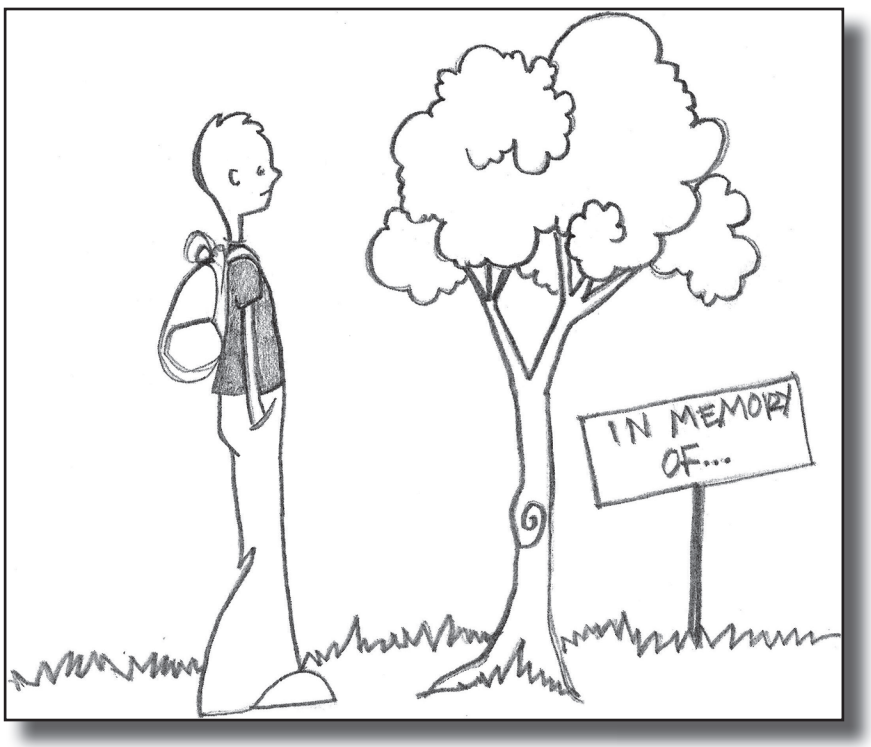
10

Dealing with Crises and Critical Issues



David Disappeared

"When I was in fourth grade the kid that sat in the desk next to mine was killed in an automobile accident. On the school bus Monday morning all the kids were talking about it. When we got to school we found that his desk had mysteriously disappeared and the rows had been rearranged. No adult at school said anything about his death—it was as if David had never existed to them. At recess the kids whispered all kinds of stories about David's death for weeks. Looking back I can see we needed to talk about it and these stories were generated by fears, imagination, and sometimes by wanting to be the center of attention. Because our teacher never spoke of David, we didn't dare ask her about him or the rumors that we were hearing. I never said anything about it to my parents, even though it really affected me. I was scared I might die too and then everyone would forget me."

This chapter addresses some of the more difficult situations educators are called upon to deal with. Every semester students express appreciation for the opportunity to discuss the issues in this chapter. They readily see the importance of becoming prepared now for something they may have to deal with in the future, as individuals and as teachers. This chapter can help educators gain insights into how to prepare for crises and offers classroom tools for dealing with suicide, self-injury, terminal illness, and death.

Crisis Response Plans

Schools need to be responsive to crises and disasters that could affect the school community including environmental disasters (e.g., fires, floods, tornadoes, blizzards, earthquakes) and other situations that threaten safety (e.g., chemical spills, explosions, terroristic acts).* School teachers and administrators also have to be prepared to deal with the serious injury or death of one of their students, a member of a student's family, or a fellow teacher. A school plan dealing with crises can be comprehensive, addressing response needs for multiple types of disasters and emergencies. Plans should include responses for both short- and long-term services.

Many states require districts and schools to have crisis response plans. Schools should review district and state crisis intervention manuals and adapt them to address local needs. The school plan could include the development of a crisis response team with a designated contact person to coordinate the school's response. The plan and team could be developed with input from key members

* This section is adapted and condensed from Centers for Disease Control and Prevention. School health guidelines to prevent unintentional injury and violence. *MMWR.* 2001; 50(RR-22):350.

of the local community, including school administrators; law enforcement; fire and rescue departments; emergency medical services (EMS); mental health agencies; parent–teacher organizations; hospitals; domestic violence shelters; health, social service, and emergency management agencies; rape crisis shelters; the faith community; teachers' unions; and organizations such as the Red Cross. Crisis plans can do the following:

- Assign roles and responsibilities in the event of an emergency to all members of the team and to the broader school community
- Consider the potential need for backup assistance from the district, other schools, or outside groups
- Consider that the crisis might be based in the community and that the school might need to serve as a shelter
- Include plans for dismissing school early, canceling classes, and evacuating students to a safer location
- Include strategies for informing school staff members, families, and the community regarding the school's plans and assignment of responsibilities
- Include procedures for handling suspicious packages or envelopes, including actions to minimize possible exposure to biological or chemical agents and mechanisms for informing law enforcement

Schools often become emergency shelters at times of crises. The school building and school staff can offer both physical and emotional refuge.

A communication system could provide for communicating internally as well as for contacting community resources (e.g., law enforcement) and families in the event of an emergency. Schools can communicate basic emergency procedures to families so that they will know where to report or call for information in the event of a crisis. A communication system can also include methods for families, community members and agencies, students, and others to communicate potential crises to the school. Floor plans might be shared with local law enforcement, fire and rescue, and EMS agencies. Crisis plans can be produced in writing and copies given to all school staff members and all relevant community organizations, even if they do not participate in developing the plan. The plan could be updated annually.

Schools can train faculty, staff members, students, community organization and agency staff members, and the crisis response team regarding the crisis response plan and their individual roles and responsibilities in a crisis. Plans should be practiced regularly and whenever updates are incorporated.

Preparations for a Crisis

Responsiveness during a crisis depends on preparation. In addition to the crisis response plan, schools could have a current list of personnel who are trained and certified to administer first aid and cardiopulmonary resuscitation (CPR); a phone tree for expediting communication with school staff members and families; clothing or badges to signify members of the crisis response team; fact sheets and letters for distributing information regarding the school to the media; an emergency contact list; and a "go box." The go box contains tools and information to be taken to the crisis response post and could include the phone numbers, current lists, and items described previously as well as a bullhorn, a complete list of students, and maps and floor plans that include locations of power and utility connections. A laptop computer and a cell phone or walkie-talkie system could also be made available. The contents of the go box might be reviewed and updated at least annually. Several persons should have access to the go box and know how to use it.

Schools should establish evacuation procedures for moving students to safety, making appropriate provisions for persons with special needs. Adequate transportation should be available to move students to the preestablished safe location, taking into account transportation requirements for students with special needs. Reunion areas should be established for students and families to meet each other. Assigned staff members can manage a standardized procedure for releasing students to family members. This procedure could include keeping records of when each student left school grounds and with whom they left.

Schools can anticipate demands from the media and be proactive in delivering the information that the school wants released to the media. For example, schools can decide in advance what types of information will be released during

a crisis and have templates of press releases already assembled. When a crisis occurs, schools can then control the message that will be released to the media. A school official trained in providing information through the media could be designated to speak to the media. A specific location for media contacts can be assigned. This location and the name of the media contact can be communicated to local media outlets when releasing the school crisis response plan.

Short-Term Responses and Services

Schools should consider reopening as quickly as possible after a crisis has ended. School personnel can be a substantial source of assistance to students. Developmentally appropriate and culturally competent mechanisms are essential for dealing with the psychological consequences of traumatic events in counseling centers, classrooms, and assemblies. Depending on the situation, these mechanisms might involve teachers, administrators, counselors, families, and local safety professionals (e.g., fire fighters after a fire).

After a crisis, grief counselors could be made available to students and staff members on both group and individual levels. The school can communicate with students, families, and staff members regarding recognizing and treating post-traumatic stress disorder.

Depending on the scope of the crisis, all or some of the students and staff members might not be able to return immediately to routine class schedules. Community resources might need to be sought for counseling and psychological services.

In the event of a death, students, families, and staff members should be allowed to grieve. Gatherings or other tributes might be appropriate, except in the case of suicide, where public tributes might increase the risk for copycat suicide attempts. Schools could be proactive in identifying and assisting students who want or need to discuss their feelings. In addition, schools can continue to work with the media so that students and staff members can return to school without disruption and to ensure that the media and the public receive the information they need.

Long-Term Responses and Services

Crises have long-term consequences and should be treated over the long term. Some students might require ongoing counseling and psychological services. Schools can anticipate anniversary dates and other occasions that might be painful for members of the school community and can provide any necessary additional services at these times. Schools should continue to communicate with students, families, and staff members to recognize and treat posttraumatic stress disorder and depression. Schools can teach students coping and grieving strategies that students can use throughout their lifetimes.

Schools can learn from crises. After a crisis affects the school or community, the school crisis response team might meet to analyze the school's response,

consider revisions to the crisis response plan, assess how to prevent future recurrences, and make necessary changes based on lessons learned.

