



Living with grief and managing trauma in the school setting



www.afriendsplace.com.au

First things first

Before any of us can be effective in supporting grieving children and young people in a school setting, we need to be aware of our own grief history.

Did we experience grief or trauma at a young age, and if so, did we receive the understanding and support we needed at the time? Answers to these questions are important.

Children's grief has the power to restimulate memories of our own early experiences. When this happens, we may find ourselves either over identifying with children in our care, or unconsciously attempting to contain and control overt expressions of their pain.

It is never too late to have the right person hear our story, and to provide the kind of compassionate care, in a safe setting, that will later enable us to give to others what we have received. If you need help to find a suitable counsellor, contact **A Friend's Place** for referral suggestions.

NOTE 1. While the focus of this pamphlet is on the impact of trauma, life threatening illness and death related grief, it is possible to extrapolate in order to understand and manage grief from any cause – separation and divorce, loss of home, financial security, bodily function, estrangement, natural disasters, and overwhelming change.

NOTE 2. Children are also affected by the illness, death or long absences of teachers with whom they have formed a close attachment. Their grief in these circumstances is often not noticed or is misunderstood.

NOTE 3. The term 'young people' might be replaced at times for expediency by the word 'children'.





NOTE 4. Risk Factors, and details of children’s grief at different developmental stages can be found in *The Grief of Our Children*. The book also contains handouts suitable for photocopying for parents.

NOTE 5. Children are often more vulnerable at anniversary times and other celebratory days in the year. Mother’s Day and Father’s Day remain important forever to those whose parents have died and many still want to celebrate those dates.

Traumatic Events

Schools can be affected by both internal and external traumatic events. For example, the 9/11 attacks in the USA created shock waves around the world, and many children became distressed and fearful, largely because of graphic images played relentlessly on TV. They were also affected by the reactions of adults in their world.

Sometimes traumatic events – both small and large – occur closer to home, occasionally even in school settings.

Most people pump lots of adrenalin in crisis situations (an almost automatic ‘fight/flight’ response), and we tend to regress as a result. Regression makes us feel much younger and more vulnerable than our chronological age, and as a result, we tend to lose confidence in our ability to do what is right. It is almost a reflex reaction to ask for outside help, to want ‘knights on white chargers’ to come to our aid.



But ... in our experience, it is best to slow down, take a deep breath, and resist the temptation to invite unfamiliar counsellors into the school environment.

Children of all ages do best when the situation is talked about with, and managed by, familiar people in their environment – teachers and school counsellors. External counsellors can provide support by phone, rehearsing potential helpful dialogue with school staff, perhaps agreeing to be available at the end of a phone if the situation becomes difficult, and debriefing school staff, usually by phone, afterwards.

High school students tend to do their most successful de-briefing with each other, after an initial session with school staff, and often resent the intrusion of unknown outsiders.

Making announcements

It is hard to get this right unless you ask the child, and the family, what they would like told to classmates, teachers, perhaps the whole school when appropriate, as well as when, where and how. When general announcements are made without consultation, children are often left feeling exposed, vulnerable and resentful.

The 'ask first, act later' guideline applies to children of all ages, from pre school through high school, and applies to announcements about life threatening illness, serious accident or death.

Children and young people's grief responses

The reactions listed here come from children seen at **A Friend's Place**, but international research has demonstrated their universality. They apply to children of all ages.

Physical: shaky legs, feel stiff, feverish, cold, shivery, hot ears, pains in muscles and joints, stabbing pains in the chest, headache, an aching throat, sick in the stomach.

Behaviour: seek isolation, cry when alone, want to kick something, look at photos, find distractions, comfort others, want to punch a photo, scream into a pillow, jump on or throw a pillow, keep thinking they see the person who has died.

Feelings: down, guilty, lonely, sad, worried, empty, angry, shocked, dazed, upset, unreal, scared, sick, confused, occasionally relief then guilt, fear going crazy.

Thoughts: it's not real, wishing it was a dream, wonder how it happened, wonder why, worry about money, lose track of time, don't think other people understand, wonder if something else bad will happen, wonder about getting to school, wonder if anything good will ever happen again.

What children lose: Innocence, trust in life, hope, confidence

Possible long term effects of childhood bereavement

Vulnerability to anxiety (particularly for girls) and depression, a tendency to hypochondriasis (worrying about physical symptoms), hypersensitive fight/flight response, tendency to catastrophise (fear the worst), aggressive responses to teasing, particularly in boys.



What bereaved children and young people need

Physical and emotional safety, access to truth, inclusion in family grief and rituals (and perhaps the school's grief rituals); compassionate understanding, clear, firm boundaries to create safety, hope, things to look forward to, tasks that give them a feeling of accomplishment and help restore self confidence, people to do things alongside them, to feel valued, to have at least one trusted person to talk to, to feel understood.



