

COPING STRATEGIES AND INTERVENTIONS TO HELP
STUDENTS THROUGH THE GRIEF PROCESS IN THE
K-12 SCHOOL SYSTEM: A PRACTICAL PLAN

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TO HELP STUDENTS THROUGH THE
GRIEF PROCESS IN THE K-12 SCHOOL SYSTEM:
A PRACTICAL PLAN***

by

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*A paper folio submitted to the School of Graduate Studies in partial fulfillment
of the requirements for the degree of
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ABSTRACT

The death of a young child or an adolescent is considered to be devastating for all of those involved. Therefore, support systems are vital in facilitating griefwork with the child and the adolescent. One such support system that should play a major role in dealing with the death of a student is the K-12 school system. No doubt major studies are occurring in the area, however, in spite of these efforts more work needs to be done and our schools need to be more proactive rather than reactive in their approach. This can be done by including death education as part of the regular curriculum and by training educators and significant others to help children and adolescents through the grief process.

Chapter one of this paper folio provides an overview of each folio as well as the purpose and significance of each.

Chapter two provides theoretical explanations of grief and models of grief resolution. This helps provide grief workers with a conceptual frame of reference from which to work.

Chapter three represents an eclectic approach, based on theory and practical interventions to help students through the grief process, in particular the initial phase, in the K-12 system. A detailed list of intervention strategies and guidelines is provided.

Chapter four uses the information presented in the first two papers to present a manual or practical plan to deal with the grief that accompanies the death of a student in the K-12 system.

Collectively, this paper folio provides educators and other significant individuals that work with students in the K-12 system, valuable information to help in the grief process when the tragic death of a student occurs.

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DEDICATION

I dedicate this paper folio to the memory of my two brothers: **Baxter**, tragically killed in Alberta in 1980, and **Albert**, who died suddenly in Toronto three years ago. Both had great potential and died while in the 'prime' of their lives. This undertaking helped me work through my grief as a result of their deaths.

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CHAPTER ONE

Overview

RATIONALE

Until two centuries ago the death of a newborn baby was an accepted hazard of childbirth and the survival of the child beyond the first few years of life was regarded as something of a phenomenon (Yudkin, 1977). In general, the early death of young children and adolescents was related to a lack of medical knowledge and preventive medicine. Outside of very high infant mortality rates many mothers died in childbirth and plagues of all kinds spread among the population killing thousands of people. Thus, society at that time had more experience with death and the death of a relative or a neighbor was a common occurrence to the child and the adolescent.

Today much better medical knowledge and preventative medicine has led to positive change. Fewer children and adolescents die at an early age. The average human life expectancy has increased significantly to around age seventy-five (O'Brien, Goodenow, & Espin, 1991). The basic question in this regard is what changes has this brought about in our society? In the past, because of more experience with death, it was a more 'common' event and often the funeral took place in the home. Today, people in general and children and adolescents in particular have less experience with death. It usually occurs in hospitals or nursing homes and is often a 'taboo subject' for the young. This has promoted ambivalence about the subject in ourselves and our young people. Many adults try to avoid such words as "dead" and instead substitute euphemisms such as, "passed away" or "departed," in the hope of protecting children

and adolescents. Terms like this may also serve to distance the user of the term from the painful reality of death. This makes death all the more difficult to confront, since it is seen as a mystery rather than an integral part of life (O'Brien et al., 1991).

The death of a child or an adolescent is considered to be devastating. This is because youth and death are two words that seem contradictory. Youth symbolizes life and growth whereas death marks decay, the end of growing and being. A confrontation with death can have a very serious impact on these individuals. The death of a peer is particularly disconcerting to adolescents because they tend to feel they are immortal (O'Brien et al., 1991). The peer culture is often of paramount importance to the adolescent, since it is at this stage that the adolescents' identity shifts away from the parents and family to the peer group (O'Brien et al., 1991).. Once this peer culture is disrupted by the death of a peer, 'the walls cave in' and support systems become vital to deal with this crisis situation. One such system that should play a major role in dealing with the death of a 'peer' is the K-12 school system. Major strides are occurring in this regard and many schools and school boards have put tragic events teams in place to deal with the death of a student. However, in spite of these efforts much more work needs to be done and educators need to be more proactive rather than reactive in their approach. Death Education which deals with the inevitability of death has to be part of the regular curriculum. Educators and others must be trained in this area since we cannot shelter our youth from the 'facts of life.' It is also important to recognize that grief resolution

is not an event, but a process (Cook & Dworkin, 1992). Thus, how we deal with the issue of death becomes of major importance.

STATEMENT OF PURPOSE

In order to deal effectively with the death of a student in the K-12 system and help students through the grieving process, teachers, counsellors and other significant individuals need:

- 1) a conceptual frame of reference, based on theory;
- 2) knowledge of the phases/stages of grief resolution;
- 3) knowledge of strategies/interventions so they know how to guide students through the grief process;
- 4) to develop a "team-based approach" for dealing with the death of a student in the K-12 school system; and
- 5) a 'practical plan' based on research and experiences of people working in the field to serve as a training model.

The major purpose of this paper folio will be to provide such information, based on both research and personal experiences.

The outline for each paper will be as follows:

Paper One: Theoretical explanation of grief and models of grief resolution.

- 1) Purpose/Significance:

It is important for those involved in 'grief work' to have a conceptual frame of reference as a guide to the proper treatment approach. This framework, which is based on theory, provides a 'cognitive map' that guides assessment and choice of interventions and also benchmarks for monitoring and evaluating progress (Cook & Dworkin, 1992). The theoretical explanations also helps us understand why intervention strategies may work so well (Jewett, 1982). Thus, the major purpose of this paper will be to provide an analysis and interpretation of the literature on theoretical explanations of grief as a basis for reviewing/studying and critiquing the literature on intervention strategies. A chronology will be followed regarding the evolvement of individual theories. A chronological order, as best possible, will be followed for the theories in general, ranging from the older ones such as the psychoanalytical to the more recent ones such as developmental, systems and crisis intervention theory. A chart of models of grief resolution will also be provided.

- 2) Definition of relevant terms
- 3) Theoretical explanations
 - Psychoanalytical
 - Behavioral
 - Developmental
 - Reminder Theory

- Web Theory
 - Systems Theory
 - Crisis Intervention Theory
- 4) A chart of models of grief resolution

Paper Two: Theoretical explanations of grief and models of grief resolution.

1) Purpose/Significance

It is a crucial task that we assume when we listen to the cry of a mourning child or adolescent. Our success depends on our willingness to involve ourselves with the child or adolescent and guide them through this difficult time (Jewett, 1982). In order to do so grief workers need effective intervention strategies. This paper will provide an analysis and interpretation of the literature on intervention strategies, an account of personal experiences in this area and a critical review of current tragic events teams in this province. This will provide the foundation for the 'practical plan' to help students in the K-12 system through the grief process.

2) Case Scenario

3) Interventions/strategies to deal with the death in the K-12 system:

- How to tell
- Setting/atmosphere to tell
- Touch
- Maintain structure and routine, but be flexible

- Recognize and respect cultural beliefs
 - Funeral participation
 - Viewing the body
 - Memorializing and remembering
 - Allow children to express as much grief as possible
 - Death education
 - Make referrals to supportive people
 - Use of a team approach
- 4) Personal experiences

Paper Three: A practical plan for dealing with the death of a student in the K-12 school system.

1) Purpose/Significance

Many deaths happen suddenly, dramatically and without warning. We know that sudden deaths have more serious consequences both physically and mentally (Dyregrov, 1990). We also know that there has been an increase in murder, suicide and accidental deaths in modern society. If a death involves a child or adolescent it has the potential to cause major repercussions in the school, since the lives of these individuals are framed around school. Thus, the best place to receive both individual and group help in dealing with grief should be the school itself (Pine, Margolis, Doka, Kutscher, Schaefer, Siegel, Cherico, 1990). For this reason it is critical to have a 'practical plan' in place to deal with the death of a student. This paper will provide such a plan.

Although the main focus will be on a sudden, unexpected death, this plan may also be used for the anticipated death of a student.

- 2) Case Scenario
- 3) A practical plan or model to train teachers/counselors/students/others to deal with a tragic events in the K-12 system.

CHAPTER TWO

***Theoretical explanations of grief and
models of grief resolution***

INTRODUCTION

Tragedy inevitably touches all human beings at some point in their lives. The World Book Dictionary (1992) defines it as, "a very sad or terrible happening; calamity or disaster" (p. 2218). It also involves a loss. The pain that arises from any significant loss is referred to as grief (Collick, 1986). The pain of grief may involve "emotional reactions (including sorrow, anger, and depression) and cognitive reactions such as confusion (Rosenblatt, 1983). Haig (1990) states that, "grief is the experience and expression of an emotion which is deep and sorrowful and includes affective, cognitive, and behavioral components, which follow a severe loss such as bereavement" (p. 3). These reactions are normal (Worden, 1991).

The expression of grief involves a mourning process. As Haig (1990) reported, "Mourning is generally regarded as the socially sanctioned expression of grief following a bereavement which often occurs in a prescribed and institutionalized way, with formalized rituals" (p. 3). Wass & Carr (1984) agreed that, mourning is also used synonymously with grief, but suggested a more accurate and clinically helpful definition; the mental work following the loss of a loved one through death. Bereavement is the fact of loss through death (Osterweis, 1984). It is considered a subcategory of the mourning process (Edelstein, 1984).

"Grief" is a normal response or reaction to a significant loss. If one is not allowed to grieve, then problems may arise from this thwarting of a natural healing

process (Simpson, 1979). According to Collick (1986), this process involves "the need to suffer grief's emotional pain, to face the reality of loss and gradually accept the challenge of life's altered circumstances" (p. 7). This process is essential in order to regain equilibrium after a loss, and this requires reorganization on both emotional and cognitive levels (Cook & Dworkin, 1992).

It is important for those involved in 'grief work' to have a conceptual frame of reference as a guide to the proper treatment approach. This theoretical framework provides a 'cognitive map' that guides assessment and choice of interventions and also contains benchmarks for monitoring and evaluating progress (Cook & Dworkin, 1992). These theoretical explanations also help us understand why intervention strategies may work so well (Jewett, 1982). Thus, the major purpose of this paper will be to provide an analysis and interpretation of the literature on theoretical explanations of grief as a basis for reviewing/studying and critiquing the literature on intervention strategies. A chart of models of grief resolution will also be provided.

PSYCHOANALYTIC

Grief, as a normal reaction to loss, was identified and written about as early as 1917 by Sigmund Freud in (1957) a brief essay called "mourning and melancholia." He states that, "mourning is the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal,

and so on. It involves grave departures from the normal attitude to life but is not a pathological condition that requires medical treatment. It will be overcome after a certain lapse of time, and any interference with it is useless or even harmful" (pp. 243-244). Overall, the process of mourning was seen to involve an active, but painful process in which the bereaved person was required to break libidinal ties with the lost object, one by one, by a process of recall and review of memories and affects of the deceased, in order to have energy available again to invest in a new relationship (Haig, 1990).

In "mourning and melancholia," Freud was not interested in the phenomena of mourning itself but rather in melancholia. Probably his most significant contribution was that he made it clear that melancholia involves a conflict of ambivalence toward an endangered or lost love object (Freud, 1917). This ambivalence can create opposed feelings of both love and hate toward the lost object, which can lead to pathological coping with grief. The mourner may blame himself for the loss of the loved object.

Karl Abraham (1924), held the view that the mourner tries to hold on to the love object, but at the same time tries to dispose and destroy it. He views this ambivalence to be of great importance in terms of coping with grief (Spiegel, 1977).

Melanie Klein, who studied with Karl Abraham in Berlin, expanded on the work of both Abraham and Freud. She proposed that from the beginning of life the child introjects good and bad objects. The objects are good if they are available to him; they

are bad if they are denied to him. This object-relations theory may start with the mother's breast and extend to the wider environment. Thus, whenever grief arises, it undermines the feeling of secure possession of the loved object and revives early anxieties when the loved object was denied. This is known as the infantile depressive position (Klein, 1952). Klein also believed that death may bring guilt feelings since at times there may have been death wishes against the loved one. Defense mechanisms such as denial and idealization may be used to compensate for guilt feelings (Spiegel, 1977).

Lindemann (1944) claimed that "acute grief was not a medical or psychiatric disorder, but a normal reaction to a distressing situation" (pp. 141-148). He described the symptoms of normal grief as "waves" of physical distress "lasting for twenty minutes to an hour" and involving tightness in the throat, choking, shortness of breath, sighing, an empty feeling in the stomach, weakness, tension, and a poor appetite. These were accompanied by feelings of guilt and anger. He believed the length of the grief reaction depended on the person's success in completing grief work (Hughes, 1995).

