



UBHC
UNIVERSITY BEHAVIORAL HEALTHCARE

Traumatic Loss Coalitions for Youth

HELPING TEENS

Cope With the Sudden Death of a Peer

A sudden death is shocking and unbelievable to adults. However, most adults have learned coping skills as they have grown and matured and can draw on these skills to help them cope. When a peer dies suddenly and unexpectedly, teenagers can be greatly affected on several different levels.

Adolescent friendships are extremely important and can take on as much meaning as family relationships. The closer the relationship, the more difficult it is to bear the thought of losing a friend and confidant and having to go on without them. After losing a friend to an accident or other sudden death, a teenager may experience feelings of guilt or have rescue fantasies. They may feel they could have or should have been able to stop the death. For example, "I should have never asked her to pick me up for the movies. If only I had just driven myself, she would have never gotten into that accident."

The death of a peer that was not a close friend can also be difficult for a teenager. The decedent may have been someone the teen looked up to, emulated, or have shown them some special attention or kindness. In addition, when a peer dies there is a disruption in the belief that death only happens to the very old. Teenagers often believe they are immune to death. When a young person dies, the teen comes face-to-face with their own mortality and the mortality of those they care about.

Sudden and unexpected death disrupts the way teenagers see the world. Most youth believe bad things happen to other people and they see threat as minimal. Subsequently, they see the world as a safe and meaningful place and feel a sense of control over their environment. When a shocking event like a sudden death happens, these assumptions are shattered and adolescents can feel out of control, unsafe, and that the world has lost its meaning.

Developmentally, teens are in the process of emotionally separating from their families and are more apt to turn to other teens for solace. Many teenagers have little experience with death and may be confused or afraid of the strong emotions that are evoked. They may not know how to support each other or to ask for help themselves. Teenage boys especially may have difficulty displaying strong emotions of fear or sadness and may feel that it is babyish to cry. Some teens may not be able to verbally express their pain and confusion or they may express these feelings in less adaptive ways such as angry outbursts; getting into fights; using alcohol and drugs; or engaging in risk-taking behaviors. Caring adults may not know what to do to help someone who refuses their offers to talk about their grief and it may be more difficult to feel empathic when a teen is expressing their grief in angry or aggressive ways.

Teenage friendships are often fraught with disagreements, disappointments and hurt feelings. Disruptions in relationships followed by reconciliations are common as teenagers continue to learn the nuances of conflict resolution and building strong trusting friendships and romantic relationships. When the sudden death of a peer occurs during a time when the relationship is experiencing difficulty, a teenager can be left with feelings of guilt and remorse and may have more difficulty grieving the death.

When there are multiple deaths such as in a car crash or a natural disaster, teenagers are faced with an even larger task in their grieving. Multiple losses can deeply impact whole communities. These losses can have far reaching effects into other communities as well, especially with the presence of print, televised and social media. Teenagers may become emotionally overwhelmed with the enormity of processing so much loss and being closely connected to the grief of so many others. They may believe their community; their friends; or their school may never recover from the tragedy of losing several young people. They may begin to believe if it happened once it can happen again, and may become fearful of further loss. Teens, who lose multiple friends at the same time, may feel pressure to attend all of the services and feel guilty if they understandably cannot handle that kind of emotional overload.

Parents and school personnel can be most helpful in guiding teenagers through the shoals of loss and grief and in mitigating the emotional effects of these events. Below are some strategies in helping teens cope with the tragedy of the sudden death of a peer:

- Remember grief is as individual as the person experiencing it. Teenagers will not always grieve the same as adults. An adolescent's experience of grief will depend on many things including their personality; their psychological functioning; their relationship with the deceased; their proximity to the death such as being an eyewitness to a car accident; the extent and quality of their support network prior to and following the death; and their prior experiences with death. Don't expect teens to grieve in a proscribed way. Watch and listen to clues of how they are experiencing and expressing the loss.
- Some youth will want to talk and will seek out opportunities to tell the story of their friend's death in an effort to come to terms with it and make some meaning out of it. It is important to listen and listen some more. Bearing witness to their pain without the need to "fix it" or encouraging them to move on too quickly is a gift of healing.
- Some youth may not want to talk at all and will become irritated when invited to do so. Let the teen know that you understand and respect their wish not to talk. Continue to model your own verbal expressions of grief from time to time without the expectation that they will do the same. You can say things like "I thought about ____ today when I made dinner. I know this was his favorite. I really miss him."
- Encourage teens to try other ways of coping with their grief. For example, some teens may like to write poetry; short stories or music; some like to dance, sing, play musical instruments; engage in sports; and some like to get involved in volunteer activities. They can use these outlets to help them deal with the loss or honor their friend's memory.
- Let the teen know that you care about them and are there for them always, but also encourage them to identify other caring adults they would feel comfortable reaching out to. Ask "Who are the adults on your 'A' list, you know those that you can go to if you are struggling with something." Explain that during hard times, it is often very helpful to have many people around them who can help.
- Teens will often gravitate toward their peers to help them following the death of a friend and may want to spend more time with their peers than their family. Do not take it personally, this is developmentally normal. Be vigilant though, and intervene with understanding and compassion if they are engaging in maladaptive behaviors including using alcohol or drugs or engaging in risk-taking activities to cope with their feelings.

- Teenagers may not want you to accompany them to the wake or funeral. Allow them to go with their peers. Also, let them know you will be there but you will stay in the background just in case they need assistance.
- Teens may express thoughts that they should have been able to prevent their friend's death. For example, they may say they should have invited the friend to come over and watch a movie; then they wouldn't have been in the car with the other kids when it crashed. Explain that if they could have predicted this was going to happen, you have no doubt they would have done everything in their power to prevent it. However, sometimes things happen that we have no way of predicting. This was not their fault.
- If the teen seems to be feeling guilty about having relationship problems with the deceased prior to the death, tell them you are sorry they didn't get the chance to make up with their friend. Explain that all relationships have their ups and downs. Friends fight and friends make up. There was no way to predict their friend was going to die. You are sure if both of them knew this was going to happen, they would have certainly wanted to fix their relationship. Remind them the relationship was a strong one and that the tough times were far fewer than the good times. This last argument did not define or diminish their whole relationship.
- Help the teen understand they may experience a wide range of emotions. Explain this is normal and grief can sometimes make you feel sad; angry; confused; and scared. It can make you feel as if everything is out of control and nothing will ever be the same again.
- Watching a young person struggle with grief is painful for the adults who care about them. The adults may want teens to "move on" from the sadness of the death and inadvertently try to rush the teen through the grief process. Teens may interpret this as the adult's inability to understand their feelings and may withdraw from the adult. It is better to walk with the youth through the process and let them determine the time frame while continuing to reassure them the pain will change in intensity. Explain they may always grieve for their friend, but they will at some point, little-by-little, begin to experience glimpses of the joy in life again.
- Remind teens it is ok to have some respite from their grief. It is ok to laugh at a movie or feel good dancing or listening to music. It is ok to forget about the pain while they are engaging in a sport. It is not disrespectful or an indication they have forgotten about their friend or cared for them any less.
- If there have been multiple losses such as in a car crash or a natural disaster, the teen may feel the need to attend every wake or funeral even though there are indications they are emotionally and physically drained and overwhelmed. Teens can become equally overwhelmed when there have been two or more unrelated deaths over a short period of time as within a school year or within the same class over a period of years. Give the teen permission to not attend every service and assure them this does not in any way indicate how much they cared about their friends. Show them the many ways they were a good and caring friend when their friends were alive. Help them to plan other ways of honoring their friends' life and supporting the families over the next days, weeks, and months without pushing their body and emotions to the limit right now.
- Some events such as those with multiple losses attract mass media attention. Frightening, dramatic and sad images are often repetitively displayed in newsprint, on television or radio. Watching these kinds of scenes may fixate the images of a violent or accidental death and increase the teen's feelings of vulnerability. It is important to talk to the teen about limiting their exposure to upsetting media coverage as it may be difficult to get the images of the deaths out of their mind.

