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**Critical Incident Reactions**

After being involved in an intense, unusual or abnormal event (a critical event), you may experience reactions that are out of the ordinary for you. This is not an uncommon experience. The event may create a stress response which can result in changes in your usual physical or emotional reactions. These are common. Often they appear immediately after the event, but they may appear hours, weeks or months later. Some of the more common reactions reported by individuals after a critical incident include:

**Physical Emotional Cognitive Behavioral**

Nausea Anxiety Memory Problems Withdrawal

Intestinal upset Grief Poor Attention Restlessness

Fatigue Guilt Nightmares Emotional Outbursts

Rapid heart Denial Intrusive images Increased alcohol use

Chest pain\* Fear Hyper-alertness Avoidance

Difficulty breathing Depression Loss of orientation Change in speech

Shock symptoms Panic Poor problem-solving Change in appetite

Muscle cramps Apprehension Poor decisions Increased Startle

Headaches Disturbed thinking Sleep disturbances reflex

Chills Flashbacks Blaming others

**\* Seek medical attention**

This is not an inclusive list. Some people exposed to the same event may not suffer any effects at all and this, too, is a common reaction. While these reactions can be alarming and unsettling, it is important to remember that you are not losing your mind or ‘falling apart.’ These are common reactions normal people experience after an abnormal event. The intensity and frequency of the reactions usually decrease after one to three weeks.



**Discussing Traumatic Events**

 *Healing from trauma is not serendipitous; it does not simply occur with the passing of time or because children are inherently resilient. There is, in fact, nothing simple about childhood trauma. When ignored, the memories and distress do not go away. (Monahon, 1993)*

 Talking with children about traumatic events is beneficial in helping them move beyond the event. Adults also have reactions that need to be acknowledged and addressed. The following suggestions and questions can be beneficial in the crisis intervention process for both children and adults. The questions and discussion can be adjusted for all age groups. Giving children and adults the opportunity to discuss the event through these types of questions can greatly reduce the impact and/or preoccupation with the event. The crisis intervention process and protocol help individuals:

1. **Develop a sense of safety and security** …reminding them that they are safe and connecting them with others during the discussion will help develop these feelings.
2. **Ventilate** their feelings and reactions and have those feeling and reactions **validated** by hearing the reactions of others.
3. **Help predict** what other future reactions may be, both positive and distressing and help prepare for those reactions.

**Discussion Hints:**

1. **Anger reactions:** let individuals know that anger is a common reaction.
2. **Normalize and affirm a broad range of reactions.** Affirm that most any reaction or feeling that they might have is not unusual given the magnitude of the situation. Affirm that different people react in different ways. They may experience changes in:
	1. Physical, cognitive, behavioral, emotional and spiritual domains
	2. Differences in sleeping and eating behaviors, concentrating, etc.
	3. Short-term memory, attention, processing and recent learning is often impaired when a traumatic event has occurred. Disorganization and confusion may occur.
3. **Facilitate the discussion**: Ask questions ONLY to facilitate the flow of discussion.
4. **Clarify** what is being said.
5. **Echo words or phrases** that are used in the discussion.
6. **Summarize and educate** how common the reactions are.
7. **Give accurate information**…if you are hearing things that are not known to be true…talk about the importance of reacting to what is known and not responding to rumors.
8. **Personal values and beliefs**…keep personal values, beliefs, biases and judgments to yourself and avoid imposing them on others. If pressed indicate that there will be all types of reactions voiced by individuals.
9. **Reflect back** or repeat what the individual has told you – validating that you have heard them.
10. **Accept feelings, fears and concerns.** Acceptance helps keep these out in the open.
11. **Helpful phrases:**
* “I’m glad you are talking about these thoughts…it helps us all to understand our own reactions.”
* “Your reaction is not an uncommon response to such an event.”
* Avoid using the phrases “I know” or “you shouldn’t feel that way.”
1. **Be a listener** and a discussion facilitator.
2. **Assess your own reactions to the situation.** Be aware of your own feelings and reactions. You will not necessarily be sharing these feeling but you should be aware of them because they can influence your perceptions, reactions, and responses toward the questions and the behaviors of others.
3. **Sharing of information:** It is important to make sure individuals are reacting to the actual information rather than rumors.
4. **Identifying Suicide Ideation: Do NOT make personal judgment of the seriousness of the ideation.**
5. **Individuals in Distress.** Make no judgment on how an individual is reacting or the genuineness of the reaction. Emotional reactions may be triggered that are related to other situations in the individual’s life. Emotional reactions may include anger, crying, withdrawal or other behavior issues.
6. **Reassuring.** Assure individuals that it would be very unusual for something like this to happen and the events of the day have resulted in our community taking a very protective stance to make sure nothing like this does happen again.

**Questions to Use When Taking to Others:**

The following questions are ones that can help children, adolescents, and adults begin to talk and process what they are experiencing. Not all questions need to be asked or answered. The questions are designed to help the person begin to talk.

1. How did they learn about the event?
2. Where were they when they heard it?
3. Who were you with or where were they when they first saw or heard about the event?
4. What did the see, hear, smell, taste or touch?
5. What did they do? How did they react at the time?
6. What are the things they do to help them feel safe?
7. Who are the people they can talk to?
8. What are their concerns about the future?

