

## Concurrent Session

# RESPONDING TO BEREAVEMENT & LOSS

*David Schonfeld, MD, FAAP*

Director, National Center for School Crisis and  
Bereavement, Cincinnati Children's Hospital  
Medical Center (OH)

*Marleen Wong, Ph.D., LCSW*

Assistant Dean, Clinical Professor, and Director of  
Field Education, University of Southern California,  
School of Social Work

### Purpose of Session

Present information on the psychological and emotional impacts of bereavement and loss and how LEA's can support psychological and emotional recovery for students and staff.

### Overview of Session

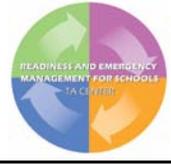
- ♦ Discuss why schools' emergency management plans should include strategies for responding to bereavement and loss
- ♦ Illustrate how planning for bereavement and loss connects to the four phases of emergency management
- ♦ Explain common cognitive, emotional, behavioral, and physical manifestations related to bereavement and loss
- ♦ Provide an overview of factors that may impact bereavement
- ♦ Outline pre-incident actions schools can take
- ♦ Outline post-incident actions schools can take
- ♦ Offer guidelines on handling seven key issues
- ♦ Highlight outstanding issues
- ♦ Conduct a tabletop exercise
- ♦ Provide resources for further planning

### Key Messages

- ♦ The type and breadth of an incident impacts the level of bereavement and loss felt by both students and staff.
- ♦ Schools can support psychological and emotional recovery and assist in the healing process.
- ♦ Long-term psychological and emotional support provided by schools can help ensure adequate recovery for students and staff.
- ♦ Relationships built within the community ensure resources, valid practices, and practitioners are all in place when a death or loss occurs.



**U.S. Department of Education, Office of Safe and Drug-Free Schools  
Readiness and Emergency Management for Schools (REMS)**



*Final Grantee Meeting ♦ Boston, Massachusetts ♦ July 21 – 22, 2010*

## **About the Presenters**

**DAVID J. SCHONFELD, MD**, is a developmental-behavioral pediatrician and the Thelma and Jack Rubinstein Professor of Pediatrics, Director of the Division of Developmental and Behavioral Pediatrics, and Director of the National Center for School Crisis and Bereavement at Cincinnati Children’s Hospital Medical Center. He is a member of the National Commission on Children and Disasters, the Disaster Mental Health Subcommittee of the National Biodefense Science Board Federal Advisory Committee, and the American Academy of Pediatrics Disaster Preparedness Advisory Council. Dr. Schonfeld is also Professor Adjunct of Pediatrics at Yale University School of Medicine and Honorary Faculty at the Università del Piemonte Orientale (Novara, Italy) and Vrije Universiteit Brussel (Brussels, Belgium) and coordinates the mental health component of the European Masters in Disaster Medicine course in Italy.

Dr. Schonfeld established the School Crisis Response Program in 1991, which provided training to tens of thousands of school-related personnel in school systems throughout the country and abroad and provided technical assistance in hundreds of school crisis events. He consulted to the NYC Department of Education to help optimize the infrastructure within the system for crisis preparedness and response and to provide training to and technical assistance in the aftermath of the events of September 11, 2001, which included the training of approximately 1,000 district and school-level crisis teams. In 2005, Dr. Schonfeld was awarded funding by the September 11<sup>th</sup> Children’s Fund and the National Philanthropic Trust to establish a National Center for School Crisis and Bereavement. The goal of the NCSCB is to promote an appreciation of the role schools can serve to support students, staff, and families at times of crisis and loss; to collaborate with organizations and agencies to further this goal; and to serve as a resource for information, training materials, consultation, and technical assistance. Dr. Schonfeld has provided consultation and training on school crisis and pediatric bereavement in the aftermath of a number of school crisis events and disasters within the United States and abroad, including flooding from Hurricane Katrina in New Orleans and Hurricane Ike in Galveston and the 2008 earthquake in Sichuan, China.

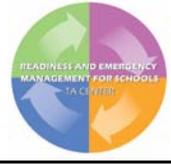
Dr. Schonfeld has authored articles, book chapters, and a handbook on school crisis preparedness and a book for teachers on supporting the grieving student and has provided presentations and consultations throughout the United States and abroad on the topic of pediatric bereavement and the mental health needs of children in crisis situations. In addition, Dr. Schonfeld is actively engaged in school-based research (funded by NICHD, NIMH, NIDA, the Maternal and Child Health Bureau, William T Grant Foundation, and other foundations) involving children’s understanding of and adjustment to serious illness and death and school-based interventions to promote adjustment and risk prevention. He was President of the Society for Developmental and Behavioral Pediatrics from September 2006-07.

