

THE ROLE OF THE TEACHER
Appendices

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T1.....**The Role of the Teacher (Immediate Response)**

Teacher's will:

- Announce events to students as outlined by the School-Based Team. (CMB)
- Lead class discussion.
- Identify students in need of support.
- Generate activities to reduce impact of trauma.
- Structure and shorten assignments.
- Discuss the idea of postponing testing.
- Recognize that classroom routines and management may be disrupted. (This is natural — be flexible)
- Determine whether extra counselling/support is needed for students/teacher in the classroom.
- Be aware that students congregating in large, unsupervised groups may result in intensifying traumatic emotional responses.
- Do not permit grieving students to leave the school during school hours without parental permission.
- Determine, in consultation with School-Based Team, when and how to remove the student's desk from the classroom in the event of a death. (Refer to page 20 in *The Role of the Teacher* section.)
- Work toward establishing normal classroom routines as soon as possible.

T2.....Teachers Initial Meeting with Students after a Critical Incident

During the initial meeting teachers will:

- Provide students with the information outlined in the CMB by the School-Based Team.
- Stress that we each react differently to tragedies and must respect one another's feelings and ways of reacting.
- Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions in response to a critical incident and that support personnel are available.
- Provide an open and non-judgemental atmosphere in which students can share their feelings about the incident.
- Work with the School-Based CISM Team to identify target groups for defusing and/or debriefing. (E.g. students who witnessed the incident.)
- If students' reactions seem particularly intense or you feel unable to respond to them adequately, refer them to the CISM Team. Offer to accompany them to meet the CISM Team.
- If students have questions you are unable to answer, or if you are feeling uncomfortable in the discussion, request help from the School-Based CISM Team or support team member.
- Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from the CISM Team if their feelings seem more intense or persistent than "normal".
- Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from the support team. Don't assume that the lack of a visible reaction means that the student has no reaction.
- Help students (and parents when necessary) to distinguish between good-bye rituals, commemoration, and memorialization.
 - Good-bye rituals: what is done after a critical incident to bring closure and acceptance such as a scrapbook, flowers, etc.
 - Commemoration: a service or celebration in memory of the deceased person.
 - Memorialization: something designed or adapted to preserve the memory of a person such as an annual day or event, a monument, etc.
- Allow as much time as students need for the discussion. Try to move discussion toward how students can help one another express sympathy for the family.

*If the teacher is feeling overwhelmed, there are support services available
e.g.: counsellors within the school division, S.T.F., etc.*

T3..... Responses to and Recovery from Accidents and Critical Incidents

The sudden and unexpected serious injury or death of a co-worker or friend can create an overwhelming feeling of helplessness. Reactions can have an impact on our bodies as well as our thoughts and feelings.

Common physical reactions include:

- Feeling of numbness and fatigue.
- Increased heart rate, shortness of breath, dry mouth.
- Nausea and upset stomach.
- Tremors of hands, lips and eyes.
- Muscle aches and headaches.

Changes in our thoughts may include:

- Poor concentration and attention span; memory loss.
- Disturbing images and mental pictures.
- Difficulty in making even small decisions.
- Self-blame or blaming others.

Our feelings and emotions may result in:

- Guilt for what we did or did not do.
- Anger about what happened.
- Fear and worry about the impact of the incident.
- Irritability and restlessness.
- Sadness and grief.
- Sense of detachment and abandonment.

These changes may alter the way we behave and lead to:

- Doubting ourselves and others.
- Withdrawing from others or becoming more aggressive.
- Increased alcohol, food, and smoking intake.

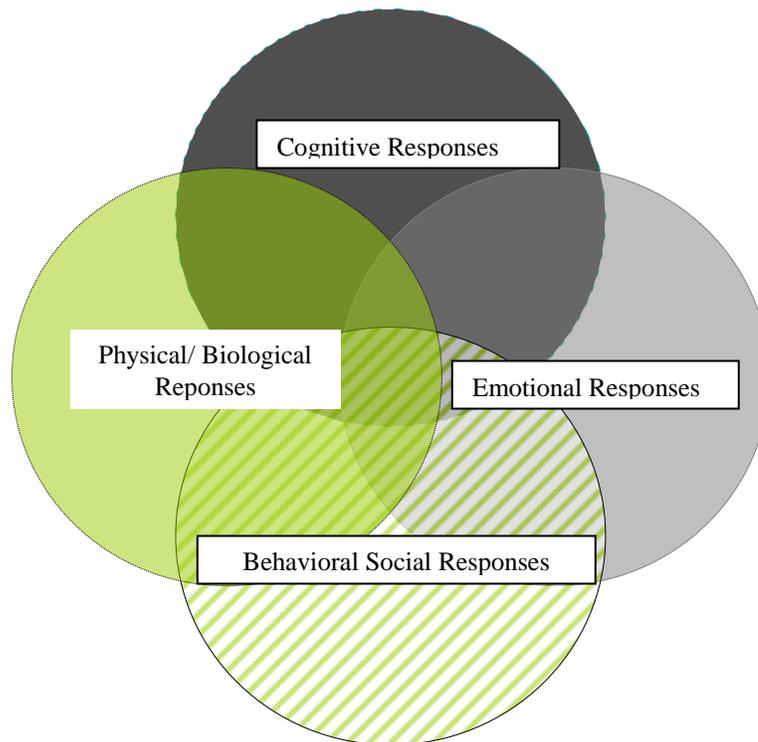
T4.....Responses to Trauma Affect / Many Aspect of Human Functioning

Signs of responses to trauma can be deceiving because the symptoms may vary:

- In intensity and can be attributed to other causes
- In the different areas of functioning so they are “scattered about” in the body, and
- Among individuals so it is difficult to compare one’s responses to those of others

Conceptualizing the Different Areas of Responses to Trauma

One way to conceptualize the different areas of human functioning is to visualize these areas as a pattern of circles which relate to each other.



T5..... Reactions to Critical Incidents

- Anxiety about the possible recurrence of the event or a similar event.
- Emotional distress caused by events or objects that remind you of the traumatic event.
- Confusion, difficulty in concentration, memory problems or an inability to estimate time accurately.
- Flashbacks of the incident that may be visual or may take the form of reliving the event emotionally.
- Temporary mood swings, general changes in temperament, irritability.
- Sleep problems and/or nightmares.
- Feeling depressed, detached or estranged from others.
- A change in appetite or eating patterns.
- Shortness of temper, angry feelings, or a lack of patience with yourself or others.
- Diminished interest in significant activities. (Work, social, or family).
- Questioning belief and value systems.
- Questioning your safety and security.