The psychoanalytical theory of mourning was continued in the sixties by the British psychiatrist John Bowlby. One of his criticisms of Freud and other psychoanalysts was that most of their concepts were based on research data collected from older subjects. His work, in contrast, was based on observations of very young children. It is from these observations that Bowlby's attachment theory evolved. The

central thesis of this theory is that attachments come from the need for security and safety which develop early in life and are usually directed toward a few specific individuals. These attachments tend to endure throughout a large part of the life cycle. Forming these attachments with significant others is considered normal behavior for both children and adults. When the attachment figure disappears or is threatened, the response is one of intense anxiety which is marked by protest, despair, and detachment (Bowlby, 1969). Bowlby suggests that the child's parents provide a secure base from which the child can operate and it is this relationship that determines the child's capacity to make affectional bonds later in life. One of the most significant contributions of his work on childhood mourning is the contention that children grieve as painfully as adults (Bowlby, 1979).

Bowlby's biological theory of grief influenced the thinking of many, in particular, the British psychiatrist Colin Murray Parkes. Parkes supports Bowlby's view that secure attachments provide a secure base from which the child can explore the world and this leads to self-confidence and relative autonomy (Parkes, 1982). Parkes also believed that the quality of parenting a person receives in childhood is likely to affect the quality of caretaking behavior he or she exhibits as a parent. Death or early separation from a parent can impair the healthy development of the mother-child bond (Parkes, 1982).

BEHAVIORAL

The primary goal of behavioristic psychology is the prediction and/or control of behavior using scientific data collected by experimental methods (Hillner, 1984; Watson, 1970). The emphasis is on changing observable behavior through direct interventions. Instead of trying to interpret underlying unconscious processes to find the answers to complex human activities, behaviorists generally concentrate on external environmental factors (Nye, 1992). Behaviorists such as B. F. Skinner held the view that feelings do not cause our behaviors but are by-products of environmental conditions. In these environments, positive behaviors are reinforced and negative behaviors punished. In cases where behaviors are reinforced good feelings result, however, in cases where negative consequences are imposed guilt feelings may result (Nye, 1992). Behavioral changes are brought about by changing the environmental conditions to which individuals are exposed.

Behavioral therapy techniques may include 'forced confrontation' with the facts of loss. This may involve saying goodbye to the deceased in writing or visiting the cemetery. Adult modelling of appropriate grieving behavior is very important.

DEVELOPMENTAL THEORY

In the past, Freudians assumed that children were unable to grieve because they needed a mature concept of death in order to do so (McGlaufflin, 1996). However, today

information collected on children's developmental understanding of death "which will follow", indicates they develop a concept of death over time and that they grieve in their own way, based on their developmental understanding. This information is very valuable for those working with students since they need knowledge of not only children's or adolescent's concept of death but also knowledge on how they grieve.

For the most part, much of the current literature relies on the developmental theories of Piaget and Erikson, and the pioneering work of Nagy (1959) to explain children's concept of death (McGlauffin, 1996). There is general agreement under this theory that the concept of death in children develops over time in distinct, identifiable stages, each with characteristic perceptions.

Piaget's stages of cognitive development which have also been associated with general age periods include: 1) The Sensorimotor Period (birth - two years). This period is characterized by development of coordination of the senses and understanding of object constancy. All components of the concept of death are either absent or incomplete. 2) Preoperational Stage (two - seven years). During this stage many skills necessary to an understanding of death are still lacking. Egocentrism and magical thinking are characteristic of this stage. Children think death can be somehow evaded or reversed or that it is temporary. 3) Concrete Operations Stage (seven - eleven years). Children can comprehend aspects of death, such as universality, finality, inevitability and irreversibility. 4) Formal Operations Stage (begins at age twelve). At this stage

there is attainment of skills in abstract reasoning. Death is fully understood in abstract, reality-based terms (Berlinsky & Biller, 1982; Ginsburg & Opper, 1979; Gordon & Klass, 1979; Piaget, 1975; Stillon & Wass, 1984; Wadsworth, 1984). Erik Erikson (1962) outlined eight stages of psychosocial development, which revolve around the notion of specific crises characterizing each developmental stage of an individual's life (Liebert & Spiegel, 1970; Sandoval, 1985). He suggested that there are two alternative ways of dealing with these 'encounters' or crises, one adaptive and the other maladaptive. In order for resolution to take place, the adaptive approach must be taken. Thus, it is critical in a traumatic crises such as death, that the adaptive approach be taken.

Maria Nagy (1948), in a classical study done on Hungarian children between the ages of three and ten, concluded that there are three stages in the children's understanding of death and that these three stages are age-related. The first stage ranges from three to five years. During this stage death is not seen as final or permanent, but temporary. It is not seen as irreversible but instead viewed as a 'sleep' or 'long journey' from which you may return. Children think of the dead person in a coffin as probably breathing, thinking and feeling. This stage is similar to what Piaget calls the Preoperational Stage. The second stage, begins around five or six and lasts until around age nine. During this time children start to ask questions about the causes and consequences of death. They now often see death as final and irreversible. Children

recognize the connection between old age and death. This stage is compatible with Piaget's concrete Operations Stage. The third stage of death occurs after age nine. At this stage, children recognize that death is inevitable and universal. Death is also recognized as the termination of life. This stage is compatible with Piaget's Formal Operational Stage (Nagy, 1948; Osterweis & Green, 1984; Stillon & Wass, 1984; Simpson, 1979).

Zeligs (1974), presented the following seven stages relating to how children perceive death as they grow older: Stage One (two - three years). The child is interested in the origins of life and wants to know where babies come from, however, there is little comprehension of the meaning of death. The morbid fear of death starts as early as three years of age. Stage Two (three - five years). Children have no concept of the finality of death. Death is seen as a departure or a sleep which is temporary. The five year old sees death as reversible. Stage Three (six years old). At this age children are becoming more aware of the meaning of death as final. They also become aware of the sorrow that death may bring and worry about their own death as well as the death of their parents. A connection is seen between death and old age. Stage Four (seven years old). The child knows he will die sometime and is interested in death ceremonies. Stage Five (eight years old). The child knows that people, animals and plants die. The child is also interested in the cause of death and what happens after death. Stage Six (nine years old). Beginning at this age the child realizes that death is inevitable and

universal. Stage Seven (adolescent). The adolescent fears death but is also fascinated by death.

Other researchers have basically placed the child's concept of death as it relates to age into these three general categories: Stage One (below five). Children do not understand that death is final and universal. They think it is reversible. They think in concrete terms and as such have difficulty in understanding abstract explanations of death. Stage Two (five - ten). Children gradually develop and understanding that death is final and irreversible. At around age seven they understand that death is unavoidable and universal. Even though they have greater cause-effect understanding there are still magical components of their thinking. They are resistant to thinking of death as a possibility for themselves. Stage Three (ten - adolescence). The child's concept of death is more abstract. Death is understood as final, irreversible and universal. They are able to understand more of the long-term consequences of a loss (Jewett, 1982; McGlaulin, 1996; Schowalter, 1983).

In terms of how children grieve it is important to recognize that children grieve differently than adults and this difference is based on their limited understanding of the world and their vulnerability (McGlaulin, 1996). Some of these differences are: adults can seek out a support network for themselves, while children are left with what is given them; adults have room to grieve in their own way, while children are influenced by the way adults around them grieve and the expectations about grieving placed on them

(Bowlby, 1980). McGlauffin (1996) refers to the following unique characteristics of children's grief which distinguishes it from that of adults: children are repetitive in their grief, needing to ask questions and talk about similar issues again and again; they act their feelings out physically; and they always grieve as part of a family, not in isolation. Children also go through phases of grief which are outlined in Figure One. McGlauffin (1996) also points to these three common themes for grieving children; abandonment, blame and vulnerability. Thus, grief workers need to be cognizant of these themes in order to effectively work with children and this will be discussed in Chapter Three.

REMINDER THEORY

Rosenblatt (1983), suggests the notion that specific stimuli set off memories and behavior patterns that are linked to the deceased. He calls this Reminder Theory. In his view it is these reminders that one struggles with during grief work. Some memories are quickly dealt with, others take a longer time. These reminders, however, are necessary since they help the bereaved work through and bring resolution to the grief process. He also believes that grief work is slower if one is out of contact with important reminders.

WEB THEORY

This theory was presented in 1981 at a forum for Death Education and Counselling in Boston. The basis of the theory is that a person's world with all of it's

relationships is analogous to a network of fibers that contribute to the whole web. A break in the structure, represents a loss, that must be reconstructed and healed. Eventually if healing has taken place the section of the web will be rewoven into a new part of the whole. This is symbolic of the reinvestment in life. The web concept is also symbolic of the fragility of our lives and the significance of each person or fiber within the web (Van Dexter, 1986).

It is difficult to define and develop a theory that would be all inclusive for the grieving process. Therefore, as a means of dealing with this problem, researchers such as, Parkes, 1970; Weizman & Kamm, 1985; Jewett, 1982; Corazzini, 1980; Kubler-Ross, 1969; Edelstein, 1984; Hollingsworth & Pasnau, 1977 and Worden, 1991, have broken down the process into phases, stages and tasks. Figure 1 represents these 'models of grief resolution.'

SYSTEMS THEORY

Systems theory focuses on the processes that occur, and the interactions between events, people, or other elements of the system (Sims, 1983). The basic assumption underlying the systems theory approach in individual, group or family counseling is that the person is reciprocally affected by other individuals and systems. This approach considers all the systems of which a person is a part, personal, family and social systems. Therefore, one works with as many relevant systems as possible (Schoenberg,

1980). How well, the grief sufferer manages his or her odyssey through the stages of grief depends on these interactions with others, in a system, that recognizes and sanctions grief (McGlaflin, 1996; Pine et al, 1990). The required 'significant other' may be a spouse, parent, child, funeral director, physician, nurse, neighbor, guidance counsellor, social worker or another individual. Possible systems could be the family, the school, peers or other support groups.

The family unit is a very important system with each member interacting within the dynamics of the system. Each experience, each feeling has a ripple effect on each member (Van Dexter, 1986). The younger adolescent is more likely to have firm connections to the family system. In middle to late adolescence there is a move to separate from the family and gain an identity of one's own (Arnold & Gemma, 1983). At this phase peers are a very important system. Children and adolescents, as part of the family unit, have the same need as adults to know what has happened when a tragedy occurs and to be involved in relevant activity (Pine et al, 1990). Research indicates that both children and adults fare better when: adults around them grieve appropriately; survivors do not depend solely on the child for support; the environment is stable; there is consistent and loving caretaking; other relationships can continue; and, they are included in the family grief rituals (McGlaflin, 1990; Pine et al, 1976). To be excluded because of age diminishes one's sense of membership and one's sense of self. Also, children who are excluded or isolated, when there is a death in the family, are likely to

suffer confusion and be unable to cope with the tragedy which they can sense has occurred (Pine et al, 1990).

In addition to the role of the immediate family, grandparents, aunts and uncles and other members of the extended family can play a major role in assisting the bereaved (Osterweis et al, 1984). The involvement of the extended family helps decrease the trauma of death because of continued collective identity, the shared sense of responsibility, and the provision of alternative sources of affection (Berlinsky & Biller, 1982). The declining role of the extended family in today's society has made accepting death more difficult.

A similar role to the family can be played by other systems in society such as the peer group, church, and school. These groups could provide alternative sources of support and affection which would help lessen the pain of loss through death.

CRISIS INTERVENTION THEORY

The term 'crises' refers to those stressful life events experienced by a person or group, such as the family, which challenges their ability to cope effectively with the emotional, intellectual and/or physical demands that arise from such events (Murgatroyd, 1983). 'Intervention' refers to the type of work undertaken by supportive individuals or teams to deal with client(s) in crises. The primary goal of crisis intervention is to help in such a way as to use the situation to enhance personal growth,

or at least to restore the individual to a previous level of functioning by the reduction of tension or anxiety that resulted from the event (Sandoval, 1985; Wollman, 1993). By successfully resolving a crisis an individual will probably acquire new coping skills that will lead to improved functioning in new situations, but that is only a desired, possible outcome, not the fundamental objective of this process (Sandoval, 1985).

The earliest work in the area of crises intervention is usually attributed to Erich Lindemann (1944) and his systematic observations of the reaction of victims and their families to a natural disaster (Sandoval, 1985). From his observations he was able to link notions of crises of transition with ideas about helping people cope with crises springing from traumatic events (Sandoval, 1985). Erik Erikson (1962) was the next major contributor in Crises Intervention Theory. His theory revolved around the notion of specific crises characterizing each developmental stage of an individual's life. He considered a crisis to be a normal developmental phenomenon which he called 'turning points' we all face throughout our life span. He believed interventions that lead to a balanced resolution following the time of a crisis, would prevent later problems in emotional development and maturation (Sandoval, 1985; Wollman, 1993).

The third pioneer in this area was Gerald Caplan. Caplan's research was based on early work with peace corps volunteers, with parents reacting to premature birth, and with families coping with tuberculosis. He was instrumental in setting up a number of crises intervention centers. He viewed a 'crisis' as being a period when the individual is

temporarily out of balance. This state of disequilibrium may provide an opportunity for psychological growth as well as the danger of psychological deterioration (Sandoval, 1985).

According to him there are two types of crises: 1) developmental or normative crises; and, 2) situational crises or "accidental happenings," such as a fatal accident involving a loved one (Wollman, 1993). In joint research by Caplan and Lindemann, normative crises were referred to as "psychological crises," that were characteristically short-lived and had self-terminating episodes (Wollman, 1993).

