

BOX ELDER SCHOOL DISTRICT

INTERVENTION PLAN

The purpose of the intervention team is to resolve traumatic events through individual and group support for the school community.

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BOX ELDER DISTRICT INTERVENTION MODEL

The purpose of the District Intervention Team is to resolve crises. This is accomplished through individual and group support for the school and community. The goal is to return the school and students to a normal routine. **The School Principal consults with the Student Services Director and/or the Superintendent and the crisis team is then called in.**

MAJOR TASKS

Support and be a resource to the administration, counselors and staff

Provide crisis counseling to groups or individuals

Identify and assist high risk students

Activate community resources for intervention or follow-up support

Contact and inform parents as needed

Assist other schools that may be affected
INTERVENTION PROTOCOL

ALL INFORMATION IS DIRECTED TO AND VERIFIED BY THE PRINCIPAL.

- The Principal contacts family (in person, if possible)
 - Offer condolences
 - Obtain information
 - Discuss with family what information may be shared

- Contact the Intervention Coordinator

THE PRINCIPAL REVIEWS SITUATION IN CONSULTATION WITH THE COORDINATOR AND SCHOOL DIRECTOR.

- Notify staff and students (as appropriate) before their arrival at school
- A faculty meeting is held to discuss the plan of the team
- All statements to the media should be coordinated with the Superintendent's office (District policy should be followed)

INTERVENTION TEAM MEETS WITH INDIVIDUAL STUDENTS OR GROUPS.

INTERVENTION TEAM MEETS WITH ADMINISTRATORS AND COUNSELORS.

- Exchange information between team members and administration
- Discuss those who were identified as vulnerable, suggest follow-up

- Contact parents of vulnerable students

WHEN NEWS OF A DEATH OR TRAUMATIC EVENT IS RECEIVED THE PRINCIPAL SHOULD:

INITIAL TASKS

- VERIFY THE DEATH OR EVENT AND OBTAIN AS MUCH INFORMATION AS POSSIBLE FROM PRIMARY SOURCES. (FAMILY, POLICE ETC.)
- CONTACT THE STUDENT SERVICES DIRECTOR AND/OR SUPERINTENDENT. (CALL STUDENT SERVICE DEPARTMENT 734-4800 FOR CRISIS TEAM).
- CONTACT AND CONSULT WITH ONSIGHT COUNSELORS.
- IDENTIFY A SECRETARY TO RESPOND TO AND COORDINATE ALL PHONE CALLS.
- HOLD A FACULTY MEETING** TO DISCUSS THE FACTS OF THE SITUATION AND TO OUTLINE THE INTERVENTION PLAN.

SECONDARY TASKS

- EMPHASIZE FACTS, DISPEL RUMORS AND SPECULATION.
- KEEP THE STAFF INFORMED.
- RETURN TO A NORMAL SCHOOL ROUTINE AS MUCH AS POSSIBLE.
- BE HIGHLY VISIBLE, ESPECIALLY DURING CLASS CHANGES AND LUNCH TIMES.

Suicide Postvention Strategies

Cooperation with local law enforcement

Principal and Crisis Team

- Express condolences to surviving family

- Identify close friends

- Last student contacts

- Other at risk students

- Write up announcement

- Faculty meeting

Intervention team

- Announcements

- Grief Support sessions for both students and staff

Staff Meeting

- Before school-staff

- Establish tone of the school day

- Factual information- identify information to be protected

Homeroom time

- Announcement

- Identify support personnel

- Students most likely impacted

- Explain support systems for students and staff

- Issues of dealing with death, guilt, grief, remorse

- Identification of closest staff members

- Statement to Students

 - Room to room vs. intercom

- Counseling intervention

 - Groups until lunch

 - Individual groups

- Immediate friendship network

- Notice to Parents

 - Letter to go home with students (elementary)

 - PTA contacts

 - Night community meeting?

- End of the day, meeting for staff

 - Support for each other

 - Disengage from pressures of the day

- Follow-up

 - Increased attention to high risk students

 - Support groups as needed?

 - Cluster contagion phenomenon

 - Generally appears seven to ten days later

 - No-suicide contracts

- Locker

 - Personal belongings, call parents

 - Take student off call list for absences

Follow-up Postvention Procedures On-campus Suicide

The Principal should:

1. Secure area – call for police
2. Inform faculty and student body of untimely death (suicide) through a prepared statement
3. Call a faculty meeting as soon as possible.
4. Make contact with the family as soon as possible

The Crisis Team should:

1. Arrange for follow-up crisis sessions as indicated
2. Assess needs of other school-age family members and make recommendations to parents; notify principals if other schools are involved.
3. Prepare follow-up forms and complete tracking sheet.
4. Assist parents/guardians in finding resources

PREPARE BEFORE THE EMERGENCY

Educational leaders believe they are prepared for every possible situation. They attend seminars and workshops dealing with teacher strikes, legal actions, gangs, media invasions, and HIV. They review the literature and professional journals on how to cope with low test scores, “aging” faculty and shrinking budgets . . .

Nevertheless, what do they do when a space shuttle containing the first teacher in space suddenly explodes while students watch?

How does a Principal face 1,500 students in a high school and tell them that four popular seniors were killed in an automobile accident the night before?

What does a Principal do when parents want his or her help in informing a 17-year-old that her brother was killed in an accident?

What words or actions can the administration provide for the students and staff of his or her school when a teacher dies?

When one considers that each year one out of every 750 young people will die or be killed each year, the urgency of establishing a procedure for informing students of “bad news” becomes obvious. Young people are looking for models in times of grief and, as with many other social and emotional situations, it is the educational system that must often supply the “solution.”

The school leader also has the responsibility to demonstrate that, while our losses may be tragic, personal, and devastating, “life must go on.”

If educators wait until the tragedy occurs, they are forced to decide what to do and how to do it, in the face of time pressures and highly charged emotions. It is universally agreed, that an ounce of prevention can curtail a pound of negative consequences.

This handbook will help you address some issues that may occur as a result of a traumatic event.

WHAT CAN THE INTERVENTION TEAM PROVIDE?

Consultation & Support for Administrators

Support to the Staff

Support to Students

Individual

Group

Classes

Assessment for Individual Risk

Parent Consultations & Information

Classroom Debriefings

Identifying School & Community Resources

Follow-up Support

COUNSELOR RESPONSIBILITIES

- Attend the planning meeting to discuss interventions and protocols
- Identify and arrange for specific rooms and areas for group and Individual counseling
- Be available to go into classes with teachers to assist in discussions
- Meet with individual students that are referred or request Individual counseling
- Identify students that may be “at risk,” needing follow-up services or referral
- Clarify information and dispel any rumors
- Call parents of those students who were seen during the day or who May be in need of further help
- Coordinate parent meetings, as needed
- Provide information to the staff, parents, and students
- Attend Debriefing
- Arrange follow-up services

TEACHER RESPONSIBILITIES

- Attend Faculty/Staff meeting
- Read any prepared announcements to students
- Make referrals to the Intervention Team as needed
(Keep all other students in classrooms)
- Help identify students "at risk"
- Provide information, clarify rumors and misinformation
- Modify classes as appropriate
- Work with school counselors to coordinate follow-up

INTERVENTION TEAM RESPONSIBILITIES

- Meet with the team leader counselors to receive assignments and initiate protocol
- Meet with students in small groups or individual sessions as assigned
- Bolster Natural Coping Skills
- Identify students at risk
- Call the parents of those students identified as in need of follow up
- Attend debriefing, provide names of all students served
- Assist in planning follow up

INTERVENTION TEAM LEADER RESPONSIBILITIES

- Meet with administrators and counselors to review protocol as outlined
- verify facts
- contact crisis team
- Attend staff meeting to outline the intervention plan and answer questions
- School announcement
- Coordinate Intervention management, counseling and media access
- Assist in directing students to appropriate groups or individual counselors
- Contact feeder schools, arrange interventions as needed
- Contact community resources as needed
- Provide resources / information
- Conduct debriefing and evaluation and identify at risk students and call home
- Arrange contact for grieving students at school

COMMUNICATING

Accurate, appropriately detailed information is essential. How the tragedy is announced and discussed with students and staff sets the tone for managing the loss. Factual information, communicated in a sensitive, compassionate, humane manner will help to dispel rumors and inappropriate discussions. It will provide the basis for helping the school to resolve the event in a positive manner.