Youth Suicide

Youth suicide is a serious public health problem.* For youths between the ages of 10 and 24 years, suicide is the third leading cause of death. There are also reports of suicide deaths among children younger than the age of 10. Approximately 4,500 young people's lives are lost each year by suicide. The top three methods used in suicides of young people include firearm (46%), suffocation (39%), and poisoning (8%).

Deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. A nationwide survey of youths in grades 9 through 12 in public and private schools in the United States found that 15% of students reported seriously considering suicide, 11% reported creating a plan, and 7% reporting trying to take their own life in the 12 months preceding the survey. Each year, approximately 149,000 youths between the ages of 10 and 24 receive medical care for self-inflicted injuries at emergency departments across the United States.

Suicide affects all youths, but some groups are at higher risk than are others. Boys are more likely than girls to die from suicide. Of the reported suicides in the 10-year to 24-year age group, 83% of the deaths were males and 17% were females. Girls, however, are more likely to report attempting suicide than are boys. Cultural variations in suicide rates also exist, with Native American/Alaskan Native and Hispanic youth having the highest rates of suicide-related fatalities. A nationwide survey of youths in grades 9 through 12 in public and private schools in the United States found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers were.

Several factors can put a young person at risk for suicide. However, having the following risk factors does not always mean that suicide will occur:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

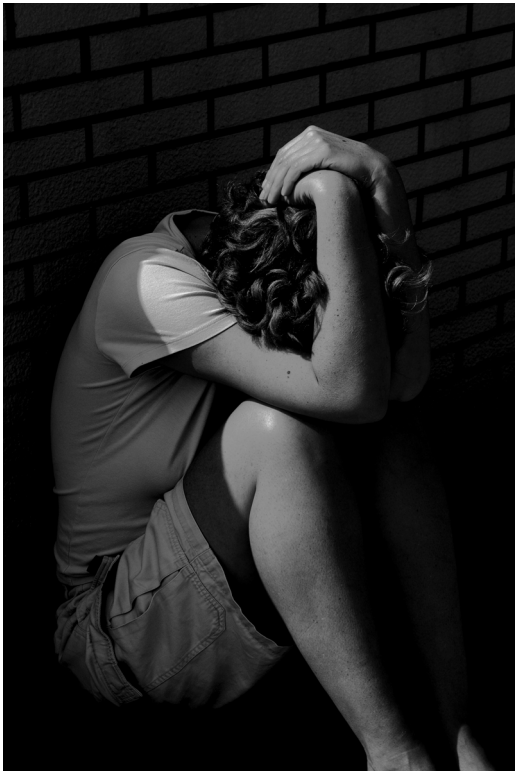
* The statistics found in this section on suicide are taken from the Centers for Disease Control and Prevention. Suicide Prevention. Available at http://www.cdc.gov/ViolencePrevention/suicide/index.html.

Most people are uncomfortable with the topic of suicide. Too often, victims are blamed, and their families and friends are left stigmatized. As a result, people do not communicate openly about suicide. Thus, an important public health problem is left shrouded in secrecy, which limits the amount of information available to those working to prevent suicide.

Warning Signs of Suicide

An attempted suicide must be taken very seriously. In addition to being a potentially lethal event, it is a risk factor for completed suicide and often an indicator of other problems such as substance abuse, depression, or adjustment and stress reactions.[1] Unfortunately, many youth suicide attempters do not receive medical or psychological treatment following their attempt. Suicide researchers estimate that the number of adolescent suicide attempts may be as high as 50 to 200 times that of completed suicides.[2]

Many signs can indicate suicidal thoughts or behavior in young people. These signs can be grouped in four categories: verbal, behavioral, situational,



Most suicides are planned rather than committed on impulse. Educators should be alert for verbal, behavioral, situational, and depressive symptoms.

and depressive symptoms. Educators should be alert for these signs in the children and adolescents they work with.

Verbal Signs Quite often educators dismiss or overlook direct or indirect statements about suicidal intentions or wishes as not being serious statements. Yet, in fact, these statements do indicate suicidal intentions and should be treated seriously. One of the most dangerous misconceptions about suicide is that people who talk about killing themselves rarely do it. Actually, more than three fourths of all suicide victims mention it beforehand. Most suicides are planned rather than committed on impulse. Statements like the following may indicate suicidal intentions:

- ❖ I wish I were dead.
- ❖ I'm going to kill myself.
- ❖ People (or my family) would be better off without me.
- ❖ Nobody needs me.
- ❖ If (such and such) happens, I am going to kill myself.
- ❖ I just can't go on living anymore.
- ❖ You won't have to worry about me anymore.
- ❖ How do you donate your body to science?
- ❖ Why is there such unhappiness in life?

Behavioral Signs The most serious and predictive sign of suicide is a previous unsuccessful suicide attempt. Any suicide attempt should be considered serious. It is common for some youths to make weak attempts to gain attention. Yet, if these attempts are ignored or not regarded as serious, the individuals may turn to more lethal methods.

"Setting one's affairs in order" is another behavioral sign that needs serious attention and is strongly suggestive of suicidal thoughts. This includes activities such as making arrangements to be a donor of vital body organs and giving away prized possessions. Educators should question any changes in behavior, whether positive or negative. Behavioral signs include the following:

- ❖ Poor adjustment to a recent loss
- ❖ A suicide note that is left in advance
- ❖ A sudden, unexplained recovery from a severe depressive episode
- ❖ Alcohol and other drug abuse
- ❖ Extreme changes in mood or behavior
- ❖ Excessive irritability

- Feelings of guilt
- Unexplained crying (particularly if male)
- Truancy or running away from home
- Academic difficulty or poor schoolwork
- Aggressive behavior
- Promiscuity
- Self-mutilation
- Resignation from clubs or other groups
- Repeated episodes of accidental injury
- Social isolation or withdrawing from friends

Situational Signs The most important situational signal is family strife. Family disruption by death of a parent or sibling, separation, or divorce is associated with suicidal behavior. Disruption or disorder in the family is frequently associated with alcohol or other drug abuse among parents. Suicidal behavior by an immediate family member is more prevalent among youth suicide attempters than among those who have not attempted suicide. Therefore, suicidal behavior by other family members may serve as a model for coping with stress. Young people growing up with these family models may be more likely to resort to suicide in response to stress. Other situational signs include the following:

- Loss of a job
- Loss of a boyfriend or girlfriend
- A fight with a peer
- A fight or serious disagreement with a parent
- Chronic illness
- Survival of an illness with a disability
- A move to a new city
- Academic failure
- Being caught for a crime, such as shoplifting or vandalism

Depressive Symptoms Depression is strongly associated with youth suicide. Educators should be alert for the signs associated with depression discussed in Chapter 4. Feelings of hopelessness are particularly highly correlated with suicidal ideation and behavior. Therefore, any signs of depression and hopelessness require serious attention (see **Box 10-1**).

10–1
Background on . . .

Resources for Suicide Prevention

A number of organizations focus on suicide prevention. Check their websites for information and resources.

- Centre for Suicide Prevention: http://www.suicideinfo.ca
- Florida Suicide Prevention Coalition: http://www.floridasuicideprevention.org
- Life: Living Is for Everyone: http://www.livingisforeveryone.com.au
- Light for Life Foundation: http://www.yellowribbon.org
- National Strategy for Suicide Prevention: http://mentalhealth.samhsa.gov/SuicidePrevention
- Suicide Awareness/Voices of Education: http://www.save.org
- Suicide Prevention Action Network: http://www.spanusa.org
- Youth Suicide Prevention Program: http://www.yspp.org

Prevention and Intervention

Often, suicidal behavior is a cry for help with problems that seem impossible to solve. Showing that you care and listening are the most critical preventive measures that you can employ. Take warning signs and threats seriously and establish a sense of trust. A student's trust in a teacher often requires confidentiality. This places a great responsibility on the teacher to determine whether the situation warrants informing parents or others. When intervention is necessary, the teacher can advise the student on how to get professional help. It is helpful when teachers serve as a liaison between the school and the professional help.

Daily contact with and knowledge of their students put teachers in an excellent position to detect the warning signs of suicide. Any suspicions about suicide cannot be ignored. It is best to ask a student calmly, "Are you thinking about suicide?" This direct approach helps lower a student's anxiety and lets him or her know that someone cares enough to simply listen.

Teachers should not back away from talking to young persons who disclose that they are considering suicide.[1] By discussing suicide, you are not putting the idea into the student's head or increasing the likelihood of suicidal behavior. An open discussion can help decrease some of the anxiety that they feel and open up the door for seeking help. It also conveys that someone cares about them and wants to help them. A discussion can help them see other options.

By being a concerned listener, you help a young person know that he or she is being taken seriously. Listening conveys to the young person that you care and that he or she is not alone. Failure to listen may be perceived as a sign of an individual's sense of worthlessness.

Teachers must not act shocked if a student discloses that he or she is thinking about suicide. You can help the individual to realize that he or she is not so different because of thinking of suicide in response to problems or stresses. Thoughts of suicide are normal; however, suicidal actions are not. Teachers must take disclosure of suicidal thoughts seriously and not dismiss them lightly. *They must take appropriate action.*

Educators must not attempt to deal with a suicidal person alone. Enlist the support and help of parents, school counselors, and other mental health professionals, clergy, and friends. It is very difficult for students to obtain professional assistance on their own. Therefore, teachers serve a critical role in the referral process. Trust your suspicions that a student may be contemplating suicide and take the appropriate action.