Another way of defining crisis was devised by Baldwin (1978) who probably developed one of the most comprehensive taxonomies (Sandoval, 1985). His taxonomy includes the following six types of emotional crises:

1) Dispositional Crises. A crises involving stress from a problematic situation. For example, a teen concerned about being over-weight.

2) Anticipated Life Transitions. Anticipated but usually normative, life transitions over which the client may or may not have substantial control. For example, entering school or a childhood illness.

3) Traumatic Stress. Situations that are unexpected and uncontrolled that are emotionally overwhelming. For example, a sudden death.

4) **Maturational/Developmental Crises.** A crises resulting from attempts to deal with an interpersonal situation. It may represent an attempt to gain emotional maturity. For example, value conflicts, sexual identity and responses to authority.

5) **Crises Reflecting Psychopathology.** Crises that are psychopathological in nature, for example, a child that is hallucinating in school.

6) **Psychiatric Emergencies.** Crisis situations in which general functioning has been severely impaired and the individual rendered incompetent or unable to assume personal responsibility. For example, acutely suicidal clients and drug overdose clients (Sandoval, 1985).

MODELS OF GRIEF RESOLUTION

It is a challenge to define and develop a theory that would be all inclusive for the mourning process. Therefore, as a means of dealing with this problem, researchers "Parkes, 1970; Weizman & Kamm, 1985; Jewett, 1982; Corazzini, 1980; Kubler-Ross, 1969; Edelstein, 1984; Hollingsworth & Pasnau, 1977; and Worden, 1991", have broken down the process into phases, stages and tasks. Figure 1 represents these 'models of grief resolution.' The model provided by Jewett (1982) is of particular relevance for children.

Figure 1

PHASES/STAGES OF GRIEF RESOLUTION

Parkes (1970)	Weizman & Kamm (1985)	Jewett (1982 - Children)	Corazzini (1980)
<p>Phase I: Numbness – Occurs close to the time of the loss.</p>	<p>Phase I: Shock – A period of disbelief and denial. Marked by numbness and withdrawal.</p>	<p>Phase I: Early Grief – Marked by shock and numbing, alarm and denial.</p>	<p>Phase I: Loss – The mourner is stunned by the loss.</p>
<p>Phase II: Yearning – A yearning for the deceased. Anger and denial are common.</p>	<p>Phase II: Undoing – Characterized by guilt, self-blame, and powerlessness. Mourner tries to make things as they were before.</p>	<p>Phase II: Acute Grief – Yearning and pining, searching and strong feelings of sadness, guilt and shame, disorganization, despair, and finally reorganization.</p>	<p>Phase II: Consolidation – Marked by disbelief and despair. Reality sets in and the mourner gradually lets go of the attachment to the deceased.</p>
<p>Phase III: Disorganization and Despair – The bereaved finds it difficult to function.</p>	<p>Phase III: Anger – This is often directed at someone like a family member.</p>	<p>Phase III: Integration – Reality of loss accepted. Child gets on with life.</p>	<p>Phase III: Reintegration – The mourner resumes life and new relationships are established.</p>
<p>Phase IV: Reorganization – Survivors begin to pull life back together.</p>	<p>Phase IV: Sadness – The reality of death sinks in. Avoidance, denial and self-pity are common.</p>		
	<p>Phase V: Integration – The mourner settled slowly into the new reality.</p>		

PHASES/STAGES OF GRIEF RESOLUTION
(Figure 1 cont'd)

Kubler-Ross (1969)	Edelstein (1984)	Hollingsworth & Pasnau (1977)	Worden (1991)
<p>Stage I: Denial – Marked by numbness and shock</p> <p>Stage II: Bargaining – A strong wish that the death is not permanent. Bargaining with a 'higher power' occurs.</p> <p>Stage III: Anger – May be directed at God, the deceased or others.</p> <p>Stage IV: Depression – Profound sadness and emotional pain.</p> <p>Stage V: Acceptance – Death is accepted and new energy invested in the present and future.</p>	<p>Acute Stage: Characterized by shock, disbelief and numbness. Anger, helplessness and depression are common.</p> <p>Chronic Stage: Involves reintegration and acceptance of the loss.</p>	<p>Stage I: Shock, disbelief and denial.</p> <p>Stage II: Longing for the deceased.</p> <p>Stage III: Resolution.</p>	<p>Task I: To accept the reality of the loss. Denial is common.</p> <p>Task II: To work through the pain of grief.</p> <p>Task III: To adjust to an environment in which the deceased is missing.</p> <p>Task IV: To emotionally relocate the deceased and move on with life. This involves letting go and reinvesting in life.</p>

SUMMARY

It is important for those involved in 'grief work' to have a conceptual frame of reference which is based on theory. This framework provides a 'cognitive map' that guides assessment and choice of interventions (Cook & Dworkin, 1992). The psychoanalyst focus on unconscious processes. In the psychoanalytic framework, mourning requires the ability to separate self from the love object, have a mental representation of the deceased person, tolerate painful emotion through ego strength, accept loss as permanent and develop new ties after a loss (McGlaulin, 1996). Because those influenced by Freudian theory assume that grief requires sophisticated death concepts, children were often overlooked as a population that grieved. These notions are considered passe today and developmental theory has gained more support (McGlaulin, 1996). Developmental Theory suggests that the concept of death in children develops over time, in distinct, identifiable stages. These stages are associated with age levels. This theory also suggests that children grieve in their own way, based on their developmental understanding. Reminder theory suggests that working through reminders or memories of the deceased are necessary in order to bring resolution to the grief process. The web theory uses the analogy of a break in a spider's web to a loss through death. In order for healing to take place the break must be reconstructed.

Systems theory ascertains that how well individuals manage their grief, depends on interactions with others in a system that recognizes and sanctions grief. The family

and peer group are examples of such systems (McGlaufflin, 1996; Pine et al, 1990). Crises intervention theory involves direct interventions with individuals or groups while they are in a crises as a means of reducing the tension or anxiety so that the individual(s) can return to a previous level of functioning (Sandoval, 1985; Wollman, 1993). The models of grief resolution, based on specific stages or phases, offer very valuable information for the grief worker. It is important to recognize that these stages are cyclical in nature and as such the mourner can return to an earlier stage (McGlaufflin, 1966). All of these theories and models of grief resolution certainly have merit and can provide the grief worker in the K-12 school system with a conceptual framework from which to work. They also provide the foundation for intervention strategies and this will be discussed in Paper Two. Thus, an eclectic approach which borrows on all of these theories and models may be the best approach in working with the bereaved and this will be outlined in Paper Three.

CHAPTER THREE

How to deal with the death of a student in the K-12 system:

Intervention strategies and guidelines

CASE SCENARIO: DIANE

Diane, an elementary school student in Grade Three was diagnosed as having a brain tumor in 1996. Treatments were of little help and she was in constant pain due to the swelling. In March of the year our school was contacted by the Janeway Child Health Center and we were advised that Diane would not live very long. A teleconference session was scheduled for the staff, the local doctor, public health nurse and guidance counsellor. All were informed during this session of Diane's prognosis and everyone was advised to prepare for her death and at the same time to do whatever possible to comfort Diane, both at home and in school. Diane attended school on her good days and for special events and every effort was made to include her. Soon she became too sick and could not attend at all. This was a particularly difficult time for the students and staff. Some staff members wondered if she would live to the end of the school year. The night before the last day of school Diane became seriously ill and was taken to the hospital. She died later that night. The elementary school was now faced with the difficult task of dealing with this great tragedy on the last day of school.

INTRODUCTION

The death of a child in the K-12 school system, as in the case of Diane, can be devastating for all of those involved, even when it is an anticipated death. In general, our K-12 schools need to be prepared to deal with these difficult situations. In order to do so, grief workers need training in effective intervention strategies. These strategies, no doubt are linked to theory. This paper will provide an analysis and interpretation of the literature on intervention strategies to use when the death of a secondary school student occurs. The theoretical explanations provided in paper one will be explicitly linked to these intervention strategies. Again it is important to point out that it is my view that an eclectic approach which borrows on all of the theories is the best approach to take when helping students through the grief process as the result of the death of a 'peer.' An account of my personal experiences in this area will also be provided.

AN ECLECTIC PERSPECTIVE

First of all, the death of a student in the K-12 system represents a crisis, which challenges the ability of students to cope effectively with the demands that arise from such an event. The theory in regard to crisis intervention involves immediate interventions that help reduce the tension and anxiety that students face as the result of such an event. In this paper the focus will be on a situational or traumatic stress crisis

involving the death of a student and early phase interventions to help students through the grief process.

The recommended approach is a “team” or “systems” approach which involves interactions with others in the school system as a means of working through the phases/stages of grief. This team or system which will be discussed later is referred to as a ‘school tragic events response team.’ It is critical that this team be involved in all of the interventions, some of which may include: telling the students about the tragedy, participation in the funeral, viewing the body and a school death education program. Web theory also ties into the systems approach since a break in the web represents the loss of someone that once was a part of an intricate system. The interventions, which involve a team approach helps to reconstruct the web. It is by using this system that we can help the bereaved deal with ambivalent feelings of both love and hate as stressed by Freudians. It is by using this system that we help students through the painful reminders of the deceased as stressed by reminder theory. It is by using this system that team members model appropriate behavior and confront the loss using techniques advocated by behaviorists. It is by using this system that we use the knowledge of the concepts of death and the students developmental understanding of death as outlined by developmentalist to help in the recovery process. The models of grief resolution are also very helpful in this regard.

HOW TO TELL CHILDREN/ADOLESCENTS ABOUT DEATH

Who Should Tell

First of all do not delay in telling about death which is a generic principle of crisis intervention theory. Children and adolescents need to be told as soon as possible and as soon as practical under the circumstances. The sooner they are informed of the tragedy the more opportunity there is to react with the teachers, members of their peer group and other significant adults.

The news of a tragedy should be presented, if possible, by someone who is emotionally close to the student. This could be the teacher with whom the student(s) feel(s) close. In many cases it may be the homeroom teacher. The history of trust, concern and involvement that the person has with the student is very important at this time of crises (Dyregrov, 1990; Grollman, 1990; Jewett, 1982; McGlaufflin, 1996; Pine et al., 1990; Sandoval, 1985; Simpson, 1979; Slaikeu, 1990; Weizman & Kamm, 1985). When this is impossible and the student(s) must be informed by another adult, try to reunite the individual(s) with the trusted adult as soon as possible. This trusted adult can then repeat the news and address any questions or concerns the child(ren) have (Dyregrov, 1990; Jewett, 1982; Simpson, 1979).

What to Say

First of all, a clear understanding of the facts surrounding the death is important. If one is unsure, the information must be checked out before being presented to the students (Dyregrov, 1990). The individual presenting the news must be totally honest and this begins with complete, accurate and straight forward information about the recent death. Direct terminology involves using words such as "die" or "dead." In particular, for the young child, it must be emphasized again and again that death is not a temporary phenomenon, "it is final." This must be done regardless of the age of the student in the K-12 secondary school system. The idea of denying the truth to protect or spare the young student does not work. In fact, more damage is done by giving false information which they will later need to unlearn. However, when presenting the news, the words used need to be appropriate to the student's age and certainly not beyond their level of comprehension. A general knowledge of the student's concept and understanding of death as outlined under developmental theory would be helpful here. Even children of the same chronological age may differ widely in their behavior and development. A possible beginning statement could be, "I want to prepare you for some bad news. An accident just happened. It involved _____. On his way to school he was hit by a car while crossing the street. He "died" instantly" (Berlinsky & Biller, 1982; Dyregrov, 1990; Giacalone & McGrath, 1980; Gordon & Klass, 1979; Grollman, 1990; Hollingsworth & Pasnau, 1977; Hughes, 1995; Jewett, 1982; McGlauffin, 1996;

Osterweis et al., 1984; Oswin, 1991; Simpson, 1979; Temes, 1984; Van Dexter, 1986; Zeligs, 1974. Of course, depending on the nature of death, the school personnel might not have permission from the student's guardian(s) to provide full information (e.g. suicide, AIDS).

Avoid Euphemisms

The use of euphemisms or figures of speech is an evasion of reality and may indicate the adults difficulty in facing and dealing with death (Blackham, 1961; Hillner, 1984; Kaufman, 1956; Michalson, 1956; Oaklander, 1992; Schoenberg, 1980; Solomon, 1972; Stillon & Wass, 1984; Warnock, 1970). This is of particular importance when dealing with younger children since they are not able to generalize from words such as, "sleeping", "gone", "lost", "passed away", "perish", "journey", and "deep sleep," since they have limited cognitive structures as pointed out by developmental theory. Children may be confused by such ambiguous words and believe that the person is lost, sleeping, or gone for a while, all of which imply that the person will come back. Instead, it would be better to give a clear explanation of what death means; such as, that life has stopped, the person's heart has stopped beating, the person does not breathe anymore, the person is unable to talk, walk, move, see or hear and the person won't feel any of the feelings he used to feel, such as sad, angry or happy (Dyregrov, 1990; Grollman, 1990; Hinton, 1967; Hollingsworth & Pasnau, 1977; Hughes, 1995; Jewett 1982; McGlauffin, 1996;

children, in particular, should be reminded or reassured that the loss of one important relationship does not necessarily mean the loss of others (Grollman, 1990).