**MARLEEN WONG, PHD** is Assistant Dean, Clinical Professor and Director of Field Education at the University of Southern California (USC) School of Social Work. She is also Director and Principal Investigator for the SAMHSA funded Trauma Services Adaptation Center for Resiliency, Hope, and Wellness in Schools, a community based research partnership with RAND, University of California, Los Angeles (UCLA), University of Southern California (USC) and the Los Angeles Unified School District (LAUSD). With her research colleagues, she is one of the original developers of CBITS – the Cognitive Behavioral Intervention for Trauma in Schools, an evidence based early intervention.

Formerly the director of mental health services, crisis intervention and suicide prevention at LAUSD, she is identified by the White House as one of the “pre-eminent experts in school crisis and recovery” and the



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“architect of school safety programs” by the Wall Street Journal. In response to the tragic school shootings across the US and acts of terrorism in Oklahoma City and New York, she developed mental health recovery programs, crisis and disaster training for school districts, law enforcement and Department of Defense personnel in the United States, Canada, Israel, Europe and Asia (Taiwan, Japan and China) and is frequently a consultant for the US Department of Education.

In addition to books and peer reviewed journal articles, she co-authored “Psychological First Aid (PFA) for Students and Teachers: Listen, Protect, Connect, Model and Teach” which is available on the public websites of the US Department of Homeland Security, the US Department of Education and the State of California Department of Mental Health. Dr. Wong served on the Institute of Medicine (IOM) Board on Neuroscience and Behavioral Health, which was charged with assessing national priorities and approaches to public health and medical practice, public policy, research, education, and training. She was a member of the IOM Committee, which produced the publication: “Preparing for the Psychological Consequences of Terrorism.” In 2009, she was appointed to the American Psychological Association’s (APA) Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents and the Education Subcommittee of the National Commission on Children and Disasters.

Dr. Wong is also an appointed member of the Education Subcommittee of the National Commission on Children and Disasters. Most recently, she was identified as a Subject Matter Expert (SME) in the area of at-risk populations by the Disaster Mental Health (DMH) Subcommittee of the National Biodefense Science Board (NBSB), a federal advisory committee mandated by the Pandemic and All-Hazards Preparedness Act (Section 402, P.L. 109-417) and tasked with providing expert advice and guidance to the Secretary of the U.S. Department of Health and Human Services on scientific and technical matters regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate.



# U.S. Department of Education Office of Safe and Drug-Free Schools



## Responding to Bereavement and Loss



# Presentation Goals

- 1. Discuss why schools' emergency management plans should include responding to bereavement and loss,**
- 2. Explain common cognitive, emotional, behavioral, and physical manifestations related to bereavement and loss,**
- 3. Provide an overview of factors that may impact bereavement,**
- 4. Outline pre-and post-incident actions schools can take, and**
- 5. Offer guidelines on handling seven key issues related to bereavement and loss.**



# Why should schools plan for bereavement and loss?



# Why Schools Should Plan for Bereavement and Loss

**The number of school-associated deaths, homicides and suicides of youth ages 5 to 18 by location and year 1992 to 2006<sup>a</sup> includes:**

- **45,844 total youth homicides and suicides;**
- **20,073 suicides away from school;**
- **76 suicides at school;**
- **25,382 homicides away from school;**
- **330 homicides at school; and**
- **617 total student, staff and nonstudent school-associated violent deaths.**

<sup>a</sup>Based on the 1992-2006 annual reports, "Indicators of School Crime and Safety" published by the National Center for Education Statistics



# Why Schools Should Plan for Bereavement and Loss (Cont'd.)

- **Schools provide a familiar environment.**
- **Large numbers of students can be served.**
- **Schools can offer a variety of supportive services, with many trained staff.**
- **Students coping after a loss can be monitored over time and referrals for services facilitated.**
- **Certain losses, such as the death of a teacher, can affect an entire class.**
- **Parents may be more willing to accept bereavement counseling services in school rather than through community mental health providers because they may perceive school counseling as having less stigma.**



# Connection to the Four Phases of Emergency Management

**Prevention-Mitigation:** Prevention programs related to suicide, substance abuse, risky behaviors, etc.

**Preparedness:** In-service training and preplanning protocols and procedures following student/staff deaths.

**Response:** Responding quickly and effectively in coordination with police and other partners can help minimize dissemination of false information and provide timely support.

**Recovery:** Returning to a normal learning environment can be achieved through proper response, ongoing support, and continued assessment of student needs.





