



NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

Crisis: Helping Children Cope With Grief and Loss

BY EMILY S. FISHER, PHD, *Loyola Marymount University, Los Angeles*
SHANE R. JIMERSON, PHD, NCSP, *University of California, Santa Barbara*
BRIANA N. BARRETT, BA, *Loyola Marymount University, Los Angeles*
KELLY S. GRAYDON, PHD, *Chapman University, Orange, CA*

Crises are, by their very nature, sudden, unpredictable, and uncontrollable events. They include acts of war and terrorism, natural disasters, deaths, injuries, and accidents. It is understood that children will be affected by crises and will need the support of the adults in their lives to cope effectively with feelings of grief and loss. By being aware of the impact crises can have on children, understanding how children at different developmental levels might respond to crises, and knowing some effective strategies to help children, family members and school personnel can help mitigate the negative effects of crises.

WHAT ARE TYPICAL GRIEF REACTIONS FOLLOWING A CRISIS?

Grief reactions among children vary and are influenced by their developmental level. Although no two children will react to trauma in exactly the same way, there are some general trends that can be expected. While sadness, confusion, and anxiety are likely among most bereaved children, the following describes grief reactions at various developmental levels that would typically warrant further attention:

Preschool Level

Young children display relatively global reactions to crises:

- Decreased verbalization
- Increased anxiety (e.g., clinginess, fear of separation)
- Regressive behaviors (e.g., bedwetting, thumb-sucking)

Elementary School Level

School-age children are more likely to display more specific symptoms:

- Difficulty concentrating or inattention
- Somatic complaints (e.g., headaches, stomach problems)
- Sleep disturbances (e.g., nightmares, fear of the dark)
- Repeated telling and acting out of the event
- Withdrawal
- Increased irritability, disruptive behavior, or aggressive behavior
- Increased anxiety (e.g., clinging, whining)
- Depression, guilt, or anger

Middle and High School Level

The responses of adolescents are more like those of adults, but adolescents lack the coping skills and experience to deal with such symptoms as:

- Flashbacks
- Emotional numbing or depression

- Nightmares
- Avoidance or withdrawal
- Peer relationship problems

It is important to note that there is no right or wrong way for children to react to a loss, and reactions are influenced by many factors other than age. Children with a history of mental health problems are particularly susceptible to severe negative reactions to crises. Similarly, children with special needs may have less developed coping strategies and may react to crises in ways similar to younger children. Not surprisingly, severity of exposure to the event is related to the impact on children, and children who perceive that their lives were threatened often have a stronger negative reaction.

HOW CAN FAMILIES SUPPORT BEREAVED CHILDREN?

How family members grieve following a crisis will influence how children grieve. When family members are able to talk about the loss, express their feelings, and provide support for children in the aftermath of a crisis, children are better able to develop healthy coping strategies. Family members are encouraged to:

- *Talk about the loss.* This gives children permission to talk about it, too.
- *Give children important facts* about the event at an appropriate developmental level. This may include helping children accurately understand what death is. For younger children, this explanation might include helping them to understand that the person's body has stopped working and that it will never again work.
- *Ask questions* to find out about children's understanding of the event.
- *Be prepared to discuss* the same details repeatedly with children. Children should be encouraged to talk about, play out, or even act out the traumatic event.
- *Help children understand the death* and prevent false reasoning about the cause of the event, ensuring that they do not blame themselves for the situation.
- *Create structure and routine for children* so they experience predictability and stability.
- *Acknowledge that it will take time to mourn* and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than 6 months, depending on the severity of the crisis and the meaning it has for children.
- *Take advantage of community resources*, such as counseling, especially if children do not seem to be developing strategies to cope with grief and loss.

HOW CAN SCHOOLS HELP BEREAVED STUDENTS?

Whether or not the crisis event is directly related to school, children will likely experience reactions of grief and loss that affect their school success. Many of the reactions noted above may have deleterious consequences on classroom behaviors and academic achievement. School personnel can take steps to help support children during these difficult times.

General Characteristics of Effective Grief Support

After a crisis event, students will likely need some support to help them cope with their feelings of grief and loss. General characteristics of effective grief counseling include:

- Unconditional acceptance of the variation of grief reactions
- Discussions of thoughts and emotions
- Strategies to promote coping in the future
- Understanding of the grief within the context of the family

When multiple students are affected, school psychologists and other education professionals may use structured grief support group curricula to develop school-based support groups. Classroom teachers may use short-term instructional modifications to support bereaved students (e.g., being certain that homework instructions are written down and sent home with the student; offering flexibility if completion of assignments is delayed).