Teachers must not allow themselves to be sworn to secrecy by a suicidal student. You may be confronted by a student who says "I have something important to tell you, but first you must promise not to tell anyone else." Your response should be, "If someone is hurting you or you are considering hurting yourself, I cannot promise that I will not tell anyone else. If it is a personal matter, I will not tell anyone and I will help and support you. However, if it is a problem for which you need assistance from others, I will help you get the help you need."

Young people are often relieved that teachers are willing to help with their problem and that they are comfortable talking about it. In discussing their problems and situation, take a positive approach and help them to see the alternatives to suicide. It is important that they realize that there are choices. Share some strategies that work for you in dealing with stressful situations, failure, loss, and disappointment. Ask them to share with you some strategies that have worked for them in the past. Convey that suicidal thoughts are normal and that they do not need to act upon those thoughts. Suicide is a normal thought, not a normal behavior.

It is important that depressed and unhappy youths understand that most problems solve themselves over time. Help them to get out of the thought pattern that things get worse and worse. Emphasize the temporary nature of most problems. Explain that the immediate crisis will pass in time and that time will help in the healing. Tell them that suicide is a permanent solution to a problem that is usually temporary.

Help the young person develop a network of support. Identify people that he or she can be with and talk with. Sometimes a **contract for life** helps. A contract for life is a formal, written agreement in which suicidal people state that they will ask for help before they hurt themselves. A contract for life should be dated and signed. Educators must never let a contract for life expire without formal acknowledgment. *Young people who pose an immediate suicide risk should never be left alone.*

More schools and school personnel need to be involved in suicide prevention and intervention programs (see **Box 10-2**). Educators must become effective in identifying and helping potential suicide victims. Effective suicide

prevention programs are developed when teachers, school administrators, school staff members, parents, and community agencies become actively involved. **Box 10-3** provides suggested classroom activities for dealing with the topic of suicide.

10–2
Background on . . .

Suicide Prevention

Suicide prevention methods are best used in conjunction with other strategies rather than in isolation. Schools and communities can implement several suicide prevention strategies to counter suicide among students. The following list includes some of these strategies.

- *School-based suicide awareness curricula*. These curricula generally focus on the following areas: dispelling myths and increasing correct knowledge about youth suicide, increasing the ability of students to recognize another student potentially at risk for suicidal behaviors, encouraging troubled students to seek help, and providing students with knowledge concerning school and community resources that are available should they need help or should they encounter a peer who needs help. Lessons about suicide can be incorporated into existing classes such as health, social studies, physical education, and others.
- *Life skills training for youth*. Some schools offer skills training for students as a way to protect young people against depression, hopelessness, and drug abuse—risk factors for suicidal behaviors or thoughts. The skills that might be included are problem-solving skills, social skills, coping skills, and help-seeking strategies.
- *Screening*. This prevention strategy involves efforts to identify students who are potentially at risk for suicide through interviews and self-report questionnaires. Screening can focus on such indicators as depression, hopelessness, psychiatric disorders, substance abuse problems, suicidal ideation, and past suicide attempts. Referrals of students with indications for suicide risk are made to the proper professionals and agencies.
- *Gatekeeper training*. Gatekeeper training refers to education and training for teachers and other school staff (e.g., counselors, coaches) about youth suicide. Because these adults are often in a position to be among the first to detect signs of suicidality and offer assistance to youths in need they are sometimes known as "natural community helpers." Gatekeepers are trained in school policies that relate to dealing with students deemed to be at high risk for suicide and in how to make appropriate referrals for professional help for these students. They are also trained that their role is not to go beyond the gatekeeping role. Mental health counseling needs to be left to trained professionals.

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- *Educating parents*. Schools can provide information to parents about youth suicide warning signs, risk factors, protective factors, community resources, and actions to take following a suicidal crisis. These efforts can be combined with education on other youth risk topics such as alcohol and other drug use. Parents should be alerted about the heightened risk that easy access to firearms in the home poses for youth who are suicidal. Firearms are the most common method of suicidal death in the United States.
- *Crisis centers and hotlines*. Schools can inform students about crisis centers and hotlines, which provide immediate, accessible, and confidential support for individuals in need. These services are often accessible during times when other services are not open or accessible, such as late at night and on weekends.
- *Peer support groups*. A strategy for students potentially at risk for suicidal behaviors is the use of peer support groups. These students are more likely to confide in and feel comfortable with peers rather than adults. Support groups that allow vulnerable students to meet with other students in a comfortable group climate might foster peer relationships and coping skills. These groups may also help alleviate feelings of isolation, loneliness, and hopelessness. Despite the potential benefits of peer support groups, they should not be used as a substitute for professional counseling or therapy.
- *Positive and safe school climate*. Interventions that target the improvement of school climate might have an impact in terms of reducing youth suicide. All students, including those at high risk of suicide, benefit when there is a positive and safe school climate. It is important for students to feel connected to their school.

Sources: Doan J, Roggenbaum S, Lazear K. *Youth Suicide Prevention School-Based Guide—Issue Brief 5: Suicide Prevention Guidelines*. Tampa, Fla: Department of Child and Family Studies, Division of State and Local Support; 2005. And Gould MS, Kramer RA. Youth suicide prevention. *Suicide Life-Threatening Bhvr.* 2001;31(suppl):6–31.

10-3
Background on . . .

Classroom Activities Dealing with Suicide

The following are examples of teaching activities that deal with suicide. This subject is usually addressed at the high school level. These activities help students review the warning signs of suicide, the proper steps to take in prevention and interven-

(*continues*)

(*continued*)

tion, and the importance of life. Be sure to invite your school counselor to participate. It is possible one or more of the students in your class will have experienced the loss of someone close as a result of suicide. You need to be prepared to handle appropriately any emotional needs that may surface.

Lesson Plans

You can find lesson plans on suicide prevention at the SOS Signs of Suicide Suicide Prevention Program for High Schools website at http://www.mentalhealthscreening.org/highschool. It is a school-based program that has shown a reduction in suicide attempts (by 40%) in a randomized controlled study (*American Journal of Public Health*, March 2004). The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help seeking. The program's primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to ACT (acknowledge, care, and tell) in the face of this mental health emergency.

Chalk Line

Draw a horizontal line across a chalkboard. Tell the class that this line represents the time line of a person's life. Have the students identify the gender of the person and name the person. Divide the class into three groups. Have one group come up with important events that take place in the "chalk person's" school years. Have the second group identify events in the person's young adult years, and have the third group identify events for midlife and beyond. Give the groups a few minutes to work independently to determine their life events. Then, have the first group come up to the chalk line and mark in the important events, followed by the second group, and finally the third group. Don't be surprised if students mark in both good and bad events. Let them have fun with it. When they are finished, say, "I'm sorry, this was to have been Jane Doe's life, but on (give a specific date and time indicating she died as a teenager) she committed suicide." Draw a very heavy line showing time of death. At this point, the students will most likely become very quiet as they think about all that this fictitious person would have missed out on. This activity can be useful in introducing the topics of suicide and how life should be celebrated.

Letters

Assign students to write a letter to an imaginary friend who is contemplating suicide.

(*continues*)

Speaker

Invite a suicide hotline crisis worker or other mental health specialist to talk with your class about suicide prevention and intervention.

Brainstorm

Have students brainstorm the warning signs of suicide. Discuss how and why each sign makes suicide a likely possibility.

Dos and Don'ts

In small groups, have students compile lists of *dos* and *don'ts* in helping suicidal students. Have each group share its lists with the rest of the class.

Role-Play

Have students role-play situations in which they practice suicide intervention and prevention. Examples of role-play situations include pretending to be a worker at a suicide hotline or responding to a friend who is contemplating suicide. Be sure to guide students in active listening skills and enlisting the help of adults.

Self-Injury

Some young people engage in acts of self-injury. **Self-injury**, also known as *self-harm* or *self-mutilation*, includes deliberate attempts to cause harm to one's own body; the injury is usually enough to cause tissue damage. Any method used to harm oneself might be used in self-injury, such as cutting, hair pulling, skin picking, burning, biting, bone breaking, head banging, self-poisoning, self-strangulation, or limb amputation. Self-injury is not generally an attempt at suicide, but it probably has resulted in deaths when sustained injuries were serious enough to cause fatality. It appears to be more common in girls than in boys. Some studies suggest that self-injury may be practiced by as many as 5% to 9% of people in Western societies.[3]

Why would a young person intentionally harm himself or herself? Self-injury might be used to help someone relieve intense feelings such as anger, sadness, loneliness, shame, guilt, and emotional pain. It is believed that those who cut themselves do so in an attempt to release intense emotional feelings. Some young people troubled by a sense of emotional numbness report that seeing their own blood when they cut themselves helps them to feel alive because they usually feel dead inside. Others report that they injure themselves because

dealing with the physical pain is easier than dealing with emotional pain. Self-injury is also used by some as a way to punish themselves for the guilt, shame, and blame that they carry for an abuse that they have suffered. Some harm themselves out of a sense of self-hatred for themselves and their body. Sometimes, self-injury is an attempt to get attention or a cry for help. But there are self-injurers who go to great extremes to keep their self-injurious behavior a secret. Whatever means is used for self-injury and whatever the reasons behind it, there is usually a release from built-up feelings and emotions. However, the emotional release is only temporary.