After a critical incident, the wish to deny that it happened is as strong as the will to talk about it. The following will speed recovery:

- Maintaining good diet, sleep, and exercise habits.
- Talking about the incident with people whom you trust.
- Balancing self-isolation with the companionship of others.
- Protecting your self from further excessive stress.
- Accepting fear in yourself.
- Avoiding excessive rage and guilt.
- Developing active task-oriented coping strategies.
- Accessing available resources and agencies.

T6.....Accessing Available Resources and Agencies

As a teacher who is providing support to students following a critical incident, it is important to recognize one's limitations as a caregiver. There are many resources and agencies within a community which can help to meet the diversity of students' needs following a traumatic event. Each agency or resource includes people who can bring a multitude and wide range of personalities and expertise. Each person brings his/her own unique ideas, skills, experiences and personal qualities.

Some of the many benefits of connecting with outside resources and agencies:

- Relieve some of the demands on the teacher as a caregiver.
- Complement the role of the teacher as a caregiver.
- Provide a wide range of information specific to each agency's area/mandate (E.g. educate)
- Create a network/team with whom the teacher can work.
- Become the community network for providing post intervention.
- Empower the community to become involved in and supportive of traumatic interventions.
- Raise community awareness of the need for the community to become involved in dealing with the trauma which its members experience following a critical incident.
- Help to meet specific needs of individual students who are experiencing the effects of a critical incident.

Phone numbers of some agencies in the Northwest School Division are listed in the section *Role of the Administrator* page 6.

T7..... Guidelines for Individuals Staffing Drop-In Centres

The School-Based Team will assign appropriate personnel to be available for students at the Drop-In Centres.

The following guidelines should be followed while working in the Drop-In Centre:

- Allow the student to express his/her reactions in whatever way is appropriate for him/her. All responses are acceptable.
- Talk about losses. Allow the student to express his/her feelings about this loss and other losses he/she has experienced in life. (E.g. death, divorce, break-ups).
- Talk with the student about what has happened in his/her life recently. Allow the student to express feelings without being judgemental or denying him/her the right to these feelings. Say, "That must have been very hard for you. How do you feel about it now?"
- If you don't understand what the student is feeling, don't pretend that you do. Say, "I'm not sure I know what you mean, but I want to understand you...Perhaps if you tell me again, I might understand."
- Review the known facts of the incident (without releasing confidential information) in order to dispel rumours.
- Refer to a suicide as an unwise decision. (*Refer to Suicide Concerns Information section*).
- Discuss other options for dealing with stress and depression. DO NOT MORALIZE OR PREACH TO THE STUDENT. This may block communication.
- Discuss possible guilt or feelings of responsibility.
- Discuss possible fears for his/her own safety and that of his/her siblings and peers.
- Be aware of the student's response to you. If he/she seems accepting and there has been an improvement in mood, continue. If the response is uncomfortable, remain calm and seek assistance from the support team members.
- If you suspect a student has suicidal tendencies, ask the student about his/her self-destructive thoughts and feelings. Remember, you will not be placing the thought in the student's head. And, if the student admits to suicidal ideation, ask the student about his/her plan. A well thought-out plan is a significant danger sign. (*Suicide Concerns Information section*).
- If you "assess" or feel that the student is thinking about hurting him/herself, refer him/her to mental health resources immediately. (*Suicide Concerns Information section*)
- Be aware of your personal reaction to the incident and to working with students in the Drop-in Centre. If you are feeling anxious, distressed, or uncomfortable, take time for yourself and seek assistance.
- Encourage the student to seek support from and to be supportive of other students and to escort any friend who is upset to the Drop-In Centre.
- Encourage the student to discuss his/her feelings with his/her parents.
- Reassure the student that concerned adults are available to support him/her.
- Above all, model a calm attitude for the student. He/she will pick up on your nervousness or discomfort.

T8.....Preparing for the Unexpected

On the day of the incident, be prepared for an extremely intense day. Students will look to you for help.

What you do will make a difference.

- Kleenex/tissue - have an ample supply.
- Paper and pencils - frequently it helps the students to express their feelings through writing or drawing. It is helpful for you to keep a list of students you have talked with, especially noting the "high risk" students.
- Clay -this may be used as a tool for students unable to express themselves through writing, drawing or talking.
- Handout - with the crisis phone numbers.
- Yellow tape - used to restrict access to the incident area if it is in the building or on the grounds.
- Maps of the building - if outside resource team members are asked to assist, a map of the building may help to clarify designated areas where students will be seen, where the bathroom areas are, etc.
- Hall Passes- to be distributed by the School-Based CISM Team.
- Consult with CISM Team to access "at risk" students to determine the type of support (group, individual, sent home). Students returning home will do so following parent/guardian contact and arranging appropriate transportation.
- Drop-In rooms are available for students and staff.
- Throughout the day of the incident, and perhaps for several days, students who are particularly upset should be given the option of leaving class and going to a Drop-In room. This room will be staffed by one or more members of the CISM Team which may include trained CISM, Division psychologists, school counsellors, wellness coordinators, school staff, mental health staff, etc. There should be one staff member for every 6 to 8 students.

Taken from <http://www.wcresa.k12.mi.us/Wayne-Westland/response.htm>

T9.....Grief Reactions by Age and Cognitive Development

There is a wide variability in children's responses; even from those of the same age, but essentially to the level of cognitive development determines how a person views death.

5-9 Years

Children fear personification of death - skeletons and ghosts, fear of graveyards, haunted houses, "bad" people, but believe the spirit still lives. Talk openly to clear up misconceptions and lessen fears. Reassure children that they will be looked after and accept that their level of conceptual understanding necessitates a concrete view of death.

10-14 Years

Children are beginning to understand and accept a mature realistic explanation of death as final and inevitable. They are developing their independence from parents but are not yet fully established individuals. Consequently, a death, especially of a peer, can cause considerable distress based on a fear for their own security: They may refuse to believe they are mortal.

Teach:

- It is normal to feel sad, angry, and lonely.
- It is all right to cry openly and talk about a death.
- It is appropriate to recognize that grief is painful but that it is important to "move on".