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**Long-Term Crisis Reactions**

**Not all victims/survivors suffer from long-term stress reactions. Many victims continue to re-experience *crisis reactions* over long periods of time. Such *crisis reactions* are normally in response to “*trigger events.”***

**“*Trigger events”* may vary, but they may include:**

* The criminal justice processes
* Sensing (seeing, hearing, touching smelling, tasting) something similar to an experience during the traumatic event
* ‘Remembrance dates’ of the event
* Holidays or significant ‘life events
* News reports about a similar event

Long term stress or crisis reactions may be made better or worse by the actions of others. The negative actions of others are called the ‘second assault.’ Sources of the second assault may include:

* The criminal or civil justice systems
* The media
* Family, friends, acquaintances
* Health and mental health professionals
* Victim compensation systems
* Clergy

**The intensity of long-term reactions depends on a variety of factors:** the amount of loss experienced, threat of life, the family reactions to the fire and the aftermath of the fire, financial changes and stress in the home, stress or a troubled home before the disaster, the support system that the child has available, previous losses and previous coping mechanisms. Any marked change in behavior, whether immediate or even months afterwards, often suggests a strong need for mental health consultation. Extreme behaviors also signal a need for intervention (destructive acts toward people, animals or property, frequent panic attacks, an inability or unwilliness to socialize that lasts for several weeks or longer and significantly impacts the child’s daily activities, etc.). Remember that seeking assistance is a strength not a weakness and it can help prevent a concern from becoming even a larger concern.



**Debriefing of Helpers**

 When extremely stressful events occur and helpers are called to assist people in coping with these events, helpers become stressed too and need to receive support to help them cope with the stress. Because their experience of the crisis is somewhat different from that of people not in the helping role, the most appropriate setting for them is a group of their peers who have shared the experience.

 After an intense or prolonged intervention, helpers need to talk with other helpers about:

* + What happened during the intervention
	+ What they did as a part of the response
	+ What they thought and felt
	+ What their experience means to them
	+ Stress symptoms
	+ How they coped (are coping) with the stress
	+ What went well and what they would do differently

They need to hear that they are appreciated for what they did, especially if they contributed to an unsuccessful effort or were otherwise unable to prevent a negative outcome. Most of all, they need to establish completion on the intervention. To assist helpers to do this, it is essential that a follow-up meeting be scheduled to reiterate, evaluate, and summarize the intervention. This meeting should typically occur within two weeks of the crisis event, or as negotiated at the end of the intervention. All members of the school’s internal crisis team, all staff called in from other schools, and all outside counselors should be invited to this meeting and allowed time off to attend. The meeting should be conducted by a mental health professional trained in crisis intervention, ideally a crisis trained counselor who was not on site during the intervention. The tone should be positively evaluative, without blame or faultfinding; individuals should be encouraged to support each other as necessary. Ultimate recognition that everyone did their best is essential, whether the outcomes were as positive as we would have liked or not.

 It is important to remember that no human being can experience repeated stresses and remain healthy without support. Care of the caregivers is a small investment that pays off in a big way over time.

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**Working with Your Staff Before, During and after a Crisis Event**

Most parents, schools or communities are not acutely aware of the impact that a significant loss, (regardless of the type of loss), a traumatic event, crisis situation, or even the rumor of an event can have on a child, a group of children, the classroom, school and the overall learning environment. For each child impacted, there are additional children and adults impacted by that child’s reaction. Most parents, schools and staff members are also not acutely aware that by taking a short time period for a planned intervention at the beginning, the impact on the academic setting and academic and social development of a child can be greatly limited. Working with the staff before, during, and/or after an occurrence can help them to understand all of the dynamics involved. It can also greatly assist in providing a well-coordinated, effective and efficient response. The various activities that might be used in a particular response will not prolong the event but will actually limit the time a child, classroom or community may devote to the occurrence, and they can help contain the overall impact of the event.

The following are some considerations in working with a school staff:

**Staff Debriefing:** Set aside time to debrief the staff. This should probably occur the first day and certainly within the first three days. Depending on the event, a debriefing for the staff may need to be offered each day. Teachers should be asked about their reactions to the events of the day. Follow-up or aftercare debriefings may also be needed for the staff or members of the staff. Encourage input for improvement of a responded. The same elements used with the debriefing for students should be used with staff. The debriefing should be able to be accomplished in 30 – 45 minutes. Staff members who have been heavily involved in the response, may also need to be debriefed separately in addition to taking part in the total staff debriefing.

**In-service Staff:** In-service your school staff at the beginning of each school year on the school safety plan and what the school crisis plan is. Explain the services that can be available and that it does not take a major event for some of these services to be valuable to a classroom, group of children or an individual child. Explain to the staff their role in making classroom announcements and holding classroom discussions. Let them know who is available to help them if they are not comfortable with that role. Make sure they understand the need to do the type of activities that go with a well thought out crisis response.

