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Students Who Experience Emotional Crises: How to Ensure that Learning Takes Place in the Classroom

Nancy Anderson
Regis University

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STUDENTS WHO EXPERIENCE EMOTIONAL CRISES: HOW TO ENSURE
THAT LEARNING TAKES PLACE IN THE CLASSROOM

by

Nancy Anderson

A Research Proposal Presented in Partial Fulfillment
of the Requirements for
the Degree of Master of Education

REGIS UNIVERSITY

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ABSTRACT

Students Who Experience Emotional Crises: How to Ensure That Learning Takes Place in the Classroom

The purpose of this project was to provide a resource for educators to use as a reference when a child in their classroom experiences crisis. After speaking with local teaching staff, this researcher concluded that: (a) many teachers are ill prepared to deal with students who have emotional crises, and (b) the majority of support for students comes from school psychiatrists or counselors. The crises chosen for this project were: (a) community violence, (b) separation/divorce, (c) death of a parent, (d) changing schools or moving, (e) parental incarceration, and (f) parental illness. A Power Point presentation and accompanying brochure were developed with the intent to be given as at a school inservice program.

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Chapter 1

INTRODUCTION

When a student steps into the classroom, he or she does not enter into an isolated world. The classroom, or school, is one part of the triumvirate that defines a child's environment (Leon, 2000). The two other factors are family and social life. A young child does not yet have the ability to separate the three factors, and they intertwine and influence every aspect of the child's cognitive and physical development.

Statement of the Problem

Often, children are exposed to situations that result in emotional crisis, beyond the controlled environment of the classroom. Every child copes differently with crisis. Symptoms can include, but are not limited to: (a) depression, (b) acting out, (c) withdrawal, and (d) moodiness (Felner, Stolberg, & Cowen, 1975). The most consequential symptom for educators is the negative effect that crises can have on learning.

Purpose of the Project

The purpose of this project will be to provide a resource for educators to use as a reference when a child in the classroom experiences crisis. Three main categories will be presented to provide the educator with sufficient background to understand why crises can negatively influence learning in the classroom. In the first category are the definitions for the most prevalent types of crises a child experiences. In the second category, this author will explore the emotional and behavioral symptoms that are

associated with each crisis. The third category to be presented will be strategies to help the child: (a) cope, (b) increase academic performance, and (c) nurture growth. Also, there will be resources for teachers to utilize when additional support is needed.

Chapter Summary

It is this researcher's position that learning in the classroom is influenced by external factors, specifically crises, beyond the control of the teacher or school staff. In order to maintain an environment suitable for learning and effectively teach all children, this author will provide the tools necessary to accomplish this goal, such as: (a) awareness and comprehension of the most prevalent crises experienced by students today, (b) a detailed description of the symptoms associated with these crises, and (c) tools for educators to use. Presented in Chapter 2 is a summary of the research conducted to date in order to provide an adequate background for the problem. In Chapter 3, this author will explain the methods for the project to be presented in Chapter 4. A discussion and conclusion are presented in Chapter 5.

Chapter 2

REVIEW OF LITERATURE

The purpose of this project will be to provide a resource for educators to use as reference when a child in the classroom experiences a crisis or stressful event. Holmes, Yu, and Frenz (1999) cited Lazarus and Folkman (1984) who defined a stressful event as “the factors that have a potential for causing an imbalance between environmental demands and individuals’ resources for dealing with them” (p. 411). Individuals handle crisis in either of two ways: (a) adaptively or (b) maladaptively (Caplan, 1961, as cited in Felner, Stolberg, & Cowen, 1975). Regardless of whether the resolution is handled adaptively or maladaptively, both can have long term effects on the individual.

Definition of an Emotional Crisis

For the purpose of this project, this author has chosen to limit the types of emotional crisis or stressful events to the following: (a) community violence, (b) separation/divorce, (c) death of a parent, (d) changing schools or moving, (e) parental incarceration, and (f) illness. Many children exhibit internalizing and externalizing behavioral problems after being exposed to these events because they notably alter the child’s environment (Holmes et al., 1999). Also, children who experience these stressors can show a decrease in academic achievement and social competence.

Community Violence

Overall, there is a paucity of research on the effect that community violence has on children and solutions for interventions. However, Horowitz, McKay, and Marshall

(2005) based their study on the assumption that children exposed to community violence would express similar psychiatric sequelae as children who have experienced an acute crisis event or life stressor. The investigators used both qualitative and quantitative methods in their work with urban children and their parents to understand:

- (a) what is the experience of children and parents exposed to community violence,
- (b) what are the psychiatric consequences of these experiences, and
- (c) what can we learn from these families' experiences, specifically the resources and strategies that they currently use that can inform the development of future investigations. (p. 357)

Horowitz et al. (2005) cited Bell and Jenkins (1993) who defined community violence as “events in the local neighborhood involving crime, weapons use, and violence or potential violence perpetrated by people outside of the immediate family” (p. 356). Community violence is not an acute single event, but an environment of constant danger (Horowitz et al.). Children exposed to this type of chronic stress have been found to exhibit the classic symptoms of posttraumatic stress disorder (PTSD), such as: (a) re-experiencing, (b) avoidance, and (c) hyperarousal. Also, children in this situation have presented with: (a) anxiety disorders, (b) depression, (c) substance abuse, and (d) behavior problems.

In this study, conducted by Horowitz et al. (2005), several issues were discussed in the focus groups which are of particular interest to educators. The issues raised by both parents and children were: (a) lack of safety because of inadequate supervision within schools; (b) lack of resources and, therefore, receipt of a poor education; (c) school staff unresponsive to the needs of families; and (d) no support from adults for students. Also, recommendations were made for interventions in the schools and

community to support children and students who experience community violence. These recommendations were: (a) a collaborative approach between either school or community leadership and parents in the design of intervention programs, (b) place the treatment or intervention within the affected community, and (c) have resources available beyond psychiatric services.

In order to treat children, who experience community violence, and offer effective interventions, community programs should be designed in collaboration with community members (Horowitz et al., 2005). Three focal areas for the treatment programs were identified by the members of the focus groups. First, program facilitators should acknowledge the experiences which the children have experienced. Second, the facilitators should provide education and resources for parents to use when they act as buffers for their children. Third, the purpose of psychiatric services should be to treat the symptoms associated with PTSD.

Separation/Divorce

As of 2002, more than 1 million children were part of a parental divorce annually (U.S. Divorce Statistics, 2007), and 500,000 children were under the age of 6 (Wallerstein, 2004). Therefore, 500,000 children were between the ages of 6-18. These school aged children, who experience divorce, represented approximately 1% of the approximately 53 million children in the United States.

Winslow, Wolchik, and Sander (2004) cited Hetherington, Stanley-Hagen, and Anderson (1998) when they reported that approximately 20-25% of children, who experience divorce per year, develop mental health or adjustment problems. Winslow et al. estimated that this is twice the rate of children who live in homes with both parents.

In Amato's (1991, as cited in Amato, 2001) meta-analysis of studies conducted between 1950-1999, the data demonstrated that children from homes with divorced parents functioned more poorly than children from homes in which parental marriages had remained intact. The factors for which these children were compared were: (a) academic performance, (b) social relations, and (c) conduct problems.