15-18 Years

Teens are beginning to understand the issues of war, abortion, suicide, etc. They are moving to a more abstract level of thinking and yet their tendency is to react, especially in the death of a peer, in a highly dramatic, intense fashion with a reliance on personalized rituals, symbols, etc. Their energy can appear to come in great spurts and their responses can be unpredictable.

Adult

The variety of grief responses in adults is extensive largely due to how previous losses have or have not been resolved. Although adult cognition allows an older person to reason abstractly, the degree to which personal support systems (e.g. friends, religion, etc.) are firmly in place can determine the nature of their grief.

At the same time, adults have at their disposal a large variety of strategies which they can use to avoid grieving. The perceived need to remain "in control" often causes adults to circumvent the natural grief process. Unhealthy responses include such behaviours as:

- Over-activity with no apparent sense of grief.
- Inertia and indecisiveness.
- Suppression of feelings.
- Developing the deceased's symptoms.
- Increased frequency of real physical disease
- Self-defeating behaviour - depression

Colleagues should be watchful of distorted grief responses, and supportive and caring of their co-workers as they move through the grief process together.

What Children Need

- To be given information - clear, comprehensive, and suited to their age level.
- To be involved and to feel important.
- To be reassured about adult grief.
- To know it's okay to have their own thoughts and feelings, especially when they are different from adults' thoughts and feelings.
- To be able to maintain age-appropriate behaviour, interests, activities.
- To say good-bye to the person who died.
- To memorialize the deceased.

ADOLESCENT RESPONSES TO TRAUMA/DEATH

- Strong affective response or denial of impact - no obvious response.
- Overwhelming emotion, confusion - simultaneous conflicting feelings.
- Disbelief, shock.
- Anxiety/fear of death, suicide, insanity (especially with suicide).
- Physiological symptoms especially sleep related.
- Recurring memories/hallucinations.
- Search for meaning. Why this happened? (especially with suicide)
- Guilt/Responsibility – over-focused or over-generalized.
- Anger/Blaming- often displaced or generalized.
- Sadness, pain, depression.
- Sense of personal rejection, and worthlessness.
- Sense of personal failure.
- Identification with deceased.
- Idealization of the deceased.
- Increased acting out behaviours.
- Increased risk taking behaviours;
 - substance abuse, promiscuity
 - suicidal thoughts, feelings, behaviours
- Collapse of earlier developmental achievements.
- Decreased ability to concentrate or focus.
- Deterioration in school performance.
- Lack of ability to trust/feel secure.

The age of a child and a perception of death must be taken into consideration when developing your crisis plan. The developmental, not the chronological, age of the child is the critical factor. If your school has developmentally impaired children, you must remember that it is their age of understanding, not their chronological age that determines their reactions to a tragedy. On the other hand, the intellectual understanding of gifted students far exceeds their emotional ability to cope with death.

If a child is chronologically six years old but has a developmental age of nine, he is emotionally six and intellectually nine. A six-year-old child does not have the emotional capacity to cope well with a real knowledge of death's finality and usually does not believe the deceased is gone forever. If this six-year-old is intellectually advanced he will understand the concept of death's finality but will not have the emotional strength to cope. Because of this, he/she will need direction both in helping to build sufficient coping mechanisms and in finding a sense of meaning in the death.

Pre-school and Kindergarten Age Group

A child below the age of five usually has no understanding of the finality of death. The pain of grief is in the separation. Today's children of five have grown up watching Saturday morning cartoons where the characters routinely undergo physical bludgeoning one minute and return unscathed the next. Death and its finality is not a reality.

The five-year-old child who has suffered a traumatic loss will re-experience the grief again at about age eight when the concept of finality is understood. The child then knows the deceased are NEVER coming back. If a class has experienced a major tragedy in those early years, or even a less traumatic loss, it may be helpful to discuss the loss once or twice when this finality is understood. The discussion can be used to validate the earlier experience and identify how different students handled the situation. This approach builds confidence in the students about their ability to cope when crisis arise.

"When Brenda was three years old, she saw her father shoot and kill her mother. Her father went to prison and Brenda went to live with her grandmother in another state. She was treated in therapy for the trauma and for many years functioned very well. Then, in the third grade, she began to have nightmares again and both her grades and behaviour in school deteriorated. Brenda was beginning to understand more completely how permanent the death of her mother really was. With counselling, she soon regained her equilibrium and continued to do well."

Communicating with the young child

It is imperative for adults to be absolutely clear when communicating with a child of this age group. They are extremely concrete in their thinking and the words they hear are taken literally. "Rest in Peace" becomes equated with sleep and "eternal rest" sounds boring to a five-year-old child. Clear communication is especially important concerning the events surrounding the funeral and the viewing of the body. Whatever the young child sees and hears is subject to literal interpretation. One young child attending her grandfather's funeral noticed the blanket of flowers across the closed half of the casket and when leaving asked her mother, "Why did they cut Grandpa's legs off?"

Young children also possess a graphic vision of life after death. Life-like needs are attributed to the deceased both in the grave and in the children's concept of heaven. When asked to consider the needs of a person after death, children of this age respond with:

- "The box they are buried in keeps them warm."
- "They are fed in heaven."
- "In heaven you can eat all the ice cream you want and never get sick."
- "In heaven people sleep on clouds because they're so soft."

Six to Eight Year Age Group

During the years, six to eight, the child is developmentally tackling the concept of living and nonliving things. Anyone who has worked with children of this age is well aware of an almost morbid curiosity about death. This is the age when children will stick a pin in a bug and watch how long it crawls before it drops. After a period of time, one child may exclaim, "He's still dead!" and for that child a great discovery has been made. The themes in their play reveal their preoccupation with life and death. They are earnestly trying to grasp the reality of death and its finality.

At this age, ritual is so fascinating that even in the event of a tragedy; the child's interest becomes immersed in all the arrangements. He can be very distraught one minute and in the next, occupy himself with probing questions about what will happen at the funeral and whether worms will eat the body when it is buried. Adults are frequently put off by these seemingly disrespectful remarks.

You may wish to explain this outlook to parents and teachers so they do not inadvertently discourage communication. A child of this age has no reluctance to discuss death or its aftermath but he quickly senses from the adult world the nonverbal signals requesting him to keep quiet. If the adults in that child's world are uncomfortable with the type of questions he asks or if they disregard them as inconsequential, he will stop questioning and be forced to resolve, in isolation, the trauma that the death presents.