**Staff Handouts:** It will be helpful to have developed handouts for staff and parents ahead of time. Basic information can be included on these handouts and then quickly adapted to the uniqueness of any situation. Beneficial handouts include, but are not limited to:

1. Immediate and Delayed Responses to loss, death and trauma
2. Suicide Ideation Warning Signs and Procedures for Responding to Suicide Ideation
3. Identifying High Risk Students
4. Academic Behavioral Emotional and Social Reactions and how these can impact the educational environment and direct possible modifications
5. Tips for making classroom announcements
6. Tips for holding classroom discussions
7. Tips helping to monitor student reactions and staff reactions
8. Tips for taking with students
9. Suggestions and Information for Parents

**Additional suggestions for working with staff:**

1. When a letter is sent home to parents outlining what has occurred and what the school’s response has been, make sure that all staff members, professional and non-professional, receive a copy of that letter. Give copies of the letter even if the event did not impact their classroom or grade level.
2. Hold informational meetings with staff before and after school, and or provide them written updates in their mailboxes. This information is helpful in their response and to assist with rumor control.
3. In certain situations, remind teachers why giving a test or beginning new content material may not be appropriate.
4. Advise staff of responses they may want to use if approached by the media.
5. Remind staff that a reaction by a student or staff member may occur a week, 1-2 months or even a year after the event has occurred. Alert staff to anniversary dates and holidays. Remind staff that a child or adult can have a significant reaction even if they were not directly involved in the occurrence or knew individuals who were.
6. Remind staff of the importance of keeping routines and near normal expectations as well as the recognition and non-judgmental acceptance of the reactions of both students and staff.
7. Remind staff of the importance of recognizing the event or loss and holding classroom discussions. Students are going to be talking and thinking about what happened regardless. It is easier to address it in a controlled setting. These sessions are important to obtain information, reduce rumors, and monitor student reactions.
8. Inform staff when documentation is needed and helpful.
9. Provide a safe room for students and a safe room for staff during the response to an event.
10. Always be aware of the issue of confidentiality, the limits of confidentiality, and the importance of documentation.
11. Validate that adults and community members are just as entitled to grief reactions to loss, as are children.
12. Let staff know that you are available to provide consultation to them, their class or parents.
13. Remind staff that loss can be a significant source of anger and that the loss may be one that the school or teacher is not initially aware of.
14. Be prepared to offer classroom activities ideas for all grade levels.

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**Recommendations for Working with Families and Communities**

1. Supply them with accurate information as to what has happened and how the school is responding, i.e. letters to the parents.
2. Inform them that the school is responding with a planned crisis intervention and that this intervention is not counseling or therapy for children. Inform them that the school response is part of their school safety plan that each school district is required to have. Inform them of the goals of the intervention.
3. Always be prepared to provide a “Crisis Response” meeting for parents and or community in the evening.
	* Have handouts available (i.e. common reaction to loss; ways they can assist; suicide ideation; etc.)
	* Conduct a debriefing with them
	* Provide a brief over view of crisis responses
	* Inform them that they may be contacted if a child is viewed at risk
	* Assure them that the school will be monitoring behavior of children
	* Encourage them to share information with the school about their child
	* Make them aware of community resources
4. Let them know that you are aware that all members of a family, regardless of age and closeness to the event, can have a reaction
5. Be ready to inform the family about possible reactions that their child or they may have in the months to come. Thus, if these reactions present themselves, parents will not become over alarmed or think that there is something wrong with them or their child.
6. Identify family therapist, child therapists, trauma specialists and other community resources prior to an event.
7. Remind families that both individuals and families grieve in their own way and in their own time. For some, the normal grief period can be two years. Some will move through the grief period earlier others will take longer.
8. Be aware of cultural customs and differences. Help parents understand that the child may be confused by the different reactions of the home environment and the school or community environment.
9. Have a list of books, web sites or other resources that may be beneficial for the family.
10. Help the parent understand that grieving over any type of loss can be very hard work for a student and an adult alike. The grief that is shown may be directed at loss derived from a death, a serious illness, a traumatic event, a divorce, a change in economic status of the family, and/or a move.
11. Help the parent understand that reacting to a significant loss of any kind can impact all areas of the student’s life: academic, social, physical, emotional, spiritual and behavioral.
12. Children and adults often revisit loss and experience a different type of grief as they move from one developmental stage to another.
13. Other information that may be beneficial for the parent to know:
	* Children tend to go in and out of grief
	* Not all children talk about their grief
	* Play is one way a child makes sense of his/her world. Do not be alarmed if a child ‘re-enacts the event’ during play
	* After a death, children may fear that they or other loved ones might die
	* It is not uncommon for children to believe they have seen or heard the deceased person
	* Children need clear, honest explanations about death
	* Young children may be repetitive in their questions
	* Consistency and routines are important
	* Answer questions in a language that is appropriate for the child’s age level and that they can understand
	* Use concrete language and real words. . avoid euphemisms
	* Allow children choices in terms of planning and being part of a funeral, memorial service, anniversaries, etc.
	* Allow and encourage memorialization
	* Don’t tell a child you know how they feel or tell them what to do unless they ask for your advice

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**Traumatic Events:**

**Tips for Parents: Helping Your Child Adjust**

Traumatic events affect individuals, families and communities. Children of all ages react differently to the trauma of a disaster and the family and community stress that occurs in the aftermath. Some will seem to come through the traumatic events unaffected. Children who were not directly impacted by the event may experience some of the same reactions as those who were. There may be immediate reactions, delayed reactions, both or no reactions. Others will react strongly from the start even if they have suffered little loss or injury. Other events may result in new fears. Most children, like adults, have normal and typical reactions to abnormal circumstances that accompany a disaster like a death in their community. Children generally experience more anxiety than their parents do or teachers are aware of. They may become easily upset or hide their distress to protect other family members. Many reactions of children are not evident until months after the disaster.