- Teens like adults have a natural desire to memorialize someone dear to them when they die. Memorialization is important to the healing process however some memorials can be problematic. For example, having large memorials in the school gym may inextricably connect the gym with feelings of loss and sadness. For some youth, these feelings may be evoked every time the facility is used. Wearing tee shirts to school with the deceased's picture on them can be comforting to some teens but very upsetting and triggering for others. After a car accident, roadside memorials are often erected where youth gather to grieve, putting them in danger of being struck by a passing car. To avoid these problems and safety concerns, encourage teens to engage in living memorials. For example, they can raise money to help the family defer funeral costs or engage in an advocacy or prevention program like Students Against Destructive Decisions. Another idea is to champion a cause or activity the decedent valued such as volunteering in an animal shelter or learning to play the guitar.

Signs that the teen may need additional assistance

While these signs and symptoms are normal in the early days and weeks after a sudden death, if they continue or worsen it is an indication the teen could benefit from assistance from a mental health professional

- symptoms of depression; sleeping difficulties; restlessness; anxiety and unremitting feelings of guilt and responsibility
- difficulty concentrating, academic failure or indifference to school-related activities
- irritability; angry outbursts; physical fighting
- somatic complaints such as headaches; stomachaches; fatigue
- withdrawal from friends and family
- nightmares
- inability to stop thinking about the event
- worrying excessively about something bad happening to them or someone they love

Signs that the teen is in need of immediate assistance from a mental health professional

- risk-taking behaviors such as drug and alcohol abuse; sexual experimentation; driving too fast
- self-injurious behavior such as cutting
- thoughts of suicide or suicide attempts

Resources

Most frequently the time and attention of caring adults can effectively assist teens who are grieving the loss of a friend. Teens experiencing some of the signs listed above can benefit from more formalized counseling that can be provided by school and community mental health professionals. These resources can be found by contacting school administrators; pediatricians and adolescent medicine doctors; local psychiatric screening centers, and other community mental health centers.

-TLC-

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Tool 6—For Teens: Your Reaction to Stress

Fact Sheet—Ready to copy



About the Tool

Copy and distribute this fact sheet for teens to help them understand and deal with reactions to stress. Teens may suffer confusion about what they are feeling and need reassurance that a wide range of emotions is normal.

YOUR REACTION TO STRESS

Trauma can change the way you view your world. You may feel unsafe and insecure about situations and places you normally would enjoy. Your reactions to trauma will depend upon how closely you were involved with the people involved in the trauma, your personality makeup, your normal way of handling situations, and the type and amount of support you have in your life. It is common for youth, like you, to have difficulty controlling your emotions or to become disinterested in normal activities. A constructive way to view this situation is that you are normal kids involved in an abnormal circumstance.

It is natural for you to first experience some sort of denial. Fears, worries or nightmares are common following a trauma. Sleep disturbances or eating difficulties may happen. Also, you may begin to regress emotionally or act younger than your age. You may become more clingy, unhappy, or needy of parental attention and comfort. Feelings of irritability, anger, sadness, or guilt may often emerge. Somatic complaints such as headaches, stomachaches, or sweating are not unusual. You may repeatedly relive the trauma by acting it out in activities or dreams. Other youth, like you, may seek to avoid all reminders of the trauma by withdrawing from relationships, refusing to discuss their feelings, or avoiding activities that remind them of the people or places associated with the trauma. Some loss of interest in school, misbehavior, and poor concentration are other common reactions.

These symptoms may range from mild to severe. More severe symptoms may indicate that you are experiencing post-traumatic stress disorder or depression. You need to be aware of how you are coping and try to seek assistance.

What Can You Do to Feel Better?

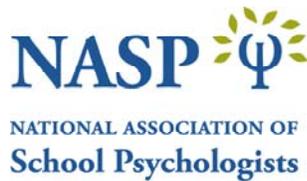
The following list of suggestions may assist you in getting back on track.

- **If you find that you are experiencing self-blame and guilt.** Try to figure out which events you can control and which are uncontrollable. You didn't ask to be involved in this crisis...you just are. Try to be positive and focus on the good that you can do to help other youth avoid experiences like yours.
- **If you feel helpless or hopeless.** Write or share your current feelings with others. *Share your experience.* You are not alone. You need others and others need you. Try to participate in school and community events, memorial services, and future school violence prevention activities.
- **If you are losing interest and feeling down.** Try to arrange an interesting activity every day. Plan for future special events. Discuss enjoyable topics. Focus on the future....you do have one.

- **If you lose your appetite or find yourself gaining or losing weight.** Don't force yourself to eat. Cook your favorite foods and make meal-time a pleasant occasion.
- **If you experience sleep difficulties.** Keep regular bedtime hours; do relaxing and calming activities one hour before bedtime such as reading or listening to soft music; end the day with a positive experience.
- **If you feel that you can't concentrate and you feel restless.** Change the activities that may increase your restlessness; participate in some activities that make you feel relaxed; increase your physical exercise and recreation activities.
- **If you feel overly scared or fearful.** Participate in planned activities with your friends or family. Keep yourself active and busy.
- **If you feel angry or you might want to strike back at yourself or someone else.** Know that your feelings are normal. Express your feelings in appropriate ways such as talking to friends, family, and other adults that you trust; working out frustration and anger with physical exercise; or creating a living memorial to your friends such as memory books, poems, or other artistic creations. Remember your emotions are normal responses to trauma—dealing with them requires good judgement, self-control, and positive support from others.

If you continue to feel emotions you are concerned about, contact your school's psychologist, school social worker, school counselor, or community mental health center.

NOTE: This handout is adapted from *Trauma and Children* (Authors: Lazarus, P.J.) and *Depression in Children* (Authors: Saklofske, D., Janzen, J., Hildebrand, D., and Kaufmann, L.) *Handouts for Parents*, published by the National Association of School Psychologists, Andrea Canter and Servio Carroll, editors, 1998. (301) 657-0270, www.naspweb.org.



Supporting Children's Mental Health: Tips for Parents and Educators

Create a sense of belonging. Feeling connected and welcomed is essential to children's positive adjustment, self-identification, and sense of trust in others and themselves. Building strong, positive relationships among students, school staff, and parents is important to promoting mental wellness.

Promote resilience. Adversity is a natural part of life and being resilient is important to overcoming challenges and good mental health. Connectedness, competency, helping others, and successfully facing difficult situations can foster resilience.

Develop competencies. Children need to know that they can overcome challenges and accomplish goals through their actions. Achieving academic success and developing individual talents and interests helps children feel competent and more able to deal with stress positively. Social competency is also important. Having friends and staying connected to friends and loved ones can enhance mental wellness.