**What are some common reactions we see in children following a loss?**



# Common Manifestations

**Most students will recover from grief, and after a period of adjustment, continue to learn and interact appropriately; however, when not properly supported, negative reactions may be manifested, such as:**

- Decline in school performance and trouble learning new material.
- Irritability.
- Withdrawal, anxious or depressed mood.
- Increase in risk taking, including substance use, promiscuity, or suicide attempts.



# Common Manifestations

- **Cognitive manifestations**
- **Emotional manifestations**
- **Behavioral manifestations**
- **Physical manifestations**



# Cognitive Manifestations

- **Repeated questions about the loss**
- **Repeated discussion or storytelling about the loss**
- **If the loss is a communitywide event, teachers may see increased interest in media coverage (TV, print, internet)**
- **Trigger reminders of loss or trauma from other events**
- **Trouble understanding leading to misattributions or misperceptions**



# Emotional Manifestations

- **Increased worries about the well-being of others**
- **Worries and fears about other losses**
- **Grief related to similar losses or prior/concurrent crises**
- **Range of feelings (sadness, anger, guilt) surrounding the loss may occur simultaneously**



# Behavioral Manifestations

- **Changes in school performance**
  - Generally decrease, but some children may become wholly school-focused
- **Decreased concentration and attention**
- **Changes in sleep**
- **Changes in appetite**
- **Changes in mood (swings)**
  - Increased irritability, increased anger outbursts, or temper tantrums
- **Changes in activities**
- **Increased withdrawal**



# Physical Manifestations

**Physical manifestations are often common complaints of younger children, as they are unable to articulate their emotional response.**

- Headaches
- Stomachaches
- Fatigue
- Vague aches and pains



# Developmental Factors that Impact Bereavement

**Children's reactions may manifest differently based on the children's ages and level of development.**

- Early Elementary Children
- School-aged Children
- Adolescents



# Preschool to Early Elementary Children

## **Developmental Considerations:**

- Beginnings of concrete reasoning
- Magical thinking

## **In the Event of Death:**

- Belief that death is reversible or temporary (magical thinking: If I wish hard enough I can change what happened.)
- Can come to understand the permanence of death
- Worries linked primarily to concern about only those child knows



# Preschool to Early Elementary Children (Cont'd.)

## Behavior Changes After Loss

- Whiny
- Clingy
- Withdrawn & subdued
- Acting out the loss and surrounding activities in play
- Regressive behaviors (e.g., baby talk, needing more help with daily activities, bed-wetting)



# Elementary School-aged Children

## Developmental Considerations

- Language matures, but children take words literally
  - Misconceptions and misattributions
- Understanding of permanency, inevitability, finality, and causality (usually by five to seven years)
- Further development of empathy
- Worry begins to expand to those they may not know who are impacted in similar ways



# Elementary School-aged Children (Cont'd.)

## In the Event of Death

- “Me”–oriented thinking may lead to the notion that it was the child’s words/thoughts that led to the death (e.g., “When I told my sister ‘I wish you were dead,’ did I cause it to occur?”)
- Fantasy and magical perceptions may influence the interpretation of the loss.
- Clichés associated with death (e.g., having the pet “put to sleep”) may be taken literally.
- Adults may observe events surrounding a death seen in play.



## Developmental Considerations

- Increased abstract thinking
- Thinking about the future
- Continued feelings of blame and guilt
- Better appreciation of personal mortality and death
- Personal vulnerability, masked by acting detached from death



## In the Event of Death

- High-risk behaviors
  - Absenteeism
  - Substance abuse/alcohol use
  - Promiscuity
  - Reckless driving
- Increased withdrawal and indifference
- Discussions and/or fascination with death and dying
- Concern about the future and their place in it
- Increased risk for depression and suicide



# Additional Factors That Impact Bereavement

- **Age and development level**
- **Personality of the child**
- **Existing coping skills**
- **Student's history of prior school/personal difficulties (e.g., special education, previous personal traumatic events)**
- **Available support systems**
- **Type of death (illness, accident, trauma, etc.)**
- **Relationship with the deceased**



# Importance of Pre-planning

**Protocols and procedures surrounding the death of a student/staff member should be part of a school's emergency management plan and should be outlined prior to an actual event because:**

- Difficult to make decisions around sensitive issues during a crisis.
- Judgment impacted by emotion; staff typically grieving as well.
- Difficult to provide training to staff while they too are grieving.
- In addition, partnerships with community-based agencies to provide supportive services should be made prior to a crisis where they may be needed.



# Pre-incident Actions

1. Create a **crisis team**.
2. **Partner** with outside mental health agencies, media and law enforcement.
3. Establish **policies**.
4. Create **template letters** as part of the school's emergency management plan.
5. Train appropriate staff.
6. Establish system for **mass communication** to parents and staff.
7. Understand **HIPAA** and **FERPA** regulations.
8. Be aware of various **cultural and religious perspectives** on death and bereavement.
9. Establish a system for handling **volunteers** and **donations**.