**Common Reactions:**

1. A need to talk about the event and their experiences

2. A need to ask the same question and/or to hear the same answer over and over again

3. Increased physical complaints…headaches, stomachaches, etc.

4. Behavioral changes: difficulty paying attention, focusing; and/or remembering things; irritability; vivid memories that intrude during the day; anger; tantrums, anxiety; withdrawal or isolation; sadness; children and adolescents often regress to behavior from an earlier time period (clinging to parent, wanting to be or sleep in the same room as parent, bedwetting, thumb sucking, crying easily, tantrums, etc.)

5. Sadness and longing for the “way things used to be”

6. Academic performance suffers (falling grades, disruptiveness in class, and rudeness toward adults, falling asleep in class, attendance problems)…this may occur even months after the traumatic event

7. Dreams and nightmares are more common; especially about traumatic events…sleep difficulties.

8. Children and adolescents may show insight and an increasing concern for others

9. Adolescents may lose some of their sense of invulnerability. Especially for adolescents, watch for taking risky behaviors, changes in peer groups, changes in appearance, loss of interest in previously enjoyed activities, substance abuse, hostility and increased irritability, or an increase in “challenging” adult authority.

**The intensity of a child’s reactions depends on a variety of factors:** the amount of loss experienced, threat of life, the family reactions to the event and the aftermath of the event, financial changes and stress in the home, stress or a troubled home before the traumatic event, the support system that the child has available, previous losses and previous coping mechanisms. Any marked change in behavior, whether immediate or even months afterwards, often suggests a strong need for emotional support. Extreme behaviors also signal a need for intervention (destructive acts toward people, animals or property, frequent panic attacks, an inability or unwillingness to socialize that lasts for several weeks or longer and significantly impacts the child’s daily activities, etc.). Remember that seeking assistance is a strength not a weakness and it can help prevent a concern from becoming even a larger concern.

**Tips for Parents:**

1. Provide repeated opportunities for children to talk. Children may need to repeat the stories of their experiences many times…they need to talk about what they saw, heard, felt and did during the days surrounding the event. They also need to talk about what their biggest fear or concern is now. Also, use it as an opportunity to talk about what they learned about their community and how people help each other. Make sure the child knows you are listening to him/her. Young children draw pictures or express their responses in play. Older children may want to journal.
2. Control rumors and correct any myths that children may have regarding the event and reactions to it. People can respond just as strongly to a rumor or myth as an actual event.
3. Reassure your child that many of their reactions are common reactions and that everyone reacts different.
4. Return to your family’s daily routines as soon as possible (meal times, bedtimes, birthday celebrations, family outings and favorite activities, etc.). Remind your child of what has not changed and most importantly that you have each other.
5. Do not hesitate to reach out to your child’s school to share any concerns or to ask for assistance. Remember that some children do not exhibit significant concerns until months later. Be receptive to any concerns that the school may share with you.
6. Share your grief or feelings about the event. This helps your child express his/her feelings also. Talk about the family plan for coping and recovery and how long it may take. Do not make promises that you might not be able to keep. Help the child accept some losses as permanent. Make explanations simple for younger children.
7. Younger children often express fear and anger through play. Acknowledge their feelings as ok.
8. Hold and comfort your child…adolescents also need this type of support.
9. If your child lost a special possession, allow them time to grieve or cry. Allow the child the time they need to work through this. Remember, what is important to a child may not appear to be that significant to an adult.
10. If your child wants to help others, locally or nationally or to respond in this way to future events, provide them the opportunity and support to do so.

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**Self-Care and Self Help**

Individuals, particularly those whose lives were directly affected by the recent traumatic event, are very susceptible to emotional and physical reactions. Common reactions to traumatic events include feeling afraid, sad, horrified, helpless, angry, overwhelmed, confused, distracted, irritable, emotionally numb, or disoriented. Difficulties with attention, word finding, the ability to focus and concentrate, changes in appetite and sleeping habits are also common. People may also be bothered by nightmares or upsetting thoughts. These are all common reactions to stressful events.

**Some general considerations:**

1. Coping with loss and inconvenience brought on by the traumatic situation is a process, not an event. Be mindful that both adults and children can have reactions days, weeks, even months after the event.
2. Be aware that individuals who have a history of ongoing exposure to trauma or loss may be especially vulnerable in the days and weeks following the new trauma.
3. Be aware that both children and adults do not always demonstrate feelings and concerns directly…pay attention to signs of concern or distress.

**The following are things you can do for self-care:**

1. Spend time with other people. Coping with stressful events is easier when people support each other and are available to talk and listen to each other.
2. Talk about what you are thinking about and what you are feeling. Be willing to listen to others who need to talk about how they feel.
3. Take time to be angry (constructively) or cry if you need to. To feel better in the long run, we need to let feelings out instead of pushing them away or hiding them.
4. Stay with everyday routines. Familiar habits can be very comforting, especially after times of extreme chaos.
5. Ask for support and help from family, friends, church or other community resources.
6. Identify available trusted friends and family members from whom you can seek support when you feel overwhelmed.
7. Take care of yourself. Eat healthy food and take time to walk, stretch, exercise and relax, even if just for a few minutes at a time. Make sure you get enough rest and sleep. Avoid drugs and alcohol.
8. Make time for enjoyable activities…even activities that take only a few minutes.
9. Monitor your own reactions and seek professional assistance if needed. If you are trying to do too much, try to cut back by putting off or giving up a few things that are not absolutely necessary. If changes in your behavior, emotions, and reactions become pronounced and/or prolonged, see assistance.