It should be emphasized that in remembering the deceased do not idealize the person, or force others to do so. Doing so could increase the feelings of guilt that some might have. For this reason it is essential to look at the whole person and the whole relationship, the satisfying and unsatisfying parts, to successfully integrate the loss (Weizman & Kamm, 1985).

Talk About Your Feelings

Children and adolescents rely on adults as their role models in facing the challenge of grief. Behavioral theory would suggest that significant adults model appropriate grieving behavior. Adults are often afraid to show their feelings and this advertently or inadvertently discourages children from expressing their own feelings. Children and adolescents, however need to see the open expression of grief in its many forms to validate their grief and encourage the process. In this respect it is not wise for adults to hide their feelings. Instead, an open expression of grief is the better approach. Talk about your feelings. If you look sad or are crying, explain why. Also, talk about your memories of the dead person (Dyregrov, 1990; Hughes, 1995; McGlauffin, 1996).

Don't Force Someone to Talk About Death

Do not force someone to talk about death unwillingly - but do not pull back and hide if he wants to talk (Simpson, 1979). If someone chooses not to talk, provide other avenues that will allow the person to express himself freely and openly. Some possibilities might include: drawing what s/he feels, writing a short story or poem or reading a bibliotherapy piece concerning loss (Dyregrov, 1990; Van Dexter, 1986).

Encourage Questions

Children and adolescents need to talk and ask questions in order to get a better understanding of what has happened. Children are also repetitive in their grief and may need to ask questions and talk about similar issues again and again as suggested by developmentalist. Some guidelines to follow in response to these questions and queries include:

- (i) Do not evade the student's questions (Jewett, 1982; Simpson, 1979).
- (ii) Be honest, but do not go into detail or long explanations. Answer questions with a simple, factual explanation. Good documentation of the fact surrounding the tragic event may help (Giacalone & McGrath, 1980; Hughes, 1995; Jewett, 1982; Wass & Corr, 1982).
- (iii) Your answers should correspond to the developmental age of the child or adolescent (Grollman, 1990).

(iv) If you do not know the answers to certain questions, say so (Giacalone & McGrath, 1980; Jewett, 1982; Wass & Corr, 1982).

(v) Avoid being judgmental or linking suffering and death with sin, guilt, and punishment (Simpson, 1979).

(vi) It is better to explain the immediate causes in response to questions rather than try to give a philosophical or religious interpretation (Hollingsworth & Pasnau, 1977).

(vii) However, when questions arise it is okay to share honest religious convictions that you have regarding life after death. But when doing so be prepared for further questions especially from younger children. Be careful in dealing with these questions and clarify the distinction between what happens to the body and what you believe happens to the soul or spirit. Do not, however, present to beautiful a picture of the world-to-come. Some children have committed suicide in the hope of joining the absent loved one (Grollman, 1990; Simpson, 1979). If you do not believe in life after death, admit that you do not know what happens to the person after death, but suggest that how one lives one's life until then does matter. Also, check out what the child or adolescent believes and never ridicule his/her ideas (Simpson, 1979).

SETTING/ATMOSPHERE TO TELL

The place to disclose the information on the death should be chosen with care. A suitable space would be one that is comfortable and one that is familiar to the

individuals (Dyregrov, 1990). In a supportive environment the individual will feel safe and free to open up to his/her emotions. Suitable spaces could include the homeroom and the counsellor's office. The announcement should certainly not be made over the loudspeaker (Gordon & Klass, 1979; O'Brien et al., 1991).

A grieving room should also be set aside for those that cannot cope in the regular classroom. The guidance counsellor is an excellent resource to provide support in the grieving room. Teachers and members of the peer group, in particular at the junior and senior high school levels, could be used as well.

TOUCH

One of the best ways to give children and adolescents the message that they are "safe," that "they are not alone," and that "you care" may be through touch. Non-intrusive touching may involve; holding the hand, hugging, touching the arm and so on. If you decide not to touch, just a close physical presence in a caring and compassionate way may accomplish the same objective (Grollman, 1990; Jewett, 1982). Touch, however, may be a difficult dilemma at times, since we have to honor intimacy boundary lines. Generally, it is less of a problem in public groups where everyone is hugging and being hugged. The adult caregiver will need to exercise judgment in situations like this. Although caution has to be exercised, grief work is extremely difficult and when words fail, touch may work wonders (Dershimer, 1990).

MAINTAIN STRUCTURE AND ROUTINE, BUT BE FLEXIBLE

Dealing with a tragic event in a school will be a very difficult process. Forcing a regular day on students, as if nothing happened, will not work. It is only natural that students will have more difficulty in paying attention to their school work during the grieving process. Thus, it is essential to try to maintain a balance. This involves recognizing that classroom routines and management may be disrupted; that students may want to be viewed as a functioning, useful part of the class; and that significant adults can maintain a firm and caring structure in which the students know they have a place where they are safe and they are cared for. At some point returning to the regular routine may be the best approach. If regular classes is not an option, choices of activities could be provided, such as, journal writing and bibliotherapy (Reeves & Knowles, 1981; Scott, 1981). Behaviorists advocate techniques such as these as a means of saying good-bye to the deceased. It is also a means of confronting the loss.

RECOGNIZE AND RESPECT CULTURAL BELIEFS

There are significant variations in the bereavement experience across cultures, ethnic groups, and social classes. In some cultures it is expected that those in mourning wear black or somber colors. Some cultures expect and demand a very open expression of grief and consider it shameful not to shed tears or show strong emotions. Other societies praise those that show strong emotional control (Osterweis et al., 1984; Raphael, 1983). It is important to recognize and respect cultural diversity in reference

to death and death rituals. When the death of a student occurs it may be necessary for a designated member of the staff to contact the family or find out what the cultural expectations might be.

PARTICIPATION IN THE FUNERAL

Most researchers support the notion that children and adolescents be encouraged but not forced to attend funerals. A variety of reasons have been cited for this:

1) Their presence is taken as proof that the peers cared and lives have been touched by the deceased (Edelstein, 1984; Hughes, 1995).

2) Children learn best from concrete experiences and the funeral can most effectively provide such an experience.

3) The funeral provides public knowledge that someone is really gone and that a death has occurred (Cutter, 1974). This helps the child in particular accept the finality of death (McGlaulin, 1996; Osterweiss & Green, 1984; Pine et al., 1990). The condolences and the discussion of the deceased in the past tense at the funeral, all affirm the loss, as well (Hinton, 1967).

4) Funeral attendance is a way for the child or adolescent to be a part of the grieving process (McGlaulin, 1996). This may help give him/her a sense of support and belonging when his/her security has been badly shaken (Jewett, 1982).

5) Observing the expression of emotion that usually occurs at the funeral makes it easier for the child or adolescent to express his/her own feelings (Schowalter et al.,

1983). Tears are healthy for all age groups and releases of this nature are central to the mourning process (Giacalone & McGrath, 1980).

6) If a child is shut out of these services he/she experiences damaging, scary feelings that he must have done something wrong (Jewett, 1982).

7) It is a means of saying good-bye. Being denied this opportunity may be harmful not only to children but also older children (Grollman, 1990), especially in the case of sudden death since they have little opportunity to say good-bye, which may make it more difficult to cope with the loss (Forward, 1997; McGoldrick, 1995).

8) Children need to be afforded the same opportunity as adults so as not to reinforce the children's denial of death (Dyregrov, 1990).

Generally, it is suggested that the wishes of the child or adolescent be respected with regard to funeral attendance. However, if they decide to attend the following guidelines should be followed:

1) They should be told what to expect at the funeral service. The same rule applies regarding attendance at a wake, cremation, memorial service, visitation and the burial. In specific regard to the funeral service this involves what the room will look like, where they will be sitting, what they can expect to hear and so on (Giacalone & McGrath, 1980; Hughes, 1985; Jewett, 1982; Osterweiss & Green, 1984; Schoenberg, 1980; Simpson, 1979).

2) They should be accompanied by someone they love and trust. It is imperative that they not be isolated during the service because this is a time when they need comforting. Nothing is sadder than a child standing alone at a funeral with no one by his side during or after the service to provide this comfort (Pine et al., 1976). It is good for the adult to hold the hand of the child since the child derives comfort when physically secure (Temes, 1984). Thus, a systems approach which involves family, peers or both is recommended here.

3) The precise type of ceremony may be influenced by religious beliefs and social functions; by the wishes of the deceased; the survivors needs and opinions and by community expectations. Information about funeral customs and appropriate behavior at different times should be provided (Simpson, 1979). The more knowledgeable they are the better able they will be to handle their feelings of grief (Berlinsky & Biller, 1982).

4) They should have the freedom to leave the service at any time (McGlauffin, 1996).

5) After the funeral you may see the child "playing funeral" from time to time. This is completely normal and in no way disrespectful (Jewett, 1982). As suggested in paper one under developmental theory, a unique characteristic of the grief of children is that they like to act out their feelings physically (McGlauffin, 1996).

VIEWING THE BODY

Viewing the body may or may not be a part of the funeral service. At times the casket is open, at other times it is closed. Jewett (1982), suggests that there is no need to fear the child viewing the dead body, though we should never force him to do so or to touch it, because in most cases children are actually relieved to see their ghoulish fantasies of the appearance of the dead are not true (Jewett, 1982). Thus, instead of fantasizing the child is enabled by the body's presence to comprehend the real meaning of death (Simpson, 1979). In this sense the viewing of the body makes those that survive more aware of the 'reality of death,' which may be therapeutic not only for children, but for all people regardless of age (Hinton, 1967; Simpson, 1979). This is of the utmost importance when we deal with a sudden death (Dyregrov, 1990; Kubler-Ross, 1983). However, before viewing the child, in particular, must be given a description of the funeral home, how the dead person is lying in the casket and what the deceased will probably look like. This mental preparation helps reduce the shock (Dyregrov, 1990). There are, of course, situations where viewing of the body may not be recommended to members of any age group. This may be due to the body's condition as in the case of extensive disfigurement as the result of a automobile accident, for example (Dyregrov, 1990).

MEMORIALIZING AND REMEMBERING

When the death of a student occurs, it has to be commemorated by the school.

Some arguments for this include:

i) Memorializing and remembering are active processes that help children and adolescents to cope effectively with a loss through death (Klass, 1996).

ii) Memories are essential for the mourning process because the individual needs to experience the attachment to the deceased and then separate gradually (Weizman & Kamm, 1985). This is of particular importance for children since they are more sensitive and vulnerable than adults and have less capacity for dealing with large chunks of pain. It is important therefore, that they keep the memories and feelings available to be recalled for grief work over the years (Pine et al., 1990). Supportive adults can facilitate this process by expressing their own feelings and by asking children what they are feeling (Pine et al., 1990).

iii) Children and adolescents need to keep a connection or have some object linking them to the deceased (Klass, 1996). In this way the memory of the loved one is not eradicated but instead these special possessions or objects serve as tangible reminders of the deceased (Arnold & Gemma, 1983; Grollman, 1990; Temes, 1984).

iv) It may be a way to say goodbye symbolically (Dyregrov, 1990; Grollman, 1996). This is of particular importance in the case of sudden death (Dyregrov, 1990).

v) It may allow students the opportunity to meet with others and mourn the loss together (O'Brien et al., 1991).

vi) It is a way to strengthen positive memories (Jewett, 1982).

vii) Memorializing and remembering the deceased could be reassuring to the family of the deceased. It could mean that people care and that lives have been touched by this individual (Edelstein, 1984).

There are several ways that this can be done:

i) Through a memorial service. This can be done in the assembly hall in school or in church. At service testimonials, reflective of the deceased, could be done by teachers, students or members of the clergy (Edelstein, 1984). The place of the memorial could be decorated by the children's art work (Dyregrov, 1990).

ii) There could be a classroom memorial. The students could do a number of things to commemorate the deceased in this way; testimonials, art work activities, display work activities of the deceased and so on (Dyregrov, 1990).

iii) A number of symbolic acts could be carried out. These could include: a dedication in the school yearbook, a student or group of students could write a letter that is read at the gravesite or placed in the coffin (Dyregrov, 1990; Edelstein, 1984), planting a tree, a wreath being placed on the casket on behalf of the class or, a scholarship being set up (Dyregrov, 1990)

ALLOW CHILDREN AND ADOLESCENTS TO EXPRESS AS MUCH GRIEF AS POSSIBLE

Children and adolescents experience a wide range of feelings as the result of the death of a peer. These feelings, that may occur in stages, (Grollman, 1990; Jewett, 1982; Temes, 1984) may include: shock and denial, numbing, alarm, sadness, guilt and shame, despair, anger, blame, and fears such as abandonment and vulnerability. There is also an host of physical, cognitive and behavioral symptoms that arise which may be unique to the individual but normal under the circumstances. According to (Dyregrov, 1990; Jewett, 1982; and McGlaflin, 1996); some of these symptoms include:

Physical symptoms:

- sleep disturbances;
- tightness in the chest or throat;
- bowel disturbances;
- pains (headaches, stomach complaints, sore muscles);
- weight and appetite change;
- breathing difficulties;
- fatigue;
- restlessness and distractibility;
- oversensitivity to noise.