Life threatening illness, life support after an accident

When a child has been told of the life threatening illness of a parent, sibling, or other close relative, they are likely to experience high levels of anxiety and find it difficult to concentrate in the school setting. Young children are likely to regress and behave in ways that elicit caretaking responses, teens may withdraw or act out. Each child or young person is likely to become an exaggerated version of their former selves.

What can a teacher do?

Say something like, "I imagine life is pretty tough at the moment. If you ever want to talk about it, or need help with your school work, let me know and I'll do my best to help you." As you know, language should always be adapted so that it is appropriate for the age of the child.

When someone dies

When someone they love or have strong attachment to dies, children and young people are likely to experience many or all of the reactions already mentioned. Their needs, no matter what their age, will always be for safety, security, compassionate understanding, truthful information, someone trusted to talk to, clear boundaries, and someone to do things alongside them rather than for them.

Many children feel touched when their teacher and some of their peers attend the funeral. It is a good idea to let the family know if you plan to attend so that the child or young person can make it known if they prefer school people to stay away, or alternatively, they can look forward to feeling supported and valued at a very difficult time. Many appreciate gifts they can keep and for this reason **A Friend's Place** has developed comfort packages suitable for children and families, which can be purchased from the web site or by phoning the Centre. (See resource list.)

Cause of death

There is a tendency for most people to regard some deaths as worse than others and to respond differently as a result. For example, death from



suicide, particularly if the person was young and a school student, often elicits more intense and dramatic responses from peers and teachers, as well as the general community. The manner of death may indeed be traumatic – murder, fire, horrific accident, natural disaster, suicide, and painful death after a long illness – all of these are potentially more traumatic if the grieving child was a witness to all or any aspect of the ‘event’. The manner of death may remain foreground for some time, until the right help enables the bereaved child to focus more on missing the person who has died, and finding ways of bringing them ‘back to life’. That is, learning how to use memories, conversations, keepsakes and so on to re enforce connectedness. People die, but our relationships with them live forever.

If we give more attention to death by suicide, we may unknowingly contribute to a contagion effect. Teens, at regressed and vulnerable times, may see suicide as a way of getting the attention they crave, affirmations of their importance and value to others, just as they have witnessed occurring after the suicide death of a school mate.

We need to remind ourselves that in the long term, it is the fact that the person is no longer tangibly present in our lives that is important, not the manner in which they died, as distressing as that may have been at the time.



Styles of grieving

There are three main 'styles of grieving', plus grief styles determined by intellectual ability and psychopathology. The main 'styles' are overt, covert and a mix of the two.

Stereotypically, females of all ages are more likely to be overt grievers (grief that is observable and care eliciting), while males of all ages tend to be covert (private, not obvious, usually expressed in activities).

Stereotypes aside, it is fairly common for people of all ages to express grief in a mix of overt and covert styles, depending on circumstances. Most people try to 'breast their cards' unless they are in safe company and don't have to fear being judged or misunderstood. Styles are primarily determined by biology, family modelling, and cultural expectations. Whatever our style, whatever the child's 'style', it is hard to get it right. If a child cries at school (or at home), they are likely to be sent to a counsellor to be 'fixed'. If they don't cry in front of others, they may be described as hard, unfeeling, or doing well. Teachers, like the rest of the community, tend to think their own style of grieving is the right or the best one, and tend to reward or punish behaviour that differs from what is familiar.

The pain of others, particularly the pain of children, tends to generate feelings of uncomfortable helplessness in all of us, causing us to try to fix what is unfixable. We all need to join forces and help children build enough life around the empty places in their hearts to make grief manageable.

Understanding regression

Once we understand regression in grief we are half way to being able to provide the most appropriate care for each child. Used in this context, it is not a psychiatric diagnosis, but represents compassionate understanding of the internal vulnerability of all grieving people.



Over the years, when we have asked adults to put an age on their internal feeling, most tell us somewhere between 8–15. The age will be lower if the person has experienced significant grief or trauma very early in life.

Young children may regress to a very young internal age, occasionally to a pre verbal level. Thumb sucking, wanting a dummy, bed wetting, being clingy and fearing separation from family are common reactions in pre school or early school age children.

Regression is a universal experience and occurs in all crisis situations, including those that are positive. We only have to watch the behaviour of winning athletes and sporting teams for examples.

If you are having difficulty understanding and managing a grieving child in your care, try to imagine their internal age. Does that age explain their current behaviour? Give you ideas about what might be needed? If not, email or phone the NCCG. (Details in Resources.)



How do we recognise grief related behaviour in a school setting?

Pre School

Pre school children tend to become clingy and noticeably regressed. They may be afraid to sleep at nap time, lose appetite, and become an exaggerated version of whatever they were before.