**When to seek more help:**

Sometimes people need extra help to get over a traumatic event. A person may need extra help coping if he/she:

* Has prolonged feelings of being upset or fearful most of the time
* Displays significant behavior changes for a significant period of time
* Displays changes in work habits and attitudes
* Has important relationships that are getting worse and worse
* Uses drugs or alcohol too much
* Can’t stop thinking about the event
* Has significant changes in eating or sleeping habits
* Is irritable, jumpy or displays other significant mood changes

**Where to seek help:**

The following are ways you can find help-

* Call your doctor’s office or ask friends if they know of any mental health providers whom they recommend
* If you work for a large company or organization, check with the Human Resources offices and ask about an EAP (Employee Assistance Program)
* Call your local Mental Health Agency

**High Risk Individuals**

* Were directly involved, affected by or exposed to the event
* Were familiar with or close to the victim(s)
* Have experienced numerous and/or significant trauma or loss situations
* Have a pre-existing psychopathology or emotional concerns
* Have pre-existing physical health concerns
* Lack internal resources for responding to the situation
* Lack external resources for responding to the situation
* Worry about the safety of a family member, significant other, and/or peer
* Demonstrate a response that seems out of proportion to the event
* Had a recent negative or positive interaction or missed an opportunity for a recent interaction with the victim(s) or individual(s) involved in the crisis situation

**Ideas for Self-Care:**

1. Take a walk outside

2. Write a love letter to yourself

3. Write about something you are grateful for in your life (it can be a person, place, or thing)

4. Create a happy playlist and a coping playlist

5. Treat yourself to a favorite snack

6. Watch your favorite movie

7. Forgive someone

8. Forgive yourself

9. Say thank you to someone who has helped you recently

10. Create a DIY self-care kit of things that make you feel better

11. Take your medication on time

12. Take a new fitness class at the gym (yoga, Zumba, etc.)

13. Plan a lunch date with someone you haven’t seen in a while

14. Pamper yourself with an at-home spa day

15. Take a day off from social media and the Internet

16. Cuddle with your pets or a friend’s pet

17. Take the time to stop, stand and stretch for 2 minutes

18. Wake up a little earlier and enjoy you’re a morning cup of tea or coffee before the morning rush

19. Take a hot shower or bath

20. Take yourself out to dinner

21. Start that one project you’ve been contemplating for a while

22. Sit with your emotions, and allow yourself to feel and accept them. It’s okay to laugh, cry, just feel whatever you’re feeling with no apologies!

23. Cook a favorite meal from scratch

24. Take a 5-minute break in your day

25. Compliment someone (and yourself, too!)

26. Give yourself permission to say no

27. De-clutter your mind: write down 5 things that are bothering you, and then literally throw them away

28. Donate 3 pieces of clothing that you no longer wear

29. Take the time to find 5 beautiful things during your daily routine

30. Take a mental health day from school, work, etc.

31. Take a nap

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**Comforting a Bereaved Child**

**Five ways to help children handle the loss of someone loved:**

• ***Allow your child to say good-bye***

A child who is five or older might help select a passage to be read or pick out some music. Explain what will happen during the last rites and let the child decide whether to attend or not.

• ***Reminisce***

Open a photo album and talk about happy times you’ve had with the deceased. If your child does

not want to talk, don’t push it. Let the child know that you’ll be there when talking feels right.

 • ***Hug or hold your child often***

Many kids worry that others will treat them like a diseased person, as if death is contagious. However, lots of physical contact will reassure them.

•  ***Ask for help***

You may not always be able to attend to your child’s needs if you’re still dealing with your own grief, so reach out: Find out if a friend, relative or teacher can spend some extra time with your child. Notify the school or daycare center so that the staff can offer support.

• ***Take a break from mourning***

 As soon as the family is emotionally ready, try to do some of the same activities that you used to do before the tragedy struck.

**Suggested readings for kids**

• *Where’ s Jess?*(Written by Joy and Marv Johnson, illustrated by Shari Barum)

• *I Heard Your Mommy Died*and *I Heard Your Daddy Died*(Written by Mark Scrivani, illustrated by Susan Aitken)

• *My Grandson Lew*(Written by Charlotte Zolotow, illustrated by William Pene du Bois)

• *Blew and the Death of the Mag*(Written by Wendy Lichtman, illustrated by Diane Mayers)

• *Nana Upstairs and Nana Downstairs*(Written and illustrated by Tommie dePaola)

• *Part of Me Died, Too*(Written by Virginia Lynn Fry)

**How Children Grieve**

Kids work through many of the same emotional stages that adults do when a loved one dies: numbness, denial, anger, guilt, sadness and, eventually, acceptance. Because they don’t always understand the concept of death and may not be able to articulate their feelings, their grief is often expressed in nonverbal ways, depending on their age.