Immediate Crisis Response

If the crisis event was large-scale and/or impacted the school community, school-wide crisis response will be necessary. Following such events, some students will need immediate and highly directive psychological first-aid interventions. These efforts are aimed at helping students to reestablish perceptions of safety and security, facilitate immediate coping, and begin to address crisis-generated problems.

Group approaches (such as debriefing strategies) typically attempt to help students feel less alone and more connected to their classmates (considering their shared experiences) and to normalize the crisis reactions that they might be experiencing. Group debriefing approaches are controversial (as some participants may have minimal trauma exposure prior to such sharing sessions) and should only be used when embedded within a range of crisis interventions that are appropriate for students with various experiences and needs.

Group Counseling

Group counseling can help children and adolescents cope more effectively with grief and loss following a

crisis. It is important that school-based mental health professionals identify students who have similar needs and use developmentally appropriate activities to help them understand and cope with feelings of grief and loss. There are several structured group curricula for grief and loss, and they most often include the following types of activities over a 10–12 week period:

- Education about the group, about grief and the grieving process, and about basic concepts of death and trauma
- Allowing the participants to tell their stories about the event and share memories
- Discussion of changes that have occurred since the event—at home, at school, and with friends
- Helping participants identify the feelings they are experiencing
- Allowing participants to share any unfinished business related to the crisis event (e.g., things they missed out on, things they did not get to say or do, things that continue to trouble them about the event)
- Helping participants identify positive coping strategies and teaching other strategies (e.g., relaxation techniques, health promoting strategies)
- Acknowledging the ending of the group and the progress each participant has made, and determining whether further individual or group support is warranted

Individual Counseling

After a crisis, some children and adolescents may need intensive, one-to-one counseling support. This may be especially true if students display more severe symptoms of trauma. Individual treatment should focus on both the affective and the cognitive aspects of the trauma, as well as on promoting coping at school and within the family.

Initially, counseling should focus on helping students express their feelings about the event in a developmentally appropriate manner (e.g., young children might use puppets, while adolescents might use poems or songs). It is also important to help students develop skills to manage the stress they are experiencing related to the trauma, which might be done by teaching relaxation skills or helping them develop a list of activities that help them relax (e.g., listening to music or exercising).

During counseling, students should be encouraged to tell their stories about the event, focusing on the details of the trauma along with their responses to it. Individual counseling should also help students recognize the relationship among their thoughts, feelings, and behaviors, and should address any distorted thoughts they might have about the event (e.g., thoughts of culpability). It is important that, whenever possible,

parents or other family members are included in trauma counseling. They should learn skills along with their children so they can support their children at home (e.g., parents can read a relaxation script at home before bed to promote relaxation and better sleeping).

RECOMMENDED RESOURCES

Print

Brock, S. E., Lazarus, P. J., & Jimerson, S. R. (Eds.). (2002). *Best practices in school crisis prevention and intervention*. Bethesda, MD: National Association of School Psychologists.

Brock, S. E., Nickerson, A. B., Reeves, M. A., & Jimerson, S. R. (2008). Best practices for school psychologists as members of crisis teams: The PREP_aRE Model. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1487–1504). Bethesda, MD: National Association of School Psychologists.

California Association of School Psychologists. (1998, October). *Schoolyard tragedies: Coping with the aftermath*. *CASP Hot Sheet*, 2(4). Available: <http://www.casponline.org>

Lehmann, L., Jimerson, S. R., & Gaasch, A. (2000). *Mourning child grief support group curriculum*. Philadelphia: Brunner-Routledge. Available: <http://www.routledge.com>

Available in preschool, early childhood, middle childhood, and adolescent editions.

Online

National Association of School Psychologists, *Crisis resources*: http://www.nasponline.org/resources/crisis_safety/index.aspx

A source for multiple handouts, including "Helping Children Cope with Loss, Death, and Grief."

National Organization for Victim Assistance: <http://www.trynova.org>

Project LOSS: <http://www.education.ucsb.edu/jimerson/loss.html>

Emily S. Fisher, PhD, is an Assistant Professor of School Psychology at Loyola Marymount University in Los Angeles; Shane R. Jimerson, PhD, NCSP, is a Professor in the Department of Counseling, Clinical, and School Psychology at the University of California, Santa Barbara; Briana N. Barrett, BA, is a graduate student in the School Psychology program at Loyola Marymount University; and Kelly S. Graydon, PhD, is an Assistant Professor of School Psychology at Chapman University in Orange, CA.

© 2010 National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814—(301) 657-0270