incident will most likely be included as a member of the intervention team, but will not be solely responsible for the intervention or crisis plan.
3. The Counselor, Principal, Head of School and Child Protection Team will evaluate the seriousness of the situation. They will collect information and facts so that the parents can be fully informed as soon as possible. It is mandatory to inform the parents or guardian.
4. When a student is at imminent and serious risk, emergency interventions must be implemented by staff. Staff members are urged to rely on their best professional judgment to make the determination to intervene in order to protect the life of the student.

#### 5. IMPORTANT QUESTIONS TO ASK WHEN TALKING TO A STUDENT AT RISK FOR SUICIDE:

- Have you wished you were dead or wished you could go to sleep and not wake up?
- Have you actually had any thoughts about killing yourself?
- Have you thought about how you might do this?
- Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?
- Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
- In the past three months, have you done anything, started to do anything, or prepared to do anything to end your life?

#### 6. PROCEDURES FOR STAFF IDENTIFIED AT RISK FOR SUICIDE/PSYCHOLOGICAL CRISIS

Staff may self-refer or be referred by others to the Counselor when there is a concern about their psychological well-being. The Counselor will have an initial meeting to identify the severity of the situation: if there is a concern about their safety, the Counselor will no longer be bound to confidentiality. The Principal will have to be informed and the staff member will have to be seen by a medical doctor and/or psychotherapist.

## **Procedures for School Response Following a Death**

### **Step 1 - IMMEDIATE RESPONSE**

If student or staff death occurs at the school or during a school-sponsored trip:

1. The Head of School and Principal are informed.
2. The Head of School, Principal and Counselor confer and create response action plan, using local resources as needed (see Appendix A for local mental health specialists).
3. Appropriate information is disseminated to staff and students.
4. A staff meeting is held as soon as it is feasible.
5. The Head of School or designee will handle all media contact.

If student or staff death occurs outside school hours:

1. The Head of School and Principal are informed.
2. All faculty and staff members are contacted through the telephone tree or SMS. They will be asked to read their email message and/or attend an emergency staff meeting. Staff and faculty will be informed of the death through the email and the meeting.
3. The Head of School, Principal, Counselor and other specialists will confer and create response action plan, using local resources as needed (see appendix for local contacts).
4. The Head of School or designee will handle all media contact.

### **Step 2 – STAFF MEETING AND SCHOOL DAY INTERVENTIONS**

- A. At the staff meeting, specific information and procedures will be discussed. A written announcement will be given out to all teachers, to be read and discussed with the students at the beginning of the day.
- B. The Counselor and perhaps other determined support specialists will be available throughout the day to provide support to both students and staff.
- C. Teachers are encouraged to handle student expressions of grief or loss in their classes by talking openly about the occurrence. Any student who is excessively distraught, should be referred to the counselor or identified support specialists. It is healthy for all classes to return to their normal routine as soon as it is possible.

### **Step 3 – FUNERAL PROCEEDINGS**

1. A written announcement is given to all teachers regarding the funeral arrangements. If the funeral will take place during the school day, procedures for obtaining excused absences are detailed. The Head of School will send written announcement to parents. Teachers will verbally give this information to their students.
2. Staff and students will be allowed to attend the funeral to provide support to family and to encourage emotional healing and closure (in respect of the family's wishes/culture). School may be closed or dismissed early to allow for student/staff attendance.
3. The Counselor and specialists from outside ISU will be available as needed.
4. A staff member may be designated to help with students at the funeral location if the family wishes.

### **Step 4 - FOLLOW-UP**

1. Another staff meeting will be held to discuss the intervention process and provide staff with a time for reflection and support. Teachers are reminded to continue to monitor the behavior of all students, especially those identified as "high risk" and report them to HOS/Principal/Counselor.

## Teacher Guidelines for Classroom Discussion about Death

COMMUNICATION TIPS: \*(Please see Appendix B on Discussing Death with Students)

- Tell students/adults "I have something sad to tell you" then be honest, tell facts, allow them to react. The teacher can leave out specific details if the occurrence was very intense or frightening, so as to prevent secondary or tertiary post-traumatic stress.
- To heal from grief, it takes: Talk, Touch, Tears, and Time. Every person cycles through the steps of denial, anger, sadness, bargaining, and acceptance in their own order and way. Cultures express grief differently. It's important to discover and recognize different people's ways of coping and encourage it.
- Be respectful, thoughtful, and empathetic.
- Do not cancel class or dismiss early unless it is part of the school wide plan. Keeping a normal routine can be extremely helpful for children going through the stages of loss.