***BIRTH THROUGH 2 YEARS***

•                  Cry a lot or become fussy

•                  Develop stomach or bowel problems or have trouble sleeping

•                  Clinging, whining and other signs of anxiety tend to become more pronounced

***3 THROUGH 5 YEARS***

•                  Revert to babyish behavior: thumb sucking, bed-wetting, or demanding a bottle (When children act in this manner as a result of a death, adults need to indulge them.)

•                  Talk as if the deceased will return

***6 TO 10 YEARS***

•                  Just beginning to understand death is final

•                  Curious about details (how the person died, what happens to the body afterward)

•                  Quiet children may become aggressive and lash out at others

•                  Others might withdraw for fear of being abandoned again

•                  Shorter attention spans, lack of energy, sickness, insomnia, or pleas to stay at home

***10 AND UP***

•                  Especially tough on this age because kids this age are going through so many physical and emotional changes anyway

•                  Difficulty concentrating

•                  Fatigued all the time

•                  Begin engaging in risky behaviors (Rash acts like these are usually a cry for attention or an expression of their own tentative desire to stop living and join the deceased.)

**RESOURCES**

**Recommended books for children…preschool & elementary** (+ books on feelings, too)

* *The Accident* by Carol Carrick
* *Annie & the Old One* by R. Miles
* *Because of Winn-Dixie* by Kate Di’Camillo
* *A Birthday Present for Daniel* by Juliet Rothman
* *The Brightest Star* by Kathleen Maresh Hemery
* *Bud, Not Buddy* by Christopher Paul Curtis
* *The Class in Room 144—When a Classmate Dies* by Lynn Bennett Blackburn
* *The Dead Bird* by Margaret Wise Brown
* *The Empty Place: A Child’s Guide Through Grief* by Roberta Temes
* *Everett Anderson’s Goodbye* by Lucille Clifton
* *From Here to There* by Ben Keckler
* *Fall of Freddie the Leaf* by Leo Buscaglia
* *Grandma’s Scrapbook* by Josephine Nobisso
* *Gran Gran’s Best Trick*  by L. Dwight Holder
* *Help Me Say Goodbye*  by Janis Silverman
* *I Am Not a Crybaby* by Norma Simon
* *I Had a Friend Named Peter* by Janice Cohn
* *I Heard Your Daddy Died* by Mark Scrivani
* *I Heard Your Mommy Died* by Mark Scrivani
* *I Know I Made It Happen: A Gentle Book About Feeling Guilty* by Lynn Blackburn
* *It Must Hurt A Lot*  by Doris Sanford
* *The Healing Tree* by Kathleen Maresh Hemery
* *Lifetimes* by Bryan Mellonie
* *Lilacs for Grandma*  by Margene Hucek
* *Lost and Found (Remembering a Sister)* by Ellen Yeoman
* *My Friend, Matilda* by Ben Keckler
* *Nana Upstairs & Nana Downstairs* by Tomie dePaola
* *The Next Place* by Warren Hanson
* *A Quilt for Elizabeth* by Benette Tiffault
* *The Saddest Time* by Norma Simon
* *Saying Goodbye To Daddy* by Judith Vigna
* *Sunflowers and Rainbows for Tia: Saying Goodbye to Daddy*  by Alesia A. Greene
* *A Terrible Thing Happened* by Margaret Holmes
* *The Tenth Good Thing About Barney* by J. Viorst
* *Tough Boris* by Mem Fox
* *The Velveteen Rabbit* by Michael Hague
* *When Dinosaurs Die* by Laurie Krasny Brown & Marc Brown
* *When I’m Sad* by Jana Aaron
* *Where’s Jess?* By Joy and Marv Johnson

**Recommended books for children late elementary/middle school** (+ books on feelings)

* *Am I Still a Sister?* By Alicia Sims
* *Charlotte’s Web* by E.B. White
* *Fall of Freddie the Leaf* by Leo Buscaglia
* *Geranium Morning* by Sandy Powell
* *The Healing Tree* by Kathleen Maresh Hemery
* *How It Feels When a Parent Dies* by Jill Kremetz
* *Josephina: An American Girl* by Valerie Tripp
* *Lifetimes* by Bryan Mellonie
* *Losing Uncle Tim* by MaryKate Jordan (AIDS)
* *Lost and Found (Remembering a Sister)* by Ellen Yeoman
* *Mick Harte Was Here* by Barbara Park
* *A Quilt for Elizabeth* by Benette Tiffault
* *Sunfowers and Rainbows for Tia*  by Alesia A. Greene
* *A Taste of Blackberries* by D. Smith
* *Through the Mickle Woods* by Valiska Gregory
* *Tiger Eyes* by Judy Blume
* *The Velveteen Rabbit* by Michael Hague
* *Walk Two Moon* by Sharon Creech
* *When Someone Dies* by Sharon Greenlee
* *When Someone Very Special Dies: Children Can Learn to Cope with Grief* by Marge Heegaard