Because there is a high rate of children affected by divorce every year, there is a plethora of research available that shows both the short and long term effects that divorce has on children. For example, Wallerstein and Lewis (2004) conducted a 25 year longitudinal study to follow 131 children whose parents divorced when they were between the ages of 3-18 in the early 1970s. The authors identified both the social and psychological experiences of these children at the time of divorce and throughout the postdivorce years. At the 25 year follow-up, Wallerstein and Lewis included a comparison group comprised of peers from intact families. The children's behaviors and feelings at the time of the parental divorce identified in the study were:

1. high levels of anxiety and worry,
2. feelings of loneliness,
3. fear of abandonment,
4. beliefs that personal relationships are unreliable, and
5. less participation in extracurricular activities.

In response to a growing awareness of the issues that children face as a result of divorce, based on the available literature, numerous intervention and support groups have been established. For example, Winslow et al. (2004) cited two of the programs: the Children's Support Group established by Stolberg and colleagues (1994) and Children of

Divorce Intervention Project led by Pedro-Carroll and colleagues (1997). However, despite the growing number of these programs, Amato (2001) found that there was an increasing gap between the academic performance, general well being, and adjustment of children of divorced parents in comparison to children of intact families. Therefore, this author believes that not enough children have access to the programs, and the programs need to be continually evaluated for their effectiveness.

Death of a Parent

Felner et al. (1975) conducted a study to identify the symptoms and behaviors exhibited by children who experienced either parental separation or death. Each group of participants was compared to a similarly sized group of children that did not experience these crises. Also, Felner et al. compared the magnitude of symptoms demonstrated by the children in the two groups.

Felner et al. (1975) found that children, who experienced parental death, exhibited: (a) heightened shyness, (b) timidity, and (c) withdrawal in the classroom. These symptoms differed from those shown by children who experienced parental separation, who displayed acting out and aggressive behaviors. Felner et al. suggested that the children assumed the behaviors which were modeled by the remaining parent present in the child's life. Therefore, it is important for parents and educators alike to exhibit behaviors beneficial to a child's well-being and mental health.

Changing Schools/Moving

Steele and Sheppard (2003) cited data from the National Network for Children (2003) in which it was found that every year, 1 of every 5 families move within the U.S. This figure represents 19% of the total U.S. population. In addition to moves made

within the U.S., more than 140,000 children immigrated to the U.S. in 2006 (U.S. Department of Homeland Security, 2007).

According to Steele and Sheppard (2003), family moves for children can be considered a crisis event and may cause symptoms associated with PTSD. Key symptoms associated with PTSD exhibited in this case are: (a) a feeling of powerlessness and (b) an absence of a sense of security. The child's sense of powerlessness stems from a lack of control over the family decision to move. When the move is sudden and unexpected, often, feelings are magnified.

Also, Steele and Sheppard (2003) cited data from Facts for Families (1999) which indicated that children in families that move often are more likely to have problems in school. Frequently, this is the case for children of immigrant families because their parents need to move to find work. In the time it takes to move, children miss lessons at school which leads to a decrease in academic performance.

Parental Incarceration

In 1997, 1.3 million children had a parent who was imprisoned (Johnson & Waldfogel, 2002). Of those children, 24,000 were in foster care, which meant that the sole guardian was incarcerated, and no other family member could assume custody. In California alone, approximately 300,000 children have parents in jail or prison (California Research Bureau [CRB], 2000). The CRB staff estimated that an additional 10% of the total number of children with an imprisoned parent in the U.S. had a parent who had been incarcerated in the past.

The CRB (2000) staff cited the results from a study conducted by Dr. Johnston (n.d.) for the Center for Children of Incarcerated Parents on the effects that parental

incarceration had on children. The effects for children between the ages of 2-6 were identified as:

1. anxiety,
2. developmental regression,
3. acute traumatic stress, and
4. survivor guilt.

The effects for children between the ages of 7-10 were: (a) acute traumatic stress and (b) reactive behaviors. The effects for children between the ages of 11-14 were: (a) rejection of limits on behavior and (b) trauma reactive behaviors.

Both the CRB (2000) and Johnson and Wolfogel (2002) reported that these children exhibited behaviors such as: (a) depression, (b) sadness, (c) concentration problems, (d) low self-esteem, and (e) aggression. Frequently, children exposed to this type of crisis event have experienced other issues in the home that may cause these symptoms to present (Johnson & Wolfogel). Prior to the incarceration itself, the children may have been witness to domestic violence, substance abuse, and mental health problems. In addition, a large number of these children witnessed the parent being taken into custody (CRB, 2000). The presence of these factors can magnify the behavioral and emotional issues exhibited by children of incarcerated parents.

Parental Illness

The presence of terminal and chronic parental illness can have notable effects on children (Christ & Christ, 2006; Johnston, Martin, Martin, & Gumaer, 1992). However, it is important to differentiate between chronic and terminal illness in order to adequately provide support and intervention to the child. In addition, a child will need different

levels of intervention depending on their age and stage of cognitive development (Christ & Christ).

Often, a child who experiences the chronic illness of a parent is subjected to a very stressful environment (Johnston et al., 1992). The healthy parent carries the majority of familial responsibilities; therefore, there is less quality time with the child. Also, the ill parent may be absent much of the time due to hospitalization or visits to the doctor. It is not unusual for young children to interpret this absence as a personal rejection because of their inability to comprehend the situation, and a change in routine can have a very unsettling effect on school age children.

In general, during parental chronic and/or terminal illness, children may experience feelings of: (a) loneliness, (b) abandonment, (c) resentment, (d) anger, (e) guilt, (f) depression, and (g) potentially panic (Johnston et al., 1992). Children between the ages of 6-8 are highly emotional and will place blame on themselves (Christ & Christ, 2006). Also, these children experience anticipatory anxiety because they have been told the prognosis for their parent's illness. Children, who are between the ages of 9-11, may be highly emotional; however, they are embarrassed after such displays. These children experience not only the anxiety of their younger peers, but also sadness when they become aware that the parent will die.

Often, children's school work will suffer as a result of the stress experienced in the home and the child's own anxiety (Christ & Christ, 2006). Conversely, some children may improve their school work as a gift to their dying parent. Teachers and school staff will notice more emotional outbursts and sadness in children who live with either a chronic or terminally ill parent.

Coping Mechanisms

When children experience crisis events or stressors, they are forced to cope. Roecker, Dubow, and Donaldson (1996) defined coping as “a dynamic process consisting of cognitive and behavioral responses to reduce or eliminate stressors or psychological distress” (p. 288). Coping responses are classified as: (a) problem focused, (b) emotion focused, (c) approach, and (d) avoidance.

The development of strengths and adaptive resources are the healthy outcomes of crisis management (Felner et al., 1975). Unhealthy outcomes, such as nonadaptive solutions, expose an individual to the possible development of chronic maladjustment. The loss of a significant other to a child, as through divorce or the death of a parent, forces a child into a crisis management situation. Often, when these types of crises happen early in childhood, school behavior and performance can be affected.