Many young people engaging in acts of self-injury have a troubled past. Many have a history of sexual or physical abuse, have emotionally absent parents, come from broken homes, or have substance-abusing parents. It is speculated that these factors could contribute to a young person's using self-injury as a way to cope with or block out the emotional pain resulting from these situations.

The act of cutting or other forms of self-injury are signs of disturbance or emotional difficulty that needs to be recognized. For some, self-injury is a last resort or a coping mechanism keeping them from committing suicide. They are choosing self-injury instead of death. Self-injury often becomes a habit, and some mental health experts describe it as an addiction. One woman who struggled with cutting said that "there was nothing like seeing your own blood dripping off your arm or leg and knowing you control it." Some say they are addicted to the blood, some to the scars, and some to the pain or a mixture of all three. The compulsion to self-injure becomes increasingly more dangerous. A young person self-injures and feels emotional release. Then, the next time he or she is feeling depressed or angry, his or her thoughts turn to self-injury. If the person succumbs to the urge, he or she is perpetuating a cycle of addiction.

Young people suffering from this dangerous behavior need to understand that accepting help is not a sign of weakness, but a sign of strength. Many adults do not understand how to react to someone who is injuring himself or herself. Educators and adults need to not react with shock, but with understanding. They need to understand that self-injury is a coping mechanism. They need to support a young person suffering from self-injury and to help him or her find help from mental health professionals who are trained to deal with this problem. The road to recovery may be long; hopefully, through the recovery process the self-injurer will find understanding from informed adults.

Helping Children and Adolescents Deal with Death

Bereaved children face the arduous tasks of coming to terms with death, grieving, and resuming the appropriate progression toward development of personality. Sensitive and skilled school personnel can help children accomplish these tasks. However, many teachers are either uncomfortable or are inadequately trained to offer appropriate support to bereaved children. These teachers cannot help children resolve their grief in a healthy manner and may even complicate the grieving process. Teachers who are comfortable with their own grief and

prepared to help students play a vital role dealing with death in the classroom (see **Box 10-4**.)

The process of acceptance of a death or loss is often referred to as **grief work**. The death of a loved one, such as a parent or sibling, often requires 2 or more years before grieving is completed. A child's reactions to death depend on his or her age and cognitive developmental level, but resemble adult patterns of mourning. Typically, the initial responses are denial, anger, and anxiety. Later, these feelings are replaced by periods of sadness, despair, and depression. When the child has worked through these feelings, acceptance of the death emerges. **Box 10-5** provides a list of normal emotional, physical, and behavioral reactions to death.

10–4
Application Exercise

Am I Ready?

Take out a blank piece of paper and without much thought draw whatever comes to mind when you think of the word "death." When you are finished, step back and look at your drawing. Ask yourself the following questions:

1. What experience do I have with death?
2. How comfortable am I talking about death and grieving with others?
3. What do I need to do to become more prepared for dealing with a death that affects my students?

10–5
Background on . . .

Bereavement

The following are normal reactions to death. Knowing that these emotions and behaviors are normal can help you and your students work through your grief.

Emotions

- *Shock and numbness*. It seems like a dream.
- *Sadness*. Sadness might come and go over a long period of time, depending on how well you knew the person and how much you depended on him or her.

(*continues*)

(*continued*)

- *Anger.* You might feel anger possibly at those perceived to be responsible, yourself, the world in general, or the person who died.
- *Depression.* You might feel like you are on a rollercoaster of laughing one minute while remembering funny incidents and then immediately feeling depressed again.
- *Guilt.* Regrets about what you did or said to the deceased or what you didn't do or say. Guilt that you are still alive. In time, guilt that you cannot always remember what the person looked like.
- *Fears.* You might experience fear for the future and possibly about getting close to others.
- *Special emotional days.* You might feel highly emotional on special days, such as holidays, death date, anniversaries, birthdays, or other special days.

Physical Sensations

- Fatigue or weakness, like your body is weighted down
- Trouble breathing, like the wind has been knocked out of you
- Dry mouth
- Hallucinations—seeing or hearing the deceased

Behaviors

- Crying at random and at unexpected times
- Withdrawing from others
- Loss of appetite
- Insomnia
- Dreams or nightmares
- Treasuring or avoiding mementos of the deceased
- Absentmindedness or preoccupation
- Reverting to acting like a younger age
- Hostility and aggression, especially in children who do not have other means of expressing their anger and frustration

Age-Related Concepts and Needs

It is important to identify young people's perceptions and needs regarding death (see **Figures 10-1 through 10-4**). For most children, an understanding about death follows an orderly sequence. This sequence begins with total unawareness in very early childhood and progresses through stages to the point where death is conceptualized as final and universal and where abstract thinking about death occurs. Mature concepts about death develop in a progressive, developmental

FIGURE 10-1 When children are simply asked to draw pictures about death, many different perceptions and experiences emerge. This child's grandfather had recently died. Notice the detail of the tears and coffin, and also the missing feet on the people who cannot walk away from the pain.

sequence that generally follows Piaget's model of conceptual development. However, many children attain mature death concepts at younger ages than suggested by Piaget. The comprehension of death concepts such as irreversibility, universality, and cessation of function has been found to vary widely among the chronological ages of children.

Here are 10 needs children have concerning death:[4]

1. *To learn how to mourn*. That is, to go through the process of giving up some of the feelings they have invested in the deceased and go on with the living, to remember, to be touched by the feelings generated by their memories, to struggle with guilt over what they could have done, and to deal with their anger over the loss.
2. *To mourn small losses*. To mourn small losses, such as animals, helps children to deal better with the larger, closer losses.
3. *To be informed about a death*. When they are not told but see parents upset, they may invent their own explanations or blame themselves.
4. *To understand the finality of death*. Because abstract thinking is difficult for young children, they may misunderstand adults who say a deceased person "went away" or is "asleep."
5. *To say good-bye to the deceased.* Children can participate in funerals or viewings, even if only for a few minutes, to say good-bye.

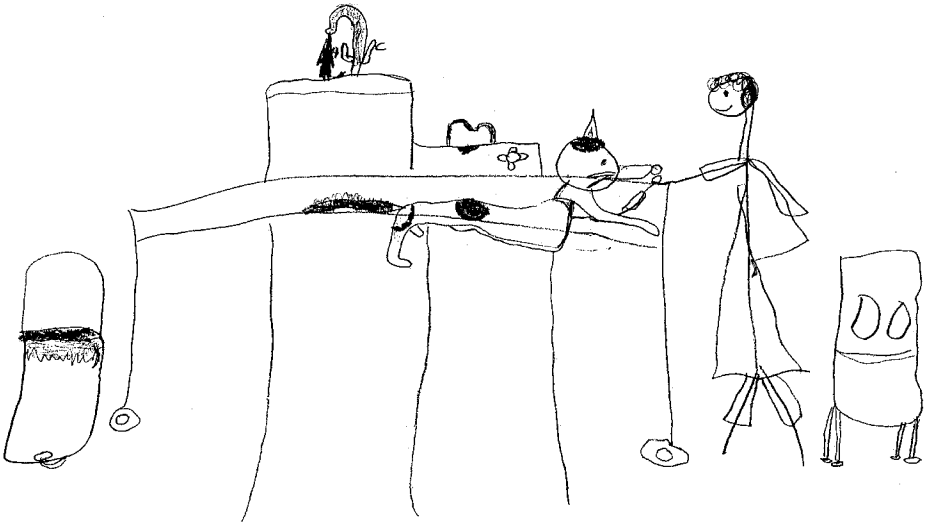

FIGURE 10-2 This child drew about her pet being put to sleep. The child had mixed feelings about this procedure. Notice the smile on the person and the intensity of the water coming out of the faucet.

6. *To work out their feelings and perceptions.* Opportunities to work out their feelings and deal with their perceptions of death come through talking, dramatic playing, reading books, or expressing themselves through the arts.
7. *Reassurance that their parents will take care of themselves and probably won't die until after their children are grown*. It is important that children know that sometimes children die, but only if they are very sick or if there is a bad accident. It is equally important that they understand that almost all children grow up and live to be very old.
8. *To know that everyone will die some day*. It may be hard for adults to be honest about this fact, but if denied, children will not be prepared for dealing with death during their lives.
9. *To be allowed to show their feelings*. Children need to be able to cry, become angry, or laugh uncontrollably. The best approach is for adults to empathize with their feelings.
10. *To feel confident that their questions will be answered honestly and not avoided and that adults will give them answers they can understand*.