Ensure a positive, safe school environment. Feeling safe is critical to students' learning and mental health. Promote positive behaviors such as respect, responsibility, and kindness. Prevent negative behaviors such as bullying and harassment. Provide easily understood rules of conduct and fair discipline practices and ensure an adult presence in common areas, such as hallways, cafeterias, locker rooms, and playgrounds. Teach children to work together to stand up to a bully, encourage them to reach out to lonely or excluded peers, celebrate acts of kindness, and reinforce the availability of adult support.

Teach and reinforce positive behaviors and decision making. Provide consistent expectations and support. Teaching children social skills, problem solving, and conflict resolution supports good mental health. "Catch" them being successful. Positive feedback validates and reinforces behaviors or accomplishments that are valued by others.

Encourage helping others. Children need to know that they can make a difference. Pro-social behaviors build self-esteem, foster connectedness, reinforce personal responsibility, and present opportunities for positive recognition. Helping others and getting involved in reinforces being part of the community.

Encourage good physical health. Good physical health supports good mental health. Healthy eating habits, regular exercise and adequate sleep protect kids against the stress of tough situations. Regular exercise also decreases negative emotions such as anxiety, anger, and depression.

Educate staff, parents and students on symptoms of and help for mental health problems.

Information helps break down the stigma surrounding mental health and enables adults and students recognize when to seek help. School mental health professionals can provide useful information on symptoms of problems like depression or suicide risk. These can include a change in habits, withdrawal, decreased social and academic functioning, erratic or changed behavior, and increased physical complaints.

Ensure access to school-based mental health supports. School psychologists, counselors, and social workers can provide a continuum of mental health services for students ranging from universal mental wellness promotion and behavior supports to staff and parent training, identification and assessment, early interventions, individual and group counseling, crisis intervention, and referral for community services.

Provide a continuum of mental health services. School mental health services are part of a continuum of mental health care for children and youth. Build relationships with community mental health resources. Be able to provide names and numbers to parents.

Establish a crisis response team. Being prepared to respond to a crisis is important to safeguarding students' physical and mental well-being. School crisis teams should include relevant administrators, security personnel and mental health professionals who collaborate with community resources. In addition to safety, the team provides mental health prevention, intervention, and postvention services.

NASP has developed a [Spanish translation of this handout](#) to share with Spanish speaking students, families, and staff.

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Cómo cuidar la salud mental de los niños: Consejos para familias y educadores (Supporting Children’s Mental Health: Tips for Families and Educators)

Cree un sentido de pertenencia. Sentirse conectado y bienvenido es fundamental para el ajuste positivo de los niños, la autoidentificación y el sentimiento de confianza en otras personas y en ellos mismos. Forjar relaciones fuertes y positivas entre los estudiantes, el personal de la escuela y los padres es importante para promover el bienestar mental.

Promueva la capacidad de recuperación. La adversidad es una parte natural de la vida, y ser capaces de recuperarse es importante para superar los desafíos y para una buena salud mental. La conexión, la competencia, el ayudar a otros y el enfrentar con éxito las situaciones difíciles pueden fomentar la capacidad de recuperación.

Desarrolle competencias. Los niños necesitan saber que pueden superar los desafíos y alcanzar las metas a través de sus acciones. Lograr el éxito académico y desarrollar talentos e intereses individuales ayuda a los niños a sentirse competentes y más capaces de lidiar con el estrés de manera positiva. También es importante estar vinculado socialmente. Tener amigos y relaciones con amigos y seres queridos puede aumentar el bienestar mental.

Garantice un entorno escolar positivo y seguro. Sentirse seguros es fundamental para el aprendizaje y la salud mental de los estudiantes. Promueva comportamientos positivos, como el respeto, la responsabilidad y la amabilidad. Evite comportamientos negativos, como el acoso escolar y el hostigamiento. Proporcione reglas de comportamiento fáciles de comprender y prácticas disciplinarias justas y asegure la presencia de un adulto en áreas comunes, como los corredores, las cafeterías, los vestidores y los patios de juegos. Enséñeles a los niños a trabajar juntos para luchar contra un agresor, aliéntelos a acercarse a compañeros solos o excluidos, celebre los actos de bondad y refuerce la disponibilidad del apoyo por parte de los adultos.

Enseñe y refuerce comportamientos positivos y la toma de decisiones. Proporcione expectativas y apoyo consistentes. Enseñarles a los niños destrezas sociales, resolución de problemas y resolución de conflictos ayuda a la buena salud mental. “Encuéntrelos” teniendo éxito. Los comentarios positivos validan y refuerzan los comportamientos o los logros que son valiosos para otras personas.

Fomente la ayuda a los demás. Los niños deben saber que pueden marcar una diferencia. Los comportamientos a favor de la sociedad generan autoestima, fomentan la conexión, refuerzan la responsabilidad personal y presentan oportunidades para un reconocimiento positivo. Ayudar a otros e involucrarse refuerza el formar parte de la comunidad.

Aliente la buena salud física. La buena salud física ayuda a la buena salud mental. Los hábitos de comida saludables, el ejercicio habitual y dormir bien protegen a los niños del estrés producto de

las situaciones difíciles. El ejercicio habitual también reduce ciertas emociones negativas como la ansiedad, el enojo y la depresión.

Eduque al personal, a los padres y a los estudiantes sobre los síntomas y la ayuda para problemas de salud mental. La información ayuda a comprender el estigma en torno a la salud mental y permite a los adultos y a los estudiantes reconocer cuándo solicitar ayuda. Los profesionales en salud mental de la escuela pueden proporcionar información útil sobre los síntomas de problemas como la depresión o el riesgo de suicidio. Estos pueden incluir un cambio en los hábitos, el aislamiento, la disminución de las funciones sociales y académicas, el comportamiento errático o cambiante y mayores quejas físicas.

Asegure el acceso al apoyo de la salud mental en la escuela. Los psicólogos escolares, los consejeros y los trabajadores sociales pueden proporcionarles a los estudiantes una gama de servicios de salud mental que varían desde el apoyo del comportamiento y la promoción del bienestar mental universal a la capacitación de padres y personal, la identificación y evaluación, las intervenciones tempranas, el asesoramiento individual y grupal, la intervención en casos de crisis y la derivación a servicios de la comunidad.

Proporcione una gama de servicios de salud mental. Los servicios de salud mental de la escuela forman parte de una variedad de atención de salud mental de los niños y jóvenes. Forje relaciones con los recursos de salud mental de la comunidad. Esté preparado para proporcionar nombres y teléfonos a los padres.

Establezca un equipo de respuesta en casos de crisis. Estar preparado para responder ante una crisis es importante para proteger el bienestar físico y mental de los estudiantes. Los equipos para casos de crisis de la escuela deberían incluir a administradores, personal de seguridad y profesionales de salud mental relevantes que colaboren con los recursos de la comunidad. Además de la seguridad, el equipo proporciona servicios de prevención, intervención y posintervención de salud mental.

NASP has made these resources available to the public in order to promote the ability of children and youth to cope with traumatic or unsettling events. You may use all or any portion of the school safety and crisis documents on this webpage solely for educational, non-commercial use, provided you do not remove any trademark, copyright or other notice contained in such document. Additionally, the integrity of the content must be maintained and NASP must be given proper credit. No other use is permitted unless otherwise expressly permitted by NASP.