Common Patterns

Roecker et al. (1996) demonstrated that children’s behavioral and emotional responses to crisis events vary depending on two variables: (a) perceived control over the situation and (b) level of threat. When a child perceived the stressor as uncontrollable, the preferred method of coping was avoidance or distancing. Conversely, when a child viewed the situation as one in which he or she had control, the child was able to focus directly on the problem and possible solutions. Avoidance and distancing were the most common coping mechanisms used by the children in the Roecker et al. study, and the least common coping mechanism used by children was support seeking.

Donaldson, Prinstein, Danovsky, and Spirito (2000) found that wishful thinking, problem solving, and emotional regulation were the most commonly used coping

mechanisms used by children across a variety of stressors. Donaldson et al., Felner et al. (1975), and Roecker et al. (1996) concluded that the use of active coping strategies led to better functioning and shorter term psychiatric issues than inert coping strategies, such as distraction. Maladaptive coping styles are defined as: (a) passive avoidance, (b) rumination, (c) resignation, and (d) aggression (Hampel & Petermann, 2005). Adaptive coping styles are defined as emotion focused or problem focused. Emotion focused strategies of coping include minimization and distraction/recreation. Problem focused strategies are: (a) situation control, (b) positive self-instructions, and (c) support seeking. When the child had no control over the situation, the use of emotion focused strategies were most successful for coping. When the child had control over a situation or stressor, the best methods of coping were problem focused.

Unique Situations

In addition to the every day stressors encountered in school, periodically, a child may have to deal with more extreme situations, such as terminal illness, and then the death of a parent, or parental divorce. Also, children may cope with moving and incarceration of the primary care giver as though it were a death (Perry, 2007). In both situations, the children are abruptly faced with the news or decision, which does not allow them the time to mentally prepare and fully comprehend the situation.

A child experiences feelings of loss when the factors of terminal illness, death, divorce, moving and incarceration affect his or her primary care giver (Perry, 2007). The resultant grieving process is present in all of these situations, albeit in differing degrees. Typically, the challenges that children face when they grieve are: (a) processing of the actual event and (b) coping with the loss. When the crisis occurs and children begin the

grieving process, their initial feeling is fear of the unknown and the future. Gradually, children move into a deep feeling of sadness.

According to Perry (2007), the typical grief process may include the following behaviors and feelings: “(a) denial, (b) emotional numbing, (c) anger, irritability, and episodic rage, (d) fear and characteristic rushes of anxiety, (e) confusion, (f) difficulty sleeping, (g) regressive behaviors, (h) physical complaints, (i) changes in appetite, and (j) transient visual or auditory misperceptions of the loved one’s image or voice” (pp. 2-3). Children may exhibit some or all of these behaviors and feelings.

When children experience these types of losses, a permanent change occurs in their environment (Leon, 2000). During crisis, children need the support and stability of family. However, the death of a parent, separation or divorce of the parents, and incarceration of a primary care giver permanently changes the child’s environment, and the support and stability is removed from the child when he or she needs it the most (Leon, 2000).

Recommendations for School Staff

Leon (2000) cited Costello (1990) and Tuma (1989) who provided data about the number of children in need of mental health services in comparison to those who actually receive them. Of the 63 million children and adolescents in the U.S., 15-22% are diagnosed with mental health problems, yet less than 20% of those children diagnosed receive the needed services. There are approximately 3-6 million children, who suffer from clinical depression, according to the American Psychiatric Association (1992, as cited in Leon). Because children respond better to long term treatment rather than quick

fixes (e.g., brief counseling or medication), and many receive no treatment at all, one can assume there is an opportunity for school staff to address these needs.

The optimal place for children to be diagnosed is school, as this is the most demanding arena of a child's life (Leon, 2000). Also, children may display symptoms in the school setting rather than at home, and sometimes, parents are unwilling to seek treatment for a child's pathology right away. However, once a parent decides to seek treatment, due to cuts in funding to the healthcare system, frequently, the resources may no longer be available. Often, the only source for treatment is a school counselor or psychologist.

With the decrease in resources and the increase in prevalence of psychoses in children, the need for school staff to fill the void has increased (Leon, 2000). School staff can identify problems early and have a major influence in the child's life via the presence of many caring adults; also, the child is in their care for a notable period of time. Leon conducted this study to determine the effectiveness when the members of the school community provided valid treatment for children with psychoses as a result of a significant event in their personal lives.

In the Classroom

When one part of a child's environment is severely disrupted, such as the family, teachers can step in as ad locum parents and provide the missing stability and care that the child needs (Leon, 2000). Also, a teacher can help to reshape the three key relationships in a child's life which are: (a) family, (b) classmates, and (c) teachers (Perry, 2006). It is important for teachers to know what type of crisis event the child experiences in order to predict and understand the emotions and behaviors the child will

use to cope. Also, teachers should realize that even resilient children take a considerable amount of time to cope and recover from crisis events.

Perry (2007) provided a list of tips for teachers when they help children to deal with loss. They are:

1. don't be afraid to talk about death or loss;
2. share personal feelings;
3. promote discussion on how children feel about the crisis event or death;
4. understand what the children think and how they feel;
5. be a good role model, including showing emotion;
6. teach children to feel empathy for their classmate; and
7. install a zero-tolerance teasing policy. (p. 2)

As reported by Tu (1999), teachers can use literature to help children cope with crisis situations. "Through literature, children can perceive how others have encountered and resolved problems that cause sadness, stress, fear, and uncertainty" (p. 2). By reading about characters that have experienced the same crisis as the student, the student can feel he or she is not alone, and the feelings are not unique. Also, teachers can use the literature as a guide to discuss the crisis or event.

Pull-Out Programs

Peer support groups, such as those organized for children of divorced parents, have been established across the U.S. (School Club for Children, 1990). The groups are led by a social worker, psychologist, teacher, or school nurse and meet on a weekly basis, unless a member calls an emergency meeting. Everything a child says during a meeting is considered to be confidential, and participation in the group is voluntary.

Support groups for children, who grieve the loss of a parent, sibling, or other loved one, provide the forum needed for them to safely express their feelings (Schuurman, 2002). The provision of a safe environment for children to express

themselves as well as an unlimited amount of time are the two best tools adults can give to children in these situations.

Staff of the Colorado State Department of Education (2007) has established a system wide approach for the prevention, identification, and intervention of students with identified needs that may affect school performance and healthy development. The program is called the Student Assistance Program (SAP). The SAP consists of: (a) a specialized team, (b) methods to identify and screen needs, (c) appropriate referrals, and (d) various strategies to support students' needs. The team members are comprised of the school staff (e.g., teachers, administrators, support staff, custodians, etc.) as well as members of the larger community (e.g., clergy, medical professionals, mental health professionals, law enforcement, etc.). The purpose of the team is to process student referrals from teachers, students, or parents to designated support groups, counselors, or helpers.

Children can deal with crises better when they are provided with coping mechanisms and have been taught how to deal with different situations (Felner et al., 1975). When preventive measures are in place, a child who experiences crisis events, can adaptively cope with the situation, and the child is less likely to develop psychiatric issues later in life. If school staff has the opportunity to offer programs to the students where they can learn how to cope with different crises they may encounter in life, they will benefit from the knowledge they acquire.