MANAGING INFORMATION

The role of the school Principal in communication is extremely important in managing traumatic events and providing leadership. The manner in which the Principal handles the elements of **communicating with students**, parents, staff and media will set the climate for the school and bring about a positive resolution.

It is recommended those close to the death be notified first (students, faculty and staff). **The faculty should be notified in a faculty meeting as soon as possible.** The intervention team can assist in preparing teachers to discuss feelings, answer questions and identify those in need of other interventions.

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Media requests should be directed to the Superintendent's office. Student and family privacy must be protected. The proper management of information will also reduce the chance of copy cat or imitation deaths and discourage rumors.

Adapting the plan is a primary task of the intervention team.

HOW WILL WE ANNOUNCE THE DEATH?

- ⇒ Can students close to the death be contacted first?
- ⇒ Can the faculty and staff be informed first?
- ⇒ Can an announcement be made in a way that will dispel speculation and rumor and diffuse sensationalizing the event?
- ⇒ Is this a school wide (community wide) crisis?
- ⇒ Who else should be notified?
- ⇒ How will students, staff, parents react?
- ⇒ What type of media coverage might be expected?
- ⇒ Has a written statement been prepared?
- ⇒ What legal issues need to be addressed?
- ⇒ Are secretaries briefed on handling questions and directing inquiries to the proper spokesperson?

FACULTY MEETING

We have called this faculty meeting to inform you we have had a death involving one of our students.

Student Name
Facts of the tragedy
Date
Time
Location
Other pertinent facts

Include these key points and rationale:

- Since a student spends many hours on campus, the death needs to be acknowledged in a sensitive way.
- Every student is a valued member of the school community
- Facts about the crisis event are given to dispel rumors.
- The time the teacher spends on processing the death depends on the individual teacher and his/her students' needs.

Tell faculty which method you have selected to inform student body of the crisis event.

Review possible student reactions.

- Obvious distress – change in personality (crying is okay)
- Void of emotion – watch these students for delayed reaction, acting out anger, need someone to blame- God, family member, self
- Individual guilt – may have teased deceased, forgotten to return a phone call, has been unkind.
- Shock – eating and sleeping patterns affected
- Depression – lack of concentration for school work
- Curiosity – injuries/funeral/desk/locker/work/anniversary/special days
- Acknowledgement of our mortality
- Parents may become more protective.

Explain teacher's role in helping their students cope with grief and loss:

- You are teaching children/students how to handle grief
- If you express your feelings, it gives permission for students to express their feelings.

Empathize with faculty members because they also may be grieving

Address media concerns for teachers and students

Allow intervention coordinator to outline how the team will assist

Allow time for questions from faculty

- EMPHASIS SHOULD BE ON FLEXIBILITY, COMPASSION AND KEEPING AS NORMAL A ROUTINE AS POSSIBLE.

CLASSROOM ANNOUNCEMENTS

In a classroom (individual student's loss)

_____ will not be with us in school today. Her mother was killed in a tragic car accident last night. She was killed on the freeway when another car hit her car, causing her car to roll over.

_____ may have a difficult time with her mother's death and may need our help in dealing with this tragedy. Perhaps we can explore some ways to help her with the sadness she will feel. We have invited some counselors here to talk with us about our concerns and about how we can help

_____ .

In a classroom (student death)

I have very sad information for you today. As many of you may know, we lost one of our students in a tragic accident last night. _____, was driving home from work last night and was killed by a train at the crossing on Highway 89 and State Street. _____ died instantly and did not suffer. We will miss our association with him. Those of you who want to discuss this may do so with a counselor. If you need to talk with someone, you may go to the media center where a counselor will meet with you.

P.A. ANNOUNCEMENTS

We have been informed that _____, a sophomore student in our school has died. As many of you know he was fighting terminal cancer and has been ill for some time. Funeral arrangements have not been announced yet. As we learn details of the funeral, we will inform you. Those students who need to discuss your feelings about _____'s death may request to go to the counseling office and meet with a counselor or a member of the district intervention team.

I have some sad and difficult news to share with you this morning. Our school has suffered a great loss. _____, our health teacher and softball coach, died last night of a heart attack. Her tragic death was very sudden and she did not suffer. We will miss her at Hillfield High School. Her funeral will be held Thursday at 12:00 at the Smith Mortuary in Sandy . . .

RESPONSE TO PARENTS

Yes, one of our students has died. We have a crisis team in place to handle student and parent concerns. Do you need to talk to an administrator about the situation?

Yes, we have had some students involved in an accident. We cannot release the names of the students at this time. If your student was involved, you would have been notified. We have a team of counselors to talk with students. It may be an hour before I can get a message to her. Would you like to have her call you?

SAMPLE LETTER

(print on a school letterhead)

Date

Dear Parents:

We would like to inform you of the death of _____, a student here at _____. We are deeply saddened by the death and express our sincere condolences to the family.

The district crisis team visited the school to meet with our staff and students. All students were allowed to meet with a counselor. Those of you that had a student meet with a counselor should have been contacted by a crisis team member.

We urge you to talk to your student about _____'s death. Adolescents need caring adults with whom they can discuss their feelings about death and dying. We encourage you to take this opportunity to share your beliefs and discuss ways of coping with the feelings your student may have.

Please feel free to contact the school if you have any concerns about your student's response to this tragic event. A counselor will be available to consult with parents or provide any additional help we can.

Sincerely,

Principal

PHONE CALL

This is _____ from _____ School. The purpose of my call today is to inform you of the death of one of our students, _____.

The district crisis team has been working with some of our students who wanted some help in dealing with the death. We are concerned about _____ because of _____.

[Briefly state the facts without disclosing inappropriately.]

We have discussed your student's feelings about _____'s death. We would suggest that he not be alone after school today. It might also be helpful if you discuss not only the death, but what your student feels about the situation.

[Ask for questions.]

If we can be of any help, please call us at _____.

If you need immediate help, we suggest you call Bear River Mental Health at 257-1234.

Please let us know if we can be of any further assistance.

MEDIA RESPONSES

Yes, we have had a student death. I would like to put you in touch with our district office and allow them to discuss the details with you. You may call 734-4800.

Or

As you can appreciate, there are some sensitive privacy issues for those involved. If you will talk to the Superintendent's office, they can better provide you with the facts you need.

Or

We have a district representative here at the school. They will meet with you to answer your questions and provide you with any information they can. We ask that you check in at the main office before you photograph or speak with any students.

MEDIA RELEASE

We have had some students involved in a tragic accident.

The names of those involved can be obtained by contacting the local police department at :

The details as we know them are:

A.

B.

C.

We will try to help you with your responsibility to report this event as you see it.

- We ask that you help us in our responsibility to the family and friends of those involved, as well as, to students needing our attention.
- To help you receive accurate information we ask that you not interview any students during the initial crisis.
- We ask that you **not video tape students on school grounds** during this time of shock and emotion.

We will answer your questions as best as we can. Thank you for your understanding and cooperation.

THE PUBLIC INFORMATION COMMITTEE OF THE AMERICAN ASSOCIATION OF SUICIDOLOGY HAS PROVIDED THE FOLLOWING GUIDELINES FOR NEWS MEDIA. THESE ARE INTENDED TO BE GENERAL STATEMENTS TO ASSIST YOU IN THE RESPONSIBLE PRESENTATION OF INFORMATION ABOUT SUICIDE.

TO DISCOURAGE OR MINIMIZE IMITATIVE OR ‘COPYCAT’ SUICIDES:

- reporting the specific details of the method
- descriptions of suicide as unexplainable, e.g., “He had everything going for him.”
- reporting romanticized versions of the reasons for the suicide(s), e.g., “We wanted to be together for all eternity.”
- simplistic reasons for the suicide, e.g., “Boy commits suicide because he has to wear braces.”