**Recommended books for teens**

* *After the Rain* by N. Mazer
* *The Common Threads of Teenage Grief*  by Janet Tyson
* *Facing Change:Falling Apart & Coming Together Again in the Teen Years* by D.O’Toole
* *Fire In My Heart, Ice In My Veins: A Journal for Teenagers Experiencing a Loss*  by Enid Taisman
* *Griefjourney* by Mark Scrivani
* *The Grieving Teen: A Guide for Teenagers & Their Friends* by Helen Fitzgerald
* *Healing Your Grieving Heart for Teens* by Alan Wolfelt
* *Help For the Hard Times* by Earl Hipp
* *Helping Teens Cope With Death* from the Dougy Center
* *Helping Teens Work Through Grief* by Mary Kelly Perschy
* *I Will Remember You* by Laura Dower
* *Living When a Young Friend Commits Suicide* by Earl Grollman
* *Straight Talk About Death for Teenagers* by Earl Grollman
* *A Teenager’s Book About Suicide* by Earl Grollman & Joy Johnson
* *Teenagers Face to Face with Bereavement* by K. Gravelle & C. Haskins
* *A Time For Dancing* by Davida Wills Hurwin
* *When a Friend Dies* by Marilyn Gootman
* *When Death Walks In* by Mark Scrivani
* *When Someone You Love Dies* by J. & M. Johnson

**All ages:**

*Aarvy Aarddvark Finds Hope: A Read Aloud Story for People of All Ages About Loving and Losing, Friendship and Hope* by Donna R. O’Toole

*The Heart’s Journey*  by Judy Pelikan (a wordless book)

*How It Feels When a Parent Dies* by Jill Krementz

*My Many-Colored Days* by Dr. Seuss

*Tear Soup* by Pat Schweibert & Chuck Deklyen

*Through the Mickle Woods* by Valiska Gregory

*Understanding Your Grief…10 Essential Touchstones for Finding Hope & Healing Your Heart* by Alan Wolfeldt

(Reading lists are also available at most of the websites noted on the resources pages)

**INTERNET RESOURCES ON DEATH/DYING IN GENERAL:**

[www.adec.org](http://www.adec.org) Association for Death Education & Counseling…classes & professional training + web resources

[www.growthhouse.org/death.html](http://www.growthhouse.org/death.html) improving care for the dying…excellent articles, links, and resources

[www.nfda.org](http://www.nfda.org) national funeral directors association…good articles on grief & bereavement

[www.centerforloss.com](http://www.centerforloss.com) excellent resources for grief including extensive articles and resources for youth

[www.griefnet.org](http://www.griefnet.org) excellent links to sites and extensive book resourcing

<http://hospice.stvincent.org> information for local hospice services

[www.npr.org/programs/death/bibliogra.html](http://www.npr.org/programs/death/bibliogra.html) an excellent bibliography of books and articles on end of life issues

[www.bereavementmag.com](http://www.bereavementmag.com) great links and resources

**INTERNET RESOURCES ON CHILDREN/TEEN GRIEF:**

[www.growthhouse.org/childgrv.html](http://www.growthhouse.org/childgrv.html) many resources on youth grief

[www.kidsaid.com](http://www.kidsaid.com) operated by Griefnet…kids & adults can ask questions, get support, many resources & links

[www.dougy.org](http://www.dougy.org) serves grieving children & families in Portland, OR…was the first in the nation to offer support to children…also acts as the National Center for Grieving Children and Families providing support and training locally, nationally and internationally to individuals and organizations seeking to assist children in grief. Excellent resources and links

[www.elesplace.org](http://www.elesplace.org) serves grieving children in mid-Michigan…excellent resources

[www.erinshouse.org](http://www.erinshouse.org) serves grieving children in Fort Wayne…excellent resources

[www.centering.org](http://www.centering.org) offers many resources on youth grief

[www.judithanngriesefoundation.org](http://www.judithanngriesefoundation.org) serves grieving children in Denver…excellent resources

[www.brookesplace.org](http://www.brookesplace.org) serves grieving children in Indianapolis…excellent resources

[www.fernside.org](http://www.fernside.org) serves grieving children in Cincinnati…excellent resources

[www.childrensgrief.net](http://www.childrensgrief.net) excellent articles & links

**RECOMMEND READING FOR CAREGIVERS OF**

**GRIEVING CHILDREN**

|  |  |  |  |
| --- | --- | --- | --- |
| **HELPING THE BEREAVED: Therapeutic interventions for Children, Adolescents, and Adults** | **A.S. Cook & D. Dworkin** | **1993** | **Harper Collins** |
| **THE GRIEVING CHILD: A Parent’s Guide** | Helen Fitzgerald | 1992 | Fireside |
| **HELPING CHILDREN COPE WITH GRIEF** | Alan Wolfelt | 1983 | Acc. Development |
| **THE SEASONS OF GRIEF: Helping Children Grow Through Loss** | Donna Gaffney | 1988 | Plume |
| **HELPING CHILDREN GRIEVE: When Someone They Love Dies** | Theresa Huntley | 1991 | Augsburg |
| **HOW DO WE TELL THE CHILDREN?: Helping Children Understand and Cope When Someone Dies.** | Schaefer & Lyons | 1986 | Newmarket Press |
| **TALKING ABOUT DEATH: A Dialogue Between Parent and Child Third Edition** | Earl Grollman | 1990 | Beacon Press |

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**Resource Books/Articles: Crisis Response**

"In Terror's Grip: Healing the Ravages of Trauma" by Bessel VanderKok

Trauma Response Teams in Schools, by William Steele.