# 1. Establish the Crisis Team

- **Typical crisis team members include:**
  - School administrator
  - School counselor/psychologist
  - Front office staff
  - Nurse
  - Transportation representative
  - Maintenance
  - Spokesperson (public information officer)
- **Team membership can expand or contract depending upon the nature and intensity of the situation.**



## 2. Partner with Outside Agencies

### **Before an event occurs, schools should:**

- Develop and identify external partners.
  - Consider local mental health agencies who may be able to assist
  - Develop a structure for support
  - Be aware of issues around “outside” vs. “inside” help
- Outline partnership agreements with relevant local partners.
- Identify a school/district employee to coordinate partnerships with the community—a liaison officer.



## 3. Establish Policies

- **Outline strategies for dealing with “empty chairs.”**
- **Consider a district policy for memorials (be consistent across events).**
- **Ensure a process is in place for parental consent for receipt of mental health services should they be needed.**
- **Outline how to handle key dates.**



## 4. Create Template Letters

- **Develop template letters<sup>a</sup> (that can be tailored) for alerting parents, families, guardians, students, and staff to emergencies.**
  - These letters can be adapted with specific information following a death and will help eliminate potential lengthy discussions on what should be included in the letter.
  - Such template letters ensure each death is treated equally without favoritism or judgment.

<sup>a</sup> Sample letters for parents, students, and staff can be found at:  
<http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/letters-template.htm>



## 5. Train Appropriate Staff

- **To ensure that schools are prepared to deal with the Psychological/Emotional Component of Recovery, schools should proactively:**
  - Identify and train appropriate staff to provide developmentally and culturally appropriate mental health services.
  - Train mental health staff on specific interventions.
  - Provide basic training on available resources and common reactions to trauma for all staff (including administrators).
  - Provide specific information to all staff regarding the school's referral system (e.g., inform teachers about who students can go to for support, and the referral systems available).
  - Train teachers/staff on early warning signs and on how to work with parents/guardians.



## 6. Establish a System for Notification

- **Verify the information from family or local authorities**
- **Determine what information the family would like to have disclosed**
- **Notify the staff and students**



## 7. Understand *HIPAA* and *FERPA* Regulations

**The Family Educational Rights and Privacy Act (FERPA) generally requires schools to ask for written consent before disclosing a student's personally identifiable information to individuals other than his or her parents.**



# 8. Be Aware of Cultural and Religious Perspectives on Death



## 9. Establish a System for Handling Volunteers and Donations

**Pre-determine strategies for accepting contributions/donations following a death/incident**



# Post-incident Actions

- 1. Verify facts**
- 2. Convene the crisis team**
- 3. Communicate to staff**
- 4. Notify students**
- 5. Determine the school schedule**
- 6. Support staff**
- 7. Support students**



# 1. Verify Facts

- **Verify information about the death of a student or staff member prior to notifying students or staff.**
  - Assign a school liaison to communicate with the family.
- **When appropriate, contact law enforcement.**
- **Communicate the basic facts in a manner that is developmentally appropriate as information becomes available to help dispel rumors and help children understand and cope.**



## 2. Convene the Crisis Team

### **Actions to take place at crisis team meetings**

- Communicate concerns about specific students
- Discuss what supports are needed
- Review actions taken and responses by students and staff with a plan for future actions
- Make arrangements to gather the deceased student's belongings for the family and have them available at the main office or deliver them to the family
- Ensure that if no other siblings are present in the school, the family is removed from any mailing/call lists



## 2. Convene the Crisis Team (Cont'd.)

### **The crisis team should assess impact on those in social circles relevant to the deceased:**

- Eyewitnesses
- Friends
- Siblings and/or extended family members
- Teammates
- Staff
- Classmates
- Students or staff with recent losses
- Students or staff with history of trauma
- Students with suicidal risk
- Other at-risk students



## 2. Convene the Crisis Team (Cont'd.)

### **The crisis team should assess the magnitude by considering the following:**

- Where did the death occur?
  - On-campus during school hours or nonschool hours
  - Off-campus during school hours or nonschool hours
- How popular was the deceased?
- What was the nature of the death?
  - Accidental sudden (e.g., car crash, fall, etc.)
  - Intentional sudden (e.g., homicide, suicide, etc.)
  - Illness
    - Rapid onset and progression
    - Terminal, slow progression
  - Mass casualty
- How many school community members were involved?