Hyperactive children become more so, shy and withdrawn children even quieter, and most will become easily upset over minor hurts such as falling over or being teased.

Management

They need affection, reassurance, clear boundaries, expressions of understanding such as “I know you are having a tough time since ..., but it’s not OK to hit/punch/pinch/kick ... Let’s find something else you can do.”

They may need to bring a comfort toy or object from home, something that makes them feel closer to the person who is ill or has died. It is a good idea to create a 'quiet corner' in the class room, then talk to all the children in your care, explaining how to use that special space. You might say, "All of us feel upset at times and want to be on our own. Someone we love may be sick or have died, parents may be fighting with each other or cross with you, or you may feel a bit tired or sick. When that happens, just go sit in the quiet corner until you are ready to rejoin the class." The corner should have soft, cuddly toys, a blanket (sheet in summer), and paper and crayons, plus picture books. Anything that has the power to soothe the senses. Many preschools already have these spaces and find they work well.

'Big School'

Many of the same things apply in infants and primary schools as in pre schools. Children are unlikely to cry about 'the event' that has occurred, but are likely to become disproportionately upset about minor events – anything that gives their internal feeling a focus and allows it to be expressed. They are likely to have difficulty with reading and retaining information, with homework, and may fall behind academically for the first 13 months or so.



Management

As above, with clear boundaries and compassionate understanding. Where possible, find someone who can do homework with the child so loneliness is reduced. In addition, find tasks that you know the child can do well so that their feelings of confidence gradually return and self esteem is restored.

Quiet corners are still possible up to the end of primary school and are preferable to letting a child leave the room. By using the 'quiet corner' we help children learn that all feelings are OK, and no matter how distressed we are feeling, we don't need to run away, we just need a bit of space to be on our own. Reading or drawing, perhaps working with modelling clay or stress balls, can help children process inner turmoil.

High School

It is often difficult for parents and teachers to distinguish between normal adolescent behaviour and behaviour that is an expression of grief. Grieving teens, like grieving adults and young children, tend to become an exaggerated version of what they were before the event occurred. We all grieve as we have lived. Quiet children may become even more withdrawn, active children more restless, and so on.



Regression is universal. That is, as already mentioned, we all feel younger and more vulnerable on the inside than our chronological age might suggest, and as a consequence, may lose confidence in our ability and experience a drop in self esteem.

Teenagers, already vulnerable as a result of fluctuating hormones, a fragile sense of identity, concerns about attractiveness to others, and changing family dynamics, can feel very threatened by the increased vulnerability of grief.

Regression is not a judgemental labelling meaning 'childishness', but a compassionate recognition of vulnerability. Most children and young people's school performance drops in the first thirteen months after significant loss, gradually returning to normal in the second year. Others may push themselves to perform at even higher levels as an attempt to reassure themselves that they can survive, or that they can still control some aspects of life at a time when everything feels out of control.

Grieving teens may have difficulty concentrating, tend to daydream a lot, and have difficulty retaining information. Assignments may be difficult or at times impossible, for several reasons. It is almost impossible to concentrate on school work at home when everyone around you is grieving, and because grief is excruciatingly lonely, it can be hard





to sit in a room alone, focusing on meaningless schoolwork. Many teens question the meaning and purpose of life, and wonder why they should bother trying to succeed when they are going to die anyway. Others may do the reverse and push themselves even harder than before, determined to prove to themselves that life will go on, that they can cope. Some may sound and look depressed, and are perhaps more vulnerable to depression than non bereaved peers, but more often, they are simply passionately sad.

Grieving children of all ages in a school setting may somatise their feelings and develop headaches, stomach aches, ear aches and so on. They tend to be more accident prone, more aware of what is internal than external, and therefore more likely to be unaware of danger. Some children become the reverse (girls more often than boys), seeing danger and potential catastrophe in everything.

And finally, grieving teens, like younger children, tend to react strongly to seemingly insignificant events. For example, a teasing comment, anything that feels too much for their senses – sights, sounds, touch, tastes, smells. These experiences can provide an external focus for their grief, an opportunity to cry, or for others (usually boys) a reason to express intense anger. In many instances the anger is justified, usually a response to a hurtful comment about the person who died or is dying, so always make sure you hear both sides of the story.

Management

Maintain boundaries. Whatever behaviour was unacceptable before the event occurred, remains unacceptable now. Grief is an explanation, not an excuse. You could say something like, “I know you are hurting because ..., but it is not OK to ... We need to find another way for you to manage whatever you are feeling”.

Quiet places for meditation or time out

Quiet corners in the classroom are not possible in high school because of the need to change rooms for different subjects. However, it is important to have a safe spot somewhere in the school to which teens can retreat for a little while when feelings become overwhelming or embarrassing.