Benefits of Early Intervention

In 1990, fewer than 20% of children with diagnosable mental health problems had access to treatment (Leon, 2000). Felner et al. (1975), Hampel (2005), and Leon (2000)

reported that maladaptive coping styles are notable risk factors for the psychological development of children. Psychiatric problems, particularly depression, are symptoms of maladaptive behavior; these problems can worsen with age. Therefore, it is important to prevent issues, such as delinquency or suicide in later years, by early recognition of the symptoms and the provision of support to young children.

Chapter Summary

As demonstrated in this review of literature, there are many crises a child can experience outside of the classroom that affect them in the classroom. A child's environment consists of three main factors: (a) family, (b) school, and (c) peers. When a crisis is experienced by a child in one of the factors, it is the responsibility of the members of the other two to provide the support needed by the child. School staff can provide efficient early intervention and support if they recognize the emotional and behavioral symptoms that children exhibit during these times of crisis.

With the decrease in resources and the increase in prevalence of psychoses in children, the need for school staff to fill the void is increased (Leon, 2000). School staff can identify problems early and can have a major influence in the child's life via the promise of many caring adults; also, the child is in their care for a notable period of time.

It is this researcher's opinion that school staff, particularly teachers, are inadequately prepared to support children who experience crises. Therefore, the goal of this project will provide some tools, best practices, and resources for teachers to use when they work with a child who experiences crisis. Presented in Chapter 3 are the method, target audience, goals, and procedures for the development of this project.

Chapter 3

METHOD

The purpose of this project was to provide a resource for educators to use as a reference when a child in their classroom experiences crisis. When this researcher observed in a local elementary school, she found that: (a) 5% of the second grade students' parents were in the process of a divorce; (b) one student's mother had been incarcerated recently; and (c) another student masturbated frequently in class. After speaking with the cooperating teaching staff, this researcher concluded that: (a) many teachers are ill prepared to deal with students who have emotional crises, and (b) the majority of support for students comes from school psychiatrists or counselors. Teachers spend the majority of the school day with the students; therefore, they should be prepared to provide adequate and effective support to children who experience crises outside their classrooms.

Target Audience

The project was designed for both primary and intermediate elementary school teachers. All teachers, regardless of their geographical location, student population, or years of experience, benefited from this project.

Goals and Procedures

The primary goal of this project was to develop an inservice presentation for elementary school teachers to: (a) educate them about the crises their students may experience outside their classroom, (b) identify for them the emotional and behavioral symptoms associated with each crisis, and (c) provide examples of best practices.

The secondary goal of the project was to develop a tool that teachers can take with them from the inservice program as a reference to use in their classroom.

Peer Assessment

Assessment of both the inservice presentation as well as the reference guide was obtained from three colleagues through informal feedback, recommendations, and suggestions for further research. Each reviewer was given a paper copy of the presentation and reference guide and asked to review it for content, relevancy, and ease of use. Comments and suggestions were incorporated into the final project because this researcher found them to be constructive and beneficial. In addition, they provided the basis for the limitations of the project and suggestions for future projects in Chapter 5.

Chapter Summary

Through this project, this researcher provided elementary school teachers with information gleaned from the literature on how to support children in their classroom when they experience crises. Presented in Chapter 4, is the inservice presentation and reference tool that teachers took back to their classrooms. Presented in Chapter 5 are the comments and suggestions made by the peer reviewers in addition to a brief discussion of the project.

RESULTS

Crisis events such as: (a) community violence, (b) separation/divorce of parents, (c) death of a parent, (d) changing schools/moving, (e) parental incarceration, and (f) serious parental illness can have adverse emotional effects on children. Depending on the event and individual, the reaction and coping mechanisms used will be different.

Teachers today are faced with the challenge providing a safe environment conducive to learning for all students. When a child is experiencing an emotional crisis as a result of a serious crisis event, learning can be compromised.

Teachers need to recognize the emotional and behavioral signs associated with the aforementioned crisis events in order to provide appropriate support and referrals as quickly as possible. What follows in this chapter is an inservice presentation given to inform teachers of the most prevalent crises children experience and what they can expect to see from the child in their classroom as a result. The presentation was prepared for grade K-6 teachers. A brochure highlighting key points from the presentation was given to the audience members for future reference. The brochure is found in Appendix A.

In advance of the presentation, three teachers received feedback forms to fill-out and return to this author to consolidate and amend the presentation if needed. A copy of the survey is Appendix B. The individual feedback will be reported in Chapter 5.

Students Who Experience Emotional Crisis: How to Ensure That Learning Takes Place in the Classroom

By: N. Anderson
August 2007

During time spent at a local elementary school, it became very clear to me that learning in the classroom can be tremendously affected by events happening to children outside of the classroom. Out of the 60 students in the classrooms I observed, 3 student's parents were in the midst of divorce, 1 parent was recently incarcerated, 1 mother had a terminal illness, and 1 student was exhibiting hyper-arousal behaviors. Those informal statistics alarmed me and inspired me to put together this inservice as a project for my Master's Degree in Elementary Education from Regis University.

Agenda

- Definition of a Crisis
- Most Prevalent Crises
- Recognizing the Signs
- Coping Mechanisms
- How We Can Help
- Questions & Discussion

The agenda for the presentation is as follows: Defining a crisis, what are the most prevalent crises, recognizing the signs shown by children experiencing these crises, the coping mechanisms employed, and how we can help school-wide and as teachers. Also, there will be time for questions and a discussion if desired. I expect the presentation should last no longer than thirty minutes.

Definition of a Crisis

- Events that notably alter a child's environment and result in internalizing and externalizing behavioral problems.
- Crises can decrease academic achievement and social competence.

Stressful events, or crises, can potentially have detrimental effects on the lives of children. When children are subjected to such events, their environment is most often disturbed. This causes them to use coping mechanisms, which can be either maladaptive or adaptive. These individual styles of coping are exemplified through internal or external behaviors. When the coping mechanisms are maladaptive, they can cause long-term effects on a child's psychological well-being. Either type of coping mechanism may decrease academic achievement and social competence. On the next slide I will present to you the most prevalent types of crises children are subjected to today.

Most Prevalent Crises

- Community violence
- Separation or divorce
- Death of a parent
- Changing schools or moving
- Parental incarceration
- Illness

According to an extensive literature search and review, the following are the most prevalent types of crises experienced by children today: (a) community violence, (b) separation or divorce, (c) death of a parent, (d) changing schools or moving, (e) parental incarceration, and (f) illness. While community violence and parental incarceration are more common in inner city schools, there are cases of both taking place in 'suburbia'. Five percent, or three out of sixty, of the children in the classroom I observed were experiencing recent parental separation or divorce, and that is only one semester! One child's mother had a terminal illness, several had just moved into the school district, and one child's mother had been repeatedly incarcerated. This school was located in a middle-income suburban area of a major metropolitan city. Unfortunately, no child can escape the possibility of these crises.