Eight to Twelve Year Age Group

Until this age, the grief a child feels from a death relates to the separation of the moment "I miss my mom because she's not with me." The thought has not occurred to the child that he will never see Mom again. The child of eight, however, begins to understand the finality of death. The grief he now feels, in addition to the separation of the moment, is from the pain of knowing death is forever.

Egocentric thinking patterns predominate in this age group and result in "magical thinking". As a result of this self-centred thinking, the child infers he has more control over his world than is humanly possible. He believes that his wishes can come true and that the actions in which he engages CAUSE the events in his life. Adults know that other people react to their behaviour, but they also know that their behaviour is not the CAUSE of the reaction. A child does not perceive this subtle difference.

A child, for example, will walk on his mother's rug with muddy feet and his mother will get angry and reprimand him. The reprimand is a consequence. The mother had the choice to react in many different ways but chose the anger and reprimand. The mother could have nostalgically remembered such a day in her own childhood and laughed at seeing her son in the same situation. Although the mother had the choice, the child feels he made his mother angry.

Many educators have seen the child whose family is separating. The child creates crisis after crisis because he quickly learns that when he causes enough commotion, his mom and dad talk to each other without fighting. His acting-out serves the function of holding the family together for a brief period. Ultimately this does not work because his behaviour, whether good or bad, will not mend the marriage any more than it will create the divorce. In the aftermath, though, the child interprets the sequence of events to mean he has caused the divorce. He believes, "If I wasn't so bad, Mom and Dad would be together".

The same thought pattern appears when a death occurs, especially the death of a sibling. Very few children go through life without occasionally wishing to be the only child in the family. Sibling relationships in middle childhood years are often love-hate relationships. Many children have at one time or other wished a brother or sister dead. If that death becomes a reality, the child feels guilty. Because of his own egocentric thinking, the child believes he caused the death by his wishful thinking. He consequently also feels responsible for the pain his parents are experiencing. It is this sense of responsibility and the guilt it creates that make it imperative these children be given plenty of opportunity to discuss the death.

Q: In the past six months we have had five teenagers in our town die in critical incidents. Three were killed in a car accident, one died of suicide, and another died from cystic fibrosis. I don't know very much about adolescent grief responses. Can you help me?

A: The death of a loved one during the teenage years can have a tremendous impact on a teenager's personality development, psychological well being and academic achievement. This section will offer you information on the current research on adolescent physical responses, feelings and needs after the loss of a parent, sibling or friend.

Responses to Loss

Some of the physical responses adolescents have experienced are: loss of appetite, stomach pains, headaches, tense/painful muscles or joints, a general feeling of not being "well", and sleep disturbances. Adolescents reported that their dreams were repetitive, frightening and nightmarish. Their dreams made them feel more vulnerable. Some adolescents even felt persecuted by their dreams. In one study parents/guardians frequently reported their children missed school because they did not feel well. However, they rarely connected their child's physical complaints and emotional distress to grief responses.

The emotional responses of adolescents seem to be intense in the beginning and then apparently diminish over time. Initially, adolescents reported feeling dazed, shocked, confused, numb, lonely, afraid, sad, frustrated, depressed and sometimes relieved. They felt fearful or guilty, e.g.: they were afraid of dying, were uncomfortable when happy and many times felt over-protected by parents, were angry at God, felt a profound sense of powerlessness/helplessness, and were angry or irritable. Some adolescents reported having suicidal thoughts and decreased feelings of self-worth.

Some adolescents, in response to feeling different from their friends, withdrew from social activities. Many adolescents reported not having a friend to talk with about their feelings and experiences surrounding their loss. Less time was spent with friends and more time was spent alone. Other adolescents become over-involved with their friends, spend little time home, and engage in risk-taking behaviours involving drugs, alcohol, unprotected sex, or other risky activities that might lead to their own death.

When adolescents felt they could not have support from their families, they withdrew from them as well. The family's ability to be cohesive and communicate plays an important role in supporting an adolescent after a death. Adolescents in families who do not communicate well with each other often were marked with emotional distance and reported feeling confused, guilty, and angry. It is suggested in the literature that adolescents use avoidance when talking about their feelings in an effort to soothe and comfort their parents as well as to keep from feeling overwhelmed with their own thoughts and feelings. Some adolescents reported they felt their parents would never get over the death of a sibling.

Research has identified significant relationship between the age of bereaved adolescents who had lost a parent and school performance. Average grades dropped in adolescents 15 and under. Adolescents reported difficulty in concentration, preoccupation in thinking and missing school which may have contributed to poor school performance.

Religion, for many adolescents becomes increasingly more important. Many adolescents questioned their religious upbringing as they struggled to answer the questions of "why my brother/sister, and why not me?" While the meaning of death is an abstract concept, adolescents did not have difficulty in understanding the full impact of the death of their sibling. They struggled more with why the death occurred, coping with their anger at its occurrence, questioning their religious upbringing and trying to determine "why did it happen to me?" All expressed a strong sense of guilt over their relationship with the sibling who had died, how they had handled themselves during the illness and the death of their sibling, and readiness to blame themselves for anything that might go wrong. Survivor guilt, excessive concerns for others, and fears of intimacy are consistent themes among some adolescents.

How Adolescents Cope With Death

There appears to be two types of coping styles or paths that evolve after the death of a loved one. Some adolescents actively cope with their grief by talking about it with others, receiving and giving comfort to others, engaging in physical activity, visiting the grave or focusing on memories which pay tribute to the deceased. Others were more passive. They used avoidance and isolated themselves to keep from experiencing their feelings or emotions of grief or the grief of others.

Over time adolescents reported feeling an enduring sense-of depression and sadness. Adolescents are less likely to express guilt and self-blame after the first 18-36 months after the loss, but still reported some degree of physical and emotional responses to loss up to 18-24 months after the loss. Some adolescents engaged in greater risk-taking in a search for activities to occupy time. Still others established deep, serious relationships early. Several siblings reported an inability to discuss their experiences during the death and dying of their sibling until years later. Only after they would established a deep trusting relationship were they able to share feelings they couldn't share with their friends at the time of death.

Outcomes

A positive result of loss during adolescence is that for some there was an impetus for psychological growth. They felt they gained an understanding of the meaning of life they wouldn't have gained otherwise, and increased sense of strength, self-reliance and independence, acceptance of death as a part of the reality of life, enhanced spirituality, a greater caring for friends and loved ones, a strengthening of emotional bonds with others - increased empathy for others, and better communication skills. There was also a perception that they were more mature than their peers.