IN ADDITION THE PRINT MEDIA CAN REDUCE THE IMITATIVE EFFECT BY:

- printing the story on the inside page
- if a story must go on the front page, print it below the fold
- avoid the word “suicide” in the headline
- avoid printing a photo of the person who committed suicide

IN GENERAL IT IS IMPORTANT TO REPORT A SUICIDE IN A STRAIGHTFORWARD MANNER SO THAT:

- THE SUICIDE DOES NOT APPEAR EXITING
- THE SUICIDAL PERSON DOES NOT SEEM ADMIRABLE
- NO APPROVAL OF THE SUICIDE IS EVIDENCED

To encourage the alternatives to suicide, it is helpful to:

- present alternatives to suicide, e.g., calling a suicide prevention center, obtaining counseling, etc.
- whenever possible, present examples of positive outcomes of people in suicide crisis
- provide information on community resources for those who may be suicidal or who know people who are
- include a list of suicidal warning signs:
 - √ suicide threats
 - √ statements revealing a desire to die
 - √ previous suicide attempts
 - √ sudden changes in behavior (withdrawal, apathy, moodiness)
 - √ final arrangements (such as giving away possessions)
 - √ sleeplessness, loss of appetite, hopeless

What to do

- Intervene and act immediately
- Discuss it openly and frankly
- Show interest and support
- Get professional help

WHAT DO I SAY?

TALKING WITH A BEREAVED FAMILY OR STUDENT

A crisis is an event that is highly unpredictable and extraordinary in its make up. However, the way individuals behave in a traumatic situation is very predictable and consistent. Being aware and having an understanding of how people will react during an event makes it possible to take action that can assist and defuse those reactions. Proper and appropriate action will help prevent a secondary, potentially more severe traumatic event.

“IF IT IS MENTIONABLE IT IS MANAGEABLE”

MYTHS OF CRISIS, GRIEF AND MOURNING

CRISIS, GRIEF AND MOURNING ARE THE SAME EXPERIENCE

A Crisis is an event that is highly unpredictable, a death, tragedy, or upsetting incident.

Grief is the personal experience, the internal meaning given to the event.

Mourning is grief gone public. It is a social response; taking grief outside of yourself; it requires a social context.

All people grieve but not all people mourn. Neither grief nor mourning can totally be described in words.

THERE IS A PREDICTABLE AND ORDERLY STAGE-LIKE PROGRESSION TO THE EXPERIENCE OF GRIEF AND MOURNING

Think task-based models or dimensions not stages. Each person's grief is unique, You can't describe what grief can be to others. "Teach me about your grief and I will be with you."

IT IS BEST TO MOVE AWAY FROM GRIEF NOT TOWARD IT

Give yourself permission to grieve. Do not run away or grieve in isolation.

The incorrect message of Society is 'get over it,' quickly, quietly, and efficiently

THE GOAL IS TO 'GET OVER THE GRIEF'

This is ludicrous. Reconciliation is a process not an event. It may soften, but it never goes away. What is "normal" has changed.

TEARS ARE A SIGN OF WEAKNESS OR LACK OF FAITH

Tears create a sense of helplessness in others and they will try to talk you out of crying.

Tears are nature's way of releasing internal tension. An inability to cry increases stress. Tears are a natural cleansing.

INFANTS AND TODDLERS ARE TOO YOUNG TO GRIEVE AND MOURN

CHILDREN ARE BETTER OFF IF THEY DON'T ATTEND FUNERALS

CHILDREN WHO EXPRESS FEARS ARE BEING WEAK AND ARE HARMING THEMSELVES IN THE LONG RUN

ADULTS SHOULD BE ABLE TO INSTANTLY TEACH CHILDREN ABOUT DEATH AND RELIGION

GUIDELINES FOR INFORMING AN INDIVIDUAL STUDENT

There is no way to soften devastating news, no way to ease the wrenching pain. But, it is incredibly important that it be done by someone who cares enough to try.

- The student should be told by someone whom he or she trusts.
- Someone who is close to the student (teacher, nurse, counselor or fellow student) should be asked to remain with the student after he or she receives the news.
- The student should be taken to a place where he or she will have privacy.
- The student should be told what has happened quietly, simply and directly.
- Platitudes or religious symbolism should be avoided.
- Unnecessary details should not be offered but all questions must be answered directly and honestly. Do not be afraid to speak about feelings and emotions. This can help the student to sort out confusing reactions and to see the school in a supporting role (even at a later date).
- The wishes of the family should be respected as much as possible.

TALKING WITH A BEREAVED STUDENT

BE THERE

LISTEN – LET THEM TELL IT OVER AND OVER

RESIST THE URGE TO “FIX,” MINIMIZE, OR GIVE ADVICE

BE HONEST, CONCISE, COMPLETE AND FACTUAL

RE-ESTABLISH A SENSE OF SAFETY, PREDICIBILITY AND CONTROL. DON'T BE AFRAID TO BE DIRECTIVE

IMMEDIATE EMOTIONAL SIGNS REQUIRING REFERRAL

WHEN

Upset, crying

Anger, self-blame

Anxiety

Fatigue, slowness

Dulled response



BECOMES

Hysteria

Threat to others, self

Panic

Physical shock

No response, rigidity, fetal position

✓ DO NOT

Do not tell students how they should feel or what they should do.

Do not avoid reaching out to others because of your own discomfort.

Do not give incomplete explanations that can lead to confusion (“He was sick” . . . So am I, . . . will I die?) .

Do not say, “I know how you feel.” “You’ll get over it.”

Do not act as if nothing happened or hide your feelings.

Do not give a theological lecture or discuss religious issues.

✓ DO

- ⇒ Be honest at all times.
- ⇒ Use the deceased's name when talking about them.
- ⇒ Expect volatile reactions, view the loss from their unique perspective.
- ⇒ Use your normal voice and SAY *“dead, died, dying, death”* as needed.
- ⇒ Say, *“It’s okay to cry.”*
- ⇒ Remember it’s appropriate to say *“I do not know.”*
- ⇒ Be straightforward: *“I am sorry your brother died.” “I do not know what to say.” “I am concerned about you . . . ”*
- ⇒ Help students find appropriate ways to express their feelings.
- ⇒ Reassure students that anger, sadness, guilt, fear, shock, etc. are normal feelings.
- ⇒ Encourage the student to express fears and concerns.
- ⇒ Reassure the student that the death is NOT their fault. Death is NOT contagious and it is not likely other loved ones will die soon.
- ⇒ Support students who choose not to verbally express their feelings.
- ⇒ Explain that someone can be sad even if they are not crying.
- ⇒ Share your own feelings.
- ⇒ Allow time for students to grieve and mourn -- this takes time.
- ⇒ Let the student ask questions and give honest, short answers.
- ⇒ Be patient.

WHEN A GRIEVING STUDENT RETURNS TO THE CLASSROOM

A teacher's support of grieving students is very important. Be sensitive to the student's level of understanding. Offer warmth, affection and the assurance of your physical presence.

- The day a death is announced within a class is not a normal day. Teachers need to allow time for students to express their feelings. Perhaps an activity pertaining to the death could be substituted for regular class work:

Letter writing, journal keeping, discussions, reading literature, having students write about a favorite memory of the deceased and putting those together in a book.

- A teacher's body language gives the returning bereaved student messages. Poor eye contact, stiffness, a distant nod, or a facade of cheerfulness is a message to the student that "you are different, unacceptable and alone."
- Teachers will be watched for role modeling to help students become comfortable with their own sadness and the way they respond to a grieving classmate.
- The first day a grieving student returns to school, allow the student to enter the classroom and get settled as usual. Sometime early in the class period, take the student aside and say: "I missed you. I wondered how you were doing." Follow natural instincts when talking, keeping in mind being direct, honest, sincere and accepting of the student and his feelings.
- Returning to school after being absent due to the death of a person close to a student is a very important step for a young person. It signals the return to routine living. Validating worries about being behind in schoolwork is appropriate. Is your schoolwork more important than adjusting to life without a loved one?
- Try to represent order, security and stability in the child's life. There are sure to be changes at home; keeping a routine at school can be helpful.

TALKING WITH BEREAVED FAMILIES

Those who are grieving hope to find supportive, caring and understanding people at the school of their child. The staff of a school can communicate their concern in action and by the words they use. “How are you?” So often this is a brief encounter greeting. The bereaved have a difficult time answering this question. Consider making a statement rather than asking a question. Use ‘how are you?’ sparingly, thoughtfully, and with a willingness to listen.