The following are suggestions for discussion in the classroom. The classroom teacher has the basic responsibility to initiate the discussion, however, any teacher at any time should respond to students' questions and concerns.

1. Give the agreed upon information/statement at the time decided upon in the faculty meeting. Be complete and accurate; gruesome details should not be discussed.
2. Be truthful and direct, but do not dramatize.
3. Remind the students to deal with facts, not rumors. They should be encouraged to treat hearsay reports skeptically.
4. Observe the verbal and non-verbal reactions of the students.
5. Remember that we are role models in how to deal with death/tragedy. Be open and honest about your feelings and experiences.
6. Discuss and offer suggestions for appropriate ways to talk to friends and relatives. This would be an appropriate time to review why insensitive humor and inappropriate comments are out of place.
7. Allow students to share their feelings and encourage them to be empathetic to the distress of others. If some students are distraught or express the need to talk further, refer them to the Counselor.

### DEATH IN THE COMMUNITY

In the case of deaths in the community, the following procedures will be followed:

1. If the death is of a student or the parent of a student
  - A. A condolence letter will be delivered in the name of the Board of Directors and Head of the school.
  - B. Attendance at a funeral by those closest to family.
  - C. Care must be taken to discern the religious affiliations and/or customs of the family.
2. If the death is a close relative of staff (such as immediate family member)
  - A. If death took place in Uganda:
    - 1) Flowers sent to family – check for cultural appropriateness.
    - 2) Attendance at the funeral by those closest to family.
    - 3) Care must be taken to discern the religious affiliations and customs of the family.
    - 4) Discussion with the class members of the student affected and discussion with students who were close with that family.
  - B. If death took place overseas:
    - 5) Card, gift, or flowers sent to family affected.
    - 6) Discussion with the class members of the student affected and discussion with students who were close with that family.

## **Procedures for Students suspected of Chemical Use/Possession (Including tobacco)**

1. Staff member reports the observation to the Principal, Head of School and Dean of Students. Then consult with the Counselor and School Nurses to determine physical danger.
2. If the level of ingestion/intoxication appears life threatening, involve the School Nurses and call the associated health centre to develop an intervention plan in a timely fashion.
3. The Head of School records the following data on an incident report: time, place, behavior observed and action taken.
4. If the student remains in school, two staff interview the student and assess the seriousness of the situation. If the student admits to using chemicals, or there is reason to believe there is use or possession, a search may be made and the parents contacted.
5. If a search is made, two witnesses should be present.
6. After information is gathered, a parent conference must be held to discuss consequences and restitution. It is important that the child and the parent(s) note that the school treats this very seriously.
7. See Student Handbook for policies about drug use/possession.

### **Interview Questions for Suspected Chemical Use**

Examples of questions to be used by the Principal, Dean of Students or Counselor in interviewing the student:

1. "I'm seeing behavior/actions that cause me concern. It seems like you are unusually nervous/excited/sleepy". (note behaviors that are observed.)
2. "Can you give me any idea what may be causing this behavior?"

If the student admits to using a chemical, ask further questions to determine the level of ingestion and health risk:

1. "What did you use/take/smoke/drink?"
2. "How do you feel?" (nauseous, heart palpitations, breathing, dizziness)

If the student does not admit to chemical use, you may ask directly:

3. "Have you taken anything into your body that may be causing you to behave this way?"
4. "Have you smoked anything?"
5. "Have you had anything to drink?"
6. "Have you absorbed anything into your skin?" (stickers, blotters with LSD)
7. "Have you breathed anything into your nose or mouth?"

If you do not receive any information that seems to explain the student's behavior:

Restate your concern:

"I care about you and I'm very concerned. Your behavior indicates that something might be wrong".

Ask further questions:

1. "Is there something that is upsetting you?"
2. "Are you worried about something?"
3. "Are you angry at someone?"
4. "Are you afraid?"