Preschool-Age Children Children 3 to 5 years of age tend to see death as gradual and happening only to the very old, and as a departure that is reversible—as they have seen portrayed in cartoons. Many children believe there is a magical power that will bring a deceased person back to life. They are very curious about

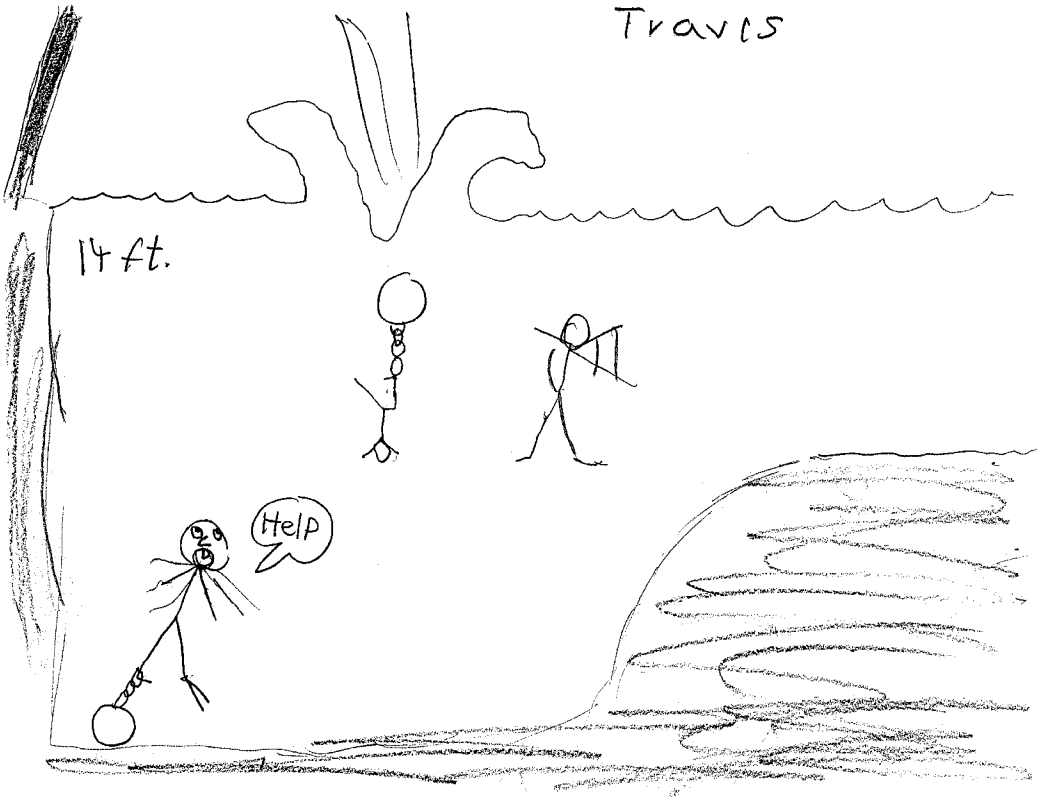

FIGURE 10-3 This child's depiction of death possibly reveals a fear of drowning.

death, which is likely to lead to questions that parents and teachers may find unsettling.

When a deceased person continues to stay away, a child may become angry or hurt. A child may feel that he or she is responsible, believing that a thought or behavior may have caused the death. This evolves as a result of the child's egocentric thinking. Fears of abandonment and anxiety also occur.

Concern about the dead person's physical well-being after death is common. A child is typically concerned with how the dead person will stay warm and get food after burial.

In the mind of a young child, death is associated with a cessation of body functions. A person or animal is considered to be dead when there is no longer any breathing or voluntary movement.

Middle Childhood Early in the middle childhood period (from about first to third grade), death is often personified as a monster, ghost, skeleton, or other predatory form. Because of this conception, children think death can be fought

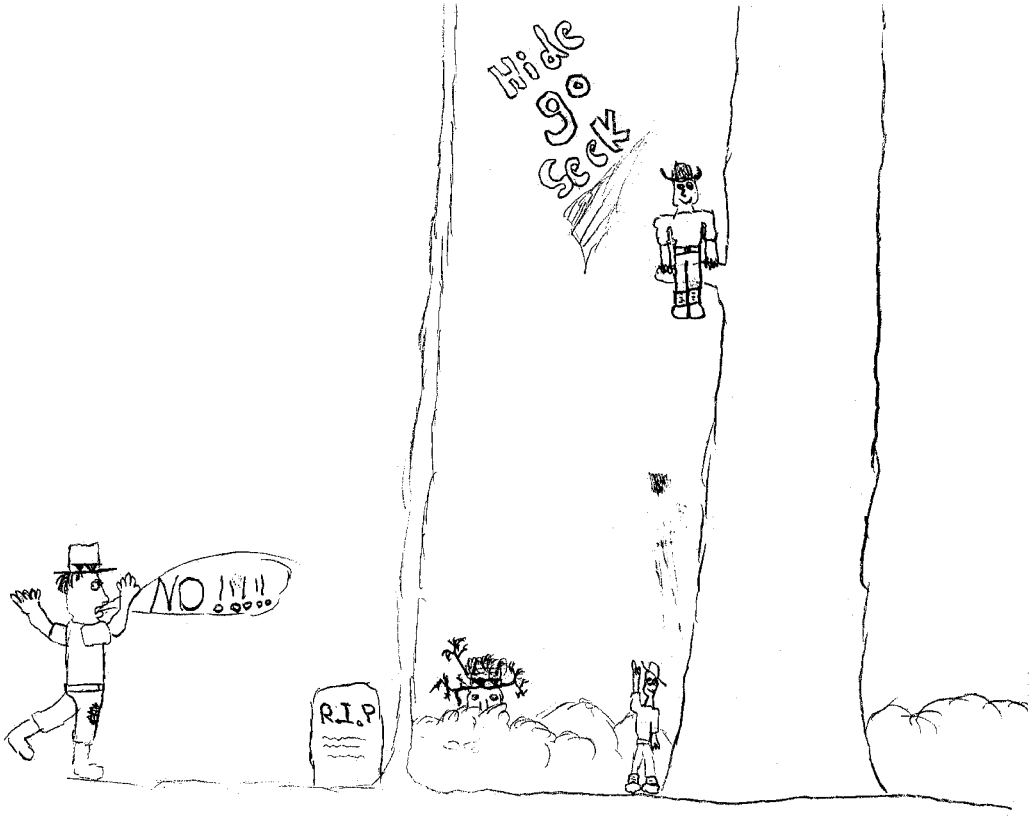

FIGURE 10-4 This child had had no real experience with death and depicted it with cartoons and Halloween images.

and overcome by magic. As a result, children consider themselves to be immortal and believe that only those who are weak or old are susceptible to death.

At about 9 or 10 years of age, children are able to conceptualize that death is final and not reversible. Although death is still an abstract thought, they come to realize that they too will die. Such realizations can create fears and concerns about dying. Such realizations also heighten their interest in the details about dying and the state of the body after death and stimulate questions.

It is common for children to believe that a deceased person can see and hear them. As a result, children may feel pressure to "be perfect" for the deceased. Misunderstandings about death can accelerate fears about dying. The religious beliefs of the family concerning death gain new importance to children as they come to understand the finality of death.

Adolescence Adolescents are capable of comprehending that death is final, irreversible, and universal. This understanding brings concern about personal

mortality. They often defend against the resulting anxiety by denying the possibility of their own death—except as an abstract event in a remote future. Denial serves as a buffer against this anxiety and contributes to an illusion of invulnerability and immortality. These illusions may contribute to risk-taking behaviors such as speeding and reckless driving and drug use.

Adolescents can also formulate abstract ideas about the nature of death. Piaget refers to this developmental period as "the period of formal operations." As such, young people can make generalizations about death beyond what they experience. They formulate their own theologies about life after death as they examine the religious views of their parents and others.

Death of a Parent

About 6 of every 100 children experience the death of one or both parents before the age of 18. The death of a father is twice as likely to occur as the death of a mother. Most parental deaths are sudden. Therefore, children and surviving family members have little opportunity for anticipatory grieving or preparation for the death. Also, a surviving parent is in a state of shock, which makes it very difficult for children to obtain parental assistance and support with their grief.[5]

Responses to the death of a parent may include a host of emotions and behaviors. The death may frighten, stun, shock, bewilder, or overwhelm a child. Also, feelings of guilt, anger, loneliness, helplessness, and abandonment or rejection may occur. Behavioral responses that typically result are aggression, hostility, and noncooperation. Withdrawal and regressive behaviors also occur. Sometimes children experience disturbances in school performance.

Losing a parent in the teen years can be particularly problematic. Well-meaning adults sometimes say things like, "You need to be strong and take care of your family." This denies the teen the opportunity to mourn. Often they experience a sense of guilt or unfinished business if a parent dies while an adolescent, in the normal course of development to gain autonomy, is emotionally and physically pushing the parent away. Adolescents might lack the emotional support they need because the adults in their lives assume that they will find comfort in their friends. This usually doesn't happen unless the teenager's peers have had some experience with grief themselves.[6]

Although a major distress, most children survive the death of a parent without long-lasting effects upon their mental health. The support and care that a child receives from adults after a parent's death is a crucial factor in the healthy acceptance of the death.

When a parental death is sudden, school personnel need to provide support to the child immediately upon return to school. When a child is isolated or feels rejected because of the death, class discussions may help. Class discussions also help other children overcome fears that such a loss will happen to them. When a child did not have an opportunity to say good-bye to a deceased person, the need to do so remains (this often happens when a child was shielded from the death and not allowed to attend the funeral). Counselors can assist by helping

a child write a letter or draw a picture to say good-bye to a loved one. Further, children should be allowed to express their feelings about the death freely. Later psychiatric problems often result from incomplete grief work. School personnel can play a key role in initiating and assisting children in their grief work.