Cognitive symptoms:

- inability to concentrate;
- disturbing dreams;
- daydreaming;
- various phobias;
- confusion;
- idealization of the deceased;
- outrage and sense of injustice;
- denial;
- blaming others;
- preoccupation with loss;
- hallucinations of seeing the deceased.

Behavioral symptoms:

- withdrawn;
- restlessness;
- uncontrollable crying;
- need to take care of others;
- regressive behavior;
- anger and acting-out behavior.

If children are unable to express feelings in words, let them express them in other ways. Doing so is a helpful way to express their emotions and continue working through the mourning process (Temes, 1984). Non-verbal alternatives could include: journal writing, art therapy, writing poems or letters, physical exercise and bibliotherapy.

DEATH EDUCATION

Death education can occur within the family long before the student attends school. Weizman and Kamm (1985), suggest that "it may occur when a child is two or three years old and starts to observe evidence of the life cycle in plants, insects and animals" (p. 157). A dead bird or animal beside a road could be one such experience. The death of a pet is often the first experience for the child and one that causes real grief (Yudkin, 1977; Simpson, 1979). These experiences offer the family and the school excellent opportunities to educate their children about death. Wass & Corr (1982), refer to these opportunities as "teachable moments" (p. 52). Adults could start by having a discussion with the child or the children concerning the death of the animal (Giacalone & McGrath, 1980). The child/ren could be encouraged to acknowledge and express feelings about the loss (Weizman & Kamm, 1985). The child/ren may want to devise some sort of ceremony and bury the pet, and this should not be discouraged (Simpson, 1979). This, in fact, may afford children a chance to prepare for death by playing

funeral when a pet dies (Hollingsworth & Pasnau, 1977). The experience of this trauma of the death of a pet with parents and others may help children gain the strength and wisdom to endure a more significant trauma at another time (Marguerita, 1978). It is also advisable not to hurry to get a replacement until mourning has finished, to explain that all living things die and the body decays and to stress the importance of the memories of the dead pet (Giacalone & McGrath, 1980; Simpson, 1979; Weizman & Kamm, 1985).

Death education, as part of the regular school curriculum, has become much more common in recent years. Today units on this subject are found in health education courses, science courses, ethical issues courses, literature courses and so on. This integration of death into the broader curriculum is based on the premise that these 'exposures' may better prepare our youth for acceptance of death's inevitability. Hopefully, this acceptance will help our students cope more effectively when the death of a peer or family member occurs. Wass & Corr (1982), refer to traumatic events as, "nurturing moments." These are the times that parents and other adults most appreciate the child's need for security and support but these are also times when such a death can be used as an opportunity for growth in children. Thus, the approach of adults in dealing with death is critical, since it will help children and adolescents acquire a 'value framework' that takes death into account. The guidelines already provided in this paper should certainly be helpful in this regard.

A wide range of resources, outside of those in the regular curriculum could be used as part of a death education program. Some of these could include:

- Death education books which could range from simple read-along books designed for children to those geared for the adolescent population. Often books used in this way offer a therapeutic or constructive intervention which is referred to as “bibliotherapy.”

- Individual and group art activities. Again this may provide an excellent ‘therapy’ when children and adolescents are reluctant to verbalize their feelings.

- Other interventions may include: drama, writing, music, storytelling, films, audiotapes, puppets and the use of organizations such as the church.

MAKE REFERRALS TO OTHER SUPPORTIVE PEOPLE

It is important to closely monitor those most affected by loss through death in the educational setting. Referral to professionals may be necessary when the child or adolescent, after several weeks, continues to display these symptoms:

- looks sad all the time with prolonged depression;
- keeps a fast pace and cannot relax the way they used to with their friends;
- does not care about how they dress or look;
- seems tired, unable to sleep, with their health suffering markedly;
- avoids social activities and wish to be alone more and more;
- is indifferent to school and hobbies they once enjoyed;

- feels worthless with bitter self-incrimination;
- relies on drugs or alcohol;
- moods control them instead of them controlling their moods (Grollman, 1996;

Hollingsworth & Pasnau, 1977).

USE OF A TEAM APPROACH

A team or systems approach is critical in working with the death of a student in the K-12 school system because of the complex nature of such an event. As a means of supporting this position, a critical analysis of tragic events teams, both within and outside the Province of Newfoundland, was done. The following tragic events team manuals were studied. On a school board level:

School Board Level:

- Appalachia Consolidated School Board's School Tragic Events Policy Manual (1996).
- Avalon Consolidated School Board's Tragic Events Response Team Manual (1992).
- Roman Catholic School Board's Tragic Events Support Guidelines Manual (1994).

On a school based level:

- Herdman Collegiate, Corner Brook, Newfoundland. Critical Response Guidelines Manual (1996).

- Holy Trinity Regional High School, Torbay, Newfoundland. Tragic Events School Support Plan (1995-96).

- St. Joseph's Central High School, St. George's, Newfoundland. Critical Response Plan (1994).

Outside Newfoundland:

- Board of Education for the Borough of East York, Ontario. Tragic Events Support Plan (1990).

- Board of Education for the City of Hamilton, Ontario. Critical Response Plan (1988).

General findings regarding these plans are presented below:

- All considered immediate intervention a critical factor.
- All supported the position that the team's mandate is not long-term grief counseling or therapy.
- All stressed the necessity of training for team members. The Avalon School Board plan stressed members of the administration and guidance counsellors were key members of staff to be trained. The Herdman plan suggested ongoing training at the beginning of each year.

- Most suggested that each school establish a school based tragic events team. Also, Central Board office teams should be established to lend support and training to the school based teams, when necessary.

- All supported the principal being in charge of school based teams at all times.
- All supported the notion that the teachers who are most familiar with the students are the most appropriate persons to support students in crises situations. Also, debriefing would be led by the counsellor or teacher with whom the students were familiar.

- All stressed the importance of establishing a directory of community resources and support persons.

- All stressed the importance of team members identifying at-risk students.
- Most recommended members have knowledge of the developmental stages in response to grief and all supported members having knowledge of strategies to deal with grief.

- All acknowledged the importance of peer support systems. The Holy Trinity Plan stressed above all others the importance of 'peer counsellors' and six students served as members of the team.

- Peer counsellors were not recommended as being members of debriefing teams.

In regard to team composition, all included the principal or vice-principal, guidance counsellor, teachers and members of the clergy, as being part of the core group. The larger centers also included many resource personnel which probably would not be accessible in rural areas. Generally, it was acknowledged that public health

professions and social workers could play a vital role. The St. Joseph's plan highly recommended the involvement of the school secretary on the team.

In summary, the team approach is highly recommended by each plan. However, it is my view that the individual in charge need not be the principal. Any member of the school staff could lead the group, providing this "individual has come to terms with his or her own feelings about death, and has admitted not only death's existence, but its full status in the dynamics of his/her personality" (Yarber, 1984). No doubt members of the administration should be members of the core group. The resource most closely linked to the adolescent may be the school counsellor (Forward, 1997). So the counsellor should also be a member of the core group. Training is recommended in all these plans, however, details are not given with reference to training. The Herdman plan suggested one meeting at the beginning of each year, after the initial training. It would appear more prudent to have at least two team meetings per year, one at the beginning and one around March of each year. Schools should have school based tragic events teams in place, however, most schools in the province still do not have such plans. This responsibility could be taken on by School Improvement Teams and supported by school councils. All in all, with the exception of the Holy Trinity Tragic Events Plan, there was not enough emphasis on peer counsellors. They should certainly have representation on the core group and their help would be very important both in the school's 'grieving room' and around the school, in general. They also could play a

major role in identifying at-risk students, especially at the Grade 9-12 level. General recommendation regarding school tragic events team composition include:

- a member of the administration or other designated member head up the group;
- the guidance counsellor;
- two teachers, representing various levels (elementary, high). Possibly even

three so that primary would be represented in a K-12 system;

- clergy members;
- parents;
- peer counsellors;
- the secretary;
- public health nurse.

The number of members recruited for tragic events teams could vary from school to school. Factors such as school enrollment, setting (rural or urban) and grade levels of students attending a particular school would impact team composition. However, these members listed would be 'key individuals.'

PERSONAL EXPERIENCES

As the reader may recall this paper opened with a discussion of the death of a student named Diane. Let us now return to how the school reacted to her death.

Diane was a bright energetic elementary school student when she became seriously ill. She was later diagnosed as having a brain tumor. The family and the

school were advised that she would not live very long. The Janeway Child Health Center also contacted our school and the staff, guidance counsellor, local doctor and public health nurse were briefed on her condition via teleconference. After this session our school put a team in place to work with Diane, as well as to prepare for her death. Some strategies developed and implemented by the team included the following:

- The family was contacted, immediately and invited to participate with us in dealing with this difficult situation. They decided to work with us by telephone instead of face to face meetings. They felt meetings would be too difficult for them.

- It was decided that Diane would attend school, as long as she felt well enough to do so. We would do whatever we could to comfort her at school. Adult and student aides would help us out.

- The students, in particular the homeroom group, were briefed on her situation.

- As Diane became more ill it was decided, by the team and her family, to only bring her to school on special occasions. The school also provided her with a computer for home use since she enjoyed this activity. We also provided her with books from the library.

- A contingency plan was developed to deal with the death of Diane, in our school (Appendix A).

The night before the last day of school, Diane died. All members of the team were contacted and an emergency meeting was scheduled for the next morning. In spite

of the fact that this was an anticipated death, our students and staff were still in a state of shock. Some team members cried at our meeting. Everyone was really pleased that we had prepared for this event and that a contingency plan had been developed. It was decided to maintain as much structure and routine as we could in the school day but at the same time to be flexible. Our team started the school day with an assembly. A teacher that all students knew really well acted as spokesperson. A member of the clergy led the group in prayer.

One of the things that was really surprising at the assembly was the knowledge of very young students, in particular as it relates to dealing with events of this nature. For example, one student suggested that a good coping strategy would be for everyone to think of the good times they had all had with Diane. She said this worked really well for her when her turtle died. Several students expressed anger that Diane had died so young. Most of the students cried during the assembly.

After the assembly, we tried to follow the regular routine as best we could. Students that were having a very difficult time were advised that they could go to the grieving room. As the guidance counsellor, I worked with the students in this room. I will always remember one student who was really close to Diane. Just before Diane died, she had asked this student, "will you cry for me when I die?" This statement was very painful for the student on that day, however, one of the statements she made in the

grieving room seemed to bring her comfort, "Yes, Diane, I did cry for you when you died."

Since this was the last day of school, it finished early, at one o'clock. All of the teachers lined up at the main exits to wish the students a good summer. Almost every student hugged the teachers as they left school and many students were still crying. This was a very moving experience and it certainly verified for me that our success in working with a tragic event depends on our willingness to involve ourselves with the child in an open and honest way, as a means of guiding them through this difficult time. Many of the students in the elementary school attended Diane's funeral. A plaque which contains her picture now hangs in our school lobby.

SUMMARY

In my work as a guidance counselor over the past six years it has become increasingly apparent that the death of a student, whether anticipated or sudden, is one of the most difficult experiences that one can encounter. It is certainly not an issue that can be dealt with by only one individual in the school system and thus the recommendation for a team or systems approach. One of the things that works really well with students is journal writing or just writing, in general. Students appear to find great therapeutic value in writing a poem or letter to the deceased. One year, the students in a grade twelve graduating class wanted me to write a poem for them about a

classmate that had died suddenly in grade ten. They wanted to read this poem at the graduation church service (Appendix B). For the students this was a way of remembering a peer that had died three years earlier and including her in their graduation. Many students write poems and letters which they like to place in the coffin of the deceased. Others just like to write poems or letters which they may place in a Bible or other such location. Some students have written about death experiences in their journal for certain courses in school. Whatever the case, writing about death is a very powerful technique for students in working through their grief.

It is important to maintain structure and routine in a school, but be flexible when a death occurs. In dealing with a number of cases where teachers have forced exams onto students during the grieving period there have been long term effects. Students have mentioned things of this nature years after the traumatic event occurred. Certainly, teachers should not do this and for the most part it does not happen. The growing awareness and training in dealing with a tragic event in our schools has helped teachers deal more effectively with students experiencing loss.

Remembering the deceased is very important for the school, in general. Outside of plaques students are often remembered by scholarships and yearbook dedications.

While some positive things are happening in our schools to help cope and deal with the death of a student, much more needs to be done in this area. A 'practical plan'

which incorporates both theory and intervention strategies in dealing with a loss through death needs to be developed. Paper Three will provide such a plan.