**LET THE STUDENT KNOW THERE ARE PEOPLE WHO CAN HELP.** If the student refuses to

answer the questions, then arrange for them to meet with the school Counselor. The school Counselor will provide a safe space for the student to self-disclose or to give more information on the situation. The student will be informed that this information will not be kept confidential but that the more information they provide, the less their punishment may be. Student will have an option to speak to Counselor at any time. If student is visibly upset, they should be referred to speak with a Counselor.

### **Procedures for Suspicious Incidents by Strangers to Children**

#### DEFINITION

A suspicious incident is when a stranger appears to follow a student and tries to lure a student with a trick, game, lie, money or treat for the purpose of harassment, sexual/physical abuse or abduction.

Although sexual/physical abuse and abduction by a "stranger" is very infrequent, we must take it seriously and report incidents accurately:

1. When a parent calls the school about a "suspicious incident" the Head of School should alert the Child Protection Team and the local authority.
2. The Head of School, Principal, or Counselor will keep a running log of suspicious incidents to provide tracking and follow through for police involvement.
3. When a parent calls the school about a suspicious incident and wants to know what the school is going to do about it, the Head of School can tell them:
  - a) We have notified the school security team and local authorities.
  - b) The police and school security are investigating the situation
  - c) The police and school security team will advise the school if they feel the school needs to do more regarding notification.
  - d) We are not at liberty to say more about the incident.
4. If a notice needs to go out to parents, the Head of School will be responsible for this notice created in conjunction with the school security team and local police.

### **Procedures for Dealing with a Student in Possession of a Weapon**

\*Please refer to ISU Emergency and Crisis Management Handbook

#### Follow-Up:

1. As soon as possible, notify staff of the incident and the outcome. If students were witnesses to or involved in the incident, it will also be necessary to notify parents that there was an incident and what the outcome was.
2. Provide support for students and/or staff affected by the incident through teachers, the counselor and support staff.
3. Re-entry procedures:
  - a) A plan should be developed for the student's re-entry to the school or an alternate placement. The Counselor, Principal, or Head of School should meet to make recommendations to the classroom teacher regarding what should be said to the student's class.
  - b) The school team and the parent(s) must meet to develop a formal plan to deal with the problem(s) before the student re-enters school.

## **Procedures for Dealing “Face to Face” with an Armed, Irate and/or Violent Intruder on the Campus**

### **DEFINITION**

An adult/older adolescent who is coming into the building to threaten, to hurt someone, hold someone hostage, brandish a weapon or take a child without permission, or an unauthorized photographer.

### **PROCEDURES**

1. If someone sees or hears a dangerous person, they should inform the Head of School immediately. Lock down Safe Haven procedures will be initiated (see ISU Emergency and Crisis Management Handbook).
2. The Head of School will call the Police to report concern and ask for immediate assistance.
3. If you are the one confronted by the violent intruder:
  - a) Don't show panic - remain calm.
  - b) Be reasonable and prudent, remember safety comes first.
  - c) Do as the hostage taker says and do nothing to agitate him/her. The first moments of a hostage situation are extremely dangerous, cooperate fully.
  - d) Do not talk to the hostage taker unless spoken to, then respond in a calm tone. Do not volunteer any information, but do not lie to the hostage taker either. If you are forced, give imprecise information (be evasive).
  - e) Although this situation is extremely rare, it could be extremely explosive and dangerous. Provide debriefing and follow-up support for those involved.

### **Procedures for Non-Custodial Parent to Remove Child from School**

Both parents of the children have the legal right to remove the child from the school unless there is documentation, filed with the school office, that specifies who may/may not have access to the child. A new security system is in place, that requires everyone on campus to wear an identity badge and use it to enter and exit the facilities.

Verbal or written notes by the concerned parent are not sufficient documentation to withhold the other parent's access to the child. For emergency situations, the school may inform the concerned parent if the other parent shows up and no documentation is on file.

Teachers need to know which students are in this situation and their status. Regardless of the situation, all adults need to be asked to go to the office and the Head of School will see to the following procedures:

1. An unrecognized adult needs to provide the school with one of the following to remove a child from school:
  - a) Written permission from the child's parent.
  - b) Telephone call from the child's parent to the school.
  - c) The Principal or Head of School must verify 1 and 2.
2. Person arrives:
  - a) Call parent for permission and verification.
  - b) Check the identification of the person picking up the child to make sure they are indeed the person who should be taking the child.
3. Student tells office someone else is picking her/him up:
  - a) Call parent for permission to release student.
  - b) Identification procedures as above.