School personnel should be alert for the following behaviors in a bereaved child. According to Brenner, a combination of two or more of these behaviors may indicate the need for additional support, counseling, or therapy:[7]

- Deep and persisting fears that other loved ones will die or that the child himself or herself will die
- Repeated expressions of wanting to die to be with the dead parent
- Angry and violent outbursts combined with feelings of guilt for the parent's death
- Attempted role reversal from depending on the surviving adult to taking care of him or her
- Continual movement; inability to be quiet or to express sad feelings
- Marked reduction in activity by a formerly very active child

Death of a Sibling

The loss of a sibling during childhood is a very traumatic experience. A sibling's death may be more difficult to accept and understand than a parent's death is.

The death of a sibling may be more difficult to accept and understand than a parent's death is.

Because the deceased sibling is close in age, the death represents the reality of a child's or adolescent's mortality. Further, the surviving sibling's need for support may be ignored by others in light of the needs of parents.

Parents' reactions to the sibling's death profoundly influence a child's quest for acceptance of the death. Some parents react by overprotecting surviving children, taking excessive precautions to make sure children are free from any risks. In such cases, a child may have difficulty developing independence as a result of these efforts to restrict the child's vulnerability to perceived danger. This can seriously thwart a child's normal development process.

Some parents may come to idealize the dead child. Consequently, surviving siblings may feel inadequate by comparison to the deceased sibling. Some parents try to recover the loss by unconsciously pressuring a remaining child to take on the personality or behavior of the dead one.

The siblings of a terminally ill child must deal with the stress of witnessing the pain and discomfort of their dying brother or sister. Because the parents must focus upon the overwhelming needs of the dying sibling, other children in the family feel the loss of attention and companionship of their parents. An additional stressor faced by surviving siblings is that parents expect them to be well behaved and to take care of their own needs. Feelings of guilt are common to survivors because they are allowed to go on living while a sibling must die.

When a sister or brother is actively involved in circumstances that lead to a sibling's death, extreme feelings of guilt are likely. Professional help is necessary for such children to gain an understanding of the death and to come to the point that they can forgive themselves. Another concern focuses upon the reactions of the other family members to this sibling. Some have difficulty trusting and forgiving the child. Some direct anger toward the child as other family members deal with the death.

In response to the death of a sibling, it is common for children to experience feelings of shock, confusion, numbness, depression, anger, and loneliness. Thoughts about the dead sister or brother linger. It is common for the surviving siblings to have had thoughts about suicide, to have experienced sleeping and eating disturbances, or to report hallucinations in which a deceased sibling either spoke to them or reappeared to them.

Death of a Pet

The death of a pet is often a child's first experience with death and grief. When a pet dies, children are likely to feel significant sorrow, pain, and grief. It is important for educators not to underestimate the depth of a child's grief. Children love their pets and often consider the pet a member of their family. Pets provide young people companionship, acceptance, emotional support, and unconditional love. Youths often feel responsible for their pets because they feed them, groom them, and clean up after them. When a pet dies, children may blame themselves, their parents, or the veterinarian for not saving the pet. They may feel depressed and frightened that others they love may also leave them.

Children need extra support in dealing with the loss of a pet. Teachers can encourage a child to talk freely about the pet. It is important to be patient because the child may repeatedly return to the topic. During this process, teachers can give the child lots of reassurance and discuss death, dying, and grief honestly. They can use correct terms and avoid euphemisms such as "put to sleep." Children often develop misunderstandings about death and hearing "put to sleep" could make a child become afraid of going to sleep. Educators can also encourage grief work by having the child draw a picture, write a story, or engage in imaginary play about the deceased pet. Sharing personal experiences with grief can reassure the child that sadness is okay and help the child work through his or her feelings.[8]

Providing a Supportive Environment for the Terminally Ill Child

The presence of a terminally ill school-age child or adolescent in school involves and affects many. In addition to the terminally ill child and his or her family, school personnel and students need support as they cope with the situation. (Working with children with chronic illnesses is discussed in Chapter 1.)

Whenever possible, dying children are encouraged to continue to attend school for as long as possible. School provides frequent opportunities for creative expression and art activities, which provide natural outlets for working through the dying process. Schoolwork is often something that terminally ill youngsters can do, so it provides a means through which they can perform successfully. This can be extremely important as a source of maintaining feelings of self-worth. School also allows a terminally ill young person to fulfill social needs.

Of course, the physical limitations of a terminal illness make full-time school attendance difficult, if not impossible. Absences are necessary for treatments and on days when a child feels too ill to attend school. Therefore, arrangements for partial days and homebound teaching support are usually necessary.

When the illness progresses to the point that school attendance is no longer possible, it helps if small groups of classmates visit the child. This maintains contact between the child and his or her class, which can be very supportive to a terminally ill child.

Understanding the Dying Child

Children with terminal conditions come to understand death at younger ages than their same-age healthy peers. Dying children often demonstrate remarkable knowledge about the seriousness of their condition despite attempts by physicians and parents to conceal the child's impending death. Therefore, children do need to be informed that their condition is fatal.

Terminally ill children feel a great deal of anxiety regarding their illness and their future. However, open communication about the illness by medical personnel and family members is associated with lower stress and anxiety levels,

increased relief about their concerns, and improved ability to cope among dying children.

Dying children begin to experience many losses in their lives. They are often separated from their family and school environment for long periods of time as they receive medical care. In the dying process, they may lose hair or undergo disfiguring surgery. Particularly to an adolescent, these changes in physical appearance result in severe blows to self-esteem.

Although school-age children lack the cognitive ability to grieve the loss of their future, adolescents do not. Preparatory grief can be overwhelming and debilitating for adolescents with terminal illness and for their families. **Preparatory grief** typically includes five stages. A person can experience these stages in any order, revisit some stages, go through more than one stage at a time, and skip stages. **Denial** ("No, not me. It can't be true") is often the first stage and works as a buffer to reduce the initial shock of news of a terminal illness. **Anger** and resentment can follow as the realities of the illness can no longer be ignored ("Why did God let this happen?" "Those stupid doctors . . ."). The ill person often attempts **bargaining** with a supreme being for full recovery or more time to delay or prevent the inevitable ("God, I'll do . . . if you . . ."). When the person realizes that death is inevitable, they feel a sense of deep **depression**. It should be recognized that this sense of depression and loss is a normal part of preparatory grief, not a mental disorder. With adequate support and time, the dying individual works through the previous stages and comes to **acceptance**. Acceptance is neither a happy nor sad time, but a period of accepting her or his fate. The depression and pain are mostly gone, and it is a time for rest and reflection. Recognizing these stages helps people work through the emotions that come with grief. The preparatory grief of the terminally ill child is best facilitated when supportive adults understand why a dying young person feels and behaves in a particular manner, and then responds to his or her needs.

The Teacher's Role

The classroom teacher can play a special role in the life of a terminally ill child. Bryant describes this role as follows:

> Remember that as a teacher you have a special place. You represent the child's normal world; you are an oasis for him. The doctors and nurses bring shots and machines; the parents hover with tears and anguish. You, however, know the child's work-a-day world. You are part of his business and social community. You, more than many, can maintain a semblance of his former world by your visits, news of the classroom, and occasional work assignments. Your interaction with a dying child can keep him among the living a little longer.[9(p.65)]

The Classmates' Role

Throughout the terminal illness, the child needs to continue to feel included as a member of the class. When possible, classmates should be informed about the terminal illness and guided to deal with the situation in a constructive manner.

Bertoia and Allan explain why this is important:

> By including the child as part of the class throughout the treatment phase and during the course of an illness, the class as a whole can deal with the situation in a positive manner. Generally, class members will become very supportive of the child in class and protective on the playground. When the teacher or child explains something about the disease to class members, their fear of getting the same thing is diminished and the sick child is not isolated. Because family members are frightened by names such as "cancer" or "AIDS," general terms such as "blood disease" can be used. The counselor should get permission from the child's family if the proper name is to be used. Classmates will understand when standards do change and seem unfair because the sick child cannot complete as much work in the assigned time. Class discussions about feelings and behaviors help clarify what is happening in the classroom.[10(p.34)]

Teachers should never ignore questions that classmates have about the illness or the eventual death of their terminally ill classmate. It is important that children have the opportunity to ask questions and to have them answered. Further, the parents of classmates should be informed that their child was exposed to a death so that they can recognize behaviors or other characteristics that indicate their child's grief and mourning. The parents can then help their children in their grief work.

Responding Appropriately to Death

During your teaching career, it is likely that you will have to deal with death in the classroom. Whether a student, fellow teacher, member of the community, or family member of a student dies, it can affect your entire school. This section provides additional insights into how educators can respond appropriately to death. **Box 10-6** lists some resources on the topic.

10-6
In the Classroom

Resources on Death and Dying

There are many resources for helping children and adolescents deal with death and dying.

- Cincinnati Children's Hospital Medical Center's StarShine Hospice provides a list of suggested books about death and grief for preschoolers through adolescents at http://www.cincinnatichildrens.org/svc/alpha/s/hospice/read/default.

(*continues*)

htm. It also has a list of books that help children prepare for hospital and doctor visits.