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SUPPORTING YOUTH IN GRIEF

Keep in mind that students need or may benefit from any of the following:

- **The truth** about what has happened. If there are aspects of the death or event which are simply too gory or for some other reason too difficult to talk about, it is better to be honest about that than to whitewash the event with a cover story. This shows respect for the students' integrity as is essential for your credibility.
- **The opportunity to talk about the event** as well as other similar events in their lives. This helps "normalize" the event as they hear that others, too, have had similar experiences. Too, talking eases the pressure we feel inside.
- **Understanding that this event might be a "trigger"** which is causing them to re-experience feelings they had in the past at times of danger, threat or fear. It helps for them to know that this reaction is not unusual for people with something frightening in their histories.
- **Staff and other adults in their lives understanding that**, if they come from a dysfunctional home, their abilities to cope with grief is likely diminished.
- **Being allowed to use the SafeRoom** even if they didn't know the deceased. Many students will have been triggered by this event and will not be able to focus on school work until they've had the opportunity to process some of the newly reactivated grief. Suspend judgment about who needs to go to the SafeRoom and let the staff there send back students who are not using the grieving process.
- **To find meaning in the event.**
- **Help understanding what to expect at the funeral or memorial service.** As the details of the service are known, take time to talk with students about whether they've ever been to a funeral, what it was like, and what to expect with this one.
- **Continued structure in the schedule for the day.** It is usually better to continue to have students stay at school, where they can grieve with others. They can benefit from walking through the usual class schedule and showing up for all or many of their usual classes, because there is a sense of routine. Suspend the academic expectations long enough to process the meaning and impact of the event. In some cases, that may last the whole class period, in others, all day.
- **Consistency in discipline**, with flexibility. Often at these times, students feel life is out of control. They feel even more unsafe if peers' behavior is not within the usual realm of the classroom. Exceptions may be made with expectations of how much academic work gets done for a day or two, or other aspects of school life which do not put others at risk or leave them feeling a loss of structure.

Students do **not** need for you to become an instant counselor. They **do** need for you to "be there for them" by letting them talk about their fears, concerns and feelings. They need to feel safe and not judged. If your school is going through a tragedy or trauma, the first day or two may be a bit of a roller coaster ride with emotions.

Encourage students to:

- **support each other** for the next while and help each other get through the day.
- **put extra energy into friendships.** Exchange phone numbers with each other.
- **take good care of themselves** by eating well and getting lots of rest..



Tool 31—Talking Points for Teachers

Tool for Educators

TALKING POINTS FOR ADDRESSING STUDENT QUESTIONS FOLLOWING A CRISIS

Using age-specific terms, explain to children the events that have transpired. You may also want to write it on the board.

Example: “We are sad to announce that something very unfortunate has happened to someone we care about. On (time, date, and name) was involved in a _____.” (Release as much information as possible without graphic details or nonfactual elaboration.)

Some of you may feel sadness over this loss. If you feel that you need to talk with someone about these feelings, counselors are available in _____ to help. Information about funeral arrangements will be given as soon as they become available.

- Tell students how and where they can obtain information and assistance (point out safe rooms and the names of counselors).
- Identify people and phone numbers students and parents can call if they need assistance—provide a list or have students write down names and numbers. (Consider using a student response form to reach out to less expressive students, who may be unable to ask for help. See **Tool 21**.)
- Tell students that it is okay to feel afraid, confused, angry, and guilty. These are all normal responses to a very abnormal crisis or tragedy.
- Ask if students have questions. Remember to listen carefully and be honest.
- Provide exact, factual information.
- Answer only what students ask you.
- Admit when you don't have specific answers.
- Use realistic terms with students when discussing aspects of an accident, injury, and loss.
- Avoid euphemisms.

EMPHASIZE

- Each student is valued and will be supported in this time of strife.
- School is safe and central to the community.
- No one is to blame and varied reactions are OK.
- If suicide, communicate that the deceased is not a bad person and that he or she chose a permanent action to address temporary problems.
- All students and staff should cooperate with investigators or evacuation procedures.
- Encourage students to be aware of each other and to walk those in need to an adult for help.
- Communicate that there will be an organized way to say goodbye to the deceased such as a journal, memorial video, and/or art project.



About the Tool

Re-entry into school following a disaster creates apprehension for teachers and students. It's important to recognize that these are normal, common reactions to an abnormal event. Leading class and answering difficult questions from students is understandably an intimidating notion. Please know that there are no “perfect” ways to handle the situation and teachers will not have many answers to students' questions. This tool provides some guideposts for talking to your students.

CRISIS RESPONSE TEAMS: GUIDELINES FOR INTERACTIONS WITH STUDENTS

1. *Listen!*
 - give students permission to ventilate and express their feelings.
 - acknowledge and validate feelings that are expressed.
 - listen particularly for feelings of hopelessness and despair or for feelings that support suicide as a good alternative to problems.
 - listen to the concerns expressed by students about their peers.
 - pay attention to both verbal and nonverbal communication.
2. *Know Your Limits.* If you feel you are in over your head, or if a student is talking about something that makes you angry or uncomfortable, keep your involvement to a minimum. Make a referral to someone in a better position to help. Don't worry about not being able to help everyone or be an expert in everything.
3. *Know Your Resources.* Be sure you know where to go when you need to get help for a student or for yourself. Don't wait until you're with a troubled student to figure out whom you can turn to for assistance.
4. *Be Honest.* Don't patronize or offer premature caring. Your first sentence shouldn't be "I really care about you." Give students a chance to talk. Asking questions and listening to the students will convey your caring much more effectively and genuinely than your simply saying it. Saying "I want to understand your feelings" is often more effective and honest than "I understand your feelings."
5. *Don't Overreact.* . . . Don't be shocked by what a student says. If you are, you may add to his feeling that the situation really is so awful that no one can help. You do not need to explore all the details. Leave it up to a professional counselor to get the information of what's going on in the student's life, but elicit enough information to show your care and concern and willingness to listen. Listen seriously and nonjudgmentally to whatever the student tells you.
6. . . . *Or Underreact.* The message you communicate by underreacting is that you don't respect the student's feelings, which can confirm for him/her that you really don't understand or care. Sometimes students may seem extremely upset or concerned about what seem to you to be little things. No matter how trivial, don't minimize or discount what students tell you. If you listen to their feelings and not necessarily to the content of what they are saying, you should be guided in making appropriate responses.
7. *Be Human.* If you have a personal response to the tragedy, it may be helpful to briefly share your feelings. (Be brief, however; you are there to listen to the students, not to have them listen to you!) Boys in particular can benefit from the model of a male who is able to express feelings. Joining the students in expression of their grief can be healing for everyone.

High Risk Students

- Close friends
- Students in same activity
- Enemies of student
- Students who have experienced losses that may be reactivated
- Friends of siblings
- Students with drug/alcohol or emotional problems
- Students who are identified by peers, faculty, parents
- Students who self identify



This information sheet is intended to serve as a guide for adults to use when talking with a 9-13 year-old child about a suicide attempt in the family. It is not intended to replace the advice of a mental health professional. In fact, it may be best to use this along with professional support if you or your child is struggling with how to talk about this difficult topic. It is important to consider your child's level of development and ability to understand events when deciding how to talk with them about this issue.

Why should I talk to my child about a suicide attempt in the family?

It is important to talk to your child about the suicide attempt to help them understand what has happened. Without support of friends/family, they may try to make sense of this confusing situation themselves. Sometimes children blame themselves for something they may or may not have done. Children ages 9-13 may not want to talk directly about their worries or feelings. Instead, they may express fears, have trouble sleeping, or become anxious when separated from certain adults.