Negative outcomes following bereavement are shifts in self-concept and self-esteem. There appears to be a relationship between sibling bereavement, low self-concept and emotional/behavioural difficulties.

These findings indicate that time alone does not heal grief. It seems then, some adolescents are able to cope successfully with the death of a sibling and others become vulnerable to long-term negative outcomes.

How to Help an Adolescent

Clearly, keeping lines of communication open with the teenager, creating opportunities for them to talk to someone about their experiences with friends, school, and other activities after the death is extremely important for them to feel supported and to give a caregiver a sense of how they are doing.

Help the teen to find someone who may be able to help them sort through their thoughts and feelings which may seem overwhelming, such as an empathetic adult who has had a loss, pastor/priest/rabbi, or therapist to help them with their "grief work".

Buying a diary or journal to record feelings, poetry, or prose can also be helpful in the expression of feelings. Encourage physical activity and adequate rest/sleep.

To help us cope with our own grief over a death and to assist students and colleagues, it is useful to understand the stages of the grieving process.

Initial Shock

- Shock is the first reaction to death. Initially a person may feel detached from the situation and may be unable to carry out daily activities. Although this detachment may be useful in coping with events following a death it is important to become actively engaged with activities of one's life as soon as possible. Denial may also occur.

Anger

- The feeling of anger is often a part of the grieving process. Survivors frequently feel betrayed by the person who has died —"How could you do this to me?"
- The anger of the survivors is frequently directed at the helping professionals such as doctors, counsellors and educators.
- It is important in moving through this stage of the grieving process to not deny your anger. (Death by suicide often increases feelings of anger).

Guilt

- Death causes us to reflect intensely on our relationship with the deceased. During this process we may experience guilt through real or perceived problems in our relationship with the deceased —"If I only had spent more time with him/her." Death by suicide often increases feelings of anger and guilt on the part of the survivor(s).

Acceptance

- Movement through this stage is not necessarily a happy one; in fact, people may appear to be emotionally numb for a period of time. This is not to be confused with "giving up".

As we move through the grieving process, we establish what the deceased meant to us and we move to an acceptance of his/her death.

- Writing a eulogy.
- Designing a yearbook page commemorating the deceased.
- Honouring the deceased by collecting memorabilia for the trophy cabinet.
- Writing stories about the victim or the incident.
- Debating controversial issues.
- Investigating laws governing similar incidents.
- Creating a sculpture.
- Creating a class banner “in memoriam”.
- Building a fitness course, a sign for the school, or a bulletin board in memory.
- Discussing ways to cope with traumatic situations.
- Discussing the stages of grief.
- Conducting a mock trial if laws were broken.
- Starting a new school activity such as a SADD unit if a child was killed by a drunk driver.
- Encouraging students to keep a journal of events and of their reactions, especially in an ongoing situation.
- Placing a collection box in the class for notes to the family.
- Urging students to write the things they wish they could have said to the deceased.
- Composing and practising a song in memory of the deceased.
- Discussing alternatives for coping with depression.
- Analyzing why people take drugs and suggesting ways to help abusers, if the incident was substance abuse related.
- Writing a reaction paper.
- Writing a “where I was when it happened” report.
- Discussing historical precedents about issues related to crisis.
- Reading to the class. (See *Resources*.)
- Encouraging mutual support.
- Discussing and preparing children for funeral. (What to expect, people’s reactions, what to do, what to say)
- Directing energy to creative pursuits, physical exercise, or verbal expression when anger arises.
- Creating a class story relevant to the event.

DO'S

- Feel comfortable asking for help. This experience need not be handled alone.
- Develop an environment in which students feel safe to ask questions, and confident of receiving an honest answer.
- Use correct terminology related to death. (Avoid euphemisms -"passed away", etc.)
- Listen and empathize. Make sure you hear what is said and not what you think the students ought to have said.
- Allow the students to express as much grief as they are able or willing to share with you.
- Share your own feelings and tell about your own memories of the student but don't idealize the dead student.
- Say "I don't know" when you don't know.
- Recognize that classroom routines and management may be disrupted. (Be flexible.)
- Maintain a sympathetic attitude toward the students' age-appropriate responses. (Be prepared for a strong reaction).
- If appropriate, organize activities that will allow students to tangibly express their grief. (E.g. memorials, letters, etc.)

DON'TS

- Don't force a child to participate in a discussion about death.
- Never link suffering and death with guilt, punishment, and sin.
- Don't be judgemental; don't lecture. It's all too tempting to make a point or moralize.
- Don't force a "regular day" upon grieving students, but at the same time don't allow the class to be totally unstructured. Offer choices of activities. (E.g. letters, journals and discussion.)
- Don't say "I know how you feel" unless you truly do.
- Don't force others to look for something positive in the situation.
- Don't feel you must handle this alone. Ask for help.
- Don't expect "adult responses" from children and teenagers. Their grief responses may seem inappropriate to you. (E.g. giggling).

Note: It may be useful to provide a copy of this for each staff member.

Adapted from: Ogden E.H. and Germinaro, V. (1988}. The At-risk student: Answers for educators. Lancaster, Pa. Technomic Publishing Co. Inc.

Directions: In the tree below, write in (and draw in, if necessary):

Roots: strengths you have used before

Branches: difficult tasks you have mastered

Knots: things that get in your way more than they help (example: temper)

Leaves: all people important to you now and in your past

Put your tree in a place where you will see it frequently!



T17.....Teacher Guidelines for Talking to Students about Death

There are three basic tasks you can do:

- Listen
- Talk
- Physical contact

Statements people often find helpful:

- "I am sorry about your mother's death."
- "I don't know what to say."
- "I have heard about your loss and am concerned and will help if I can."

Things people often find helpful:

- Letting them know you are aware of the death
- Acknowledgement of their pain
- A simple card
- Doing something special for them

Statements people often find **not** helpful:

- "It will be all right. I just know!"
- "Let me know if there is anything I can do."
- "I know how you feel."
- "Try not to think about it."
- "Good people die young."
- "Time heals."

Sentence starters:

Encourage students to engage in a discussion. Below are some suggestions:

- "I'm having a lot of mixed feelings/thoughts about this. What are your feelings/thoughts when you heard the announcement?"
- "Who are the adults you can discuss this with outside of school?"
- "If you have had other losses in your life before, how are you feeling now? "
- "Where are places you can go to talk about these feelings?"
- "What can you do to help your classmates at this time?"