- Parenting Book Reviews has a page devoted to reviews of books about children and death. It can be located at http://www.pburch.net/books/booksFAQ3_4_death.html.
- Hospice Net has a children's section and information on helping younger people cope with death and funerals. It can be accessed at http://www.hospicenet.org/html/talking.html.
- "Discussing Death with Children" (available at http://kspope.com/therapistas/death.php) provides insights for dealing with death in the classroom as a planned or unexpected event. Included are listening guidelines, classroom considerations, and classroom projects.
- Compassion Books (http://www.compassionbooks.com) is a commercial website with an annotated listing of more than 400 resources to help children and adults through serious illness, death, loss, grief, and bereavement. The books have been reviewed and selected by knowledgeable professionals.

Death of a Student

It is apparent that the children's reactions to the death of a schoolmate can be hindered by the behavior of school personnel. The most powerful hindrance is the teacher's denial of children's capacities to deal with death. Studies reveal that teachers who are open to the painful feelings aroused by death are the best facilitators because they help their classes deal with death as a unit to explore together.[11] Some children need counselors or outside agencies, but the most effective method of handling children's reactions to the death of a schoolmate is within the classroom. The classroom was found to provide the best environment for children to deal with the trauma of a fellow student's death.

Immediately upon the news of a student's (or teacher's) death, the involved teacher(s), principal, school counselor, and school nurse should meet to make a plan of action for talking to classmates about the death, removing the dead student's belongings, working with the family, and for some form of memorial activity.

School personnel should be designated to inform schoolmates of the death, to discuss the death with them, and to answer questions. It is preferable if the classroom teacher, who has an ongoing relationship with the students, is involved in these discussions. When the teacher is too uncomfortable to lead the discussion, it helps if she or he is present while someone else, such as a counselor, leads the discussion. Children should be encouraged to ask questions, and teachers should remain open for questions and comments beyond this initial discussion. Many questions and concerns will surface in the days and weeks that

follow, and teachers should be prepared to deal with them as they arise. Teachers have to acknowledge their feelings about loss so that they can be emotionally available to help their students. By displaying emotions, teachers validate those of their students and provide a model for grieving.

The grief work of schoolmates is facilitated by planning and participating in memorial activities for the deceased child and communicating condolences to family survivors. Children need to express their sorrow and to participate in activities such as attending memorial activities, writing notes or drawing pictures for the bereaved family, and creating a memorial book, bulletin board, or memorial garden.

Suicide

Many children and adolescents die from accidents, suicides, or homicides. When death is the result of suicide, young people need a lot of help in understanding why the suicide occurred. It is common for surviving friends, siblings, and children to feel considerable guilt about something they said or did to the deceased individual, and to feel responsible for the suicide. When this occurs, the young person needs adult support and professional counseling to come to terms with the death and to find relief from this sense of responsibility.

Family survivors of a suicide victim are inclined to feel shame about the death. Many hold religious and personal views in which a person who commits suicide is condemned. These are difficult feelings for family members and friends to work through and require extra support.

In the school setting, teachers can allow students to express emotions surrounding the suicide, especially through classroom discussions of the death and memorial activities. Depressed students, who might view the suicide as a path to follow, need special help.

Survivors of suicide victims need to talk and ventilate their feelings. Listening on the part of friends and school personnel is one of the most important types of support. Survivors must be allowed to relate their feelings over and over if they desire. It is in the relating of their feelings that they begin the healing process. While listening, friends and school personnel should be careful not to place blame or rationalize reasons for the suicide. Educators must affirm survivors' right to feel the way that they do.

Adults should avoid making comments such as these:

- ❖ It was God's will.
- ❖ You must forget her or him.
- ❖ He or she must have been insane.
- ❖ Don't cry.
- ❖ You have other friends.
- ❖ You have other children.
- ❖ I know how you feel.
- ❖ Time will make it easier.

Adults must realize that there is no appropriate timetable for the grief process. Students must be allowed time for recovery, even if it takes months or years.

When Tragedy Comes to School

This section provides an actual account of how a school coped with the tragic death of a student.* Their experience provides an example of all the different needs and issues schools must address in these types of situations.

Coping with the Trauma of a Violent Death

A member of the junior class was murdered one weekend, following a party with friends. She was killed by her boyfriend, a classmate. Both students were well-known and well-liked in the school. As can be imagined, there was considerable anguish and confusion on the part of all who knew them. The student body was stunned, the small New England community shocked.

The loss of their classmate prompted a variety of emotions among the students. After initial shock and grief, our students experienced anger and varying levels of fear and depression. It was not unusual that at times these emotions commingled indiscriminately. The students needed to be guided through this difficult time so they could deal with their grief and the grieving period would be brought to some sort of acceptable closure.

I hope you never have to deal with such a condition. However, if it does occur, perhaps by knowing our experience you may be better able to manage the situation. The following was our reaction and process.

A Meeting with Classes

Each grade level was addressed on the next school day following the tragedy. The first class to meet was the class of the victim. The students were talked to softly and gently, told that their grief was natural and had a purpose. They were told that the grieving period and subsequent time would help to heal the hurt while preserving the memory of their classmate.

Many students were afraid after the tragic event. They envisioned themselves as experiencing the same tragedy. Many said that they were afraid to be alone, or that they were afraid of the dark. They were comforted and urged not to live their lives in fear. The mere statement gave considerable reassurance. Repeated with confidence and conviction, it had a calming effect.

Finally, students were warned to give no credence to rumor. Rumor, whether true or false, has a destabilizing impact on the entire school. One cannot stress this point often enough. Students must be given as much information as possible from credible sources. They should be urged to reject all statements that begin with, "I heard that . . .". In the absence of personal knowledge, they must assume nothing.

The main office, guidance office, and library were set up as in-school information centers. Students were urged to seek factual information there.

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* This section on coping with the trauma of a violent death is taken from Franson JP. When tragedy comes to school: coping with student death. *NASSP Bull.* October 1998:88–91. It is reprinted here with permission.

A Place to Be Apart

Grieving students were allowed a place in the school where they could express their grief. They were often too upset to go to their classes, and needed a place where they could talk, cry, or simply sit and reflect. The library was closed for general use and made available to anyone who needed to be apart from classes or classmates.

A Memorial Service

A memorial service conducted in the school gym had a considerable healing effect. Probably its most significant accomplishment was to bring closure to the period of public grieving, while accelerating the end of personal grieving.

The service was primarily for the students; however, since the parents of the victim did not have a memorial service open to the public, we were able to provide a medium by which friends of the family could participate and express their sentiments. The parents also attended the service, and they, too, were consoled.

The service was held after school and was primarily directed to the students. They had "reserved" seating by the podium. Other guests were given the remaining available seats and bleacher seats. More than 1,000 persons attended.

Journalists from all media were invited to the service, although cameras of all types were prohibited. Advance notice of this restriction was given the media where possible; others were informed of the restrictions at the entrance to the gym. This decision lent much to the dignity and solemnity of the service.

A clergyman known to many of the students delivered the eulogies and the prayers. As principal, I spoke, and at various times during the service, the choir sang.

At the conclusion of the service, there was no rush to leave. People stood around talking quietly. Students hugged each other, cried softly, or otherwise consoled one another. Townspeople came by to talk. They were pleased with the sensitive way in which the school managed events. It was an important part of the healing process. Great care should be taken not to miss this opportunity.

Student Support Services In-House and Out-of-House

When students left the memorial service, they were given a paper that told them how they could find support during the next five days in school, and indefinitely out of school. This information was also posted in the halls and office area.

In school, a hotline and drop-in center were established by the guidance directors. The school was open 24 hours a day for the next five days (which included a long weekend).

The telephone numbers of area emergency services and mental health centers were made available. An area outpatient clinic was also available to provide immediate therapeutic services to those in need.

The hotline was active during the first couple of days of its availability. By the fourth and fifth days, there were only one or two calls. Seemingly, the students who used the outreach opportunities felt satisfied. Others may have found comfort simply in knowing that the help was available.

Bereavement Counseling for Staff

It was important not to overlook the emotional needs of staff members during this time. Teachers often have deep personal ties to their students. We contacted a mental health clinic in a neighboring town and requested the services of their bereavement counselors. (The counselors donated their services.) The counselors came to school and talked to the staff members, explaining the stages of the grieving process and the symptoms that the staff members could expect to see in themselves and in the students. They gave suggestions on how to cope with the different situations. Further, they explained how just their coming together had a therapeutic effect that contributed to the healing process.

The knowledge and comfort that staff members gained in this session contributed greatly to their ability to calm themselves and their students.

Staff and Administrative Presence

The first school day after the tragedy was the most difficult day of all. There was much congregating in the halls, cafeteria, gymnasium, and other places with general access. The professional staff members were visible and accessible to students at every opportunity. Questions were answered. Opinions and solace were given with love, caring, and sensitivity. Nothing would have been more devastating than a "business as usual" approach.

Class time was given up freely for the discussion of events. School rules regarding punctuality were relaxed. A caring and sheltering atmosphere pervaded the school building. The students responded with relief and affection. As mentioned earlier, the staff counseling contributed much toward the effectiveness of staff-student counseling.

Civil Officials

The local police chief and an officer came to school to meet with interested students to explain the sequence of legal events that were to follow. They shared as much information as possible, and further explained the potential consequences for their other classmate.