4. When a child is to be released before dismissal:
  - a) The adults must sign out student with the front desk receptionist.
  - b) An administrator must check the identity of the person signing out the child.

### **Kidnappings**

If you observe what appears to be kidnapping, notify:

- The Head of School and/or Principal.

If you receive a kidnapping threat for a student:

- Write down the exact words of the threat to the best of your ability.
- Immediately inform the Principal and Head of School
- The Head of School will notify the parents and the security company.
- Do not dismiss the child to anyone but the parent(s) or other person designated by parent(s). Please note that the kidnapper may be the non-custodial parent.

**For other types of crisis refer to Emergency and Crisis Management Handbook**

### **Procedures for Serious Non-Crisis Problems**

#### DEFINITION

There are many problem situations which are serious, but do not merit a crisis intervention. It is important to attend to these problems, preferably through the Child Protection Team, so that they do not become crises.

#### PROCEDURES

- Staff member should share their concern with the Head of School, Principal and the Counselor.
- Plan an intervention involving other support personnel, including the entire Child Protection Team.
- Involve outside mental health professionals, embassies or other agencies.
- Contact parents.

The following is a list of some of the types of problems which may make the child "at risk" for future crisis or further issues, or are signs that there could be reason for concern. If any of these problems are observed, bring the concern to the Principal, Counselor and/or the Head of School.

1. Excessive Truancy - Chronic, unexcused absences or absences with questionable excuses. This does not include absence due to legitimate illness.
2. Running away - A student is seriously considering running away or has run away from home.
3. Child Custody issues - If a student is expressing consistent fear or anger at having to live or stay with one of the parents.
4. Criminal Behavior - If criminal behavior of the student is persistent and/or serious.
5. Prolonged/Immobilizing Grief - After the loss of a significant person in the student's life, it is natural to observe changes in the child's behavior. If these changes are prolonged, extreme, or affecting school performance, refer the child to the Counselor.
6. Loss of Family Member of Student - Have staff who work with that child be aware of the situation and plan to share information with student's classroom. Experts from outside ISU may be called in to discuss with the class and/or grade level the situation and how to help their fellow student who has to deal with the loss.
7. Chemical Abuse - Student reports concern about the chemical use of others in the home: e.g. parents, siblings, other adults. Or, student reports illegal drug use in the home.
8. Suspected Eating Disorders - If you have a concern about a student who may be developing an



eating disorder, refer the child to the Counselor.

9. Depression - If a student seems chronically depressed, refer the child to the Counselor.
10. Student to Student Sexual Assault and/or Harassment\* - If a student is sexually assaulted or harassed by another student on school property or at a school event, it must be reported to the Principal and Head of School, who will take the appropriate action. If a student has been sexually assaulted or harassed outside of school, you may bring it to the attention of the Head of School, Principal, or the Counselor who can help the student.

\*There are several degrees of sexual assault and several examples of harassment. Instead of citing all of the respective statutes, we will try to differentiate between student to student sexual assault or harassment in two general ways: sexual assault must include physical contact, sexual harassment is usually verbal sexual comments; sexual assault is a criminal matter, sexual harassment is a civil matter.

## **Public Relations**

### **Interaction with the Community**

1. Once the situation has been stabilized, the Head of School will meet with the appropriate staff to plan the school's official response.
2. The Head of School or designee will articulate a message of response to the situation, which will first be sent to important constituencies of the school community, and should reaffirm the mission of ISU education.
3. The Head of School will handle the writing and delivery of this message, and the school website and SMS blast network and telephone network will provide updated information throughout the crisis.
4. The Head of School or designee will act as press liaison in the event of a crisis, accessible to both the media and the community at all times. Once the school's response has been determined, the Head of School may also communicate this to the media.
5. The Head of School should have a press kit prepared in advance with the following items:
  - a. The Emergency and Crisis Management Handbook and the Crisis Counseling Manual.
  - b. Copies of the school's most recent publications, as well as a brief descriptive paragraph about ISU and its programs, including the mission statement.
  - c. A list of parents and alumnae in the media who might be helpful in an emergency.
  - d. Press contacts, as appropriate.
  - e. Name and contact numbers for the school's attorney.
  - f. School Board telephone numbers.