T18..... What Do We Do With the Empty Desk?

“Dealing with the death of a child in a classroom is not simply a matter of removing excess furniture. However, historically, many schools have responded in just that way. When a child died, the desk was removed...these behaviours’ were supported by the misconception that children did not understand death, that they did not mourn and that they must be protected from the harsh reality...It is now a known and universally accepted fact that children grieve, mourn and understand death...their level of understanding is dependent upon their age and stage of development.”

What Do We Do With the Empty Desk?

Beyond the Innocence of Childhood

Margaret M. Metzgar, David W. Adams, Eleanor J. Deveau

1995

GUIDELINES FOR DEALING WITH THE STUDENT’S BELONGINGS

Senior Students:

- The locker will need to be cleaned out. Ensure that this is done when other students are not around.
- If the locker is shared with another student, arrange with that student to get his/her input as to how this should be handled. (The individual may be needed to distinguish what belongs to whom).
- Contain the student’s belongings in the office.
- Be wary of any items that might be needed for police investigation (if applicable). Police may ask that the student’s locker remain untouched until an investigation is completed on his/her belongings.
- When appropriate, return the student’s belongings to his/her family in person.

Elementary Students:

- Since elementary students often just have a desk, most of his/her belongings will be located there.
- Do not remove the student’s desk immediately. (See above quote).
- The desk should remain in the classroom until sufficient time has passed, allowing the class to grieve and then to discuss what they would like to do with the desk. (Recommend removal following the funeral)
- Parents of the deceased student should be allowed input into “what do we do with the empty desk?” (Refer to page 20 of *The Role of the Teacher* section.)
- Gather student’s belongings from locker, gym, etc. Often peers would like a memento of the deceased, but personal belongings must be kept for the family.
- Remove the student’s name from class lists, attendance lists, and the computer. This will prevent any embarrassment by an unknowing substitute teacher checking attendance at the beginning of class.
- Be aware of items hanging on walls and bulletin boards as well.
- It may be appropriate to allow some things to be claimed by other students. (At teacher’s discretion) For example, students may wish to have artwork done by the deceased.

BE SURE TO CHECK THIS OUT WITH THE FAMILY FIRST.

- These activities provide other students with the opportunity to say “good-bye” to their classmate and teaches them that it is okay to talk about the deceased student.

When a student returns to school after experiencing the loss of a parent or sibling, it can be uncomfortable for both the student and the rest of the class. If possible allow the student to get settled in as usual. Sometime early in the day the teacher should speak to the student privately, expressing concern, sharing any relevant experience and letting the student know that he/she understands how painful life is right now. The teacher's body language is important — make eye contact, keep a relaxed bearing and remember that returning to school is a very important step for that student. It is the sign of beginning to return to "normalcy" and perhaps returning to a place where the student can find the most stable environment in his/her life at that moment. Be direct in your comments. Avoid platitudes or euphemisms.

Later, let the student talk about the death as well as discussing any concerns about getting behind in school work. Accept the feelings, fears and concerns of the student. Recognize that people vary in how much they wish to disclose their feelings. Allow them to talk.

Demonstrate by touch, if appropriate, as well as words that you care. When a person is faced with painful feelings, especially those that make him/her isolated, physical contact can be very important. Touching, when touching is needed, may contribute so much that it outweighs the very slight possibility that it will not be desired.

Recognize that the pain of a loss may persist over an extended period. The teacher may choose to consult with appropriate resource personnel regarding students who have suffered such a loss.

The teacher should have taken time to discuss with the class the return of the bereaved student. There is a tendency to avoid people who have experienced a death. A sense of isolation results partly from the deliberate withdrawal of the person who has experienced a death of a family member or friend but it is also caused by others who avoid the bereaved. The teacher should encourage their students to be open and supportive of the bereaved student upon his/her return without an excessive focus on the death. Caution students about gossip, inappropriate questions or comments.

What is Trauma?

- When an actual or perceived threat of danger overwhelms a child's usual coping ability.
- Examples of trauma may include a parental death, physical or sexual abuse, exposure to family violence, exposure to parental drinking, a single incident event (e.g. getting lost), or a natural disaster.
- The meaning for a child is affected by: bio psychosocial history, temperament, level of development, the context in which the event occurred, and the support available from attachment figures.
- Chronic traumatizing events can compromise all areas of child development: identity formation, cognitive processing, experience of body integrity, ability to manage behaviour, affect tolerance, spiritual and moral development, ability to trust others.
- Children's coping skills are determined by: age, verbal abilities, strength, mobility, freedom, experience, and available attachment figures.

Taken from James.B. (1994). Handbook for treatment: Attachment – Trauma Problems in children. Lexington books: New York.

Consequences of Trauma**Persistent Fear State**

- The experience of the traumatized child includes fear, threat, unpredictability, frustration, chaos, hunger and pain.
- Fight, Flight and Freeze are immediate automatic survival responses that serve to protect the body/brain from harm.
- Fight response: crying, tantrums, aggression.
- Physical Flight/Dissociation: Flight is not often possible for children.
- Freezing: provides camouflage and time to process/evaluate a situation. (Commonly perceived as oppositional – defiant).
- Responsive behaviours may include: hyper vigilance, heightened startle response, increased irritability, anxiety, physical hyperactivity, regressive behaviours.

Disorder of Memory

- Severe traumatizing experiences are not processed and stored in the memory the same way as other events.
- They are not integrated with past experiences – separate and partly/fully out of consciousness.
- Re-experiencing of the trauma may occur. (Flashback):
 - o Stimulated by similar affective states. (Fear combined with helplessness)
 - o Sensory experiences. (Smell or loud voice)
 - o Behavioural interactions. (A whispered threat, a spanking)
 - o Specific objects. (Knife, beer can)

- In school age children a flashback may look like a sudden, out of context, intensely emotional episode that the child may not be able to explain.
- Dissociation protects the traumatized child from overwhelming emotions, thoughts, sensations and allows them to function in their environment, but it is maladaptive.
- All of us experience this and it can be adaptive. (Driving, absorbed in music, losing track of time and space).
- Symptoms of trauma related memory disorganization such as lying, unexplained aggression, withdrawal, or weird spacey behaviour, can easily be misinterpreted when seen in children.