PAPER FOUR

***A practical plan for dealing with the death of a student
in the K-12 school system***

INTRODUCTION

The sudden death of a student, can cause major repercussions in a school system. This is because the lives of students are framed around the school. The school may also be the best place for students to receive both individual and group assistance in dealing with the grief that accompanies a significant loss through the death of a student. In order to do so it is critical to have a 'practical plan' in place to deal with events of this nature. In addition, Tragic Events Response Teams need to be implemented and they need to be trained in dealing with such events. This training involves knowledge of 'theoretical perspectives' regarding loss through death as well as knowledge of intervention strategies suggested by researchers in dealing with tragic events., which is outlined in the 'intervention pyramid' (Figure 2).

The information in the first two papers will be used to present such a plan in this paper. The recommended method of presentation is 'lecture style' using overheads and handouts for each component of the program combined with group discussions and group activities. Other mediums such as computer presentations could be used. The objectives and facilitators guide for each session will be in point form whereas the remaining material will be in descriptive form.

**Practical Plan for Dealing with the Death
of a Student in the K-12 School System**

SESSION I

Objectives

- To introduce the case scenario as a means of a 'warm-up activity' as well as a means of getting the group to discuss intervention strategies in dealing with such a tragedy in the K-12 school system.
- To introduce the Intervention Pyramid that represents a 'practical plan' in dealing with the death of a student.
- To stress the importance of death education in our schools as a means of being proactive.
- To recognize the importance of respecting cultural beliefs.

Facilitator Guide:

Component One:

- Provide a copy of the warm-up activity (Case Scenario) to each group member.
- It is recommended that this activity be done as a group activity.
- Recommended time: 15-20 minutes.

Component Two:

- Use an overhead and briefly discuss the Intervention Pyramid (Figure 2) as a means of dealing with a tragic event in the K-12 school system.

- Recommended time: 15-20 minutes.

Component Three:

• Use overheads to outline aspects of a death education program. Various theoretical perspectives will be presented as a part of this program.

- Use overhead to present models of grief resolution (Figure 2.2).
- Recommended time: 60 minutes.

Component Four:

• Small group activity. In small groups discuss cultural differences in reference to death and death rituals. Report to the larger group. Recommended time: 25 minutes.

• Use a overhead to cover important cultural considerations. Stress the importance of respecting cultural differences. Recommended time: 10 minutes.

General discussion (20 minutes).

CASE SCENARIO: PETRINA

It was early in September, 1995, two weeks into the school year. Petrina was a Level One student, living in a small rural Newfoundland town. One year earlier she had gotten pregnant. Even with the challenge of caring for a young child she decided to finish school. One Saturday night, Petrina and her friend went for a walk. While walking, another friend on a motorcycle stopped to talk to both girls. He asked if they would like a ride on his motorcycle. Petrina volunteered to go for a ride, first. She climbed on the back of the motorcycle, smiled and waved goodbye to her friend. Her friend watched as they went around the turn in the road.

The friend continued to walk. As she walked past the turn in the road she noticed a crowd had gathered. People were screaming. As she approached the site she saw a motorcycle in the ditch and the driver pacing frantically around. Petrina was lying lifeless on the shoulder of the road. Shortly after the doctor arrives. Petrina was pronounced dead, due to head injuries. It was the final time that she would wave goodbye to her friend. The friend and the entire community were devastated.

The following Monday morning, you can hear a pin drop in Petrina's school. Students are sitting quietly in their classrooms. Some were huddled together in groups, some were crying. The staffroom was quiet, too. The guidance counsellor was called to the school and an emergency meeting planned. The bell rings and teachers go to class to mark the registers. The silence in the Level One class was deafening. The

homeroom teacher cannot avoid the 'empty desk' and struggled to maintain his composure. In small towns and small schools like this, 'everybody knows everybody.' Everyone was in a state of 'shock' and one thing was for sure, it was going to be a long, hard day.

Discussion Question

How would you deal with a situation like "the case of Petrina," in the K-12 system?

INTERVENTION PYRAMID

71

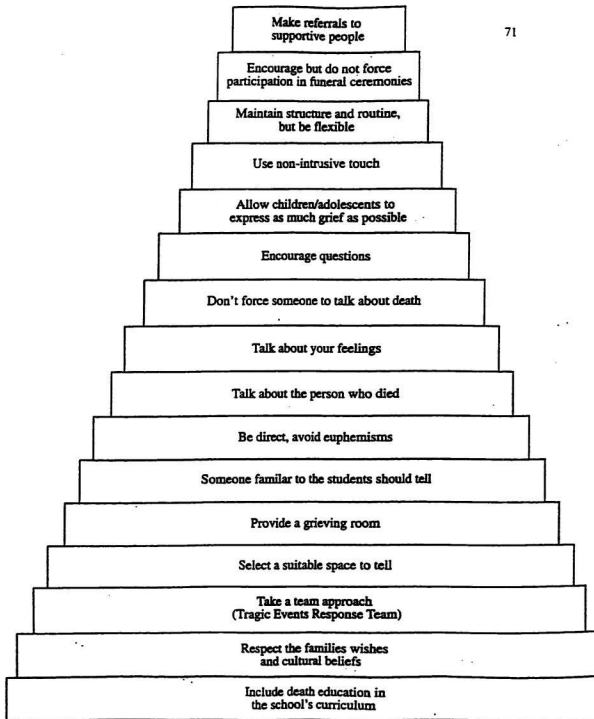


Figure 2

DEATH EDUCATION

Death education can begin very early in the child's life as s/he comes into contact with death. This could include dead plants, animals and so on. The family can start at this early age to educate the child about death (teachable moments). In school many subjects or courses deal with death, such as science courses, health courses and ethical choices courses. Each school should have a wide range of death education resources, such as book and videos, in the event that the death of a student occurs (see Resource List). The death of a student may offer an opportunity to teach children about death (nurturing moments). Death education affords an opportunity to be proactive as opposed to reactive (Wass & Corr, 1982; Weizman & Kamm, 1985).

A general knowledge of the theoretical explanations of grief and models of grief resolution would be very helpful in a death education program. Some of these include:

Psychoanalytic:

Freudians assumed that grief was so complex that it required a mature concept to understand it. Thus, children were often overlooked as a population that grieved. Their studies were based mainly on older subjects. As the theory evolved, other psychoanalysts, such as, John Bowlby studied children. From his research he concluded that children grieve as painfully as adults. One of their most significant findings was that when a death occurs there is often a 'conflict of ambivalence' toward the deceased. At times, the bereaved has feelings of both love and hate towards what psychoanalysts

called the 'lost object.' Psychoanalysts maintains that behavior is based on unconscious psychological processes that have their roots in childhood.

Behavioral:

Behavioral theory concentrates on external environmental factors. It is based on scientific data collected by experimental methods. The primary goal is the prediction and/or control of behavior. Positive behaviors are reinforced and negative behaviors punished. Mourning practices may be reinforced, others may be scorned. Adult modelling of appropriate behavior is very important. Behavioral changes are brought about by changing environmental conditions to which individuals are exposed. Techniques may involve 'forced confrontation' with the facts of loss through death.

Developmental:

Children develop a concept of death over time in distinct, identifiable stages and these are associated with age periods. Figure 2.1 is a summary based on research by developmentalists:

PERCEPTIONS OF DEATH BY AGE				
Pre-School		Primary/ Elementary	Junior to Senior High	
(zero to three years)	(three to five years)	(five to nine)	(nine to twelve)	(twelve & up)
- concept of death is either absent or incomplete.	- very limited idea of death; - marked by 'magical thinking'; - death is seen as reversible and temporary, not final; - death may be viewed as a 'sleep' or journey from which you may return.	- concrete questions about death begin; - child becomes aware that death is final and irreversible; - children recognize that connection between old age and death; - some magical thinking still occurs; - children become aware of the sorrow that death may bring and worry about their own death.	- child can understand aspects of death such as finality, universality, inevitability and irreversibility; - may be resistant to thinking of death as a possibility for themselves.	- death is fully understood in abstract, reality based terms; - adolescent fears death but is also fascinated by it; - able to understand more of the long-term consequences of death.

Figure 2.1

Children also grieve in their own way based on their developmental understanding (McGlauffin, 1996). It is important to recognize that they grieve differently than adults. Some of these differences include: adults can seek out a support network for themselves, while children are left with those given them; adults have room to grieve in their own way, while children are influenced by the way adults around them grieve and the expectations about grieving placed on them; children are repetitive in their grief, needing to ask questions and talk about similar issues again and again; they act their feelings out physically; and they always grieve as part of a family, not in isolation (McGlauffin, 1996).

Reminder Theory:

Specific stimuli set off memories and behavior patterns that are linked to the deceased. Some of these memories can be quickly dealt with in the grief process, others may have long-term effects. Grief work is slower if one is out of contact with important reminders. Grieving is seen as an intermittent process which is not continuous.

Systems Theory:

How well one manages his grief depends on interactions with others, in a system that recognizes and sanctions grief. Both children and adolescents fare better when the adults around them grieve appropriately and they are included in grief rituals. Examples of systems include the family, the peer group and the school.

Crises Intervention Theory:

Crises intervention involves direct interventions with individuals or groups while they are in a crises situation. Due to the 'crisis' individual(s) may be temporarily 'out of balance' and interventions are necessary to help them cope with the situation and restore them to a previous level of functioning. Generic principles include:

- 1) Intervene immediately to help reduce tension or anxiety from the crisis event.
- 2) Be concerned and competent by reassuring and modeling appropriate problem solving behavior.
- 3) Listen to the facts of the situation. Solutions may be derived from this information.
- 4) Reflect the client's feelings (empathy).
- 5) Help the client accept that the crisis has occurred.
- 6) Do not encourage or support blaming.
- 7) Do not give false reassurance. Be truthful and realistic.
- 8) Recognize the primacy of taking action.
- 9) Facilitate the reestablishment of a social support network.
- 10) Engage in focused problem solving.
- 11) Focus on self-concept.
- 12) Encourage self-reliance.

Web Theory:

A person's world is analogous to a spider's web. A loss through death may represent a break in the structure of the web. The web must be reconstructed. As a result of healing, the web is woven, which is symbolic of reinvestment in life.

The charts presented provide models of grief resolution.

PHASES/STAGES OF GRIEF RESOLUTION

Parkes (1970)	Weizman & Kamm (1985)	Jewett (1982 - Children)	Corazzini (1980)
<p>Phase I: Numbness – Occurs close to the time of the loss.</p>	<p>Phase I: Shock – A period of disbelief and denial. Marked by numbness and withdrawal.</p>	<p>Phase I: Early Grief -- Marked by shock and numbing, alarm and denial.</p>	<p>Phase I: Loss – The mourner is stunned by the loss.</p>
<p>Phase II: Yearning – A yearning for the deceased. Anger and denial are common.</p>	<p>Phase II: Undoing – Characterized by guilt, self-blame, and powerlessness. Mourner tries to make things as they were before.</p>	<p>Phase II: Acute Grief – Yearning and pining, searching and strong feelings of sadness, guilt and shame, disorganization, despair, and finally reorganization.</p>	<p>Phase II: Consolidation – Marked by disbelief and despair. Reality sets in and the mourner gradually lets go of the attachment to the deceased.</p>
<p>Phase III: Disorganization and Despair – The bereaved finds it difficult to function.</p>	<p>Phase III: Anger – This is often directed at someone like a family member.</p>	<p>Phase III: Integration – Reality of loss accepted. Child gets on with life.</p>	<p>Phase III: Reintegration – The mourner resumes life and new relationships are established.</p>
<p>Phase IV: Reorganization – Survivors begin to pull life back together.</p>	<p>Phase IV: Sadness – The reality of death sinks in. Avoidance, denial and self-pity are common.</p> <p>Phase V: Integration – The mourner settled slowly into the new reality.</p>		

Figure 2.2

PHASES/STAGES OF GRIEF RESOLUTION

Kubler-Ross (1969)	Edelstein (1984)	Hollingsworth & Pasnau (1977)	Worden (1991)
<p>Stage I: Denial – Marked by numbness and shock</p> <p>Stage II: Bargaining – A strong wish that the death is not permanent. Bargaining with a 'higher power' occurs.</p> <p>Stage III: Anger – May be directed at God, the deceased or others.</p> <p>Stage IV: Depression – Profound sadness and emotional pain.</p> <p>Stage V: Acceptance – Death is accepted and new energy invested in the present and future.</p>	<p>Acute Stage: Characterized by shock, disbelief and numbness. Anger, helplessness and depression are common.</p> <p>Chronic Stage: Involves reintegration and acceptance of the loss.</p>	<p>Stage I: Shock, disbelief and denial.</p> <p>Stage II: Longing for the deceased.</p> <p>Stage III: Resolution.</p>	<p>Task I: To accept the reality of the loss. Denial is common.</p> <p>Task II: To work through the pain of grief.</p> <p>Task III: To adjust to an environment in which the deceased is missing.</p> <p>Task IV: To emotionally relocate the deceased and move on with life. This involves letting go and reinvesting in life.</p>

Figure 2.2 (cont'd)

RECOGNIZE AND RESPECT CULTURAL BELIEFS

Small group activity. In small groups discuss cultural differences in reference to death and death rituals. Cultural beliefs vary across ethnical groups and social classes of people. Some expect and depend on open expression of grief, others praise strong emotional control. Knowledge and respect of these cultural differences is necessary.