Signs of Exposure to Community Violence

- Post Traumatic Stress Disorder (PTSD):
 - Re-experiencing
 - Avoidance
 - Hyper-arousal
 - Anxiety disorders
 - Depression
 - Substance abuse
 - Behavior problems

When a child is witness to community violence or lives in an unsafe environment, they experience symptoms of Post Traumatic Stress Disorder. This disorder is what war veterans can experience. It is just as serious and harmful to a child when they experience such violence in their own home environment. Children will no longer feel safe and often suffer from anxiety. Students may drift off because they are imagining or re-experiencing the event. It is important to understand and recognize these signs when exhibited by children undergoing such serious crises in their lives.

Signs of Maladjustment to Parental Separation or Divorce

- High levels of anxiety or worry
- Feelings of loneliness
- Fear of abandonment
- Beliefs that personal relationships are unreliable
- Less participation in extracurricular activities
- Acting out and aggression

Approximately 500,000 or 1% of the total number of school-aged children in the United States were going through parental separation or divorce in 2002. Of those children, about 20-25% will develop mental health or adjustment problems. These problems are due to the coping mechanisms they choose to employ throughout the event, such as acting out or aggressive behavior. When a child does act out or exhibit aggressiveness, it is often because the child is mimicking a parent's behavior. Children may never get over the feeling that relationships are temporary and unreliable without good examples to prove otherwise. Children may participate less in extracurricular activities, not because of the child's choice to do so, but because of the new limitations on the custodial parent. Because the prevalence is so high for this crisis, it is more than likely every teacher will have a child in their classroom that is, has or will experience this event.

Signs Exhibited When a Child Loses a Parent

- Heightened shyness
- Timidity
- Withdrawal

The death of a parent, for purposes of this presentation, is to be considered as sudden, not due to a chronic illness. What happens most often in this case, especially amongst young children, is to again, mimic a parent's behavior. When a death is sudden or unexpected, it is a normal part of the grieving process to become withdrawn. Parents grieving may tend to spend less time with their children, because they are taking time to heal. Children may become shy and timid due to fear of death, and lack of experience with grief.

Maladjustment Signs to Moving or Changing Schools

- Feeling of powerlessness
- Absence of a sense of security
- Decreased academic performance due to time away from school during move

Children who experience a move to another school are adapting to a different home and community, in addition to the school. This can be a tremendous upset to children who have not been part of the decision to move. They may feel powerless because they were not told ahead of time and therefore not allowed the time to prepare mentally for the change. A secure and safe environment that the child had, both at home and in school, will need to be established for them again. Academic performance may suffer due to the time away from school, and because of the pressure to adapt to a new teacher, set of rules, schedule, and classmates. For young children, a schedule provides them with a level of comfort in knowing what will come next. It will take time for the child to settle in and feel comfortable with their new environment.

Signs of Maladjustment to Parental Incarceration

- Anxiety
- Development regression
- Acute traumatic stress
- Survivor guilt
- Reactive behavior
- Rejection of limits on behavior

The most severe maladaptive behaviors can result after a child witnesses a parent being taken into custody. In this case, children will most likely exhibit signs of acute traumatic stress, and even reactive behaviors. Unfortunately, children often will have been witness to the events that led up to the parent being taken into custody, such as domestic violence, substance abuse, or mental health problems. This will lead to a magnified risk of maladaptive coping mechanisms, specifically inappropriate behavior. Sometimes children will feel guilty for being at home while the parent is in jail. They may also be anxious because the incarceration came as a surprise and they do not understand what the parent did to 'deserve' it. This may be a more difficult crisis for children to talk about because they may feel ashamed and not willing to admit what has happened.

Signs Exhibited Due to Parental Chronic or Terminal Illness

- Loneliness
- Abandonment
- Resentment
- Anger
- Guilt, place blame on themselves
- Depression & extreme sadness
- Potential panic & anticipatory anxiety
- Highly emotional

During a parent's chronic illness, children may have to care for the parent or be left to do a lot on their own, because the healthy parent may be devoting all their time to the sick parent. When that happens to the child, it leads to anger, resentment, and loneliness. When parents have discussed what a terminal illness means with their children, they may exhibit anticipatory anxiety and become highly emotional. They may also be depressed in anticipation of what will eventually happen. The child may feel abandoned by both the healthy parent, if they are taking a significant amount of their time to care for their partner, and also when the parent passes. The child may feel guilty, but only because they do not yet understand death. They may feel a sense of helplessness because they were unable to do anything to prevent the loss. The only benefit to a child undergoing the trauma of a terminal illness is that they have the opportunity to come to an understanding of what will happen. It is then that they should be introduced to the grieving process.

Coping Mechanisms - Maladaptive

- Passive avoidance
- Rumination
- Resignation
- Aggression

Coping is “a dynamic process consisting of cognitive and behavioral responses to reduce or eliminate stressors or psychological distress” (Roecker, et al., 1996). Coping responses can be classified as: (a) problem focused, (b) emotion focused, (c) approach, and (d) avoidance. In the case of maladaptive coping mechanisms, children have perceived the event to be out of their control and/or consider it to be a significant threat to themselves or their environment. Children are unable to find solutions to their problems. Children will think about the issue continuously, give up or become aggressive out of fear and inability to cope.

Coping Mechanisms - Adaptive

- Emotion-focused
 - Minimization
 - Distraction or recreation
- Problem-focused
 - Situation control
 - Positive self-instructions
 - Support seeking

In the case of adaptive coping mechanisms, children generally feel that they have control over the situation. If a child feels like he can control the situation, he is emotionally free to come up with solutions to the problem. He or she can separate themselves from the issue and remain focused on the task of school. They can even create distractions for themselves in order not to dwell on the crisis taking place. Perhaps the most healthy adaptive coping mechanism, but unfortunately one of the least likely to be employed by school aged children, is support seeking.

Unique Coping for Grieving

- Denial
- Emotional numbing
- Anger, irritability, and episodic rage
- Fear & characteristic rushes of anxiety
- Confusion

The grieving process is not unique to adults. Children will go through the same set of emotions and behaviors. The grieving process is unique to individuals because not everyone experiences the steps in the same order or progresses through at the same pace. A child, unlike an adult, will hopefully not have had any experience with grief, so it can be beneficial to introduce to the process early. A child is more likely to adaptively cope with a crisis if he or she is equipped with the knowledge of how they may feel. It will also provide comfort to know that other people have experienced the same set of emotions and gone through a similar event.

Also, not unique to adults is the fact that time is a great healer. Being able to talk through emotions and feelings also helps both children and adults. Open and honest communication with a child during this time of loss will provide them with comfort and trust in a time of great upheaval to their previously stable life.

Unique Coping for Grieving con't

- Difficulty sleeping
- Regressive behaviors
- Physical complaints
- Changes in appetite
- Transient visual or auditory misperceptions of the loved one's image or voice

For children, the symptoms listed above can manifest themselves in different ways than adults. Children experience often overwhelming fear at first. They are often unable to thoroughly comprehend what happened to their parent, e.g. "What is cancer?", and are therefore afraid it could happen to them and other significant people in their lives. They then move into a tremendous feeling of loss, exhibiting great sadness, lethargy, changes in their appetite, and have a hard time going to sleep. What may seem like denial could very well be a lack of comprehension by the child that death is permanent. The child may think that their loved one will return, or that they are sleeping. This confusion can be clarified by talking to the child and providing them with examples that they have been exposed to in the past. For example: a pet's death, or a dead bird they saw while on a walk.