Deregulation of Affect

- Intrusive, spontaneous, affective recollections of trauma that children attempt to control or prevent by numbing and affect avoidance.
- Characterized by constricted affect interspersed with out-of-control outbursts.
- Difficult for the child to describe or predict their own emotional reactions and this makes it difficult to learn from their emotional experiences. (Alexithymia)
- Related behaviours may include oppositional behaviour, defiant, uncooperative, anxious, depressed, impulse-ridden, and unpredictable behaviour.
- These children can be learning disabled and verbal and non-verbal cues are often misinterpreted.

Avoidance of Intimacy

- Intimacy is often avoided by traumatized children because in their experience, emotional closeness leads to: vulnerability and lack of control.
- Very difficult to parent children who actively avoid intimacy and resist dependency.
- Intimacy avoidance extends to other adults in the child's life as well. They may have aversions to physical or emotional closeness, be guarded, hyperactive, controlling or pseudo-mature.
- Other intimacy avoidance behaviours may include: clingy, avoidance of eye contact, withdrawal, oppositional behaviour, and disgusting personal habits.

Taken from James.B. (1994). Handbook for treatment: Attachment – Trauma Problems in children. Lexington books: New York.

What Can We Do In The Classroom?

Make the classroom a predictable place.

- Be clear about rules and expectations.
- Have the agenda on the board.
- Follow a routine.

Give the child lots of notice or information about changes.

- Prepare them for what to expect in the new environment.
- Explain what behaviour is expected of them.

Assist with transition.

- Recognize what transitions times are most difficult – recess, break time, lunch, music class etc.
- Prepare/remind the child of expected behaviour – be specific.
- Be available to the child before and after these times.

Allow the child more time.

- More time for processing a situation.
- More time to respond to a question or a request.
- Walk away and give space.
- Know that the response may be different one day from the next.

Be aware of triggers that cause children to feel unsafe.

- Learn what smells, sounds, or circumstances trigger the child’s challenging behaviour and avoid the triggers.
- Be aware of your voice, your physical proximity, your posture.
- Avoid startling the child or putting them on the spot.
- Avoid yelling.

Remember their tanks are often on empty: Fill their tanks.

- Avoid “taking away” as much as possible.
- Comment on being courageous, and trying. (E.g.: the process and not the outcome)
- Get them to do what they are good at and teach others.
- Help them to see themselves in a different way – describe them as brave, kind, helpful.
- Engage with them on a personal level.
- Laugh with them; attempt spontaneous eye contact.

Assist them with their emotions.

- Remember the emotion may not fit with the situation.
- Model listening.
- Give their feelings a name and acknowledge them – even when the behaviour is unacceptable.
- Assist them with ideas to manage their emotions.
- Avoid power battles.

The Crucial C's**Assist the Student to Feel CONNECTED**

Provide opportunities for cooperative interaction.

- Be clear about class rules and have a plan for problem solving with others.
- Use cooperative games, songs, plays and creative dramatics.
- Engage the student in class group projects. Give them a role where they can be successful.
- Help them plan a surprise for the class.
- Develop a group identity and assist the student to participate in activities such as creating a class banner, class song, planning celebrations, or creating a class diary.
- Use cooperative learning activities with one or two other students.

Show a personal interest in the student.

- Greet the student by name at the beginning of the day.
- Acknowledge their moods – “looks like your having a rough day. Some days are like that.”
- “You look pleased today.”
- Chat with them in the hallway; plan a special time together.
- Find out about hobbies, family, things of interest.
- Ask the child to share at a class meeting about their interests or to teach a skill to others in the class.

Give positive attention.

- Help the student see themselves in a new way. Use descriptive words. “You are curious.” “That was brave of you.”
- Rather than encouraging success, encourage the attempt to take risks and try new things.
- Display a variety of students’ work in the class – not just perfect papers.

Find and recognize strengths and talents.

- Look for strengths – not just academic, but mechanical, artistic, athletic, creative and social.
- Be a talent scout – find something the child is good at and uncover the skills used in that.
- Create activities. Show how these qualities are used in other areas. Dungeon and Dragons = logic; athletics = determination; video games=concentration.
- Simply accentuate the positive.

Show acceptance and separate the deed from the doer.

“I liked the way you handled _____. I liked it when you _____ because _____.
When you _____, I felt _____ because _____.”

* *Send cards and messages home to absent students.*

Helping the Student Feel CAPABLE.

Make mistakes a learning experience.

- Set the tone on the first day of school: “How many people think they might make a mistake this year? It is sometimes a worry that if you are asked a question you won’t know the answer. Is it okay not to know? You bet. We don’t make fun of those who make mistakes.”
- Demonstrate learning from mistakes. Simply state _____ was new information. Next time you’ll know _____.
- Note the way you respond to errors. Allow the child time to try again; offer clues. Do not call on another student immediately. This conveys the message that errors are failures and we are more interested in performance than process.
- Look for how far the student has come, not how far they have to go.
- Concentrate on the effort, not the errors. We need to accept mistakes if children are willing to take a risk.
- Point out what is done well when grading papers. (For example +70 instead of –30).

Build confidence.

- Focus on improvement, not perfection.
- Notice contributions.
- Build on strengths.
- Believe in students.
 - o Have realistic expectations.
 - o Allow them to struggle and succeed if the job is within their capabilities.
 - o Acknowledge the difficulty of the situation.
 - o Focus on the present, not the past (expecting repeat behaviours) or the future. (Kids worry about their ability to keep up).
- Analyze successes to see what they did right. Why was an approach successful? Would they be willing to teach others?
- Insure successes – divide up large tasks into smaller more manageable ones. Give opportunities to repeat successful experiences.

Helping the Student Feel That He or She COUNTS.

Through Contribution:

Provide opportunities for students to be helpful to the group in class. Offer jobs that are meaningful. Give some responsibility.

Provide some choices for projects – brainstorm:

- What could we do?
- What do we need?
- How can we get what we need?
- Who can do what part?

Make rules together.

- What helps? ...behaviours that makes being here easy and fun.
- What hurts? ...behaviours that sabotage or interfere with others' right to play, participate, learn or feel safe.

Help each other. Use peer tutoring.

- Make a list of skills the student could teach others and a list of things they would like to learn. (Clay, jump rope, basketball)
- Provide peer opportunities for teaching and learning.

Help in the community.

- Charity drives, community clean up, etc.
- Regular visitation of nursing homes, volunteering at shelters.
- Tutoring younger children.
- Participating in school-wide decision-making and problem-solving.

Recognize the positives in each other.

