

GRIEF AND LOSS IN THE SCHOOL COMMUNITY

Kristy Novinski, PhD
Richland Oaks Counseling Center



GRIEF AND LOSS

- ① Grief in Children and Adolescents
- ① Grief in the School Community
- ① The Counselor's Own Grief

BEREAVEMENT IN STUDENTS



SYMPTOMS OF ACUTE GRIEF IN CHILDREN

- ⊙ Preoccupied with death
- ⊙ Speaking of the deceased in the present
- ⊙ Imitate and idolize the deceased
- ⊙ Acting out in school (irritability, disruptive or aggressive behavior)
- ⊙ Withdrawing from other children
- ⊙ Hypervigilance and fearfulness
- ⊙ Inability to concentrate & tendency to daydream
- ⊙ Sleep disturbances (nightmares & fear of the dark)
- ⊙ Regressive behaviors
- ⊙ Stomach and headaches (other symptoms of the deceased)



SYMPTOMS OF GRIEF IN ADOLESCENTS

- ⊙ Intense feelings of anger, guilt or blaming
- ⊙ Heightened sense of isolation
- ⊙ Minimization (sleeper effect)
- ⊙ Feelings of shock and vulnerability (threat to invincibility)
- ⊙ Engaging in high-risk behaviors (e.g., substance use/abuse, promiscuity, recklessness)

ACUTE AND COMPLICATED GRIEF



MODERATORS OF GRIEF

- ⊙ Relationship with the deceased
- ⊙ Present when the deceased died
- ⊙ Previous or concurrent losses
- ⊙ Availability of support
- ⊙ Change in family system and/or the child's role(s)



GRIEF REACTIONS

- ◎ Grief takes time
 - ◎ Acute grief stage during the first 6-8 weeks following a loss.
 - ◎ Normal grief reactions often last six months or longer.
 - ◎ Frequently intensified or exacerbated with key dates, events and reminders.



SYMPTOMS OF COMPLICATED GRIEF IN CHILDREN & ADOLESCENTS

- ⊙ Trauma symptoms (flashbacks, avoidance)
- ⊙ Inability / refusal to accept the death
- ⊙ Severe and/or prolonged loss of interest in activities (extracurriculars, friends)
- ⊙ Pronounced and/or prolonged decline in school achievement
- ⊙ School refusal / truancy
- ⊙ Fear of being alone
- ⊙ Prolonged disruption in ability to eat or sleep
- ⊙ Suicidal references and behavior (may include repeated wish to be reunited with the deceased and high-risk behavior)



DISTINGUISHING GRIEF & DEPRESSION

Bereavement

- ⦿ Yearning
- ⦿ Feelings of being overwhelmed
- ⦿ Experiences of seeing / hearing / feeling the deceased loved one in the absence of other perceptual distortions

Bereavement & Depression

- ⦿ Intense sadness
- ⦿ Rumination (bereavement: about the loss)
- ⦿ Insomnia
- ⦿ Poor appetite & weight loss

Depression

- ⦿ Feelings of worthlessness
- ⦿ Suicidal ideas (distinct from wanting to re-join a deceased loved one)
- ⦿ Psychomotor retardation
- ⦿ Severe overall impairment in functioning



BEREAVEMENT IN THE DSM-5

- ⊙ Removal of Bereavement exclusion in the criteria for Major Depressive Episode.
- ⊙ Inclusion of Persistent Complex Bereavement-Related Disorder (Proposed for Section III, conditions that require further study)
- ⊙ Adjustment Disorder, Related to Bereavement



HELPING STUDENTS COPE WITH GRIEF

Children & Pre-teens

- ⊙ Talk openly and honestly about the loss
 - ⊙ Age-appropriate, clear, truthful language
- ⊙ Ask questions, listen closely and patiently
- ⊙ Correct false perceptions
- ⊙ Maintain structure and routine

Teens

- ⊙ Don't force conversation
- ⊙ Listen patiently and non-judgmentally
- ⊙ Educate and normalize responses
- ⊙ Encourage peer-support (school & community resources)
- ⊙ Watch for signs of depression or suicidal ideation / gestures that worsen over time



HELPING STUDENTS IDENTIFY POSITIVE COPING SKILLS

- ① Trusted adults they feel comfortable talking to
- ① Places they can go that feel comfortable and safe
- ① Things they can do or people they can be with to express their anger without hurting themselves or others
- ① Things they can do or people they can be with when they need to express sad feelings
- ① Things they can do when life feels meaningless
- ① Activities they can do that will help them express their feelings (e.g., writing, memory books, drawing, hitting pillows, singing or playing music, dancing, walking, sports)
- ① Activities and things they can do to help others
- ① Things and people that help them get their mind off the loss



CARING FOR CLASSMATES

- ③ Provide students with age-appropriate guidance for supporting their classmate.
- ③ Help students anticipate their classmate's responses as well as their own.
 - ③ Students may experience secondary responses to their classmate's loss.
- ③ Provide reassurance
- ③ Provide opportunities for continued conversation

GRIEVING AS A SCHOOL COMMUNITY



IMPORTANCE OF THE SCHOOL'S RESPONSE

- ◎ Parents and students depend on schools to help understand and deal with important events
- ◎ Avoiding open discussion and grief communicates:
 - ◎ that we do not think they are capable of discussing difficult topics
 - ◎ that their loss and grief are unimportant
 - ◎ that it is not appropriate to talk about experiences and feelings
- ◎ Schools set the tone and model positive coping for students, families and the community



COMMUNICATION

- ⊙ Begin communication as soon as feasible, in a personal way .
- ⊙ Inform all staff, students and parents to minimize confusion or misinformation.
- ⊙ Information should be factual and honest.
- ⊙ Educate the community (staff, students and parents) about common grief reactions to expect and available resources.
- ⊙ Discuss coping responses and helpful actions.
- ⊙ Encourage continued communication.