How should I talk to my child?

- Keep your child's daily routine as consistent and predictable as possible, but be flexible.
- Pick a place that is private where your child will feel free to talk. Be aware of what they may overhear from other conversations.
- Keep it simple. Use words your child will understand and avoid too many details. Ask them questions.
- Be aware of your own feelings and how you are coming across. For example, your child could mistake an angry tone of voice to mean that you are angry with them or with the family member who attempted suicide.
- If your family member is in the hospital, talk to your child as soon as possible. Keep checking in with your child. This will help to send the message that you are open to answering questions over time. Be honest.
- Get other support people involved (friends, clergy). This will benefit you and your child.
- Offer extra support, affection, and attention during this time (hugs, time together).

What do I say to my child?

- Start with their understanding of the situation. *"I want to talk to you about what happened to dad. What do you remember from last night?"*
- Describe what has happened using understandable language. *"Mom was feeling very sad and hurt herself."*
- Inform children about emotional struggles. *"Grandpa has been feeling very sad lately."*
- Address guilt, blame, shame, and responsibility. *"I want you to know that this is not your fault."*
- Assure children that their family member is getting treatment/care. *"Dad is in the hospital getting help."*
- Let them know that their daily routine will stay the same. *"Even though it is different that mom is not here, you will still go to school tomorrow."*
- Encourage them to express their feelings. Help them to know that their reactions are normal and expected. Ask if they have questions. *"I wonder what you are thinking about the things I've told you. Sometimes kids feel like it is their fault, or they did something wrong or that it will happen to them or other adults in their life. Do you feel any of these? Sometimes it is easier to draw or write about feelings than say them. Would you like to draw a picture of your feelings? Do you have any questions about grandpa and what happened?"*
- Help create a connection between the child and their family member. Tell them when they can expect to see their family member again. *"Would you like to draw a picture for or write a letter to dad while he's in the hospital? He will be there for a few days."*
- Allow them not to talk if they desire, and to choose who they talk to. Discuss how your child can share this information with family and friends. *"If you don't want to talk about it now, that's ok. We can talk about it later or you can talk to grandma, too. Would you like to talk about this with your friend Jane? What would you like her to know?"*
- Let them know you are getting support, too. *"This is something that makes me sad and I need to get some help, too (from clergy, friends, and/or my doctor)."*
- Reassure them that you are in charge and in control, and that they can come to you with concerns and questions.
- Consider suggesting a special activity to keep them busy, active, or involved with a familiar project; however, it is important not to encourage ongoing distraction or avoidance of feelings.

If you notice that your child is unusually withdrawn, tearful, or depressed, seek professional help or call 1-800-273-TALK (8255). For additional resources and information on how to talk with 4-8 year-olds and 14-18 year-olds about suicide visit: http://www.mirecc.va.gov/visn19/VISN_19_Education.asp or <http://www.suicidepreventionlifeline.org/>.



PARENT AWARENESS SERIES:

Talking to your Kids About Suicide

Every parent would like to believe that suicide is not relevant to them or their family or friends. Unfortunately, it's all too relevant for all of us. It's the 3rd leading cause of death in adolescents and the 2nd for college aged students. Even more disturbing are national surveys that tell us that 16% of high school students admit to thinking about suicide and almost 8% acknowledge actually making an attempt. The unfortunate truth is that suicide can happen to ANY kid in ANY family at ANY time!

So how do you deal with this reality? Once you acknowledge that suicide is as much risk for your child as not wearing a seat belt while driving, or using alcohol or drugs, or engaging in risky sexual behavior, you've taken the first step in prevention. You talk to your children about these other behaviors which can put them at personal risk, and suicide is no different. It's something you CAN and SHOULD talk about with your children!

Contrary to myth, talking about suicide CANNOT plant the idea in someone's head! It actually can open up communication about a topic that is often kept a secret. And secrets that are exposed to the rational light of day often become less powerful and scary. You also give your child permission to bring up the subject again in the future.

If it isn't prompted by something your kid is saying or doing that worries you, approach this topic in the same way as other subjects that are important to you, but may or may not be important to your child:

- Timing is everything! Pick a time when you have the best chance of getting your child's attention. Sometimes a car ride, for example, assures you of a captive, attentive audience. Or a suicide that has received media attention can provide the perfect opportunity to bring up the topic.
- Think about what you want to say ahead of time and rehearse a script if necessary. It always helps to have a reference point: ("I was reading in the paper that youth suicide has been increasing..." or "I saw that your school is having a program for teachers on suicide prevention.")
- Be honest. If this is a hard subject for you to talk about, admit it! ("You know, I never thought this was something I'd be talking with you about, but I think it's really important"). By acknowledging your discomfort, you give your child permission to acknowledge his/her discomfort, too.
- Ask for your child's response. Be direct! ("What do you think about suicide?"; "Is it something that any of your friends talk about?"; "The statistics make it sound pretty common. Have you ever thought about it? What about your friends?")

- Listen to what your child has to say. You've asked the questions, so simply consider your child's answers. If you hear something that worries you, be honest about that too. "What you're telling me has really gotten my attention and I need to think about it some more. Let's talk about this again, okay?"
- Don't overreact or under react. Overreaction will close off any future communication on the subject. Under reacting, especially in relation to suicide, is often just a way to make ourselves feel better. ANY thoughts or talk of suicide ("I felt that way awhile ago but don't any more") should ALWAYS be revisited. Remember that suicide is an attempt to solve a problem that seems impossible to solve in any other way. Ask about the problem that created the suicidal thoughts. This can make it easier to bring up again in the future ("I wanted to ask you again about the situation you were telling me about...")

Here are some possible warning signs that can be organized around the word "FACTS":

FEELINGS that, again, seem different from the past, like hopelessness; fear of losing control; helplessness; worthlessness; feeling anxious, worried or angry often

ACTIONS that are different from the way your child acted in the past, especially things like talking about death or suicide, taking dangerous risks, withdrawing from activities or sports or using alcohol or drugs

CHANGES in personality, behavior, sleeping patterns, eating habits; loss of interest in friends or activities or sudden improvement after a period of being down or withdrawn

THREATS that convey a sense of hopelessness, worthlessness, or preoccupation with death ("Life doesn't seem worth it sometimes"; "I wish I were dead"; "Heaven's got to be better than this"); plans like giving away favorite things, studying ways to die, obtaining a weapon or stash of pills; suicide attempts like overdosing or cutting

SITUATIONS that can serve as "trigger points" for suicidal behaviors. These include things like loss or death; getting in trouble at home, in school or with the law; a break-up; or impending changes for which your child feels scared or unprepared

If you notice any of these things in kids who have always been impulsive, made previous suicide attempts or threats or seem vulnerable in any way, you really should get consultation from a mental health professional.



Grief and Children with Special Needs:

Children with special needs may express their grief and feelings differently, but their grief is still just as powerful. Keep these strategies in mind when working with these students:

- Be open and honest. Use appropriate words such as “dead” and “death” and avoid euphemisms. Don’t lie to the child or tell half truths.
- Beware of telling a child that the person is “just sleeping”.
- Be available to listen, to talk or simply spend time with the child.
- Be patient as the same questions may be asked over and over again.
- Allow the child to show their grief in whatever way they want, as long as it is safe. Some want to just ignore it and have fun. That is okay too.
- Enable the child to say goodbye and see the body of the person who died if at all possible, and encourage parents to allow that. Research shows that when children see the body, they show less behavioral acting out in the future.
- Don’t exclude the child from helpful rituals of death, which will help them understand someone important in their life has died. Children with developmental disabilities need more concrete rituals and explicit directions, and simplified activities.
- Rituals that are abstract may be confusing, frustrating and of little value.
- Please don’t try to protect the children from grief, but rather try to support and reassure them, acknowledge their losses and help them to find healthy ways to express their feelings.
- Often those who lack the grief vocabulary to talk about feelings, tend to express their feelings through their behavior.
- Avoid too much change at this confusing and distressing time, if possible.
- Always give LD children space and time to express feelings.