### **Recommendations for Communicating with the Media**

#### **Facts of life**

If something resembling violence happens at school, chances are the media will be there to cover it, and sometimes they will know before you will...

We are not able to prevent crisis from occurring but we can control the conditions in which we work through one and we do that through our school's crisis plan.

1. Be prepared. Be honest. Be brief. Stress concern for student safety.

2. Be accessible. Stick to the facts.
3. Keep cool. Don't become defensive: don't lose your temper or argue.
4. Develop a written statement to be read and handed out.
5. Contact the news media before they contact you. Set reasonable geographic boundary or time limits. Explain the reason for the limitations.
6. Stress positive actions taken by the school.
7. Do not make statements about responsibility until all the facts are known.
8. Pause and collect your thoughts before you respond to reporters' questions.
9. The interview is not over until the reporter leaves. Always be careful about what you say in the presence of a reporter before or after an interview - the microphone may still be on. There is no such thing as "off the record".
10. Don't respond to negative questions by repeating words that inflame the situation.
  - a. "Yes it is a real tragedy..."
11. Be alert to statements that begin:
  - a. "Isn't it true that..."
  - b. "Aren't you really saying..."
  - c. "How do you respond to..."
  - d. "Are you aware that..."
12. Avoid "what-if" questions. You cannot predict the future.
13. Do not say, "No comment". Instead, try "I will have to check into that matter. What is your deadline? I will get back to you".
14. Understand the facts, especially technical ones.
15. If you update news media handouts during the day, be sure the time of release is at the top of the page.
16. Know what is being done to help staff and students cope with the situation.
17. After the incident, announce any changes made as a result of it.
18. Write thank you notes to those media people who have been helpful to you in managing the crisis.
19. Sometimes it is better that the spokesperson NOT be the Head of School. He/she can always say "let me get back to you after speaking to my boss".
20. Prepare a written statement. It is often better than fielding questions.
21. Practice "dreaded" questions and answers.
22. All members to practice "party line" and stick to it.
23. Establish a communication/media area briefing. All communication comes in and out from there.
24. Provide only information reviewed for release by the Administration.
25. Keep a log of all contacts: phone calls, emails, letters, press releases and follow-ups.

## Appendix A: Mental Health Specialists - Kampala, Uganda

- Femke Bannink: 0772928011, [femke.bannink@ugent.be](mailto:femke.bannink@ugent.be)
- Anna Van Brakel: [annamlvanbrakel@gmail.com](mailto:annamlvanbrakel@gmail.com)
- Judith Finkbeiner: 0777 757290 [Judith.finkbeiner@aim.org](mailto:Judith.finkbeiner@aim.org) (not in the country from 12/18 to 9/19)

## Appendix B: International Authorities in East Africa

- British Council: Paul Stanfield (Police based in Nairobi) +254-202844081, +254-707383302, [www.nationcrimeagency.gov.uk](http://www.nationcrimeagency.gov.uk), [paul.stanfield@nca.x.gsi.gov.uk](mailto:paul.stanfield@nca.x.gsi.gov.uk)
- Interpol in Uganda: National Central Bureau of Interpol +256-414500698, [Interpol@upf.go.ug](mailto:Interpol@upf.go.ug)
- Embassy of the United States of America +256 414306001 / +256 312306001 / +256 414 259791, [KampalaWebContact@state.gov](mailto:KampalaWebContact@state.gov)
- Emergency: 999/112, Uganda Police Force Headquarters 0414 233 814/0414 250 613
- Sean Kohl: ISU Parent and Country Director - expert in child abuse and violence against women and children. 0744 251 251, 0789 499 522. [skohl@ijm.org](mailto:skohl@ijm.org)

## Appendix C: Discussing Death with Students

### Developmental Stages in Understanding the Concept of Death:

- Preschool children usually see death as reversible, temporary, and impersonal.
- Age five to nine, most children are beginning to realize that death is final and that all living things die, but still they do not see death as personal.
- Age nine or ten through adolescence, children begin to comprehend fully that death is irreversible, that all living things die, and that they too will die someday.