How We Can Help - School

- Peer support groups
- Safe environments to express feelings
- Time to recover
- Coping mechanism awareness programs
- Long-term access to mental health programs or counselors
- Early recognition and referrals

Children who can talk about their crises with other children who have undergone the same thing receive tremendous mental health benefits. It is critical for children to know they are not alone in how they feel. Creating long-standing programs in the school where children feel safe to express their emotions, learn about coping mechanisms and are afforded the time to cope and heal are critical to helping a child avoid future mental health issues. The most important gift we can give to children experiencing a crisis event is time, so the earlier they can participate in a program, the better.

How We Can Help - Teachers

- Don't be afraid to talk about death or loss
- Share personal feelings
- Promote discussion on how children feel about the crisis event or death
- Understand what the children think and how they feel

As teachers, we are lucky to be with the children for a significant portion of their daily lives, so we need to be able to recognize the signs and refer children as early as possible to the appropriate programs. It may be difficult subject matter, but talking as a group about some of the crises children may encounter can be extremely beneficial. Talking with a child about your own personal experience can also be an extremely powerful tool. The classroom has been established as a physically safe place for children, it should also be emotionally safe for them. Providing platforms in which they can share feelings is helpful to understanding what they are experiencing and can give us the information we need to make a referral to the appropriate school program.

How We Can Help - Teachers

- Be a good role model, including showing emotion
- Teach children to feel empathy for their classmate
- Install a zero-tolerance teasing policy

When a child expresses their feelings or when you are sharing your own personal experiences, it is healthy for both of you to show emotion. This provides a model of adaptive coping for the children. When sharing or talking about crises with the class, it is important to teach children what it means to be empathetic. Children may never experience what a classmate is going through. Therefore, in order to provide that safe emotional environment, children need to thoroughly understand what is taking place in their classmate's life and how they may be feeling. These crises events can have such a huge impact on a child's mental health which makes it critical for a zero-tolerance teasing policy in the classroom. Children have enough to deal with, they do not need an added layer of complication from their classmates.

Questions & Discussion

This was a very brief presentation for such an important matter facing children and educators today. I understand that in the classroom, teachers are asked to be counselors and parental figures as well as educators. Add to that the increased pressure of performance standards! All of these things place a tremendous amount of pressure on teachers to provide the optimal environment for children to learn. Unfortunately, children experiencing a crisis event often suffer academically. If we can learn to recognize the signs of maladaptive coping mechanisms, we can provide the help necessary to reestablish stability in the child's life. Once that is achieved, the child can return to focusing on school. Let us quickly go through the hand-out to review the information and walk through some crises as examples of what to look for with your students. It will be a good reference tool if you suspect a student may be experiencing a crisis event.

Chapter Summary

This chapter presented the result of the project, which is a presentation to school staff in an effort to raise the level of awareness among teachers for what children can go through when experiencing emotional crises. In this presentation, staff is also informed about what crises are most prevalent in the lives of children today. A tool has also been created for teachers to refer to when they notice a child exhibiting abnormal behavior in their classrooms.

Presented in Chapter 5 are comments and suggestions made by the peer reviewers in addition to a brief discussion of the project. The hand-out referred to when concluding the presentation can be found in Appendix A.

Chapter 5

Introduction

When a child is experiencing an emotional crisis as a result of a serious event, learning can be compromised. Teachers need to recognize the emotional and behavioral signs associated with emotional crises in order to provide appropriate support and referrals as quickly as possible. This researcher identified a need for methods and tools to provide the knowledge required by teachers to appropriately address the issues children are facing.

Discussion

The project designed and implemented for this research proposal has successfully addressed the problem of a need for clear, concise and informative transfer of knowledge to teachers to employ when addressing children experiencing emotional crises outside their classrooms. A Power Point presentation was written based on an extensive literature review and can be presented to school staff. Accompanying the presentation is a brochure capturing the key points of the presentation. The brochure is meant to be used as a reference when teachers and staff return to their daily activities.

Limitations of the Project

The following limitations were identified by peer reviewers when asked to provide feedback using the questionnaire on the presentation and brochure designed for this research project.

1. While the crises identified by the literature review may have been the most prevalent in the general population, it would be more helpful if the presentation could be tailored to the audience and what children at that particular school are experiencing. For example, one reviewer wrote: “It was a waste of time to hear what effects community violence has on children when there are no children exposed to that type of crisis at this school. Tips and information about physical and emotional abuse would have been more helpful and relevant.”
2. A collaborative approach between the school counselors and the researcher could provide a personal connection to the staff and school. The presentation could appear less academic and more useful to the audience.
3. Specific anecdotes or stories could be incorporated into the presentation to enforce the content and perhaps establish a text: self connection with the audience.
4. More time and resources should be spent on this topic in the schools. Adequate time needs to be afforded to questions, with the appropriate people available to answer them.

The questionnaire should be used after every presentation not just as part of this research project. Giving teachers and school staff the opportunity to provide feedback on a continuous basis will keep the content fresh and relevant. In parallel to this, the researcher or presenter should periodically search publications for new information on the topic. Staying current with the latest research will keep the content accurate and timely. Credibility of the presenter and information will suffer if the information becomes out of date.

Recommendations for Further Study

Based on the findings in this research project, a few recommendations for further study have surfaced. The first recommendation is to conduct a survey of elementary schools in different socioeconomic areas to catalog services available to students experiencing crisis events such as those in this project. Once the catalog is in place, a thorough evaluation of school staff, parents, and students could identify best practices. Once best practices are identified, other school staff can put into place similar programs.

A second recommendation for further study could be conducted at a much higher level, for example, state-wide or district-wide. Coupling with the first recommendation of identifying best practices for efficacious programs and solutions for students experiencing crises, a standard or guideline could be adopted and published for school staff to implement when needed or resources become available.

A third recommendation for further study would be to expand the age range of crisis events. This research project focused on elementary age students, but middle and high school students also experience crises. The most prevalent crises may be different in older children, for example: teenage pregnancy or peer suicide. Children also exhibit

different symptoms as they age, so appropriate brochures for different age groups would be beneficial.

The fourth and last recommendation for further study is an evaluation of teacher education programs. A random sampling of universities and colleges would provide an overview of what is included in teacher preparation curricula. From that, a researcher could deduce if future teachers are being prepared to handle students experiencing crises. This project could influence higher education programs to better prepare future teachers and therefore benefit their students.

Project Summary

The reason this researcher was led to put together this project to address students experiencing emotional crises and how to address their needs in the classroom, was deeply personal. While conducting field experience in a local elementary school classroom, it was eye-opening to see how many children are maladaptively coping with crisis events. Teachers are seeing behaviors and witnessing emotional outbursts they do not know how to address. Staff does not know where to locate helpful information other than a school counselor, who oftentimes is completely overwhelmed with too many issues to address in a timely fashion.