Some helpful ways to help bereaved children with learning disabilities:

1. Look together at photographs of the person who has died and share memories.
2. Sending greeting cards to the family, sibling, child
3. Encourage the grieving child to wear an article of clothing that may be a linking or comfort object to the person who died or is gone.
4. Having a pillow or blanket made from person’s clothes helps too.
5. Listen to the person’s favorite music
6. Make a book about the person who died
7. Light a candle on special days and share memories
8. Make a memory box. Child chooses what memories go inside.
9. Read books, Badgers Parting Gifts: sadness and joy in memories
10. Prepare them for the funeral, how to behave, what they will experience.

Grief issues specific to people with autism:

- Each person with autism will react individually to bereavement and the approach to support needs to be a unique as the individual.
- People with autism may share the common responses to death and bereavement such as denial, anger and despair.
- The grieving process of people with autism may be profoundly affected by their disabilities.
- Skilled support is an important factor in helping individuals move through their grief.
- It is difficult to generalize how each child will experience loss through death, but such a loss can give rise to phobias, fears, obsession, lack of understanding, and resistance to change, which can be considered by others to be inappropriate reactions or even callous indifference. Children on the Spectrum depend on the security of familiarity. Often these children may have difficulty to find words to express their feelings, which is why goodbye rituals are so important.
- It is important to balance how much information is given. Too much or too little information may make it difficult to voice concerns or ask the right questions. There is the chance that the person will develop clinical anxiety and/or depression.

When to refer to a professional:

- They deny that anyone has died, or act as if nothing happened
- They threaten or talk of suicide (particularly difficult as many with autism also suffer with depression and may generally have thoughts to suicide)
- They become unusually and persistently aggressive or engage in anti-social behavior.
- They become withdrawn and socially isolated.

Things to remember:

- Remember that those with a very limited number of close relationships experience the death of a friend or family member sometimes as a catastrophic loss and the idea of re-investing in other people is very difficult. Many of these children become highly attached and dependent to their teachers or school staff so when a staff member leaves the job or has died, it may be very difficult for the child.
- Staff needs to empathize and not try to make the person “get over it”. Encourage the students’ family to allow them to ‘see the dead body’ to help them understand that the death is irreversible and that he/she is not coming back. Staff can anticipate reactions, listen and read cues, intervene, ask how the person feels, talk about the deceased and explain the normal grieving process. Encourage the child to keep a feelings diary to help deal with all of the

- feelings. Commemorating anniversary days by developing ritual can help provide the children a time to remember and help cut down on obsessive behaviors.
- Continue routines, keep decision making to a minimum and encourage connections. Returning to school or work after a loss can be very stressful. Some worry about their surviving parent at home alone.
 - Sometimes anger is directed at the person who shared the news of the death or it may be generalized. Anger may also be apparent when activities provided by the deceased are no longer available. Enable students to express this anger without hurting themselves, others or property, for example using exercise or a punching bag.
 - Remember that some won't react at first or reacts in a way that is different that you would expect.
 - Discuss with children that it is common to feel it was "their fault" someone died, get headaches, feel numb, ask many questions, worry etc. Remind them that they need social support and help, someone to talk to and a place to remember.

Resources found on website: Grief Speaks <http://www.griefspeaks.com/id96.html>

Guidelines for helping people with Developmental Disabilities Mourn

Do's and Don'ts for School Staff:

Do:

- Offer time (brief but regular meetings can mean a lot)
- Be available to listen
- Talk about the good and bad memories
- Accept a student's feelings
- Say "I don't know" in relation to questions you really don't have the answer for.
- Allow students to cry
- Watch for behavior changes
- Be aware of previous bereavement and/or depression
- Be sensitive to beliefs and cultural backgrounds
- Use rituals

Don't:

- · Assume that the person with autism can cope without support
- · Thing they do not 'feel' the loss
- · Deny their thoughts or views on the death
- · Use cliché's such as 'You need to be strong' or 'You are coping well'
- · Make new or sudden changes to the routine
- · Think that you cannot support them

Helpful Rituals for Developmentally Disabled Grievors

The use of photographs in ritual

- Have students sit in a circle and pass around a photo of the person who died and share memories. If the child is non verbal the facilitator can share the memories "for the child" about the loss.

Using storytelling in ritual

- Write a story about the person who has died in collaboration with the individual with the disability.

Use of memory objects in ritual

- Put a group of objects together that remind them of the person who died, such as photos, books, clothing articles, papers etc. For someone less verbal, let child choose what goes in pile. Leave the objects for several days. Limited time for those easily distracted.

Use of Drawing in Ritual

- Have the child draw a picture of the person who died or memories of the person and share it with others. Even if the child has limited fine motor skills, encourage the child to draw what he/she remembers.

Use of Music in Ritual

- Listen to music that the person who died liked or that reminds her of the person who died. The song may relate to the person's job or personality trait. Can listen, or move to music or draw.

Use of Writing in Ritual

- The child can write or dictate a letter to or about the person.
- Perhaps provide child with a letter with sentence starters.

Use of Stones in Ritual

- Share a memory of the person and then place a small stone in a decorative fountain or paint the rock or write a word on it. Take time daily to remember the person.

Use of Daily Memory in Ritual

- Choose an activity that the person used to do with or to the child. This may be self-care or taking a walk, cooking or playing a game together. As the teacher does this activity intentionally talk about the person who has died. This can occur immediately after the death or delayed for weeks. Pay attention to student's cues in order to help the child in the healing process.

(Adapted from : *Helping People with Developmental Disabilities Mourn: Practical Rituals for Caregivers* by Marc A. Markell, PhD, 2005)

"We should never underestimate, and we cannot overestimate, the simple power of acceptance, affirmation and validation. It is the key to supporting grief." *Guidebook on Helping Persons with Mental Retardation Mourn* by Jeffrey Kauffman (2005)

Dealing with the Empty Desk

Meeting with the Classmates of the Deceased

The classmates of the deceased are one of the groups most affected by a sudden death. Even if they were not part of that student's friendship circle, these students are visually confronted by the tangible reminder of an empty desk in the classroom. It is hard for them to even momentarily deny the reality that something terrible has happened.

The teachers in these classrooms also tend to be affected by the death in a more personal and immediate way than their colleagues who had little or no contact with the deceased. And, unfortunately, just seeing this name on the attendance roster or listed in a grade book will continually remind the teacher about the tragic loss.

But what to do for these classes on that day when the death is discovered? Clearly classmates need more support than the general student body. The ideal response is to have at least two members of the crisis team follow the daily schedule of the deceased, offering support in a structured way to these teachers and students. With two team members in attendance, there is the option to escort any student who is too upset to remain in the class to one of the care stations where he or she can get individualized support.