## 2. Convene the Crisis Team (Cont'd.)

- **Create a list of students and staff who may be impacted, and ensure a staff member will check in with them.**
- **Assess the need to arrange for substitute teacher(s) to be available to rotate between classes to allow teachers time to process and regroup if necessary.**
- **Establish and staff a support room.**
- **Arrange for supplies that might be needed in support room or other areas throughout the school (water, tissues, stationery, art supplies, snacks, etc.).**
- **Consider utilizing counselors from other schools or districts.**



## 2. Convene the Crisis Team (Cont'd.)

- **Call in local mental health professionals if magnitude of reaction is anticipated to be great.**
- **Keep media away from students on campus.**
- **Consider a parent meeting to disseminate information and offer support.**
- **Utilize the preestablished single point of contact in the district and/or building for information exchange and media relations.**
- **Revise template letters created in preplanning for staff as well as letters to send home to parents.**



## 3. Communicate to Staff

- **Inform staff first, if possible, rather than at the same time as students.**
- **Utilize phone trees for notification outside of school.**
- **Schedule a staff meeting before school starts:**
  - Give staff a chance to ask questions and receive information.
  - Review schedule of events.
- **Inform front office staff of appropriate information to share.**
- **Consider a follow-up staff meeting after school is dismissed.**
- **Provide staff with scripts, guidelines, and basic information about possible reactions.**
  - Ensures all students receive the same information.
  - Can be helpful to adults who might otherwise struggle on what to say.



## 4. Notify Students

- **Due to e-mails, cell phones and text messages, students will likely have heard multiple versions of the incident and many rumors will likely be circulating.**
- **Information should be delivered in small class settings by familiar adults.**
- **Have a plan to notify students not on campus (due to field trips, outdoor P.E. Classes or sports practices, etc.).**
- **Avoid announcements over the PA system or at large assemblies.**



## 4. Notify Students (Cont'd.)

- **Be truthful and direct with students, keeping in mind the developmental level of students.**
- **Let students know what to expect; layout a timeline of events and school schedule.**
- **Discourage conversations around the specific details of a violent death.**
- **Discuss with eyewitnesses the harm in sharing graphic details (e.g., vicarious traumatization).**



## 5. Determine the School Schedule

- **Maintain normalcy and routine as best as possible.**
- **Avoid canceling school and after-school activities as school-based activities may be the best intervention for students.**
  - It is best for children to maintain the connection and sense of belonging, safety and security that school-based routines and activities provide.
  - Physical activity and sports can reduce stress symptoms.
- **Encourage teachers to postpone exams or major assignments if students are emotionally upset and find alternative ways to complete school work.**



## 6. Support Staff

- **Be cognizant of compassion fatigue.**
- **Provide resources, such as handouts on self-care, for educators.**
- **Continue to monitor the need to call in back-up—bring in outside counselors and substitutes to relieve the burden placed on school staff.**
- **Be aware that loss and trauma are cumulative, and school support staff are often taking care of the needs of the students, staff, parents, and themselves on top of their regular duties.**
- **Hold after-school staff meetings in the days following to review and evaluate the response.**



## 7. Support Students

**Schools may want to designate a support room where students can go to talk with counselors individually or in small groups.**

- Both school counselors and community mental health specialists may be utilized in the support room.
- Establish procedures for students leaving class to go to the support room. Decide on the need for passes and the accounting for students who are at the support room beyond one class period.



## 7. Support Students (Cont'd.)

### **Provide grief support groups in school or make referrals to community-based supports.**

- Inform students that grief is often experienced in waves.
- Inform students that everyone grieves differently and they should not be offended if others seem less upset.
- Remind them that some people handle grief by acting silly or by joking.
- Assure them that it is OK for them to still have fun and enjoy activities.
- Help students identify their natural support systems and choose healthy, safe coping strategies.



## 7. Support Students (Cont'd.)

### **Helpful statements:**

- “I’m sorry to hear about your brother’s death; how can I help?”
- “I heard that a close family member died last week. I understand it may be hard for you to concentrate; and I would like to offer to help you with your schoolwork.”

### **Statements that may hinder:**

- “At least he had a good life before he died.”
- “I’m sure you will feel better soon.”
- “I know exactly what you’re going through.”



## 7. Support Students (Cont'd.)

### **Types of responses and interventions**

- Psycho-education—seeks to normalize common reactions by describing physical, emotional, and cognitive changes
- Compassionate presence—being there, physically and emotionally, for someone in distress can be extremely helpful
- One-on-one counseling
- Support groups
- Referral to outside therapy
- Psychological first aid



## 7. Support Students (Cont'd.)

### Psychological First Aid (PFA)

- **Listen:** Listen and pay attention to how students act; let them tell their stories.
- **Protect:** Support students and provide an environment that is safe and allows them to process.
- **Connect:** Encourage opportunities for students to connect with other students, adults, and the community.
- **Model:** Be aware of how the situation affects you and demonstrate effective coping strategies.
- **Teach:** Talk to your students about common reactions and what they can expect during the grieving process; help them learn coping techniques.