COMMUNAL GRIEF

- ⊙ Even more difficult for those who have had previous experiences with loss or trauma.
 - ⊙ Provide education, reassurance and support.
- ⊙ Individual and Collective Trauma
 - ⊙ Importance of maintaining meaningful connection to the community in the aftermath of loss and trauma.
- ⊙ Resilience and post-traumatic growth



REMEMBERING AND MEMORIALIZATION

- ◎ Memorials and commemorative activities and events provide students opportunities to:
 - ◎ Express difficult feelings.
 - ◎ Share coping techniques.
 - ◎ Draw on the support of a caring community.



ENCOURAGING STUDENT INVOLVEMENT

- ◎ Involve students in planning memorial events and activities.
 - ◎ Allows students the opportunity to voice their feelings.
 - ◎ Allows students to feel more in control.
 - ◎ Allows students to come to a shared meaning of the loss.
 - ◎ Allows students to develop a meaningful and helpful way to remember and mark the loss.

THE COUNSELOR'S OWN GRIEF



THE CHALLENGE OF CARING

One cannot remain in this work for long without being wounded. Caregivers who function only as technicians, who do not instinctively offer their souls, hands, and hearts, will not thrive. Therefore, by serving well, they, by definition, operate from a position of tenderness and vulnerability... Learning how to manage the accumulated sadness in growth-enhancing rather than destructive ways may be the central task.

Hill, 1991



SELF-CARE FOR THE COUNSELOR

- ③ Caring for others, especially during times of extreme stress and trauma, can deplete your reserves.
- ③ ASCA Ethical Standards for School Counselors address self-care as an ethical mandate.
 - ③ Prioritize your mental health.



COMPASSION FATIGUE

- ⊙ Experienced by individuals who work closely with those who have suffered trauma.
 - ⊙ Deeply felt sense of compassion and empathy
 - ⊙ Strong identification with those who are suffering
 - ⊙ Inadequate self-care
- ⊙ Without intervention, Compassion Fatigue can lead to:
 - ⊙ Vicarious Traumatization (Secondary PTSD)
 - ⊙ Burn-Out

COMPASSION FATIGUE SCALE - REVISED* (SAMPLE QUESTIONS)

Never/Rarely 1 2 3 4 5 6 7 8 9 10 Very Often

- ⊙ I have felt trapped by my work
- ⊙ I have thoughts that I am not succeeding in achieving my life goals
- ⊙ **I have had flashbacks connected to by clients/students**
- ⊙ I feel that I am a “failure” in my work
- ⊙ **I experience troubling dreams similar to those of a client/student**
- ⊙ I have felt a sense of hopelessness associated with working with clients/students
- ⊙ I have frequently felt weak, tired or rundown as a result of my work
- ⊙ **I have experienced intrusive thoughts after working with especially difficult clients/students**
- ⊙ I have felt depressed as a result of my work.
- ⊙ **I have suddenly and involuntarily recalled a frightening experience while working with a client/student**
- ⊙ I feel I am unsuccessful at separating work from my personal life
- ⊙ **I am losing sleep over a client’s/student’s traumatic experience.**
- ⊙ I have a sense of worthlessness, disillusionment, or resentment associated with my work.

*Gentry, Baranowsky & Dunning (2002)



PREVENTION AND COPING WITH COMPASSION FATIGUE

- ③ Developing a support network who can help identify signs of fatigue and burn-out
- ③ Re-fill your personal resources
 - ③ Friends, family, recreation, exercise, humor
 - ③ Laugh, love and play!
- ③ Personal counseling
 - ③ Nurture your own emotional self
 - ③ Process work-related and personal experiences

RESOURCES

REFERENCES

- ⊙ APA (2012). Proposed Revision: Persistent Complex Bereavement-Related Disorder. *DSM-5*.
<http://www.dsm5.org/proposedrevision/pages/proposedrevision.aspx?rid=577>
- ⊙ Figley, C. R. (Ed.). (2002). *Treating compassion fatigue*. New York: Brunner-Routledge.
- ⊙ Hill, H. I. (1991). Point and counterpoint: Relationships in oncology care. *Journal of Psychosocial Oncology*, 9(2), 97-112 .
- ⊙ Larson, D. G. (1993). *The helper's journey: Working with people facing grief, loss, and life-threatening illness*. Champaign, IL: Research Press.



REFERENCES, CONT.

- ③ Larson, D. G. (2000). Anticipatory mourning: Challenges for professional and volunteer caregivers. In T. A. Rando (Ed.), *Clinical dimensions of anticipatory mourning: Theory and practice in working with the dying, their loved ones, and their caregivers*. (pp. 379-395). Champaign, IL US: Research Press.
- ③ Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, *Cl*, 141-149.
- ③ Nagy, M. (1948). The child's theories concerning death. *The Pedagogical Seminary and Journal of Genetic Psychology*, *73*, 3-27.
- ③ Worden, J. W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. 4th ed. New York, NY: Springer Publishing Company.