Your goal in reaching out to each of these classes personally is not to provide a counseling group or what is called a "crisis debriefing." Your role is essential but limited:

- to acknowledge the more personal impact on the students who saw the deceased every day
- to provide an opportunity to discuss their immediate reactions to the news of the death
- to encourage them to take care of themselves and each other
- to alert them to additional supportive resources in the school and in the community

Here is a suggested format for addressing the needs of these teachers and students:

- Greet the teacher and acknowledge the personal and professional impact of the loss. ("I know Andrew was in your class and that you may be more affected by his death than those of us who did not see him every day.")
- Explain that you would like to meet with the class to help them work through their immediate reactions. Suggest that the teacher can choose to contribute to the discussion or can participate by simply listening. For teachers who are emotionally affected by the death, not having to process their students' reactions can be a big relief. Other teachers may want to be fully engaged in the discussion. Either option—or somewhere in between—is absolutely fine.
- Greet the class and acknowledge the immediate impact of the death as well. ("I know Andrew was in this class so you may notice his absence today more than many of the other students in the school. For those of you who knew Andrew personally, I am so sorry for your loss.")

- Reiterate the school's official statement to students about the death. Students may interject other information ("Well, I heard . . ."; "Last night he told . . ."), but be careful not to get caught up in what may be rumors or gossip. Even if this information turns out to be accurate, it is not part of the school's official statement, so it should not be validated.
- Acknowledge that there will be an increasing amount of information circulating throughout the day and remind the students to be careful about what they choose to believe, since rumors often surface to fill gaps in information.
- Ask the class to point out the student's desk and ask them to share their reactions to seeing it empty. This is a gentle, indirect way to explore their reactions to the death. Expect a wide range of responses. Do not insist that every student respond to your question. Remember that for some students publicly sharing their feelings about the death may add another level of upset and anxiety. If you do notice students who seem especially quiet, approach these students privately or ask the teacher to talk with them to check out their reactions at the end of the class.
- You can expect a great deal of shock and disbelief to dominate this initial discussion. Explain to the students that once these initial reactions pass, they can expect that other feelings might surface. While you do not want to predict responses, suggest that the range of emotions can include anger ("I can't believe he could have done that."), sadness ("OMG, I am so upset I don't know what to say or do."), and confusion ("I keep trying to figure out why this happened.").
- If the death has been a suicide, initial responses can reflect guilt and feelings of responsibility ("I'll never forgive myself for not taking him seriously" or "If only I'd been friendlier to him . . ."). Listen to these responses but remind the students that the student's life ultimately belonged to him or her—the choice, as terrible as it was, was his or hers alone.
- Discuss the ways in which the students can help each other in their grief. Encourage them to be supportive, alert, and responsible. ("You can help each other now by looking out for your friends and classmates. If you notice anything or anybody doing or saying anything that concerns you, please tell a resource person at school or an adult you trust outside of school. We all need to watch out for each other more closely at a time like this.")
- Acknowledge that the next few days may be difficult for members of the class. Also recognize that some of the students may have minimal reactions, and validate that all feelings are normal. Explain that extra resources will be available in the school and community over the next several days to help everyone in the school get through what may be a difficult time.
- Give the students—and the teacher—permission to contact you personally if they feel the need to talk or would just like a little extra support and direction. Teachers sometimes ask for help in structuring class assignments or in addressing curriculum materials that touch on the circumstances of the death. Provide them with the *Lifelines Postvention* handout *Dealing with Suicide-related Curriculum* from chapter 3.

Guidelines for Helping Students Deal with a Death

- Deal with your own reactions first. You won't be effective helping students unless you've been able to acknowledge your own reactions and put them into perspective.
- Keep it simple! Students need limited information about the death. Remembering these guidelines will help you keep your explanations developmentally appropriate. The bottom line is that all school-aged children need brief, simple information, balanced with reassurances that the daily structures of their lives will not change.
- Listen. Ask students how they are reacting to the death and listen to their reactions. This is not the time to share your personal reactions. Your role is to listen, validate, and support your students, especially in the early days of the crisis.
- Encourage children to put their thoughts and feelings into words, which will help begin the grief process. Labeling what you hear them saying can help in this process ("You sound very sad"; "Boy, you're really angry that your friend didn't tell you what he was planning so you could have had a chance to stop him.>").
- Give students permission to express their feelings. Since school is not necessarily a place that encourages active discussion of feelings, you will need to make the invitation to talk about reactions to a death very clear. One way you do this is through the provision of care stations. And remember, these conversations with students also offer an opportunity to further evaluate them and to provide additional in-school and community resources to assist them if it seems necessary.
- Give students permission to grieve not only the current loss but also whatever past losses may be reactivated by the event.
- Listen for expressions of guilt or an exaggerated sense of responsibility for the death, and address those misperceptions quickly and directly.
- Remember, be a good listener!

How Children Understand Death

One of the primary factors that influences the ways in which students react to the death of a peer is their age. Just as a child's understanding of how things in the world increases with age, so, too, does his or her understanding of the realities of death. Research has outlined a series of stages that can be roughly correlated with age to explain how children conceptualize and understand death.

Age	Identifying Feature
Up to five	Death is temporary
Five to nine	Death is not universal
Nine through adolescence	Death is both permanent and universal

Nagy, M. "The Child's Theories Concerning Death." *Journal of Genetic Psychology* 73 (1948): 3–27.

Let's look at each of these stages individually.

Birth to Age Five

Children in this age group do not understand that death is both permanent and irreversible. While they do recognize that life changes when someone dies, there is an assumption that life simply continues for the deceased in a different, perhaps limited, way that the child cannot see. There is also a sense that, like the flowers that return every spring, the deceased, too, will return at some future time. Unfortunately, well-meaning adults often contribute to this immature level of understanding with statements like "Your daddy has gone on a long trip" (from which there is the expectation of return) or "God took your little brother to be an angel in heaven." Because children at this age think in very concrete terms, metaphor or abstraction is way over their heads. They can also be confused by some of the other euphemisms adults use to describe loss events, like miscarriages. One little boy was terrified to carpool with a neighbor after hearing that she had recently "lost her baby." "If she could lose her baby," he told his mother, "how will she keep track of me?"

Age Five to Nine

After age five, children's understanding of death begins its movement to maturity. There is now an appreciation that death is final—when someone dies, they are gone forever. The protective feature that is retained is the belief that death is not universal—everyone else will die, but the child will not. Death often becomes identified with darkness or night, or personified as a "Boogey Man" or monster who stalks victims at night. If you look closely at children's play through the ages of five to nine, it often reflects their attempts at death

mastery. From play guns to space aliens, the themes of death and survival are reenacted again and again. Jokes about death and dying are also commonplace and language about death tends to be precise. One little girl carefully reported to her mother that she had been scared “half to death” by an amusement park ride.

Age Nine through Adolescence

At approximately age nine, children arrive at a mature and adult cognitive understanding of death—that it is final and inevitable, that it happens to everyone, and that the dead don’t return. As they age into adolescence, however, youth begin their attempts to deny death. At no other time in the life cycle is death as emotionally unsettling as it is during adolescence. Developmentally, teens are struggling with answering the critical question “Who am I?” For teens, having to factor in the reality of death can make all the work it takes to figure out who they are and what they want to do with their lives seem fruitless.

One of the ways that teens keep the reality of death in the distance is by simply not thinking about it, or by engaging in risk-taking activities that seem to deny the possibility of fatal consequences. This works well until they are confronted with the death of someone their own age or someone whom they admire. Then teens are forced to acknowledge death’s reality and, in turn, their own mortality.