SESSION II

Objectives

- To recognize the importance of a team approach in dealing with a tragic event.
- To provide tragic events, support team and peer counselling models.

Facilitator guide:

- Use overheads to outline various aspects of a team approach in dealing with a tragic event in the K-12 school system.
- Use Figure 2.3 to discuss team composition.
- Use Figure 2.4 to discuss potential support systems.
- Use Figure 2.5 to discuss peer counsellor training model.
- Recommended time: 80-90 minutes.

A TEAM APPROACH

It is critical that a team approach be taken. The composition of the tragic events response team could be: the leader (a member of the administration or other designated member), the guidance counsellor, two teachers (from various levels), a clergy member, two parent representatives, peer counsellors (at least two at upper junior or high level), the school secretary and the public health nurse. As needed, other members could be added, such as the school psychologist and a social worker (see Figure 2.3).

TRAGIC EVENTS RESPONSE TEAM		
Leader (member of the administration or other designated member)		
Guidance Counselor		
Teachers	Tragic Events Response Plan	Parents
School Secretary		Clergy
Peers		Public Health Nurse

Figure 2.3

A list of potential 'supports' should be made (see Figure 2.4). It is recommended that the member of the clergy who represents the church of the deceased be involved in the Tragic Response Plan. There should be at least two training

Tragic Events Support Wheel (K-12 school)

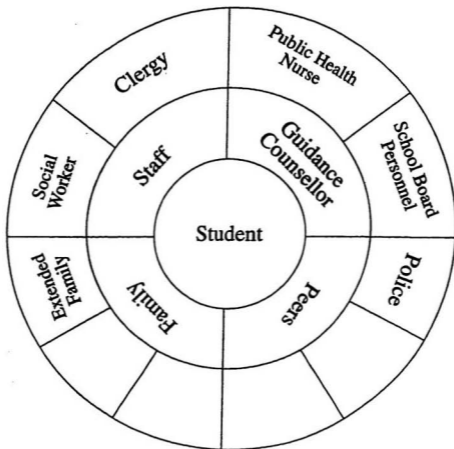


Figure 2.4

* Additional supports can be added in the empty spaces

sessions per year for team members. This should be part of the school improvement plan and sanctioned by the school council. One session could take place in early fall and the other during spring. This 'practical plan' would be an integral part of the training. Follow-up sessions could involve a review of the plan as well as 'picking and choosing' strategies that members think would best suit their school. Resources such as videos and books should be purchased to aid in training or could be used as part of a Death Education Program (see Resource List).

Peer Counsellor Training

Peer counsellors are very important for these reasons:

- Adolescents, in particular, prefer to talk to members of their peer groups.
- They are often more aware of students that may be having difficulty and who are particularly vulnerable.
 - In cases like this they can make referrals to the guidance counsellor.
 - They may also represent an underutilized resource in our schools.
 - It is difficult for guidance counsellors to handle all of the problems alone with a counsellor/student ratio of 1000/1.

A selection process is necessary for peer counsellors (Tindall, 1989). Selection should be based on an interview with the guidance counsellor, teacher recommendations and school surveys. Desirable qualities for peer counsellors include: good rapport with

students, respect and trust, good listening skills, good communication skills in general, sensitivity to the problems of others, and an understanding of confidentiality issues. Training should include the completion of Peer Counselling 2101, a senior course offered in Newfoundland. Peer counsellors will have to complete a 'school counselling practicum' under the supervision of the guidance counsellor. This training model is outlined in Figure 2.5.

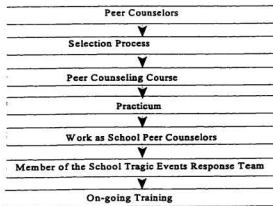


Figure 2.5

SESSION III

Objectives

- To provide information on how to tell children/adolescents about death.
- To recognize the importance of allowing children/adolescents to express as much grief as possible.

- To review qualities of supportive individuals.
- To recognize the importance of non-intrusive touch.
- To recognize the importance of maintaining structure and routine.
- To recognize the importance of participating in funeral ceremonies.
- To recognize the need for making referrals to supportive people.

Facilitator Guide:

Use overheads to discuss the following aspects of dealing with a tragic event in the K-12 school system:

- How to tell children/adolescents about death.
- Allow children/adolescents to express as much grief as possible.
- Guidelines for supportive individuals.
- Touch.
- Structure and routine.
- Participation in the funeral.
- Viewing the body.

- Memorializing and remembering.
- Referrals to supportive people.
- Recommended time: 60-80 minutes.

HOW TO TELL CHILDREN/ADOLESCENTS ABOUT DEATH

1) Setting an atmosphere to tell:

A suitable space is one that is comfortable and familiar to the students. This could be the homeroom or on an individual basis in the counselor's office. The announcement should never be made impersonally over the loudspeaker. A grieving room should be set aside for those that cannot cope in the regular classroom. The guidance counsellor and peer counsellors are excellent resources for the grieving room.

2) Who should tell:

The news of the tragedy should be told as soon as possible by someone that is emotionally close to the student(s). The homeroom teacher, if possible, would be the ideal candidate. When this is impossible the student(s) could be informed by another trusted adult.

3) What to say:

First of all, it is necessary to have a clear understanding of the facts surrounding the death. The individual presenting the news must be completely honest and provide complete, accurate and straight forward information. Use words such as "die" or "dead" (Dyregrov, 1990). Words need to be appropriate to the student's age and level of

comprehension. A possible beginning statement might be, "I want to prepare you for some bad news. An accident just happened. It involved Timmy. On his way to school he was hit by a car as he crossed the street. He "died" instantly.

4) Avoid euphemisms:

Euphemisms such as, "passed away" or "gone on a long journey" only confuse the child. A clear explanation of what death means would be better. Direct, honest answers would be better (Dyregrov, 1990; Hollingsworth & Pasnav, 1977).

5) Talk about the person who died:

Encourage children and adolescents to remember and talk about the deceased. Memories could include treasured moments or the special things that the children and the deceased did together. It is important not only to talk about the positive qualities of the deceased, but the negative qualities, as well. This helps the bereaved deal with the guilt they may have in regard to confrontations and so on with the deceased. Do not idealize the deceased. This could increase the feelings of guilt that some might have. Reassure young children that the loss of one important relationship does not mean the loss of others.

6) Talk about your feelings:

An open expression of grief by adults helps validate and encourage the grief process for children and adolescents. Talk about your feelings and your memories of the dead person.

7) Do not force someone to talk about death:

Do not force someone to talk about death unwillingly, but do not pull back and hide if they wish to talk. Provide other avenues for student(s) to express their grief if some choose not to talk. For example, art work, journal writing or bibliotherapy.

8) Encourage questions:

Some guidelines:

- (i) Do not evade the student's questions.
- (ii) Be honest, but do not go into detail or long explanations.
- (iii) Your answers should correspond to the developmental age of the child.
- (iv) If you do not know the answers to questions, say so.
- (v) Avoid being judgmental or linking suffering and death with sin, guilt, and punishment.
- (vi) It is better to explain the immediate causes in response to questions rather than giving philosophical or religious interpretations.
- (vii) It is okay to share honest religious convictions that you have regarding life after death. Be sure to make the distinction between what happens to the body and what you believe happens to the soul. If you do not believe in life after death, admit you do not know what happens to a person after death, but suggest that how one lives one's life until then does matter.
- (viii) Check out what the child or adolescent believes and never ridicule his ideas.

ALLOW CHILDREN/ADOLESCENTS TO EXPRESS AS MUCH GRIEF AS POSSIBLE

Children and adolescents may experience a wide range of feelings such as shock, alarm, sadness, guilt, anger and despair. Provide a safe environment that encourages the free expression of these feelings. In this supportive environment allow students to express as much grief as possible. Teachers have to be patient and genuine in their responses to students. They also need to affirm the grief of students. If children are unable to express their grief in words, let them express them in other ways. A number of physical, cognitive and behavioral symptoms may arise as shown in Figure 2.6.

Physical Symptoms	Cognitive Symptoms	Behavioral Symptoms
<ul style="list-style-type: none"> - sleep disturbances; - tightness in the chest or throat; - bowel disturbances; - pains (headaches, stomach complaints, sore muscles); - weight and appetite change; - breathing difficulties; - fatigue; - restlessness and distractibility; - oversensitivity to noise. 	<ul style="list-style-type: none"> - inability to concentrate; - disturbing dreams; - daydreaming; - various phobias; - confusion; - idealization of deceased; - outrage and sense of injustice; - denial; - blaming others; - preoccupation with loss; - hallucinations of seeing the deceased. 	<ul style="list-style-type: none"> - withdrawn; - restlessness; - uncontrollable crying; - need to take care of others.

Figure 2.6

GUIDELINES FOR SUPPORTIVE INDIVIDUALS

- 1) Listen and empathize.
- 2) Share personal experiences and life philosophy, if necessary.
- 3) Encourage reminiscing.
- 4) Lend support and understanding.
- 5) Respond with feeling, but be genuine when you express your feelings.
- 6) Remain open to loss.
- 7) Be available.
- 8) Be direct about the loss, for example, use words such as "dead."
- 9) Help the mourner go on living.
- 10) Help out with specific tasks.
- 11) Physical contact may help.
- 12) Maintain a sympathetic attitude toward the student's age - appropriate responses.
- 13) Refer when necessary.

TOUCH

Non-intrusive touch such as touching the arm may be one of the best ways to give children and adolescents the message that "you care." If you decide not to touch,

just a close physical presence in a caring and compassionate way may accomplish the same objective. Touch may be less intrusive in groups where everyone is hugging and being hugged in public.

MAINTAIN STRUCTURE AND ROUTINE BUT BE FLEXIBLE

Forcing a regular day on students will not work. It is only natural that students will have difficulty in paying attention or doing school work during this time. Try to maintain a balance. Be flexible but maintain as much structure as possible under the circumstances. Offer a choice of activities outside of regular classes, such as journal writing.

PARTICIPATION IN THE FUNERAL

Encourage but do not force children and adolescents to attend funerals. The funeral provides public knowledge that death is final, as well as a means for the bereaved to say goodbye. If children decide to go they should be told what to expect. They should also be informed of cultural beliefs. Children and adolescents should be accompanied by someone they love and trust. Children and adolescents should have the freedom to leave at any time.

Viewing the body

Children and adolescents should be permitted, but not forced, to view the body if they wish. In this way they are enabled to comprehend the real meaning of death

(Simpson, 1979). Before viewing the body the child or adolescent should be told what to expect. A description of the funeral home, how the body is lying in the casket and what the deceased will probably look like would be recommended.

Memorializing and remembering

This may be a way of saying goodbye, symbolically. This is of particular importance in the case of a sudden death. By memorializing the loved one is not eradicated but instead these special possessions or objects serve as tangible reminders of the deceased. Memorial services could take place in the school assembly area, in church or in the classroom. Other symbolic acts could include such things as a 'tree planting' in memory of the deceased.

MAKE REFERRALS TO OTHER SUPPORTIVE PEOPLE

It is important to closely monitor those most affected by loss through death in the educational setting. Referral to professionals may be necessary when the child or adolescent, after several weeks, continues display these symptoms:

- looks sad all the time with prolonged depression;
- keep a fast pace and cannot relax the way they used to with their friends;
- does not care about how they dress or look;
- seems tired, unable to sleep, with their health suffering markedly;
- avoids social activities and wish to be alone more and more;
- is indifferent to school and hobbies they once enjoyed;

- feels worthless with bitter self-incrimination;
- relies on drugs and alcohol;
- their moods control them instead of them controlling their moods (Grollman, 1996; Hollingsworth & Pasnau, 1977).

SUMMARY

The sudden death of a student can cause major repercussions in a school system. A crisis intervention strategy using a team or systems approach is critical in dealing with an event of such magnitude. It is also recognized that schools have to be proactive and prepared for events of this nature, thus a death education program for all schools is recommended. The information outlined in this paper provides a plan to help students through this very difficult process.

RESOURCE LIST**BOOKS FOR STUDENTS****Primary Grade Level**

Alexander, S. (1983). *Nadia the Willful*. New York: Pantheon Books.

Willful Nadia's favorite brother dies and her father decrees that no one can talk about him. This book emphasizes how important it is for one to talk about death and the life of the deceased.

Anders, R. (1978). *A Look at Death*. Minneapolis, Minn: Lerner Publications.

This book describes the sadness that comes of death and the importance of mourning. It is compassionate and positive.

Bartoli, J. (1975). *Nonna*. New York: Harvey House.

This book demonstrates the patience and understanding needed by young children through the death of a young boy's grandmother.

Bernstein, J. E. (1977). *When People Die*. New York: Dutton.

This book answers with assurance the many questions on children's minds after a death.

Brown, M. (1965). *The Dead Bird*. Reading, Ma.: Addison-Wesley.

This classic book describes the reactions of a group of young children as they find a dead bird.

Carrick, C. (1976). *The Accident*. New York: Seabury Press.

Christopher witnesses the accidental death of his dog. He goes through the grief process trying to find ways to undo the accident until he reaches acceptance of the death.

Cohn, J. (1987). *I Had a Friend Named Peter*. Morrow.