For more information, view the REMS Helpful Hints publication, PSYCHOLOGICAL FIRST AID (PFA) FOR STUDENTS AND TEACHERS: LISTEN, PROTECT, CONNECT—MODEL & TEACH at [http://rems.ed.gov/views/documents/HH\\_Vol3Issue3.pdf](http://rems.ed.gov/views/documents/HH_Vol3Issue3.pdf)



## 7. Support Students (Cont'd.)

- PFA allows for a framework of asking questions and to solicit information to start the process.
- School mental health professionals, such as school psychologists, social workers, and other counseling staff, should become familiar with the principles and techniques of PFA prior to any crisis situation.
- A strength of PFA is that elements can be given quickly by all caregivers in virtually any setting within the school—whether that be through a classroom discussion, a brief discussion with a lunchroom aid, or a teacher or administrator chatting briefly with a student between classes.



# Seven Key Issues Specific to Bereavement and Loss

- 1. Alternatives to permanent memorials**
- 2. Funerals and memorial services**
- 3. Responding to suicide**
- 4. Media coverage of suicide**
- 5. Key dates related to the death**
- 6. Death when school is not in session**
- 7. Assignments and tests**



**What are some other alternatives to permanent memorials?**



# 1. Alternatives to Permanent Memorials

- **Temporary memorials, which are removed at a predetermined time that students are informed of (such as after the funeral).**
- **Service activities that allow students to honor the deceased through prosocial acts.**
- **Campaign founded on cause of death.**
- **Cards, letters, and memory books for surviving family (school staff should review material to ensure that content is sensitive and appropriate).**



## 2. Funerals and Memorial Services

- **If possible, funeral or memorial services should not be held on school grounds.**
- **If the school is the only option for a venue, hold the service outside of school hours.**
- **Establish policies that permit students and staff to attend off-campus services held during school hours.**



## 2. Funerals and Memorial Services (Cont'd.)

- **Administrators should know the family's wishes in regards to students attending the funeral service. Do they wish for the service to be family only?**
- **Children should be well informed on what happens at a funeral and what they will see and hear.**
- **It is important to let the child decide level of participation.**
- **Children should be accompanied by a parent or trusted adult; support staff from the school should consider being present, especially when adolescents attend without parents.**



## 3. Responding to Suicide

- **Clarify information that family wishes to share and information that is already public knowledge.**
- **Identify children at greatest risk of distress.**
- **Educate students, parents, and staff on signs and symptoms of suicide risk and how to obtain help (e.g., hotlines).**
- **Encourage students to seek help for themselves and peers.**
- **Discourage students from keeping peer reports of suicidal thoughts, feelings, or planned actions confidential.**
- **Acknowledge the individual who died without glamorizing the means.**
- **Minimize media coverage.**



## 4. Suicide Media Coverage

News coverage **may promote suicide** if the coverage:

- Presents simplistic explanations for suicide
- Engages in repetitive, ongoing, or excessive reporting of suicide
- Provides sensational coverage
- Reports “how-to” descriptions of suicide
- Presents suicide as a tool for accomplishing certain ends
- Glorifies suicide or persons who commit suicide

News media **may be beneficial** if the coverage:

- Highlights the community’s efforts to address the problem
- Disseminates information on local resources, help and support
- Provides information on how to identify an at-risk person or risk factors



## 5. Key Dates

- **Be cognizant of anniversary dates.**
- **Watch for reactions around holidays, anniversaries, and/or court trial dates.**
- **Provide additional support on other dates that may trigger grief, such as graduation or prom.**
- **Prepare a constructive message for anniversaries.**
- **Involve students, faculty, and the community in the planning of commemorative activities.**
- **Arrange for additional counselors to be present if you feel it may be helpful.**



## 6. Deaths When School Is Not In Session

- **If death occurs when school is not in session (e.g., holiday or summer vacation), utilize a predeveloped plan to notify school community (e.g., e-mail, letters, telephone tree).**
- **Consider offering the school as the site of support services.**
- **Use media and other methods to communicate available services.**
- **Repeat notification (and services) when school resumes.**



## 7. Assignments and Tests

- **Continue to give assignments, but consider modifying these depending on student's needs.**
- **Consider exempting students from tests immediately after a loss or giving the tests less weight.**
- **Allow students to take the tests in an isolated area.**
- **Consider one-on-one time before/after or during a tutorial to reinforce classroom material.**



# Tabletop Exercise



# Tabletop Exercise

You are a member of your school's crisis team and the team is called together after learning a female high school sophomore was killed in a car crash on Saturday evening.