This project successfully addressed the need for a single source of information, disseminated both orally and in a handy reference guide. The project was soundly based on an extensive literature review. The project was also reviewed with peers as a check to ensure relevance and impact. Therefore, this researcher believes the project's strengths to be: (a) presentation format, (b) accuracy of information, (c) relevance to users, (d) clarity and brevity, and (e) ease of accessibility.

The limitations to the project can be easily addressed prior to each delivery. Working with the staff of each school to incorporate unique information will improve the impact of the presentation. Publishing the material on a website can also be done, allowing for greater audience access. A periodic literature review to update information will also keep the presentation and brochure current and fresh.

REFERENCES

- Amato, P. R. (2001). Children of divorce in the 1990s: An update of the Amato and Keith (1991) meta-analysis. *Journal of Family Psychology, 15*(3), 355-370.
- California Research Bureau (CRB). (2000). *Children of incarcerated parents* (Vol. 7, No. 2). Sacramento, CA: Simmons.
- Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians, 56*, 197-212.
- Colorado Department of Education (CDE). (2007). *Student assistance program*. Retrieved April 23, 2007, from http://www.cde.state.co.us/cdeprevention/pi_sap.htm
- Donaldson, D., Prinstein, M. J., Danovsky, M., & Spirito, A. (2000). Patterns of children's coping with life stress: Implications for clinicians. *American Journal of Orthopsychiatry, 70*(3), 351-359.
- Felner, R. D., Stolberg, A., & Gowen, E. L. (1975). Crisis events and school mental health referral patterns of young children. *Journal of Consulting and School Psychology, 43*(3), 305-310.
- Hampel, P., & Petermann, F. (2005). Age and gender effects on coping in children and adolescents. *Journal of Youth and Adolescence, 34*(2), 73-83.
- Hetherington, E. M., Stanley-Hagan, M., & Anderson, E. R. (1989). Marital transitions: A child's perspective. *American Psychologist, 44*(2), 303-312.
- Holmes, C., Yu, Z., & Frentz, J. (1999). Chronic and discrete stress as predictors of children's adjustment. *Journal of Consulting and Clinical Psychology, 67*(3), 411-419.
- Horowitz, K., McKay, M., & Marshall, R. (2005). Community violence and urban families: Experiences, effects and directions for intervention. *American Journal of Orthopsychiatry, 75*(3), 356-368.
- Johnson, E. I., & Waldfogel, J. (2002). *Children of incarcerated parents: Cumulative risk and children's living arrangements*. New York: Columbia University School of Social Work.
- Johnston, M., Martin, D., Martin, M., & Gumaer, J. (1992). Long-term parental illness and children: Perils and promises. *School Counselor, 39*(3), 225-231.

- Leon, A. (2000). *Counseling children who have experienced extreme stressors*. Retrieved March 19, 2007, from ERIC database.
- Pedro-Carroll, J. (2001, November). The promotion of wellness in children and families: Challenges and opportunities. *American Psychologist*, 993-1004.
- Perry, B. (2006). Children & loss. *Instructor*, 1-3. Retrieved April 2, 2007, from <http://content.scholastic.com>
- Perry, B. (2007). *Death and loss: Helping children manage their grief*. Retrieved April 2, 2007, from <http://teacher.scholastic.com>
- Roecker, C. E., Dubow, E. F., & Donaldson, D. (1996). Cross-situational patterns in children's coping with observed interpersonal conflict. *Journal of Clinical Child Psychology*, 25(3), 288-299.
- School club for children of divorce eases the pain of family separation. (1991) *Curriculum Review*, 30(7), 1-2. Retrieved April 23, 2007, from Academic Search Premier database.
- Schuurman, D. L. (2002). *The club no one wants to join: A dozen lessons I've learned from grieving children and adolescents*. Retrieved April 23, 2007, from <http://www.dougy.org>
- Steele, W., & Sheppard, C. H. (2003). Moving can become traumatic. *Trauma and Loss: Research and Interventions*, 3(1), 31-33. Retrieved April 22, 2007, from <http://www.tlcinst.org/moving.html>
- Stolberg, A. L., & Mahler, J. (1994). Enhancing treatment gains in a school-based intervention for children of divorce through skill training, parental involvement, and transfer procedures. *Journal of Consulting and Clinical Psychology*, 62(1), 147-156.
- Tu, W. (1999). *Using literature to help children cope with problems*. (ERIC Reproduction Service No. ED 436 008)
- U.S. Department of Homeland Security. (2007). *U.S. permanent residents: 2006 (Annual Flow Report March 2007)*. Washington: DC: Jefferys, K.
- U.S. Divorce Statistics, (2007). *DivorceMagazine.com*. Retrieved April 20, 2007, from <http://www.divorcemag.com/statistics/statsUS/shtml>
- Wallerstein, J. S., & Lewis, J. M. (2004). The unexpected legacy of divorce: Report of a 25-year study. *Psychoanalytic Psychology*, 21(3), 353-370.

Winslow, E. B., Wolchik, S. A., & Sander, I. (2004). Preventive interventions for children of divorce. *Psychiatric Times*, 21(2), 1-5. Retrieved April 20, 2007, from <http://www.psychiatrictimes.com>

Appendix A

Hand-out for Audience of Presentation.

Emotional Crises: Classroom Guide

October 2007



Introduction & How to use the guide

A large percentage of children today will experience emotional crises that can affect learning in the classroom. If the signs and symptoms associated with these crises can be detected early, proper steps can be taken to provide support and prevent the student's learning process from being derailed.

The purpose of this hand-out is to provide a guide to refer to when you suspect a student may be experiencing a crisis. It will give you typical symptoms associated with the most prevalent crises and what can be done in the classroom to provide the support he or she may need.

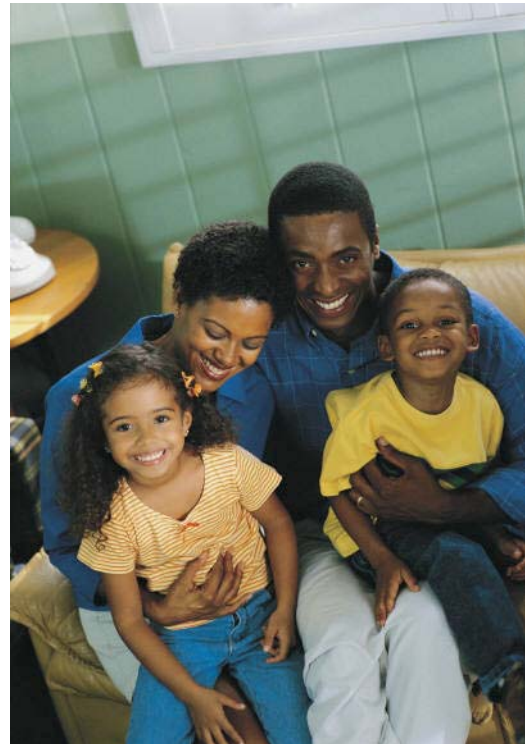
The symptoms and signs listed in this guide are a mere snapshot of what a student may undergo as a result of a crisis. It is extremely important to get to know your students and be able to detect any adverse behavior or emotions. Developing a classroom where the students feel safe to communicate with you openly is critical to their psychological well-being and cognitive development.