### Talking to young children about death:

When explaining death to children, try to explain it in terms of the absence of familiar life functions - "when people die they do not breathe, eat, talk, think, or feel any more; when dogs die they do not bark or run anymore; dead flowers do not grow or bloom anymore."

When speaking with your Early Childhood class about the death of a parent you may say: "A very sad thing happened this week. The daddy of your friend died from a very long sickness that the doctors couldn't fix. When somebody dies it means that they are no longer with us and they can no longer breathe, eat or talk. Has anyone ever had a pet dog or cat who died? When that pet dies you don't see them anymore. When a pet or a family member dies you no longer see them. This is a sad time for their family since they will all miss their daddy. We should all show your friend how much we care about her."

While the finality of death is not fully understood, a young child may realize that death means separation, and separation from parents and the loss of care involved are frightening. Being cared for is a realistic and practical concern, and a child needs to be reassured. They may ask "who will take care of me?" or "who will take care of my friend since her daddy died?" If that is the case, the reassuring and appropriate answer would be something like, "There are lots of people to take care of you, including mommy." or "Your friend has many people in her life who love her and will take care of her."

Avoid using the phrases that the person who died "went to sleep," "went away" or "resting place" since this can confuse children into thinking that when people go to sleep they all die. Also saying that "he was sick" can be confusing since young children will confuse catching the flu or a cold with death. It is best to explain in more detail, that this person "had a serious sickness that the doctors couldn't fix." For children under five years old it can be helpful to explain death in regards to dead pets, dead flowers or insects.

### **Needs of A Grieving Child**

- Information that is clear and understandable at their development level.
- to be reassured that their basic needs will be met.
- to be involved in planning for the funeral and anniversary
- to be reassured when grieving by adults is intense
- help with exploring fantasies about death, afterlife, and related issues.
- to be able to have and express their own thoughts and behaviors, especially when different from significant adults.
- to maintain age appropriate activities and interests.
- to receive help with "magical thinking."
- to say good-bye to the deceased.
- to memorialize the deceased

### **General Characteristics of Each Age Group**

Infants - 2 Years Old:

- Will sense a loss
- Will pick up on grief of a parent or caretaker
- May change eating, sleeping, toilet habits.

2-6 Years Old:

- Family is center of child's world
- Confident family will care for her needs
- Plays grown-ups, imitates adults.
- Functions on a day-to-day basis.
- No understanding of time or death
- Cannot imagine life without mum or dad
- Picks up on nonverbal communication.
- Thinks dead people continue to do things (eat, drink, go to the bathroom), but only in the sky.
- Thinks if you walk on the grave the person feels it.
- Magical thinking (ex: you wish it, it happens, such as bring the dead back or wishing someone was dead)
- Death brings confusion, guilt [magically thought someone dead]
- Tendency to connect things which are not related.

6-9 Years Old:

- Personifies death: A person, monster who takes you away
- Sometimes a violent thing.
- Still has magical thinking, yet begins to see death as final, but outside the realm of the child's realistic mind.
- Fails to accept that death will happen to them - or to anyone (although begins to suspect that it will).
- Fears that death is something contagious.
- Confusion of wording [soul/sole, dead body, live soul].
- Develops an interest in the causes of death (violence, old age, sickness).

9-12-Year-Old:

- May see death as punishment for poor behavior.
- Develops morality - strong sense of good and bad behavior.
- Still some magical thinking.

- Needs reassurance that wishes do not kill.
- Begins an interest in biological factors of death.
- Theorizes: People die to make room for new people.
- Asks more about “what happened”
- Concerns about ritual, burying
- Questions relationship changes caused by death, life changes.
- Worries about who provides and cares for them.
- May regress to an earlier stage
- Interested in spiritual aspects of death.

Teenagers:

- Views death as inevitable, universal, irreversible.
- Cognitive skills developed
- Thinks like an adult
- Questions meaning of life if it ends in death
- Sees aging process leading to death
- Sees self as invincible - it will not happen to me.
- Sees death as a natural enemy
- Need for adult guidance (grief process, coping skills).
- Needs someone to listen; to talk with.
- May feel guilt, anger, even some responsibility for death that occurred.
- Not sure how to handle own emotions [public and private].