Quiet places should have appropriate reading material about grief, access to music with head phones, stress balls, writing materials and perhaps a lap top computer. Anything that has the potential to soothe the senses and restore equilibrium can be added – visual images, fabrics nice to touch, pleasant aromas, for example. They also need to be places that allow oversight by, or ready access to, caring adults, not habit forming escapes from lessons, or places where a number of students gather for frivolity.

Other Strategies

School counsellors or trusted teachers might encourage the young person to make a list of people who can be contacted when they feel the need to talk, or just to have company. Boys are more likely to talk when doing something active, like playing sport, making something or watching a sporting activity.



Girls tend to talk fairly easily once trust has been developed, without the need for distracting activity, although there are always exceptions for both genders.

Rules need to remain constant and be complimentary, especially when team support is involved. That is, rules at home, at school, and in any counselling situation should be the same. These rules should always be around safety first, then the rule of 'respect'. It is not OK to hurt oneself, anyone else's body, feelings or possessions, no matter what pain any of us are experiencing. Drugs, including alcohol (a central nervous system depressant) are a tempting anaesthetic for pain, but tend to complicate and prolong the process, potentially converting passionate sadness to depression.

Recognising grief in the playground

In all age groups, attention may be drawn to the grieving child as a result of violent behaviour towards others, physical symptoms, or crying and withdrawal.





How do we manage grief in the playground?

In the same way good teachers manage all playground crises – firmly control behaviour, create safety, elicit the story, solve the problem if possible, demonstrate understanding and suggest a private conversation. If the grieving child/young person doesn't want to talk, say, "If ever you change your mind, I'm willing to listen."

Grief and sporting activities

Grief may manifest in sporting activities in several ways; lethargy and disinterest, increased intensity, or a tendency to be aggressive. As mentioned many times already, the same rules apply to grieving children as to all others. If any of their unacceptable behaviour continues despite enforcement of familiar rules, and you are concerned about their well being, make a time if possible to speak to them alone. You could say, "I know life has been pretty tough for you since ... and I'm wondering what I could do to help you, and to help you manage your feelings better at school?"

Home and family

Whatever you do to support children at school is likely to be minimised unless the family is also supported, and is included in the support team. For this reason, we have designed 'Family Support Packages' as suitable gifts from school to family after bereavement, as a way of making an important emotional bridge. This could be followed up later with a compassionate letter which helps to maintain links already forged and helps to make the family feel valued and cared for. Templates can be obtained from **A Friend's Place** if needed.

The school and wider community

As already mentioned, bereavement support is best provided by a team which includes school counsellor, class teachers, the family, medical practitioner on occasions, and perhaps staff at **A Friend's Place**. Some families may also want their local church included in a symbolic circle of care. No one person should have to feel responsible for helping bereft families learn how to live with the pain of grief. We are all in this together.



Knowing when a child needs extra help

One or two (even several) occasions of classroom or playground tears or aggression are not necessarily an indication that a child or young person needs further help. We need to make grief responses (within the boundaries already mentioned) seem normal and healthy, not something that needs 'therapising', usually to make others feel OK. If you have provided comfort, reassurance, practical help, and offered to be a

listening ear as needed, and the child still has difficulty managing emotions plus school and homework, then a suggestion of seeing someone who has more specialised knowledge can be a good idea. Sometimes it is the teacher or counsellor who needs help in the form of reassurance or creative ideas.

A Friend's Place provides that kind of help for anyone responsible for the care of grieving children – face to face, by phone or email.



Resources and referrals

Valuable support for bereaved or traumatised children can be provided within the school setting, particularly if teachers and school counsellors also feel supported. One of the ways of achieving this is by having a copy of *The Grief of Our children* readily available, pamphlets about children's grief, and by using either the telephone or email support service provided by The National Centre for Childhood Grief (**A Friend's Place**). In addition, each school needs an accessible, up to date referral folder with names of appropriate local individual therapists and organisations providing specialised bereavement support. If you are referring a child or family to **A Friend's Place**, you will need to encourage them to make contact themselves, a way of ensuring their commitment to the referral process.

Resources

The National Centre for Childhood Grief
(**A Friend's Place**) Phone 1300 654 556

The National Association for Loss and
Grief – Phone (02) 6882 9222

Local Community Health Centres

CANTEEN – Phone 1800 226 833

Good Grief – (02) 8912 4844

Kids Help Line – Phone 1800 551 800

Care packages for individuals and families
are available from **A Friend's Place**

Reading

Dianne McKissock, *The Grief of Our
Children*. NCCG 2009

Donna Schuurman, *Never the Same –
coming to terms with the death of a parent*.
USA 2003

Websites

www.openleaves.com.au

www.compassionbooks.com

www.skylight.org.nz

www.childhoodgrief.org.au

www.canteen.org.au

www.bereavementcare.com.au

www.users.bigpond.com/hvsg/

www.grief.org.au

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