This book deals with the death of a friend.

DePaola, T. (1973). *Nana Upstairs and Nana Downstairs*. Middlesex, England:

Penguin Books, Ltd.

This book deals on a very simple level with concepts of death through the death of a great-grandmother and the impending death of a grandmother.

Fassler, J. (1971). *My Grandpa Died Today*. New York: Human Science Press, Inc.

This is an illustrated book about a young child's reactions to the death of his grandfather.

Herriott, J. (1986). *The Christmas Day Kitten*. New York: St. Martin's Press.

This book beautifully describes a relationship between a dying cat and its owner. A time span of a year shows the healing that comes with time.

Kantowitz, M. (1973). *When Violet Died*. New York: Parent's Magazine.

This book shows through the death of a bird how very important a ceremony is in accepting death.

Kremetz, J. (1989). *How it Feels to Fight For Your Life*. Joy Street.

This is a book written by a child.

Nobisso, J. (1989). *Granpa Loved*. San Diego: The Green Tiger Press.

This book deals with the death of a grandparent.

Sanford, D. (1985). *It Must Hurt A Lot: A Child's Book About Death*. Portland,

Oregon: Multnomah Press.

When a little boy's dog is killed by a car, he experiences grief and loneliness. This book discusses his feelings and the outcomes. It includes instructions for adults using this book with children.

Sims, A. (1986). *Am I Still a Sister?* Albuquerque, Big A & Co.

This book deals with the death of a sibling.

Viorst, J. (1971). *The Tenth Good Thing About Barney*. New York: Atheneum.

Through remembering all the good things about his deceased cat, this boy learns to accept death as a reality of life.

Wright, B. (1981). *My New Mom and Me*. Milwaukee: Raintree Children's Books.

This book sensitively explores through conversations with a cat the reactions to a death of a mother and the arrival of a new mother two years later.

Zolotow, C. (1974). *My Grandson Lew*. New York: Harper.

This book shows how a young boy lessens his loneliness over the death of this grandfather through sharing the memories.

Upper Elementary Grade Level

Anderson, L. C. (1979). *It's OK to Cry*. Elgin, IL: The Child's World.

The death of an uncle creates discussion between two boys about their feelings, funerals and what happens after death.

Bunting, E. (1982). *The Happy Funeral*. New York: Harper and Row.

Through the preparation of her grandfather's funeral a young Chinese girl learns to come to terms with her own grief and the comfort of her cultural rituals.

Byars, B. (1980). *Goodbye, Chicken Little*. New York: Harper and Row.

This book depicts an offbeat family providing emotional support for a young boy who is very fearful after the death of both his father and his uncle.

Clardy, A. F. (1984). *Dusty Was My Friend: Coming to Terms With Loss*. New York:

Human Sciences Press.

This book explores coming to terms with feelings after a friend was killed in a car accident.

Cleaver, V. & B. (1970). *Grover*. Philadelphia, PA: J. B. Lippincott.

When a dying mother kills herself, a father and his eleven-year-old son struggle with their grief and their relationship.

Deford, F. (1983). *Alex: The Life of a Child*. Maryland: Cystic Fibrosis Foundation.

Donnelly, E. (1981). *So Long, Grandpa*. New York: Crown Publishing.

A young boy copes with his grandfather's expected death due to cancer and his recovery afterwards.

Green, C. C. (1976). *Beat the Turtle Drum*. New York: The Viking Press.

This book describes the relationship between two sisters before the death of one. The remaining sister experiences the many reactions common to children: anger, feeling the favored sister has died, and confusion over her parents' reactions to the death. The book details feelings about death and its reactions.

Hegwood, M. (1975). *My Friend Fish*. New York: Holt.

This is the story of a black urban child and his friendship with a fish who dies.

Kaldhol, M. & Oyen W. (1987). *Goodbye Rune*. St. John's, NF: Breakwater.

The accidental death of a young boy, Rune.

Lee, W. (1972). *The Magic Moth*. New York: Seabury Press.

This book shows the different reactions of the four surviving children in a family which has lost its middle child.

MacLachlan, R. (1985). *Sarah, Plain and Tall*. New York: Harper and Row.

This book describes the father's search for a new wife after this little girl's mother has died. This Newberry Award Winner shows the acceptance and growing love for the new mother.

McLendon, G. H. (1982). *My Brother Joey Died*. New York: Julian Messner Publisher.

This book covers the gamut of problems resulting from the death of an older brother: guilt, problems in school, the funeral, harsh comments from others. This is a good discussion book.

McNeely, J. (1978). *Something for Joey*. New York: Bantam Books.

This book is a story about two brothers, John and Joey. Joey has leukemia.

Miles, M. (1985). *Annie and the Old One*. Boston, MA: Little, Brown and Co.

A story depicting the natural way of life and death to a young Indian girl whose grandmother believes she will die when the rug she is weaving is completed.

Paterson, K. (1977). *Bridge to Terabithia*. New York: Thomas Y. Crowell Co.

The imaginary world of two friends ends abruptly in the death of one of the friends. This book, winner of the Newberry Award, sensitively describes the guilt felt by the survivor.

Rofes, E. E. (1985). *The Kids Book About Death and Dying*. Boston, MA: Little, Brown and Co.

This book is a discussion of a students' group exploring the different kinds of death, different emotional reactions, and different approaches to life after death.

Smith, D. B. (1981). *A Taste of Blackberries*. Elgin, IL: Chariot Books.

After a friend dies of a bee sting, this little boy feels guilty and experiences a full range of emotional reactions to the death of a friend.

Stolz, M. (1974). *The Edge of Next Year*. New York: Harper and Row.

When a boy's mother dies in an auto accident, he is left with a little brother and an alcoholic father. The book demonstrates how different people deal with loss in different ways and provides healing even in the face of hopelessness.

Tolan, S. S. (1978). *Grandpa and Me*. New York: Scribner's.

Eleven-year-old girl speaks candidly about her coping with the increasing senility of her grandfather and his eventual suicide.

Wallace, B. (1980). *A Dog Called Kitty*. New York: Pocket Books.

This book demonstrates many losses through the relationship with a dog and its death. This is a good book for generating discussion.

White, E. B. (1952). *Charlotte's Web*. New York: Harper and Row.

A classic story using animals to portray the natural events of life and death.

Zim, H. & S. B. (1980). *Life and Death*. New York: William Morrow and Co.

This book provides factual answers to questions about life and death. It deals sensitively with physical facts, attitudes, traditions and feelings.

Teens

Aaron, C. (1979). *Catch Calico!* New York: Dutton.

This story is about a fourteen-year-old and his grandfather's search for wildcat. The search ends with the boy having to shoot the cat and deal with his grandfathers's death from the cat's rabid bite.

Agee, J. B. (1969). *A Death in the Family*. New York.

This Pulitzer Prize winning novel offers incredible insights into the impact of a death on the family and the misunderstandings that occur.

Angell, J. (1977). *Ronnie and Rosey*. Scarsdale, N. Y.: Bradbury Press.

A young suburban adolescent must learn to cope with her family's move and her father's sudden, accidental death.

Arundel, H. (1973). *The Blanket Word*. Nashville, TN: Nelson.

This book portrays the idealism and self-doubts of a young college student as she finds new meaning in relationships after the death of her mother.

Buck, P. S. (1948). *The Big Wave*. New York: Lothrop.

This novel features a young Japanese fisherman, left to deal with the destruction of his entire village, as he changes his views of life and death.

Donovan, J. (1969). *I'll Get There: It Better Be Worth the Trip*. New York: Harper and Row.

This book provides a tough, realistic and sensitive look at a young teen who suffers several losses: death of a custodial grandmother, a move to New York City to live with an alcoholic mother in the midst of a divorce, and his dog's death. There is much to learn from his growing up.

Guest, J. (1980). *Ordinary People*. New York: Ballantine Books.

This is the powerful story of a family bereft by unexpressed grief over the death of one son and the attempted murder of the other son.

Huntsberry, W. E. (1970). *The Big Hangup*. New York: Lothrop.

This book follows the guilt and grief of young survivors after a friend has been killed in an auto accident involving teenage drinking and driving.

Krementz, J. (1981). *How it Feels When a Parent Dies*. New York: Alfred Knopf.

Eighteen children discuss what happened to them when their parent died. Children aged seven to sixteen tell of their feelings about the death and remarriage of the remaining parent. This is a useful resource for teachers and counsellors as well.

LeShan, E. (1976). *Learning to Say Goodbye-When a Parent Dies*. New York: Maxmillian.

This book about recovery from a parent's death is helpful to both young people and the adults who are helping them.

Rabin, G. (1973). *Changes*. New York: Harper.

A teenage Boy must learn to find the courage and strength to deal with the death of his father and the changes it brings to his life: a move, change of lifestyle, and the normal pressures of adolescents.

Richter, E. (1986). *Losing Someone You Love: When a Brother or Sister Dies*. New York: G. P. Putnam and Sons.

Sixteen young people describe their emotions and how they learned to cope with a sibling's death.

Stewart, G. (1988). *The Facts About Teen Suicide*. Mankato: Crestwood House.

Videos

- Just Kids* (1993). National Film Board of Canada. Montreal, Quebec.
- Find Our Way 2* (1994). National Film Board of Canada. Montreal, Quebec.
- David's Story: A Teen Suicide*. Learning Resource Center, Department of Education,
St. John's, NF.

Peer Counselling Resource

- Carr, R. & Saunders, G. (1992). *Peer Counselling Starter Kit: A Peer Training Program Manual*. British Columbia: Peer Resources.
- Carr, R., Rosenroll, D., & Saunders, G. (1990). *Peer Helping: An Information Booklet for Parents and Professional Helpers*. British Columbia: Peer Counselling Project.
- Tindall, J. (1989). *Peer Counselling: An In-Depth Look at Training Peer Helpers*. Indiana: Accelerated Development Inc., Publishers.
- Tindall, J. (1991). *Peer Power: Becoming An Effective Peer Helper*. Indiana: Accelerated Development Inc., Publishers.

Other Counselling Resources

- Egan, G. (1994). *The Skilled Helper: A Problem - Management Approach to Helping*. California: Brooks/Cole Publishing Company.
- Egan, G. (1994). *Exercises In Helping: A Manual to Accompany the Skilled Helper*. California: Brooks/Cole Publishing Company.

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APPENDIX A

CONTINGENCY PLAN FOR TRAGIC EVENTS

GOAL OF OUR TEAM

To provide immediate and short term support and direction in co-operation with principals and staff following a tragic event involving a student, parent or staff member.

To emphasize to the school system the importance of the grieving process.

PREAMBLE

In the process of dealing with tragic events, the team believes immediate intervention is a critical factor. The team's mandate is not long term grief counselling or therapy.

As a first step, a staff meeting will be called for all staff of Hillview Elementary. The contingency plan will be handed out, and the current situation will be reviewed. An assembly will be called for the school. A person will break the news, either John or George, with consideration given to the different age groups receiving the news. There will be a question and discussion period during the assembly. An acceptable definition of death will be discussed with the children: Death is when your body stops working. The children will be informed of expected events over the next couple of days, (funeral home, church, etc.). A period of silence will be observed. The following checklist will help govern the day of the tragedy, and the period shortly thereafter.

- Letters can be written to the grieving family, or some expression of sympathy (card, donation to Cancer Society, consult with family, respect their wishes).

- Classes can emphasize religion, Christian beliefs about death, artwork as a tribute to the deceased, good qualities of the deceased, maybe a tribute by the classroom teacher.

- An expression of sympathy can be given to surviving brothers and sisters. Maybe each class can do a special card to give to these people.

- If acceptable to the family, flowers can be delivered, or scholarship program set up, donation to a society, food donation, or some other reasonable way to help out.

- Make arrangements for an acceptable number of children to attend the funeral. This may be just the home room.

- Pay attention to close friends of the deceased. Recommend counselling, if necessary.

- Have an area for children who just want to cry.

- Allow children some input about unsettled issues - student's desk, unfinished projects, student's work displayed on wall, how to replace her as a member for groupwork.

- Keep a close watch on siblings of the deceased. Refer, if necessary.

- Invite available clergy. Lead a prayer.

- Call public health nurse to talk about cancer, etc.

- Events of the day will be recorded to see what works, and what doesn't.
- Use only one person as a spokesperson.
- Some may want to write a letter TO the deceased.
- Monitor student behavior to see signs of returning to normal.

APPENDIX B

A POEM FOR PETRINA

Petrina since you passed we've walked
 beneath the rain.
Where tears and emotions are filled
 with pain.

We've closed our eyes with sadness
 in our heart.
And at times our thoughts and dream
 all seemed to fall apart.

We still remember that
 terrible night.
You passed so quickly
 out of our sight.

It's hard to believe time has
 gone so fast.
And tonight we are finally graduating
 at last.

Petrina we've missed you the past
 three years.
But you have always been with us and
 in our tears.

We will always keep a secret spot for you
 in our heart.
Where dreams may grow and not
 fall apart.

All of us know you are with us
 here tonight.
Telling us to hold fast to our dreams
 with all our might.

We miss you!

Class '95