“I am glad to see you. This must be a painful time for you.”

“I am so sad about the death of _____.”

“I thought of you again this morning , I want you to know I care.”

“I cannot imagine how painful it must be to have your son die.”

“I will always remember _____ and his happy smile.”

“Our class just isn’t the same without _____ here.”

“When you want them, we have saved the items in her locker/desk and work she completed. “ I can make a copy of her records for you.

“I wish I could ease your pain somehow.”

“Thank you for coming to school.” “It must have been very difficult for you to return.” “I want you to know, you are always welcome here.”

DEATH AT SCHOOL

A GUIDE FOR TEACHERS, COUNSELORS AND ADMINISTRATORS

Adapted from
Janice Harris Lord, ACSW-CSW/LPC
National Director, Victim Services
Mothers Against Drunk Driving

“All available evidence suggests that not to assist the bereaved child in actively confronting the death, is to predispose them to significant pathology and lifelong problems. They may be haunted with a sadness they cannot explain.”
(Therese A. Rando, 1984)

DEATH AT SCHOOL

“ALL AVAILABLE EVIDENCE SUGGESTS THAT NOT TO ASSIST THE BEREAVED CHILD IN ACTIVELY CONFRONTING THE DEATH, IS TO PREDISPOSE THEM TO SIGNIFICANT PATHOLOGY AND LIFELONG PROBLEMS. THEY MAY BE HAUNTED WITH A SADNESS THEY CANNOT EXPLAIN.” (Rando, 1984)

As a society we are afraid to talk to children about death. We try to shelter them from the harsh realities. We do it in kindness and yet, we are harming the child because we prevent them from developing not only skills to cope with loss, but from developing the attitude that death is a natural and normal part of life. Why don't we talk to children about death?

- We are unsure what to say
- We are uncomfortable with death ourselves
- We feel the need to protect and shelter
- We believe talking about it will create fears/anxieties.

Even if we fail to talk to children about death, they learn about it from the world around them. These “learnings” don't always promote the best understandings. Cartoons, books, movies, fairy tales and games, all present death as reversible, and avoidable. Death is a fate that only happens to the “bad” guys.

Death is an integral part of life. Don't deprive children of this knowledge.

Thousands of school age children die each year. In addition thousands more experience the expected or unexpected death of parent(s) or grandparent(s). One of every seven children loses a parent to death before the age of ten.

Now more than ever, schools operate “in loco parentis,” - “in place of the parent.” Classrooms for many children become a secondary family (and for some may substitute for family). The role of the classroom may be especially important when parents are so distraught over a death that they cannot give their children the attention they need. In these cases, the child loses not only the person who died, but, in a sense, his or her surviving parents as well.

Teachers and school counselors feel insecure when confronted with death. They believe that honesty is the best policy, yet they are afraid they will say “the wrong thing.” Half-truths in the form of cliches are the easy way out, but they are disturbing to children.

The school professional’s goal in dealing with a death should be

- **TO ACKNOWLEDGE THE DEATH HONESTLY**
- **TO ALLOW CHILDREN TO VENTILATE THEIR FEELINGS**
- **TO OFFER AN OUTLET FOR THE CHILDREN’S DESIRE TO HELP**

Most important, school professionals must remember that grief work takes a long time. Holidays, birthdays, and other special events are very difficult when someone loved is no longer alive to share the celebration. Be patient.

ELEMENTARY SCHOOL

DEATH OF PARENTS OR SIBLINGS OF CLASSMATE

The school is usually informed of parent and sibling deaths from some source other than the bereaved child since the child will be absent from school for several days. Children who knew the parent or sibling of their classmate may react strongly to the death, but are often overlooked because of their indirect involvement.

Also frequently overlooked are those who did not know the deceased well, but had memorable interactions with them. For example, a young girl accidentally hit her friend's sister with a ball she was tossing and was unable to convince her that it was an accident. A week later, the girl who had been hit died unexpectedly, leaving the girl who hit her with extremely distressing feelings of guilt. Another child who was playfully teased by a classmate's older sibling, though he didn't know the sibling well, reacted strongly when the sibling died.

Elementary school children can feel very anxious after learning of a death because they are so dependent upon their own parents and siblings. They may worry about what would happen to them if it had been their own parent or sibling who died. For the first time, they may be aware of their own vulnerability to death. Teachers and other school professionals may hear students say "Children are not supposed to die." Some children may become fearful, overly cautious, clumsy or aggressive.

If the death of the parent or sibling is upsetting to many students, the **Crisis Intervention Team** may be called to assist with the initial discussion about the death. The principles below are important to all classroom discussions about the death.

- ❑ **Tell the truth.** Before telling the class, get as much information as possible from the family about the death. Tell the class what happened in terms that are appropriate to their own cognitive and developmental

levels. For example, children may be concerned about whether the person was in pain or why someone did not stop the death. If the person died in surgery, the professional and the teacher will need to be able to discuss the rarity of this occurrence and that the surgery itself did not cause the death (if that is true). Accurate information is central to the child's ability to analyze events and draw personally relevant conclusions.

- ❑ **Avoid giving unnecessary information** that would only serve to distress or confuse the children. Avoid creating mental images of frightening or horrifying sights. Dispel any "Halloween-type" myths, which are common among elementary age children. Elementary age children think very concretely. Therefore, explain concretely what happened. Hearing the truth may help to stop rumors. Out of their own anxiety, children will need to talk about the death, and if they don't have accurate information, they may distort the truth. For example, a five-year-old boy whose father was killed by a gunshot was told by other children that his father was a "bad guy" because only "bad guys" get killed. Young children, especially, may need reassurance more than once that rumors are not true.
- ❑ **Allow for expression/affirm all expressions.** After telling the children, set aside at least 30 minutes of time and offer them the opportunity to share their feelings about it. A student may say, "I'm glad it didn't happen to me." That is a very honest response. It should be affirmed, not as self-centered, but as honest. If a student begins to cry, let him or her know that feeling sad at a time like this is very normal. Crying over something that is very sad is different from acting like a baby. Overly distraught children should be referred to the Crisis Team or a counselor.
- ❑ Set aside time for **written expressions for the bereaved child.** Notes, letters, or pictures created for the bereaved child mean a lot. The class can decide if they want their notes and pictures to be taken to the home before he child returns to school, or if they want to wait until the bereaved child returns. **ALWAYS screen** those projects before delivering them. Older elementary children can be amazingly cruel out of their own fear and anxiety. Insensitive expressions signal a need for emotional help.

- **Plan** for the return of the bereaved child. **Guide** the class in deciding what to say and how to act when the bereaved child returns to school. The subject should not be ignored, yet not every student should expect the bereaved child to want to talk about it. In addition to the death in the family, it is devastating for the bereaved child to be abandoned by friends at school, thus experiencing another psychological loss. Classmates might acknowledge it with a statement like, “I’m glad you’re back. I am really sorry your mother died” and then treat the child as they did before the death. Closer friends might say, “I feel so bad for you and would like for you to tell me about it when you feel up to it.”

- **Look for trouble signs** when the bereaved child returns. Some elementary age children will want to stay home following a death, possibly out of fear. “Will I die?” or “Will someone else I love die?” are common fears. Staying home should be discouraged. Bereaved children are easily distracted and they are frequently confused and forgetful. Emotional outbursts of anger are common. Stomachaches, headaches, eating and sleeping disorders may increase because grief is physical as well as emotional. When these things happen, children need acceptance and support more than discipline. They need to feel they are loved in spite of their behavior.

Discipline should **not** be relaxed during bereavement, nor should it be enhanced. Teachers should expect and accept a regression in the quality of work of a bereaved student. A graduated curriculum may be necessary. The child may be assigned the same homework, only less of it, to maintain self esteem despite lowered concentration. After school tutoring may become necessary if the quality of the students work is seriously diminished.

Bereaved children need to tell and retell the story of what happened to them. It helps them process it, piece by piece, until they form their own developmentally realistic understanding of it. As Rabbi Earl Grollman says, **“If it is mentionable, it is manageable.”**

DEATH OF A CLASSMATE OR TEACHER

The death of a classmate or teacher can be almost as devastating as the death of a family member and should be acknowledged as such. If the teacher has died, rather than abruptly introducing an unknown substitute, the principal, or counselor should take over the class and assist in transitioning the children to a new and carefully chosen teacher.