***What further information do you need?***



# Tabletop Exercise (Cont'd.)

## Some of the information still needed:

- Was it a single car crash or were others involved?
- Was the student driving?
- Were there other passengers?
- Was speed or alcohol a factor?
- Were there eyewitnesses?
- Was the deceased in any clubs or activities?
- Who were the student's friends?
- Does the student have any siblings in school?
- Has the incident been reported by the media yet?
- Has the family been contacted by the school?



# Tabletop Exercise (Cont'd.)

## **The family has contacted the school and verified the following information:**

- The student who died was Melissa, a passenger in the car with her friend Lisa, the driver.
- They met up with other classmates who were in another car.
- As they were driving down the road, John, a fellow student and the driver of the other car, challenged Lisa to a street race.
- As both cars attained speeds of over 80 miles per hour, Lisa lost control of her car. The car left the roadway and struck a power pole, and Melissa was ejected from the car. She suffered severe head injuries and died at the scene.
- Melissa was on the soccer team and was a member of the student council. She had no siblings in school.



# Tabletop Exercise (Cont'd.)

***Who might be impacted by this incident?***



# Tabletop Exercise (Cont'd.)

## Some of the people likely to be impacted are:

- John
- Lisa
- The other students in John's car
- Soccer Team
- Student council
- Friends
- Homeroom students
- Classmates
- Coaches
- Teachers
- Parents
- Boyfriend(s) and/or girlfriend(s)
- Students with recent personal losses
- Students with history of trauma
- Other student drivers



# Tabletop Exercise (Cont'd.)

***What responses should occur in the following days?***



# Tabletop Exercise (Cont'd.)

## Some possible responses may include:

- Counseling referral for John, Lisa, and the other eyewitnesses
- “Safe room” available to students
- Individual and/or group grief counseling for appropriate survivor circles
- One-on-one check-ins by counselors with impacted students
- Support for caregivers
- Disseminating information on coping with loss to students and parents (possible parent information session)
- Means for students to express reactions (e.g., journal, cards, art, poetry, etc.)
- Compassionate presence that both staff and students generate
- Counselors available following the funeral/wake



# Tabletop Exercise (Cont'd.)

***What would the students and staff  
be told about the accident?***



# Tabletop Exercise (Cont'd.)

- It is important that information given to students and parents be accurate and consistent.
- Realize that any such information may make its way into the public domain and therefore give careful consideration to what is said.
- Be sure to explain that it would not be appropriate to disclose the information about John's or Lisa's role in the accident.
- You can say that Melissa was a passenger in a car that got into an accident; excessive speed is felt to be possibly related to the cause of death. Melissa was ejected from the car when it hit a pole (if the lack of seat belt use is a factor in this case, this information could be shared as long as done in such a way that it does not appear to blame the victim).
- Information sent home to parents and read over the phone would likely omit the student's name. Information given to students and staff would need to include students' names as appropriate (e.g., the names of those who died or who were seriously injured).



# Tabletop Exercise (Cont'd.)

The students start raising money to pay for a tree and a plaque to be dedicated to Melissa outside the school library.

***How might you address the situation?***



## Tabletop Exercise (Cont'd.)

- Do not initiate memorialization activities too soon after notification, since it may suggest a premature “closure” to the event and interfere with students’ and staff’s ability to actively grieve an acute loss.
- Money and concrete permanent memorials are often not necessary—thoughtful commemorative activities that are generated through discussions with the students and staff who are impacted the most are often more meaningful and helpful in the recovery process.
- Prevention programs that fit the consequence of the death are often effective and will have more impact.



## Tabletop Exercise (Cont'd.)

A pep rally was previously scheduled to take place in two weeks. Melissa's family wants to begin the rally with an open microphone where students can share their thoughts with the entire student body.

***How should this be handled and why?***



# Tabletop Exercise (Cont'd.)

- Discuss with the crisis team and school staff likely student reactions.
- While parents and other family members may have strong feelings about how they would like to structure memorial and commemorative activities, find out first how students would like to share their feelings and obtain support.
- While it is important to solicit and attempt to honor the request of the family of the deceased, the school is obligated to consider and attend to the needs of the student body and staff.



# Tabletop Exercise (Cont'd.)

It has been a week since Melissa's death, and the safe room is still open since several students keep coming back for additional support.

***How might this be addressed?***



## Tabletop Exercise (Cont'd.)

- It might be beneficial for school staff to begin to plan how to deal with the long-term impact.
- Referrals to outside agencies, like those focused on mental health, may be more appropriate for additional support.