- Recognition box – have students fill out cards (signed or anonymous) on something they have noticed about someone else.
- Ask students to periodically evaluate themselves, develop goals, and assess improvement.
- Give appreciation and compliments at classroom meetings.
- Send notes of encouragement to parents telling them about their child's improvements or continued effort.

Helping Children Develop COURAGE.

- Have the courage to be imperfect: don't expect perfection of self or others.
- Point to strengths, not weaknesses.
- Don't make comparisons with others.

Be curious, not accusing.

- Ensure children understand the instructions.
- See if the child's understanding is the same as yours.
- Learn where help/corrections are necessary.

Ask yourself these questions:

- Am I inspiring self-evaluation, or dependence on another's evaluation?
- Am I respectful, or am I patronizing?
- Am I seeing the child's point of view or only my own?
- Would I say this to a friend?

Avoid debilitating help, such as:

- Overlooking misbehaviours without taking appropriate action.
- Regularly doing for children what they can do for themselves.
- Rescuing students from uncomfortable consequences of their actions. (We have to intervene to keep students safe or if the outcome would be extreme discouragement; but some discomfort isn't dangerous).

Avoid criticism

- A relationship is very important if you want a student to hear what you say without defensiveness. (Even then it's tough)
- Check-out what information a student is asking for. Did they want encouragement or correction? Did they want feedback or just someone to hear their presentation?
- Success is usually dependent upon the willingness to put forth the effort needed to improve. By focusing on what a student already does well, they get the idea that success is the most important value. They may avoid working in areas where success is not already guaranteed.
- Commenting on improvement or effort is more encouraging than only noticing when a job is successfully completed.

Adapted from: Bettner, B. & Low, A. (1998) Responsibility in the classroom: A teacher's guide to understanding and motivating students.

Dear Parents,

As some of you are aware, there has recently been

_____.

Any death is difficult for children to understand. We encourage you to review the attached handout: ***“Helping your Child after Trauma / Crisis.”***

We will have a Crisis Team on site at the school that you may access if you notice your child having difficulty or to answer questions about how this incident might be affecting your child.

At this difficult time, we wish to stress that the family needs their privacy to deal with their grief as well as your support of being there when they need you.

If you have any questions, or if you have immediate concern about the well-being of your child, please call us at (phone number) . We are available from 9:00 am to 4:00 pm. After hours you may contact (name) at (phone number) .

Sincerely,

Helping Your Child after Trauma / Crisis

Children may be upset, scared and/or confused after a critical incident or crisis. These reactions are normal. Listed below are some problems you may see in your child.

- Fear of: darkness, strangers, separation from parents, being alone.
- Increase in immature behaviors.
- Not wanting to go to school.
- Changes in eating and/or sleeping behaviors.
- Increase in either aggressive behavior or shyness.
- Bed wetting or thumb sucking.
- Persistent nightmares.
- Headaches or other physical complaints.

Help your child by:

- Remain calm and controlled – avoid hysteria. Children respond to adults in their life.
- Let children know that it's okay to be sad and upset – encourage children to talk about their feelings.
- Reassure children that they are safe. Point out things that ensure their immediate safety.
- Observe children's emotional and behavioral state. Look for changes in mood, appetite and sleep patterns.
- Tell children the truth – don't pretend things didn't happen. Children are smart and will figure it out. Keep explanations age appropriate.
- Limit T.V. and movies that may remind them of the situation.
- Maintain a normal routine – as much as possible.
- Make time to keep talking to your children – check up on them.
- Stay close – don't leave for extended periods of time.
- Make sure they get sleep, proper nutrition and lots of activity.
- Reaffirm relationships – love and care from family is a primary need.
- Express that the future is hopeful – help rebuild trust and faith in our own future and the worlds.

Practical Suggestions for Parents in Assisting Children in the Aftermath of a Tragedy

The manner in which children react to critical incidents is dependent upon a number of variables including the age of the child, personal history, personal variables, the severity and proximity to the event, level of social support available and the type and quality of intervention. It is important to realize that most children will recover from the effect of a crisis with appropriate support from family, friends and school personnel.

Seeking professional assistance is recommended if you or your child's reactions begin to significantly interfere with life functioning or if negative emotional, cognitive, behavioral and physiological responses become predominant. The following are suggestions that you can utilize in your effort to assist children.

Be aware of your own reactions to the event.

- Very young children take their cues regarding how to respond by monitoring the reactions of significant adults in their environment. (Parents, teachers, older siblings)

Keep yourself available for providing extra attention to your child.

- Provide an opportunity for a child to express what they have experienced but also reaffirms their sense of closeness and security to you.

Be mindful of the child's cognitive and emotional functioning level.

- Too much information to a younger child may foster a sense of confusion as well as fear and insecurity. Younger children require the use of simpler words and concepts.

Use empathic communication by acknowledging, understanding and expressing an appreciation of your child's experience.

- Let him know many people of all ages are also upset and that many are working together to prevent such a thing from happening again.
- When appropriate, express your own feelings. This helps develop a child's vocabulary for expressing emotions. This also begins the important process of validating and legitimizing their thoughts and feelings regarding the event.
- Reassure them that feelings of fear, sadness, anger and guilt are "normal" reactions to an "abnormal" experience.

Do not speculate and give false information about what has taken place.

- Misrepresentation of the facts may exacerbate false and distorted thinking.
- Strive to separate fact from fiction.

Monitor exposure to the media.

- Channel their feelings and curiosity into some form of helping behavior.
- Have them write a letter or draw pictures, donate clothing or help raise money for those affected by the event.

Realistically provide reassurance about their safety.

- Assure them that steps are being taken to make their schools and community safer places.

Consider the reactions of children with histories of past traumatic experiences, losses or emotional disturbance. (e.g.: depression, anxiety)

- Be observant for signs of suicide, substance abuse, severe sleeping and eating disturbances, and externalizing of angry or aggressive feelings.
- Seek the assistance of a mental health professional.

Make an effort to maintain a “normal” routine.

- Keeping some constituency in the household chores, dinner time, homework, and bedtime can foster the healing and recovery process.

Monitor your own emotions.

- Be aware that you may also be feeling grief, anxiety, guilt and anger as you attempt to make sense out of the senseless.
- Touch base with close friends, clergy, school and mental health professionals as needed.
- Get adequate sleep and nutrition.
- Incorporate exercise and other enjoyable activities within your routine.
- Obtain professional assistance if you or your children are in need.