Please consult with the district or school counselor whenever you need support or additional information. Establish a good relationship with the counselor and seek his or her input immediately when you suspect a student is experiencing a crisis outside your classroom. It is important for you and your students!

Most Prevalent Crises

- ❖ Community violence
- ❖ Separation or divorce
- ❖ Death of a parent
- ❖ Changing schools or moving
- ❖ Parental incarceration
- ❖ Illness

These crises are not the only ones students may experience. For example, physical, sexual, and emotional abuse are other major crises, but they will not be covered in this guide.



Healthy, safe, and stable external lives lead to optimal learning in the classroom.

Remember: learning can only take place when students feel safe and can focus on the task at hand.

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SIGNS & SYMPTOMS CHART	2	4
COPING MECHANISMS		5
TIPS & STRATEGIES		6

If you see these behaviors, the student could be experiencing these crises:

Potential Crisis: Community Violence	
Behavior Example	Symptom
Day dreaming, drifting off	Re-experiencing
Staying late after school, not wanting to go home	Avoidance
Inappropriate physical behaviors	Hyper-arousal
Nervous, worrying	Anxiety
Quiet, withdrawn	Depression
Drugs, alcohol	Substance abuse
Aggressive behaviors	Behavior problems

Potential Crisis: Parental Separation or Divorce	
Behavior Example	Symptom
Nervous, stressed	Anxiety or worry
Expression of feeling isolated, trouble being alone	Feelings of loneliness
Clingy, trouble with separating from parent in the morning	Abandonment
Fewer friends, less bonding	Personal relationships are unreliable
Quiet, less participation in extra curricular activities	Withdrawal
Aggressive behaviors	Behavior problems

Nancy Anderson
 Regis University Capstone Project
 Anderson_ch@yahoo.com

School Counselor:
 Phone Number: __

If you see these behaviors, the student could be experiencing these crises:

Potential Crisis: Death of a Parent	
Behavior Example	Symptom
Afraid to speak with adults, clinginess	Heightened shyness
No volunteering, no speaking in front of class, no reading aloud, etc.	Timidity
Very quiet, drifting off, seems to be in another place emotionally	Withdrawal

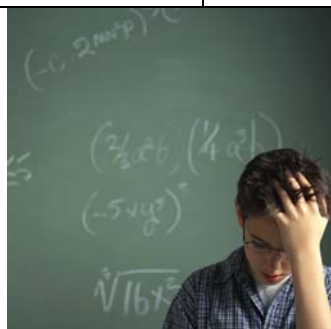
Potential Crisis: Changing Schools or Moving	
Behavior Example	Symptom
Expression their opinions don't matter, giving up, lack of control	Feelings of powerlessness
Anxious about routine, resistant to change	Absence of a sense of security
Time away from school	Decreased academic performance
Adjusting to change	Decreased academic performance

Nancy Anderson
 Regis University Capstone Project
 Anderson_ch@yahoo.com

School Counselor:
 Phone Number: __

If you see these behaviors, the student could be experiencing these crises:

Potential Crisis: Parental Incarceration	
Behavior Example	Symptom
Very nervous, not knowing what will come next	Anxiety
Reverts back to younger behaviors	Developmental regression
At time of incident and immediately afterwards, extreme stress	Acute traumatic stress
Feelings of guilt at not being with parent.	Survivor guilt
Aggressive actions toward authority figures	Reactive behavior
Refusal to follow rules	Rejection of limits



Potential Crisis: Parental Chronic or Terminal Illness	
Behavior Example	Symptom
Feelings of being alone and isolated	Loneliness
May form unusually strong bonds, fear of leaving parent in a.m.	Abandonment
Feelings of anger toward sick parent	Resentment
Unexplained rage or animosity	Anger
Feelings of helplessness to heal parent	Guilt
Sadness and withdrawal	Depression & Extreme Sadness
Times of panic in anticipation of loss	Potential Panic & Anticipatory Anxiety
Easily upset and unexplained crying	Highly Emotional

Time & open communication are great healers.

Nancy Anderson
 Regis University Capstone Project
 Anderson_ch@yahoo.com

School Counselor:
 Phone Number: __

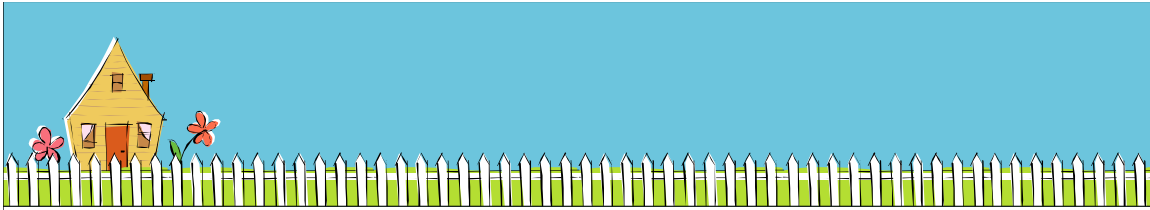
COPING MECHANISMS

Maladaptive		Adaptive
Passive avoidance		Emotion Focused: Minimization
Rumination		Emotion Focused: Distraction or recreation
Resignation		Problem Focused: Situation control
Aggression		Problem Focused: Positive self-instructions
		Support Seeking

SPECIFIC COPING MECHANISMS FOR THE GRIEVING PROCESS

- ❖ Denial
- ❖ Emotional numbing
- ❖ Anger, irritability, & episodic rage
- ❖ Fear & characteristic rushes of anxiety
- ❖ Confusion
- ❖ Difficulty sleeping
- ❖ Regressive behaviors
- ❖ Physical complaints
- ❖ Changes in appetite
- ❖ Transient visual or auditory misperceptions of the loved one’s image or voice





SCHOOL-WIDE SOLUTIONS & METHODS

- ❖ Peer support groups
- ❖ Safe environments to express feelings
- ❖ Time to recover
- ❖ Coping mechanism awareness programs
- ❖ Long-term access to mental health programs & counselors
- ❖ Early recognition & referrals



CLASSROOM SOLUTIONS & METHODS

- ❖ Don't be afraid to talk about death or loss
- ❖ Share personal feelings
- ❖ Promote discussion on how children feel about the crisis event or death
- ❖ Understand what the children think and how they feel
- ❖ Be a good role model, including showing emotion
- ❖ Teach children to feel empathy for their classmate
- ❖ Install a zero-tolerance teasing policy

WHAT IS DONE AT MY SCHOOL

- 1.
- 2.
- 3.

Appendix B

Feedback Questionnaire for the Presentation:

“Children Experiencing Emotional Crisis: How to Ensure That Learning Takes Place in
the Classroom”

Feedback Questionnaire for the Presentation:

“Children Experiencing Emotional Crisis: How to Ensure That Learning Takes Place in the Classroom”

You have been given this questionnaire as part of a Master’s of Education project. The presentation is being incorporated into the final capstone paper as required for the degree. Open and honest feedback is greatly appreciated. All comments will remain anonymous. Thank you in advance!

1. Is the subject matter relevant to you and your students?

2. What were the greatest strengths of the presentation?

3. Do you have any suggestions to improve the presentation?

4. What areas need further study or information?

5. Do you have any other comments or suggestions for the presentation?