- ❑ The child's or teacher's desk should not be immediately removed. Leaving it as it was for several days may help acknowledge the death. Some classrooms have voted to keep the desk through the remainder of the school year.
- ❑ Get as much information as possible from the family and ask their permission to share it with the class. Ask if they have any objections to students attending the funeral.
- ❑ Tell the class before telling the rest of the school. Ask the class if they would like to attend the funeral if their parents give permission.
- ❑ Tell the truth, allow for ventilation, and affirm all expressions (as above). Because the classmates knew the deceased classmate or teacher intimately, their initial focus may be on him or her rather than their own feelings. After explaining what happened, you might talk about fond memories of the deceased and ask the children to do the same. Some children, however, will be too numb to reminisce because they are so preoccupied with the death. Some may focus more on their personal loss, such as the child who, after his teacher suddenly died, asked "Why couldn't she wait until after the field trip?" Such statements are genuine expressions of loss. If the children will not talk use a "write a paragraph or draw a picture" exercise, allow expression or memories. Some children are reluctant to talk about their feelings because the fear no one else feels the way they do.
- ❑ Allow breaks. Children grieve intermittently and cannot focus on their grief for extended periods. Resume the regular classroom schedule after the break.
- ❑ Watch for trouble signs among the children such as increased aggression, withdrawal, risk-taking, clumsiness, or regression. After the death of a classmate, one boy began to fall down more frequently. He later explained that he fell to hide his crying because he was sure he was the only one still sad about the death.

DEATH OF GRANDPARENTS AND PETS

These deaths are very significant for elementary age children because they are frequently their first encounters with death. **When a child mentions such a death, the teacher or counselor should drop everything and listen.**

“I am so sorry. Tell me what happened” opens the door for the child to ventilate. To acknowledge the significance of the death, ask the child to share a few special memories of the person or pet who died. The school professional might then share how she felt when she experienced a similar death. Reassure the child that death is sad and can be frightening for people of all ages, and that even adults have difficulty facing it.

While it will probably not be necessary to devote lengthy classroom time to these deaths, it may need to be acknowledged in the classroom family, with the bereaved child’s permission. Deaths of non-primary family members and pets are too frequently overlooked by school professionals as non-significant. The classroom can play a very important role by offering support, structure and companionship during a time when the biological family may be distressed.

Anticipating School Postvention Issues

School Administrators can anticipate the need to make decisions in a number of areas. Here are some of the questions likely to arise.

1. How and when should students and faculty be informed of the death?

Recommendation: Inform the faculty asap. It is helpful if the administration can meet individually with the student's current teachers.

A general announcement can be made to the students as soon as it is deemed appropriate. Teachers can then work with their individual classes and help student's deal with their initial reaction to hearing about the death.

Rationale: The longer the announcement is delayed, the likelihood for misinformation to circulate increases. Then rumors, blaming and misinformation become significant issues.

2. How and where should students be allowed to express their reactions?

Recommendation: As students begin to process the loss, allow those students who need more time to come to a support room in the school to talk. The Crisis Team Counselors will be available upon request.

Rationale: When a death affects a school campus, students suffer from the initial shock of the news and need to process their feelings immediately. Those students who are openly grieving need a private place to be consoled. Public displays of grieving can lead to unkind teasing or misunderstandings. Holding groups led by a crisis counselor who is comfortable responding to grieving students, will help students return to their daily routine more expediently.

3. What should be done about the "at-risk" students?

Recommendation: Identify, as a staff, those students who may be especially "at-risk" during this time. It is important to provide counseling with those students individually as soon as possible. Because they are likely to have an ongoing relationship with school counselors, we recommend that their regular counselor provide this support.

Rationale: An “at-risk” student needs a great deal of support at this time. A death or a suicide may trigger their own issues and escalate their vulnerability. These students may need to be seen or even tracked during the crisis period.

4. Should the school hold a special assembly or memorial service?

Recommendation: It is not recommended that schools hold a special assembly or memorial service. Commemorative events like the John Doe Memorial Run are also discouraged.

Rationale: The current research and training in crisis response discourages this practice. Within any school community, only a percentage of the population will have a significant relationship to the deceased. Memorializing at a general event places the non-grieving students in an awkward position. Any special school observance offered to one student MUST also be provided for other students who die, regardless of the circumstances of the death. N It is critical that schools be sensitive and kind to all who experience the death of a classmate.

5. Should there be a symbolic expression of grief such as lowering the flag to half staff?

Recommendation: Do not lower the flag to half-staff. Protocol dictates that lowering the flag to half-staff is done only for heads of state or at the direction of the president. However, in a situation where a student or a neighbor lowers the flag to half-mast, it is recommended that the flag be left at half-staff that day.

Rationale: When schools with a feeder system vary the response of lowering the flag, students and patrons compare and criticize schools against schools.

6. Should schools close for the funeral?

Recommendation: Schools should not close for the funeral.

Rationale: Even though all students are touched by the loss of a fellow student, most are not close friends and should remain in school. Typically, funerals reflect some religious beliefs of the deceased family. Participation in any event should be a parental decision. It is appropriate to allow close friends of the deceased student to check out to attend the

funeral. Students should follow regular check out procedures, with proper notes from parents.

7. Should the school personnel go to the funeral?

Recommendation: Administrative and/or teacher representatives from the school are important at the services held for a student. In the case of the death of a staff member, cooperative arrangements should be made to allow representation from the faculty at the services.

Rationale: Families are very appreciative when school personnel attend the viewing or funeral of a student. Losing a teacher is very traumatic to staff. Attending the services is an important event in the grieving process. Efforts to allow colleagues to attend services are long remembered.

8. What kind of commemorative activities or symbols-plaques, memorial funds, tree plantings are appropriate?

Recommendation: Commemorative activities or symbols are not encouraged beyond the initial response to the crisis. It is recommended that any permanent expression be designed to return to the family's care.

Rationale: Each student at the school must be respected and treated the same, particularly when facing the loss of a fellow student. Some memorial activities may feel comfortable with some students but not others. Permanent plaques are soon outdated to the school community. Plantings on school property may be difficult to maintain and require replacement.

9. How long will the crises last?

Recommendation: The impact of the crisis, directly affecting the school, will be felt in varying degrees through to the closure provided by the funeral. On the day of the announcement, the team will remain in the building as long as necessary. They will compile a list of students who may need additional support beyond that point.

Rationale: Crisis affects students in different ways. For many students, they will be ready to return to their regular schedule within a few hours. Others may require more support. Support groups may be appropriate for these students.

INTERVENTION MODEL FOR AN INDIVIDUAL

A crisis is usually a problem that an individual cannot solve on their own. It can be a death, a tragedy or any upsetting event. In helping someone cope during this time, the following format may be facilitative:

DEVELOP A RELATIONSHIP

- Listen
- Encourage the expression of feelings and actively listen
- Be accepting and supportive, resist the urge to fix or minimize
- Be patient

CLARIFY THE PROBLEM

- A crisis causes confusion and disorganized thinking
- Active listening will often assist in clarification and organization
- Open-ended questions should be used to clarify the central issues and explore possible alternatives

EVALUATE THE SERIOUSNESS OF THE CRISIS

- It is important to remember that the situation might not seem serious to you, but to the person in crisis it may seem hopeless
- Hard and fast rules may not apply here
- Use your good judgement, common sense and experience
- Consult with someone if there are bizarre, unusual or unsettling facts

ASSESS THE AVAILABILITY OF RESOURCES

- What are the personal and community resources that are available?
- Can friends and family assist?
- Identify those resources that can be used

DEVELOP A PLAN

- Planning should be concrete, realistic and appropriate
- Some situations may be resolved simply by listening
- Some cases may call for common sense advice
- Other circumstances may need referral to community agencies
- You may need to make the initial contacts, however, allow the individual to do as much as they possibly can. Don't allow them to begin developing an unhealthy dependency.