# Outstanding Issues

- Coaching and working with school administrators and school staff who want to downplay the importance of loss and bereavement or feel unprepared to respond.
- Handling memorials and the pressure parents, extended family members, or others may put on administrators to memorialize persons or events.
- Developing model practices that are easily understood by staff, students, and parents.
- Attempting to satisfy those that want memorials and channeling that energy into appropriate remembrance activities.
- Understanding the differences of handling suicides and death/loss by other means.
- Anticipating and preplanning for events that may trigger feelings of loss and bereavement or reminders of the death and anniversary dates.



# Outstanding Issues (Cont'd.)

- Convincing teachers they can play an important role in helping students understand a situation.
- Helping school personnel to determine a natural transition point from mourning to moving forward and reestablishing the educational routine. (Keep in mind that things may never be the same; however new and productive patterns of operation will be established.)
- Developing relationships with such outside resources as law enforcement, fire departments, mental health agencies, the media, and the clergy to better understand what is required of them and the role they play in a bereavement or loss situation.



- 1. Overview of the effects on students who have been impacted by loss and the effect it has on learning**
- 2. Elements related to bereavement to include in emergency management plans (policies, sample letters, etc.)**
- 3. Strategies for recovery (memorials, commencements, individual support, anniversaries etc.)**



## **National Center for School Crisis and Bereavement**

- Has sample letters for staff students and parents, and helpful pdf guidelines and handouts on school crisis and bereavement (<http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/> )

## **Centers for Disease Control**

- Has both facts and data on suicide and contains recommendations to avoid contagion, including information on the media (<http://www.cdc.gov/ncipc/dvp/Suicide/default.htm>)

## **National Association of School Psychologists**

- Provides info on practice and observances of death by different cultures and religions ([http://www.nasponline.org/resources/principals/culture\\_death.aspx](http://www.nasponline.org/resources/principals/culture_death.aspx))

## **The National Child Traumatic Stress Network**

- Provides trauma information for educators and parents (<http://www.nctsnet.org>)

## **The Dougy Center**

- Provides a directory of programs across the country and internationally that serve grieving children, teens and their families (<http://www.dougy.org>)



# Presentation Credits

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- **Kelly Streeter**, Safe Schools/Healthy Students Project Director, Maine School Administrative District #55; and
- **Randy Town**, School Safety Coordinator, Educational Service District 105, Yakima, Wash.

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The REMS TA Center was established in October 2007 by the U.S. Department of Education, Office of Safe and Drug-Free Schools.

The center supports schools and school districts in developing and implementing comprehensive emergency management plans by providing technical assistance via trainings, publications and individualized responses to requests.

For additional information about school emergency management topics, visit the REMS TA Center at <http://rems.ed.gov> or call 1-866-540-REMS (7367). For information about the REMS grant program, contact Tara Hill ([tara.hill@ed.gov](mailto:tara.hill@ed.gov)).

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# Responding to Bereavement and Loss: Developmental Factors

## Preschool to Early Elementary Children

### Developmental Considerations:

- Beginnings of concrete reasoning
- Magical thinking

### In the Event of Death:

- Belief that death is reversible or temporary (magical thinking: If I wish hard enough I can change what happened.)
- Can come to understand the permanence of death
- Worries linked primarily to concern about only those child knows

### Behavior Changes After Loss

- Whiny
- Clingy
- Withdrawn & subdued
- Acting out the loss and surrounding activities in play
- Regressive behaviors (e.g., baby talk, needing more help with daily activities, bed-wetting)

## Elementary School-aged Children

### Developmental Considerations

- Language matures, but children take words literally
  - Misconceptions and misattributions
- Understanding of permanency, inevitability, finality, and causality (usually by five to seven years)
- Further development of empathy
- Worry begins to expand to those they may not know who are impacted in similar ways

### In the Event of Death

- "Me"-oriented thinking may lead to the notion that it was the child's words or thoughts that led to the death (e.g., "When I told my sister 'I wish you were dead,' did I cause it to occur?").
- Fantasy and magical perceptions may influence the interpretation of the loss.
- Clichés associated with death (e.g., having the pet "put to sleep") may be taken literally.
- Adults may observe events surrounding a death seen in play.

## Adolescents

### Developmental Considerations

- Increased abstract thinking
- Thinking about the future
- Continued feelings of blame and guilt
- Better appreciation of personal mortality and death
- Personal vulnerability, masked by acting detached from death

### In the Event of Death

- High-risk behaviors
  - Absenteeism
  - Substance abuse/alcohol use
  - Promiscuity
  - Reckless driving
- Increased withdrawal and indifference
- Discussions and/or fascination with death and dying
- Concern about the future and their place in it
- Increased risk for depression and suicide