The Dougy Center-Resource Guides: 35 Ways to Help a Grieving Child, Helping Teens Cope with Death, Helping Children Cope with Death, Helping the Grieving Student: A Guide for Teachers, When Death Impacts Your School: A Guide for School Administrators.

"Our Bodies, Our Fears", Newsweek, Feb. 24, 2003 (brain responses)

"Mental Health and Mass Violence", National Institute of Mental Health, [www.nimh.hhs.gov](http://www.nimh.hhs.gov/)

The Spirit Catches You and You Fall Down, by Anne Fadiman

How the Garcia Girls Lost Their Accents, by Julia Alvarez

Trauma in the Lives of Children, by Kenall Johnson

The Tenth Good Thing About Barney, by Judith Viorst

God and the Victim, by Lisa Barnes Lampham

In This Very Hour, by Robin Monroe(homicide victim)

A Chaplain's Companion, by Judith C. Joseph ([www.jcjoseph.com](http://www.jcjoseph.com/))

Helping America Cope, (children's book), [www.7-dippity.com](http://www.7-dippity.com/)

Soaring Into the Storm: A Book about Those Who Triumph Over Adversity, by Alison Asher.

Guiding Your Child Through Grief, by Mary Ann and James Emswiler.

Trauma and Recovery: The Aftermath of Violence-From Domestic Abuse to Policital Terror, by Judith Herman.

When Children Grieve: For Adults to Help Children Deal with Death, Divorce, Pet Loss, Moving and Other Losses, by John James and Russell Friedman.

Helping Children Cope with the Loss of a Loved One: A Guide for Grownups, by William Kroen.

When Men Grieve: Why Men Grieve Differently and How you Can Help, by Elizabeth Levang.

Beyond Grief: A Guide for Recovering from the Death of a Loved One, by Carol Staudacher.

**Suicide Resources**

Life After Suicide: The Survivor's Grief Experience, by Terence Barrett.

Adolescent Suicide: A School Based Approach to Assessment and Intervention, by William Kirk.

Night Falls Fast: Understanding Suicide, by Kay Redfield Jamison.

The Power to Prevent Suicide: A Guide for Teens, by Richard E. Nelson and Judith Galas.

**Resources to use with or by students**

When Dinosaurs Die. A Guide for Understanding Death. by Laurie Krasny Brown and Marc Brown.

The Fall of Freddie the Leaf: A Story of Life for All Ages, by Leo Buscaglia.

When Nothing Matters Anymore: A Survival Guide for Depressed Teens, by Bev Cobain.

The Grieving Teen: A Guide for Teenagers and Their Friends, by Helen Fitzgerald.

Food for the Soul: A Best of Bereavement Poetry Collection, by Andrea Gambill.

When Something Terrible Happens: Children Can Learn to Cope with Grief, by Marge Heegaard.

What on Earth Do You Do When Someone Dies, by Trevor Romain.

**Common Immediate Responses to Trauma**

**Cognitive**

1. Memory impairment
2. Slowed thought process
3. Difficulty:
* Making decisions
* Solving problems
* Concentration
* Calculating
1. Limited attention span

**Behavioral:**

 1. Changes in behavior

* Withdrawal
* Silence or talkativeness
* Under/over eating
* Under/over sleeping

 2. Lack of interest in usually satisfying activities

 3. Over interest in anything that will distract

**Emotional:**

 1. Flood of emotions: anxiety, fear, joy, loneliness, anger, confusion, guilt

 2. Irritability

 3. Depression

* Helplessness
* Hopelessness
1. Overwhelmed ……numb

**Physical:**

 1. Fatigue that sleep does not alleviate

 2. Flare-ups of old medical problems

 3. Headaches

 4. Muscle and/or joint discomfort

 5. Digestive problems

**Spiritual:**

 1. Changes in relationships with:

* Family members
* Friends
* Co-workers
* Self
* Higher Power

 2. Questioning of beliefs and values

 3. Re-evaluation of life structure

**Common Delayed Responses to Trauma**

**Cognitive**

1. Slowed thought process
2. Disorientation
3. Cynicism
4. ‘They’ syndrome
5. Hallucinations – escapism and/or flashbacks

**Behavioral:**

1. Changes in behavior
2. Withdrawal
3. Silence or talkativeness
4. Under/over eating … sleeping
5. Lack of interest in usually satisfying activities
6. Over interest in anything that will distract
7. Drug or alcohol abuse
8. Sexual acting out

**Emotional:**

 1. Denial

 2. Derogatory labels

1. Excessive use of jargon
2. Division of life areas
3. Poor school or work performance …absences
4. Sick or ‘carried away’ humor
5. Sense of omnipotence
6. Unacceptable behavior
7. Intellectualization
8. Excuses – bureaucracy
9. Emotional abuse of others

**Physical:**

1. Chronic low energy
2. Stress related medical problems
3. Migraines
4. Muscle and/or joint problems
5. Frequent injuries
6. Ulcers, colitis, high blood pressure, high cholesterol, heart irregularities

**Spiritual:**

1. Changes in relationships
* Promiscuity
* Sudden separation, divorce, marriage or co-habitation
1. Social withdrawal, isolation
2. Fatalistic view of life
3. Little or no view of own future
4. No clear sense of own wants or needs