FOLLOW-UP

- Report any concerns to parents and administrators
- Do not agree to secrecy if there is any potential danger to the person or others
- Offer continued support
- Document your actions

GROUP PROTOCOL

ESTABLISH A *RELATIONSHIP* AND SET THE TONE FOR THE DISCUSSION. MODEL AN OPEN, CARING AND SUPPORTIVE STYLE. VALIDATE THE SENSE OF LOSS. BE DIRECTIVE.

- Arrange seating to facilitate discussion
- Introduce self and explain the group process as appropriate. (You may want to have students introduce themselves)
- Ask if there are any questions. Briefly state the facts and dispel any rumors
- Express your feelings of sorrow and sense of loss (use the word “death”)

USE REFLECTIVE LISTENING AND EMPATHIC STYLE. ALLOW AN *EMOTIONAL RELEASE*. OBSERVE PARTICIPANTS AND ASSESS DEGREE OF RISK FOR EACH. BRING A SENSE OF NORMALITY TO FEELINGS BY VALIDATING AND VALUING EACH STATEMENT.

- You may want to have students tell you about the deceased -- memories, feelings, thoughts, humorous experiences, etc.
- Discuss the commonality of feelings. NORMALIZE, Feelings are not “good/bad”
- Areas to explore may include: Guilt Anger Fear/Anxiety Shock Sadness
- Explore ways to acknowledge the death, show concern for the family and constructive ways to resolve personal feelings. (i.e., cards, letters, talking with others, supporting others, and as appropriate, return to routine activity)
- Help students IDENTIFY AN ADULT they can discuss their feelings with (perhaps model for them how they can start the discussion)
- Briefly discuss defense/coping skills and how they can help or hurt us

SUMMARIZE AND *PLAN* / ASK FOR ADDITIONAL QUESTIONS OR CLARIFICATION.

- Re-identify individuals (or agencies) students can talk to about their feelings and obtain a commitment to use these resources

****Students may have cultural or religious beliefs that may cause them to react or cope in ways that we are not familiar with. These issues should be family discussions and students should be encouraged to talk with their parents.**

SUICIDAL INTERVENTION AND INTERVIEW STRATEGY

ESTABLISH A RAPPORT

- Empathetic listening
- Share concern

GATHER INFORMATION

- What is the general state of mind?
- Stress level
- Other behaviors-- drugs/alcohol, sleep, acting out, etc.
- Explore intentions, fantasies
 - Have you thought about harming yourself?
 - How? When? What is the pay off ?
 - Has anyone close to you attempted suicide?

ASSESS ABILITY TO FUNCTION

- Coping skills
- Support from family, friends, others
- Self image
- Other resources

ACT! ESTABLISH A CONCRETE PLAN

- Immediately contact parents, and other professionals
- Stay with the student
- Share your concern

FOLLOW UP

- Document all actions and contacts with parents, students, others
- Monitor the student

IMPORTANT CHARACTERISTICS OF THE FACILITATOR WORKING WITH CHILDREN AND ADOLESCENTS

- WILLING TO ADOPT A "TEACH ME" ATTITUDE.
 - _ Don't always be the expert! Kids will sense this.

- ABILITY TO KEEP THE "CHILD WITHIN" ALIVE AND NURTURED!
 - _ You must be able to play in order to work with kids!
 - _ Child's world is surrounded by play (avoid "The Hurried Child" Syndrome).
 - _ Do you play well?

- ABILITY TO ACHIEVE IMMEDIACY. BE WITH THEM!

- WILLING TO DEVELOP A PERSONAL THEORY OF HELPING CHILDREN.

- CAPACITY TO FEEL PERSONALLY ADEQUATE AND HAVE SELF RESPECT.

- RECOGNIZE AND ACCEPT ONE'S PERSONAL POWER IN THE HELPING RELATIONSHIP WITH THE BEREAVED CHILD.

- EXPRESS A SENSE OF HUMOR.
 - _ Don't take life too seriously, you'll never make it out alive!

- DESIRE FOR CONTINUED GROWTH -- PERSONALLY AND PROFESSIONALLY.

- CAPACITY TO BE PATIENT!
 - _ Talk about things other than the death.

WITH ELEMENTARY STUDENTS, REMEMBER:

DON'T USE CHILD LIKE TALK

Children depend on their world having specific, reliable and predictable expectations. They are dependent. You are an adult. Talk like an adult. Adjust your vocabulary to their level. Slow down your communication.

WATCH AND LISTEN

Listen to what they are saying. They will guide. If you listen you will know their needs. Consider the child in the context of the family. They mirror what is going on in the family. **BE PATIENT.**

GRIEF OUTLETS OFTEN TAKE CONCRETE FORMS

Children are more sensitive to change. They do not have the cognitive skills to deal with changes. Maintain routine and stability. Let the children make cards, a memory box, write letters, and color pictures. Allow the child to comfort others. Children cannot sustain long periods of grieving, plan for “chunks” of grief over a longer period of time.

THEY MAY NOT FOLLOW YOUR THINKING

Be open and honest. Avoid cliches, or euphemisms. Adult logic does not match a child's. Especially feelings and wants (egocentric). Death is not contagious, help them differentiate. Children especially enjoy stories. Allow them to see and feel the emotions of others through stories. With your guidance let them construct meaning.

LET THEM TEACH YOU

Be willing to ‘sit in the back seat and let them drive.’ Don't always be the expert. Do not reject their emotions.

PRACTICAL GUIDELINES WITH TEENS

- Rumors become law
- Peers are paramount
- They may be as confused as you are; use attentive listening
- Do not lecture -- explore
- Be specific in communication (write it down)
- Define what is important, stress it
- Define what is unimportant, ignore it
- Recognize with teens, their perception is reality
- Be familiar with Adolescent Developmental Tasks
- Facilitate mourning needs
- Know when to be serious, when to use humor
- Know when to refer

IT IS NORMAL FOR TEENS TO:

- ENGAGE IN LIMIT TESTING; REBELLIOUS
- INCREASE RELIANCE ON PEERS
- be egocentric
- have increased sexual awareness
- be impulsive, lack common sense

RED FLAGS/SIGNS OF NEED FOR EXTRA HELP

- Suicidal **** REFER NOW ****
- Chronic depression, low esteem, sleeping disorders, etc.
- Isolation from family and friends
- Academic failure or over-achievement
- Dramatic change in personality, attitude
- Eating disorders
- Drug and alcohol use
- Fighting/legal troubles
- Inappropriate sexual behaviors

DEVELOPMENTAL THEORIES OF GRIEF

The following is a rough guide for thinking and language differences at different grade levels. **REMEMBER -- This is a guideline only!** Children are very unpredictable and have their own timetables for development. Be sensitive to individual differences. Also, remember that we are not getting children through grief, but helping them with the process. Most researchers would agree that bereaved children do not grieve "in a certain way." Each student's response, cognitive, emotional, spiritual, and physical, are as varied as the personalities of children. An individual child should not be stuffed into a textbook category. However, the developmental stage of a child will have an impact on mourning. *We must let each bereaved child teach us what grief is like for him." (Wolfelt)*

Infancy - Toddlers

Helps

No concept of death

— Structure and routine will bring some comfort

Reactions to the emotion in others

— Offer physical comfort

Changes in normal patterns (sleep, eating, clinging)

Crying, restlessness, fussier, vomiting

Regression of toilet habits

Preschool

- Concept of death is difficult
 - Death is thought of as temporary or reversible
 - The dead have bodily function
 - Engage in magical thinking
 - May seem unaffected, ask 'inappropriate' questions (to adults), or ask questions repeatedly
 - Bed wetting
 - Bewildered, lack of understanding of scary feelings with an inability to verbalize them
 - "Baby talk" or other regression
 - May re-enact death during play
 - Think they can cause the death
 - No concept that they can die
- Offer words for feelings, ie: sad, numb, "ouchie inside"
 - Be supportive
 - "Death" play is okay, offer some guidance in the play
 - Don't offer half-truths
 - Answer questions **CONCRETELY** and repeatedly

Kindergarten - 2nd Grade

This age group is more fluent in language. However, they continue to rely on senses. If this is true, then these students will have issues regarding what they might have seen, smelled or heard. Safety concerns will exist such as: "Can I walk down that street?" or "Who will take care of me now?" Remember, the thinking for these children is very concrete. There is limited ability to reason. Distractibility is higher. Plan short interventions. It is also helpful to model or explain 'feeling' words, an "ouchie" inside. This age group should be singled out for special concern. They have not sufficiently developed social skills to enable them to defend themselves.

- May understand that death is final, have little ability to cope
 - Magical thinking is common
 - Panic, "who will take care of me"
 - Fear of losing control in front of others
 - Helpless and passive
 - Generalized fear
 - Cognitive confusion (not understand the danger is over)
 - Difficulty identifying what is bothering them
 - Lack of verbalization - selective autism, repetitive nonverbal traumatic play
 - Sleep disturbances (night terrors and nightmares; fear of going to sleep; fear of being alone, especially at night)
 - Anxious attachment (e.g. clinging to parents)
 - Regressive symptoms (thumb sucking, enuresis, regressive speech)
 - Anxieties related to incomplete understanding about death;
- Provide consistent care (e.g. assurance of being picked up from school)
 - Tolerate regressive symptoms in a time-limited manner
 - Give explanations about the physical reality of death
- fantasies of "fixing" the dead; expectations that a dead person will return
 - Feelings expressed by behavior
 - Provide support, rest, comfort, food, opportunity to play or draw
 - Reestablish adult protective shield
 - Give repeated, concrete clarifications
 - Provide emotional labels for common reactions
 - Help to verbalize general feelings and complaints
 - Separate from physical reminders such as the place where the trauma occurred
 - Encourage them to let their parents know

Third - Fifth Grades

This age group no longer relies heavily on sensory input, but begin to think in abstractions ("What might be"). They are beginning to organize more with reason. More outward grieving may be seen. Grief may continue to be related to concrete loss and disruption. For instance, "Who will I play with"? "What do we do with the desk"? "Who will help me with math?" We will begin to see some organization and social grieving. Issues may remain concrete and safety may still be a concern. Attention and ability to focus is improving. Continue to explain and model feeling words. Small plans can be developed for feelings that are confusing.

- Preoccupation with their own actions during the event; issues of responsibility and guilt
- Specific fears, triggered by traumatic reminders
- Retelling and replaying of the event (traumatic play)
- Fear of being overwhelmed by their feelings (of crying, of being angry)
- Impaired concentration and learning
- Sleep disturbances (bad dreams, fear of sleeping alone)
- Concerns about their own and others' safety
- Altered and inconsistent behavior (e.g. unusually aggressive or reckless behavior, inhibitions)
- Somatic complaints
 - Allow them to talk and act it out; address distortions, and acknowledge normality of feelings and reactions
 - Encourage expression of fear, anger, sadness, in your supportive presence
 - Support in reporting dreams;
 - information about why we have bad dreams
 - Help to share worries; reassure with realistic information
 - Help to cope with the challenge to their own impulse control
- Hesitation to disturb parent with own anxieties
- Concern for other victims and their families
- Feeling disturbed, confused and frightened by their grief, fear of ghosts
- May hang back socially/academically
- Acting out, because they don't
 - Understand how to handle feelings
 - Give time and permission to mourn.
 - Help to express their secretive imagining about the event
 - Help to identify and articulate traumatic reminders and anxieties; encourage them not to generalize.
 - Acknowledge, "It must be hard to feel so angry."
 - Help identify the physical sensations they felt during the event
 - Offer to meet with children and parent(s) to help children let parent(s) know how they are feeling

Junior High

Loss of other significant relationships becomes a major issue. Adolescents may be beginning to think in abstract terms and forming their own opinions about death. They are making a transition from the "hero parent" to the "faltering world". Often teens experience confusion over death, while at the same time having sense of invulnerability. "Social grieving" can often become a problem. Students may show grief/not show grief to fit in. Commiseration, promises and "pacts" become warning signs. Relationships with peers is paramount. Adolescents may have to develop new friendships -- this can be frightening for some. Use their increasing ability for organizing to develop plans and strategies for coping.

High School

This is the beginning of transition into adult development. Peers continue to be important but individuality becomes increasingly significant. Worry about death and a realization of their own vulnerability becomes an issue. A loss may trigger stress reactions in other areas of life. Just because they are talking doesn't mean we need to fix this. "Social grieving" becomes an issue but should be lessening.

- Understand death cognitively but only beginning to wrestle with it spiritually _ Acting out behavior should be tolerated if the teen or others are not being harmed. Withdrawal is normal in the short-term. (Long-term withdrawal = need for extra help)
- Protest the loss by acting out, withdrawing, drug/alcohol use
- Think mainly older people die _ A teen's normal egocentrism can cause him to focus exclusively on the effect the death has had on him and his future. After he has had time to explore this issue, encourage him to consider the death's impact on the larger social group: family, friends, etc.
- Feel life has been unfair to them, anger, fear, loss
- Feel they show control to others but may be feeling upset inside
- May act out a search for meaning. Engage in dangerous activities testing their own mortality _ Encourage this search for meaning, "why" questions about life and death Unless it may harm the teen or others

ADOLESCENT SUICIDE

LATE STAGE WARNING SIGNS

- **hopeless, helpless feelings**
- preoccupation with death

- communication of preoccupation

- expression of intent

- increased isolation

- increased risk taking behavior

- increased feeling of despair, aloneness

- saying goodbye

- giving things away

- making final arrangements, putting things in order

- sudden lift in mood, appearance and behavior (euphoria)

★ Intervene and act . . . In most cases you do not have long

EVERY SUICIDE THREAT OR DISCUSSION SHOULD BE TAKEN SERIOUSLY. PARENTS SHOULD BE NOTIFIED. ACTION SHOULD BE TAKEN. DO NOT MAKE ANY PROMISES OR “PACTS” WITH ANY STUDENTS.

RESPONSES TO SUICIDE AND/OR DEATH

SUICIDE IS THE ONE MURDER IN WHICH THE KILLER IS ALSO THE VICTIM. THIS MAKES GRIEVING MORE COMPLEX. WITH TEENS IT IS ESPECIALLY IMPORTANT TO NEITHER MINIMIZE, SENSATIONALIZE OR GLORIFY SUICIDE.

SHOCK

Some individuals may initially appear remarkably unreactive. In fact, they are in a state of shock and not yet able to accept the reality of the death. The shock provides insulation, it is necessary.

Above all remain calm. Convey your concern verbally and non-verbally. Show your willingness to listen when the students are ready.

GUILT

Typically, students who knew the victim may move from blaming others to blaming themselves. "If only I Had talked to him more."

Here, particularly, it is important to introduce the reality principle. One person cannot assume total responsibility for the aid of another.

ANGER AND PROJECTION

Some students will look for someone to blame. Initially, this may be directed at important adults in the victim's life, including the school staff. "Why did they let it happen?" Some expression of anger must be allowed.

If appropriate, share similar feelings. However, a realistic view of the suicide must be maintained. There are limits on how much responsibility we can assume for another person or their actions.

ANGER AT THE VICTIM

This is a common even by those not closely connected to the victim.
“How could he do this to us?”

Give permission for such expressions by normalizing them.

ANXIETY

Students will begin worrying about themselves. “If he could kill himself because he was upset, maybe I could or my friends could too.”

Discussion should be guided towards helping students differentiate between themselves and the victim. Explore other options for problem solving.

RELIEF

Once the normal distortion of feelings is resolved, students can allow themselves to feel the sadness of the loss and begin the healing processes.

Guard against encouraging a pseudo-mourning process before
Students have worked at resolving their conflicts over the death.

Critical Incident Stress Information Sheet

You have experienced a traumatic event or a critical incident. A critical incident is any event that causes one to experience unusually strong emotional reactions. These emotions have the potential to interfere with our ability to function. Though the event may be over, you may now be experiencing some strong emotional or physical reactions. It is very common, in fact quite normal, for people to experience emotional after shocks when they have passed through a horrible event.

Sometimes the emotional after shocks (stress reactions) appear immediately after the traumatic event. Sometimes they may appear a few hours or a few days later. And, in some cases, weeks or months may pass before they appear.

The signs and symptoms of a stress reaction may last a few days, a few weeks, or a few months and occasionally longer depending on the severity of the traumatic event. With understanding and the support of loved ones the stress reactions usually pass more quickly. Occasionally the traumatic event is so painful that professional assistance from a counselor may be necessary. This does not imply craziness or weakness. It simply indicates that the particular event was just too powerful for the person to manage by himself or herself.

Consider these suggestions for the first 24 to 48 hours:

- Alter periods of exercise with periods of relaxation.
- Structure your time, keep busy.
- Reassure yourself that you are normal and having normal reactions. Don't label yourself crazy.
- Talk with others. Talking about it is healing.
- Reach out. People do care. Spend time with others.
- Maintain as normal a schedule as possible.
- Avoid the use of drugs and alcohol. Don't complicate the problem with substance abuse.
- Give yourself permission to feel rotten. It's normal
- Don't make any big life changes
- Do make routine daily decisions. Regain control.
- Eat regular meals, even if you don't Want to.
- Keep a journal; write through those sleepless hours.
- Do things that feel good to you.
- Realize that those around you are
- Get plenty of rest.
- Flashbacks are normal, don't fight them, they'll decrease in time and become less painful.

Seek professional help from a mental health provider or your physician if you feel overwhelmed. It's okay. They are trained to help you deal with these strong emotional reactions. It's not a sign of weakness.

Books to read to children about death, dying and grief:

On the Wings of a Butterfly by Marilyn Maple, Ph.D.

I'll Miss You, Mr. Hooper by Normal Stiles

It Must Hurt A Lot—A child's Book About Death by Doris Sandford

The Saddest Time by Norma Simon

Why Did He Die? By Norma Simon

Rachel and the Upside Down Heart by Eileen Douglas

Everett Anderson's Goodbye by Lucille Clifton

Gran-Gran's Best Trick by L. Dwight Holden

The Great Change by White Deer of Autumn

What's Heaven? By Maria Shriver

Dusty Was My Friend by Andrea Fleck Clardy

Goodbye Rune by Marit Kaldhol

Packing for Heaven by Debra Delp

THREE INTERVENTION STYLES

ENABLER . . .

- Fosters the 'status quo'
- Acts for the person
- Enables the existing process
no changes
- Adds power and energy to the system
- Denies the problem, compensates, covers
- Tries to prevent consequences
- Is equal or inferior
- Discards personal needs
boundaries are blurry
- Is trapped, becomes dependent on
outcome

RESULT

THE "HELPED" FEEL LESS CAPABLE

EMPOWERER . . .

- Encourages independence
- Acts with the person
- Serves as a resource and gives
feedback about the process
- Encourages more effective
use of power and energy
- Acknowledges the problem,
but focuses on options
- Allows consequences
- Equal
- Takes care of self
Boundaries are clear
- Remains free, is not
dependent on outcomes

RESULT

THE EMPOWERED FEELS MORE CAPABLE

RESCUER . . .

- Fosters dependency
- Acts for the person
- Tries to remove the person
from the process
- Attempts to replace the person's power and
energy with the rescuer's energy
- Tries to fix the problem, imposes
solutions
- Tries to remove consequences
- Is the hero, may act superior
- Acts based on own needs,
Boundaries are blurry
- Becomes trapped, is dependent
on the outcome

RESULT

THE RESCUED FEELS LESS CAPABLE

**Resources for Counselors
Suicide Intervention and Postvention**

Sample Interview Questions for Assessing Suicidal Risk
Sally Brown MSW, of the Human Services Development Institute,
University of Southern Maine

Suicide risk assessments can be effectively done at a time of resident intake. When trying to determine suicidal risk or danger, it is helpful to have a series of questions to assess risk factors.

These questions are a sample of how questions can be phrased and should ONLY be used as a guideline. It is important to phrase the questions in a manner in which you feel most comfortable.

What is happening in your life right now that brings you to my office?
Have you been feeling depressed lately?
Do you ever feel that there is no hope in life?
Have you ever wanted to die??
What was going on in your life then?
How many times? L How frequent were the thoughts? How long did the thoughts last?
Have you ever tried to kill yourself?
How did you do it?
Why did it fail? Did you receive help? From whom? Was it helpful?
What was going on in your life then?
How did you learn to cope following the suicide attempt?
Are you thinking about killing yourself right now? Would you tell me if you were?
Did some event occur in your life that made you decide to act now?
Do you have a plan? What is it?
How would you do it? Do you have the means?

Take the time here to assess how operational the attempt is. The risk of suicide is increased if: 1. they've tried it before, 2. They have serious thoughts about it, 3. They have a plan and/or 4. They have the means. Remember the more specific the plan, the greater the risk. This does not mean that someone with only vague suicidal thoughts shouldn't be taken seriously. Adolescents are characterized by their impulsivity. They may attempt suicide without giving much thought to planning or details.

Some questions will allow you to assess the student's emotional state. The more adolescent has a sense of hopelessness, the greater the risk.

Is there any hope for the future? Next week? Next year?
Do you have any thoughts to the future? Any way out of this?
Do you have anyone you can turn to for support? Are you seeing a therapist?

Crisis Interview

Important points to remember:

- Increase comfort of the student.
- Prevent isolation, provide a safe place.
- Communicate hope and optimism
- Assess risk
- **Notify parents**
- Set up a protection plan – develop a support network
- Follow up is crucial

Some students may be sullen and withdrawn, while others may be agitated or noncommunicative. The following suggestions are offered as a guide. All of these do not need to be used with every student.

The actual interview:

OFFER EMOTIONAL SUPPORT

I'm really glad you came in

We need to talk about this

You did the right thing in coming in to talk about it

PROVIDE AN OPPORTUNITY TO TALK PRIVATELY IN A SAFE PLACE

Initially your role is to be quiet and listen

Student needs to release intense feelings in a safe atmosphere

Listen, empathize, and prevent isolation

COMMUNICATE HOPE AND OPTIMISM

Let them know something will be done to help

Be with them and reflect a calm, caring attitude

Let them know that things can change and can be better

Show a supportive attitude

DETERMINE SUICIDAL RISK

It's important not to be afraid to talk about suicide. Take all problems that lead to suicidal gestures seriously.

- How do you feel?
Hopelessness is the most serious indicator. The greater the desire to die, the greater the risk, the more need for immediate action.

poor judgment and poor impulse control can lead to self destructive consequences.

- Do you have a plan? If they have a plan, the more need for immediate action may be indicated. Discuss carefully.
 - How are they thinking of killing self?
 - Is the means accessible?
 - How lethal? How active? The more violent, more bizarre, the higher the risk.
 - Who else knows?
 - Have you tried before?
 - A previous attempt indicates a much higher risk and requires aggressive intervention to get help for the student.
- Why today?
 - What's bothering you?
 - With whom are you angry?
 - What changes have there been in your life?
 - What was the last straw?
- Do you feel you have any resources?
 - Do they see themselves with a future, aspirations, any plans?
 - Help them see alternatives. What might keep them from doing this?
 - If they choose relationships as a reason not to die, you can mobilize support.
 - Is the student toxic from drugs or alcohol?

ARRANGE A PROTECTION PLAN

You need to become actively involved toward the end of the interview in helping the student think about his/her options. Enlist the student's resources in arranging a plan. Keep it practical. Formulating the problem can help the student to externalize the feelings.

What can be done today? Here are the steps I am going to take. Give some direction on how to stop and get behavior under control. Involving the student in a contract can give something concrete to focus on. Give the student a way to stay in touch with you.

Tell the student directly "We have to tell someone." We need to have your family know about this. The seriousness of the danger overrides issues of confidentiality. Suicide thrives on secrecy and keeping the secret is not in their best interest.

FOLLOW UP IS CRUCIAL

Lack of follow up reinforces feelings that nobody really cares, nobody can really help me.
Arrange for follow up with student. It is important that the suicidal student not feel rejected.

Resources

Box Elder Student Services (Cheryl)	734-4800 ext. 129
Intervention Cell Phone (Kim)	279-3166
Bear River Mental Health	
Brigham City	734-9449
Tremonton	257-1234
Brigham Community Hospital	734-9471
Bear River Valley Hospital	207-4500
Division of Family Services	257-1234
	734-4075
Compassionate Friends	
Annette Handy	723-7530
Emergency	911