At the courthouse where the trial was to be held, the district attorney met with a delegation of students to discuss the legal process in homicides. Both meetings provided authoritative information with which students could make personal judgments.

The Media

The media provided one of the thorniest problems during the entire process. While some journalists behaved with sensitivity and in a professional manner, others could best be described as carnivores. The latter sought to sensationalize events and intruded on the grief of students with impunity and without apology.

Journalists have a vested interest in all news, but particularly in the spectacular. A middle ground must be found whereby the school can help them meet their professional responsibilities and yet protect individual privacy.

To this end, on school grounds, all interviews with journalists were done exclusively by school administrators and guidance counselors. Journalists and students were kept apart. Any student interviews initiated by journalists were conducted off school grounds. We did not do this until the second school day

after the tragedy. In that short time, considerable student animosity developed toward the media.

One young-looking female reporter hid herself in the girls' room, eavesdropped on conversations, and printed them in the evening paper out of context. In another incident, our students were photographed in their grief and ended up on the 6:00 news. It was not surprising, then, that the students requested that their privacy be protected. We supported their request wholeheartedly. From that point on, the members of the media behaved much more responsibly.

During the entire process, no student file information was released. There are statutes that prohibit release of private information; however, in the absence of such statutes, it is still a good idea to maintain confidentiality.

Memorial Tributes

Different kinds of memorials were established on behalf of the deceased student. Members of the school and community sent contributions for a memorial scholarship. The company for whom the victim's father worked matched all contributions on a two-for-one basis. It has turned into our largest scholarship award with an endowment of approximately $20,000.

During the week following the girl's death, the school flag was flown at half mast.

Students planted a cherry tree and provided a memorial stone. A dedication ceremony was held for the junior class and all others who wished to participate. The school choir also participated.

A page in the class yearbook was dedicated to the student in memoriam. When the class graduated, the parents, in a private meeting with me, were presented a diploma granted in memoriam.

Strength is supposed to come from adversity. I would have to say that such was the case here. In addition, there was a certain coming together of the school and community as a result of heightened sensitivity by those who sought to comfort and those who sought to be comforted.

We are all changed by the past events and yet we are still the same. We shall never forget that year. But there is comfort in knowing that in this very difficult time, we helped.

Death Education

Education about life and death assists students and teachers in confronting one's own mortality and that of others. This awareness allows the development of the mature perspectives necessary for decision making about matters of life and death. Death education aims to help students find more depth and meaning in family relationships and friendships, to set goals and priorities, and to better understand the feelings of those who experience dying and bereavement. In addition to gaining an understanding of bereavement and grief processes, students practice and acquire listening and communication skills to assist others through grief work. These skills also help in coping with personal losses (see **Box 10-7**). The following are possible areas of study in a death education unit or course:

- The life cycle
- Definitions, causes, and stages of death
- The meaning of death in American society
- Cross-cultural views and practices related to death
- Funeral ceremonies and alternatives
- Bereavement, grief, and mourning
- Cremation
- Cryogenics
- Organ donations and transplants
- Extending condolences to a relative or friend
- Legal and economic aspects of death
- Understanding the dying relative or friend
- Euthanasia

Before a teacher initiates a death education unit, she or he must confront personal feelings about death and come to terms with these feelings. The teacher, of course, must also be knowledgeable about the subject matter.

Death education is controversial in some areas. Some feel uneasy having teachers discuss issues that touch the very core of peoples' personal beliefs. Others contend that teachers are not sufficiently trained to deal with the emotions that come from facing one's own mortality or that emerge from grieving survivors. Before beginning a death education unit, teachers should check to see whether the topic is permitted in state, county, and school guidelines and should consult with the principal.

10-7
In the Classroom

Teaching Loss as a Part of Life

Here are some examples of teaching activities that deal with loss and seeing death as a part of life. The appropriate grade level for each activity is indicated. As you prepare to teach this topic, tell your school counselor about your plans and invite him or her to attend and participate. Be aware that one or more of your students

(*continues*)

(*continued*)

may have recently had someone close to them die. Be prepared to respond appropriately to any unexpected emotions.

Confronting Mortality and Dealing with Bereavement

Falling Leaves

Collect leaves and make a display in the classroom of a variety of shapes, sizes, and colors. Liken them to the uniqueness of individual lives. Discuss the finite nature of life and the reassurance that our world goes on. (P, K, I, J, H)

Pets

Allow children to talk about the death of pets or of relatives. This gives you an opportunity to teach the acceptance of death as part of life. (P, K, I, J)

Literature

Comment on death and loss as it occurs in the literature that you read in the classroom. Discuss how grieving characters act and help your students understand the need for grief work. Reinforce the fact that loss is universal, that it hurts, and that life goes on. (I, J, H)

In the News

Discuss violent deaths that are prominent in local or national news. Help students empathize with grieving families. Teach students safe ways to express verbally or nonverbally any anger they feel. (I, J, H)

Draw

Have students draw a picture entitled "Death." This is a good groundbreaking activity for the subject. It will also give you a quick preview of who has experience with death, who sees it as an abstract cartoon, and who may have fears concerning death. These pictures can then serve as a starting point for discussions on death. (I, J, H)

Panel Discussion

Invite representatives from different religions to discuss their beliefs about death and life after death. Have students prepare questions for panel members in advance. (H)

(*continues*)

Finding Deeper Meaning in Life and Relationships

Obituary

Have students write their own obituaries. The purpose of this activity is to help them identify all the things they want to fill their lives with. It demonstrates the fact that there is a beginning and an end to each of their "stories." Provide your students with examples of actual obituaries from newspapers. Instruct students to select the age and cause of death and to enumerate on their accomplishments and activities. (I, J, H)

Two Years

Have students close their eyes, take a deep breath, and relax. Tell them: "Imagine yourself in your favorite place to be alone, someplace you like to go when you want to think something through. It is very comfortable, warm, and quiet there. You feel very calm and relaxed, and at peace. Your feelings are a little surprising, because you have been told you have only 2 years to live. You have already gone through denial, anger, bargaining, and have come to accept your circumstances. You have come to this special place to think about what it is you want to do with the time you have left. Take a few moments now and visualize what it is you want to do with the 2 years you have left." Give students about 5 minutes to think this through. You may need to occasionally speak, helping them through this visualization. At the end of the visualization, instruct students to take a deep breath, let it out slowly, and to slowly come back to the present and open their eyes. Discuss their visualizations and what they wanted to do with their limited time. This activity helps students identify their priorities in life. It can also help illustrate the point that everyone dies, but not everyone lives. (J, H)

Role-Play

Have students role-play the following situations: talking to a very ill grandparent, talking to a terminally ill friend, asking their healthy parent about their living will or funeral desires, talking to a grieving person, and talking to a person with suicidal thoughts. (I, J, H)

Roots

Have students fill out a family tree with their parents or guardians. In addition to becoming familiar with ancestors' names and dates and places of birth and death, suggest that students inquire about their ancestors' personalities and characteristics. (I, J, H)

(*continues*)

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Decision Making

Funeral

Have students plan and enact a funeral for an imaginary person or animal. (I, J, H)

Other Customs

Have students research other cultures' perspectives of death and funeral customs. Have them also look for changes that have taken place in their own culture over the past 200 years. (I, J, H)

Mortuary

Have students visit a mortuary and report on itemized costs of funerals and other services. (H)

Living Will

After discussing the importance of organ donations and transplants, create a living will as a class. (I, J, H)

Organ Donation

Have students do Internet research on organ donation.

Hospice

Ask a representative from a local hospice to speak to your class about the needs of those with terminal illnesses and about hospice services. (I, J, H)

Key Terms

contract for life 397
self-injury 401
grief work 403
preparatory grief 413
denial 413
anger 413
bargaining 413
depression 413
acceptance 413

Review Exercise

1. Define and explain the relative importance of each of the key terms in the context of this chapter.
2. Summarize the key elements in crises plans, preparations, short-term responses and services, and long-term responses and services.
3. Discuss statistics, risk factors, and warning signs of suicide (e.g., verbal, behavioral, situational, depressive symptoms).
4. Explain in detail what to do when someone confides he or she is thinking about committing suicide.
5. Explain why young people engage in acts of self-injury and how educators should respond.
6. Identify the needs children have concerning death. Explain how children and adolescents perceive death.
7. Describe the possible emotional and behavioral responses a child and adolescent may have to the death of a parent. Identify when additional support, counseling, or therapy may be needed by a student.
8. Enumerate some of the unique emotions, stresses, and needs a student can experience with the death of a sibling and of a pet. Identify how teachers can be helpful in each situation.
9. Describe how schools can provide a supportive environment for a terminally ill child.
10. Identify the needs of a dying child and explain the stages of preparatory grief.
11. Describe the role a teacher and the role classmates can have for a terminally ill student.
12. Describe the best environment for students to deal with the trauma of a fellow student's death. Explain how teachers can help students with their grief work.
13. Discuss the particular needs young people have when dealing with a suicide.
14. Outline how to deal with the needs and issues a school must address after a violent death.
15. Identify resources, lesson plans, materials, and teaching activities you can use in dealing with crises, suicide, self-injury, terminal illness, and death.

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