In addition, when teens are confronted with the suicide of a close peer, their keen sense of social responsibility within the peer group can increase their feelings of guilt at not having been able to prevent the death.

These are some of the reasons any death, but especially a suicide, in the school community can be so upsetting to students. It confronts them with a reality that is developmentally necessary for them to deny.

Other factors that can impact a teen’s reaction to a suicide are a personal history of emotional difficulties or previous suicide attempts. Students with emotional problems may lack the psychological resources to protect themselves from the shock of a peer’s death and might seem to overreact to the current loss. Students who have made previous suicide attempts usually find that a completed suicide reminds them uncomfortably of their own past attempt. This is especially true if the completed suicide involves a similar method. In addition, students who have had previous experience with any type of death may find themselves overwhelmed with feelings of grief from these prior losses.

A student’s relationship to the deceased can also affect his or her reaction to the death. The general rule is that the closer or more intense a relationship is, the more intense the grief over its loss.

How to Help Students Deal with Death

Here are some tips that can help students address their reactions to a death in the school community:

Elementary School and Middle School

- These students usually benefit from brief and structured group discussions, like those held in the familiar surroundings of the classroom, led by people with whom they are familiar. Even the youngest child can benefit from hearing the questions and comments of peers.
- Don't be afraid to use the words *death* and *died*. Avoid euphemistic expressions that can be confusing or even frightening.
- Avoid religious or spiritual explanations of death unless you are in a nonpublic school where that type of discussion would be appropriate.
- Classroom discussion should not focus on the circumstances of the death but rather on the fact that the deceased student will no longer be part of the class. (This reality will take time to sink in, which is partly why initial interest may focus on "what happened" rather than on the long-term consequences.) Encourage students to reflect on the ways in which they will miss their deceased peer.
- Always emphasize personal safety and prevention strategies, especially if the death was a suicide. These include sharing any concerns about one's self or a peer with a trusted adult. Point out that this applies to all types of situations. If a child is worried about a physical illness, a trusted adult should be consulted. And if a child is worried that a friend may do something to hurt himself or herself, an adult should be informed as well. Remind students about the trusted adults in the school community to whom they can turn for support.
- Following the classroom discussion, the teacher or counselor can engage children on a one-to-one basis if necessary. Listening to stories and doing activities such as drawing or painting are excellent techniques to help children express feelings for which they may lack words.
- Especially after a violent death like a suicide or homicide, younger children may act out their fears on the playground, attempting mastery through imitation of the circumstances of the death. Teachers should take such behaviors as a normal response, yet use them to engage the class in an informal discussion about problem solving and communication.

High School

- Discussions in the classroom, again with adults with whom students are familiar, can briefly address the circumstances of the death. But, as with younger students, discussions can be more productive when they focus on coping, problem solving, and help-seeking.
- Anticipate that some students may be reluctant to self-identify and may need additional supports. Copy and distribute resource lists that identify resource persons in the school as well as those in the community. If you are aware of helpful Web-based resources, include those as well.

Resource List

Helplines

National Suicide Prevention Lifeline	1-800-273-TALK (1-800- 273-8255)
2nd Floor	1-888-222-2228
New Jersey Suicide Prevention Hopeline	1-855-NJ-HOPELINE (1-855-654-6735)

National Suicide Prevention Resources

(educational resources, training, safe messaging, survivor resources)

Suicide Prevention Resource Center	http://www.sprc.org/
American Foundation for Suicide Prevention	www.afsp.org P. 212.363.3500 General Inquiries: info@afsp.org
American Association of Suicidology	http://www.suicidology.org/
National Action Alliance for Suicide Prevention	http://actionallianceforsuicideprevention.org/
The Jed Foundation (campus)	https://www.jedfoundation.org
The Trevor Project (Crisis Intervention & Suicide Prevention LGBTQ)	http://www.thetrevorproject.org/
ReportingOnSuicide.org (Safe messaging)	www.reportingonsuicide.org

New Jersey Suicide Prevention Resources

Traumatic Loss Coalitions for Youth

Phone: 732-235-2810

<http://ubhc.rutgers.edu/TLC>

www.TLC4teens.org

New Jersey Youth Suicide Prevention Advisory

<http://www.nj.gov/dcf/providers/boards/njyspac/>
Current Chair, Michelle Scott, Ph.D., mScott@monmouth.edu

SRF Suicide Prevention Research and Training Project

www.monmouth.edu/srf;

Monmouth University School of Social Work at 732-571-3543; mScott@monmouth.edu

Mental Health Association of Monmouth County,

<http://mentalhealthmonmouth.org/>

Wendy DePedro, Executive Director

WDepedro@mentalhealthmonmouth.org

Society for the Prevention of Teen Suicide

<http://www.sptsusa.org/>

Preferred Behavioral Health Group

<http://www.preferredbehavioral.org/>

Tara Chalakani, LPC, NCC, ACS, RN,

Vice President, Youth and Family Mental
Health Services

732.458.1700 ex.1133

Traumatic Loss Coalitions for Youth

Phone: 732-235-2810

<http://ubhc.rutgers.edu/TLC>

www.TLC4teens.org

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University Behavioral
Health Care



Resource List

TLC4teens
Traumatic Loss Coalitions for Youth

www.TLC4teens.org

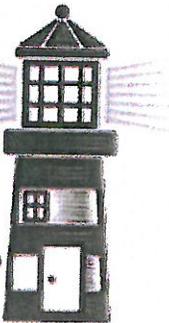
2NDFLOOR®
888-222-2228
YOUTH HELPLINE

2NDFLOOR.ORG

2nd floor 888-222-2228

**NEW JERSEY
SUICIDE
PREVENTION
HOPELINE**

855-NJ-Hopeline
(855) 654-6735
www.njhopeline.com



NJ Hopeline: 855-NJ-HOPELINE
(855-654-6735)

**NATIONAL
SUICIDE
PREVENTION
LIFELINE**
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Lifeline: 1- 800-273-8255



American Foundation
for Suicide Prevention
www.afsp.org

OR

www.reportingonsuicide.org



AMERICAN ASSOCIATION OF SUICIDOLOGY

<http://www.suicidology.org/>



<http://www.sprc.org/>



NEW JERSEY DEPARTMENT
OF CHILDREN AND FAMILIES

RUTGERS

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Health Care



<https://www.jedfoundation.org/>



<http://www.thetrevorproject.org/>

For more information on the SRF Suicide Prevention Research and Training Project, contact the Monmouth University School of Social Work at 732-571-3543.

**Mental Health Association
of Monmouth County**

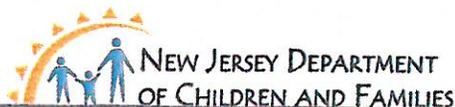
An Affiliate of



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Risk Factors and Warning Signs

What leads to suicide?

There's no single cause for suicide. Suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions lead fulfilling lives.

Suicide Warning Signs

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.





Talk

If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves



Suicide Risk Factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.



Health Factors

- Mental health conditions
 - Depression
 - Bipolar (manic-depressive) disorder
 - Schizophrenia
 - Borderline or antisocial personality disorder

- Conduct disorder
- Psychotic disorders, or psychotic symptoms in the context of any disorder
- Anxiety disorders
- Substance abuse disorders
- Serious or chronic health condition and/or pain

- Access to lethal means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide