

# Helping Traumatized Students and Those Who Experience Grief, Loss, and Mourning

Missouri Association of School Psychologists  
November 7, 2016

Melissa A. Reeves, PhD, NCSP, LPC  
President – National Association of School Psychologists  
[mereev@aol.com](mailto:mereev@aol.com)

# Workshop Objectives

From this session it is hoped that participants will increase their ...

1. Understanding of the difference between traumatic stress and the grief associated with traumatic loss
2. Understanding of interventions for traumatic stress
3. Understanding of interventions for traumatic loss

# Workshop Outline

- Introduction
- Definitions
- Responding to Traumatic Stress
- Responding to Traumatic Loss
- Resources
- Concluding Comments

# Introduction

# Introduction

- **Prevalence**
  - Loss of a parent
    - 4% of children experience a parent's death
    - 1 in 20 lose a parent by 18 years
  - Loss of a peer
    - 14,820 deaths in 2013 of school aged youth (5-19 years)
    - 23.75 per 100,000

# Introduction

- **Prevalence**
  - Traumatic Loss
    - Violence-related loss of a peer or sibling
      - 2,867 deaths in 2013 of school aged youth (5-18 years)
    - Unintentional injury deaths of a peer or sibling
      - 3,983 deaths in 2013 of school aged youth (5-18 years)
    - All injury deaths (including undetermined cause)
      - 6,974 deaths in 2013 of school aged youth (5-18 years)
      - 12.02 per 100,000

# Introduction

- **Outcomes**
  - Sudden parental death
    - Melhem et al.
      - 59% experienced resolution of grief within 1 year
      - 31% show a more gradual diminution in symptoms
      - 10% show high and sustained prolonged grief at 3 years
    - Wordon & Silverman
      - Higher levels of social withdrawal, anxiety, and social problems as well as lower self-esteem and self-efficacy.
      - Most do not show signs of serious emotional/behavioral disturbance
      - However a significant number show serious problems at one year (19%) and at two years (21%).

# Introduction

- **Outcomes**
  - Educational Implications
    - Significant academic underachievement
    - Adolescent self reports include disrupted concentration and motivation
    - Adolescents have difficulties at work, less well-elaborated plans for career development, lower peer attachment, and diminished educational aspirations.

# Introduction

- **Outcomes**
  - Complicated Grief
    - 85-90% = uncomplicated/normal grieving
    - Probability of developing is 4.4% following major bereavement for adolescents and young adults
      - 18.6% among persons hospitalized with depression
      - 24% among bipolar patients

# Introduction

- **Causes/Predictors of Pathological Outcomes**
  - Gender (female)
  - Personal history of depression
  - Long term surviving parent's grief reactions.
  - Violent death
  - Intellectual disability

American Psychiatric Association (2013); Melhem et al. (2011); McClatchey et al. (2014); Dodd et al. (2008)

# Definitions

1. Traumatic Stress vs. PTSD
2. Bereavement vs. Persistent Complex Bereavement Disorder (DSM-5 “Conditions for Further Study”)

# Definitions

## 1. Traumatic Stress Warning Signs

- It's been 6 weeks and student not feeling any better
- Difficulties functioning at school, home, work (high school students)
- Terrifying memories, nightmares, or flashbacks
- Increasingly difficult time connecting and relating to others
- Experiencing suicidal thoughts or feelings
- Avoiding more and more things that remind person of the disaster or traumatic event

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Precipitants (PTSD Criterion A)
  - Directly experiencing
    - War, physical assault, sexual violence, kidnapping, being taken hostage, terrorist attack, torture, disasters severe MVA
  - Witnessing
    - Serious injury, unnatural death, physical/sexual abuse, domestic violence, accident war or disaster
  - Indirectly experiencing
    - Learning about violent assault, suicide, serious accident or illness affecting close relatives or friends (death due to natural causes does not qualify as PTSD Criterion A)

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Common Traumatic Stress Reactions
  - Preschool
    1. Reactions not as clearly connected to the crisis event as those observed among older students.
    2. Reactions often expressed nonverbally.
    3. Given equal levels of distress and impairment, may not display as many PTSD symptoms as older children.
    4. May include a temporary loss of recently achieved developmental milestones.
    5. Trauma-related play.

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Common Traumatic Stress Reactions
  - Elementary
    1. Reactions tend to be more directly connected to crisis event.
    2. Event-specific fears may be displayed.
    3. Reactions are often expressed behaviorally.
    4. Feelings associated with the traumatic stress are often expressed via physical symptoms.
    5. Trauma-related play becomes more complex and elaborate.
    6. Repetitive verbal descriptions of the event.
    7. Problems paying attention.

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Common Traumatic Stress Reactions
  - Middle and High School
    1. More adult like reactions
    2. Sense of foreshortened future
    3. Oppositional and aggressive behaviors
    4. School avoidance
    5. Self-injurious behavior and thinking
    6. Revenge fantasies
    7. Substance abuse
    8. Learning problems

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Pathological Traumatic Stress Reactions (PTSD in Preschool)
  - Preschool
    - Intrusion symptoms
    - Persistent avoidance of stimuli
      - or
    - Negative alterations in cognitions and mood
    - Alterations in arousal & reactivity
- *Note:* To Dx PTSD symptoms must be present for 1 month

# Definitions

## 1. Traumatic Stress vs. Posttraumatic Stress Disorder

- Pathological Traumatic Stress Reactions (PTSD)
  - School Aged/Adult – 4 symptom clusters
    - 1. **Re-Experiencing the Event** (e.g. Intrusion symptoms-spontaneous memories, recurrent dreams, flashbacks)
    - 2. **Heightened Arousal** (e.g. aggressive, reckless or self-destructive behavior, sleep disturbances, hyper-vigilance)
    - 3. **Avoidance** (e.g. persistent avoidance of stimuli, distressing memories, thoughts, feelings or external reminders)
    - 4. **Negative thoughts and moods or feelings** (e.g. negative alterations in cognitions and mood, persistent and distorted sense of blame of self or others, estrangement, diminished interests/alterations in arousal)
- *Note:* To Dx PTSD symptoms must be present for 1 month

# Definitions

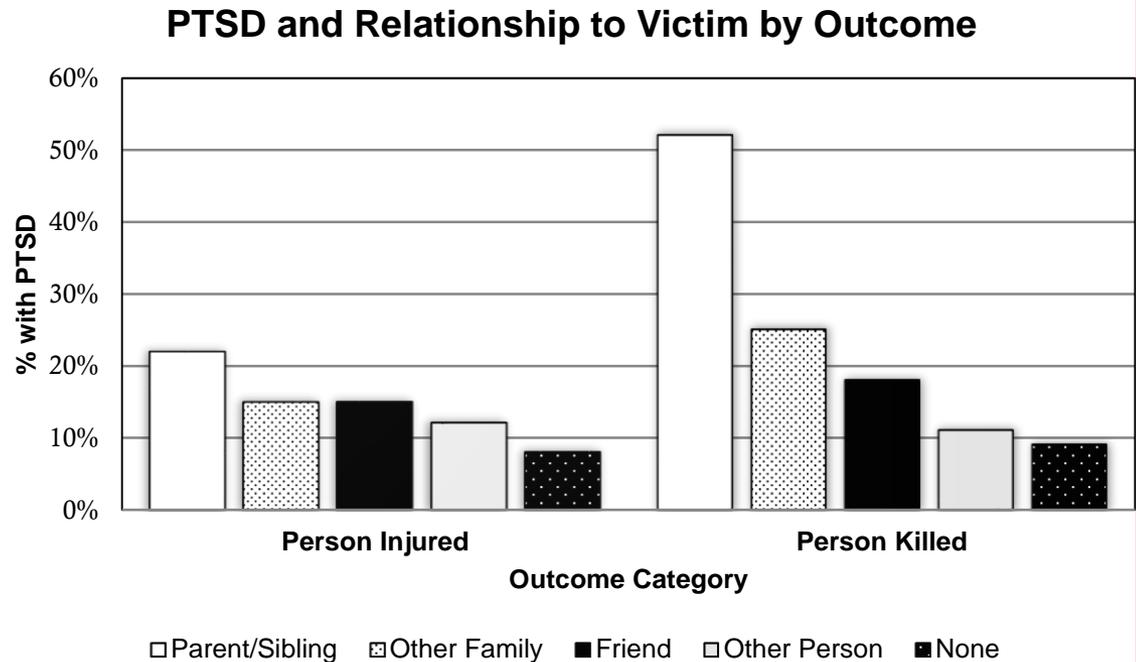
## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Precipitants
  - Death of someone the student had a close relationship with
  - Loss vs. traumatic loss
    - Death due to a long term terminal illness
      - Provides the opportunity to make cognitive and interpersonal adjustments.
    - Sudden and unexpected death
      - Results in the need to cope with traumatic stress and to grieve a loss

# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Precipitants
  - Traumatic loss



# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

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

# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

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

# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Common Grief Reactions
  - Middle and High School
    - Flashbacks
    - Emotional numbing or depression
    - Nightmares
    - Avoidance or withdrawal
    - Peer relationship problems
    - Substance abuse or other high-risk behavior

# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Pathological Grief Reactions
  - At least one of the following present at least 6 months in children, 12 months in adults
    1. Persistent yearning/longing
    2. Intense sorrow and emotional pain
    3. Preoccupation with the deceased
    4. Preoccupation with death circumstances

# Definitions

## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Pathological Grief Reactions
  - At least six of the following present at least 6 months in children, 12 months in adults
    - Reactive distress to the death
      1. Difficulty accepting the death
      2. Disbelief or emotional numbness
      3. Difficulty with positive reminiscing
      4. Bitterness or anger
      5. Maladaptive beliefs about self in relations to deceased (e.g., self-blame)
      6. Avoidance of loss reminders

# Definitions

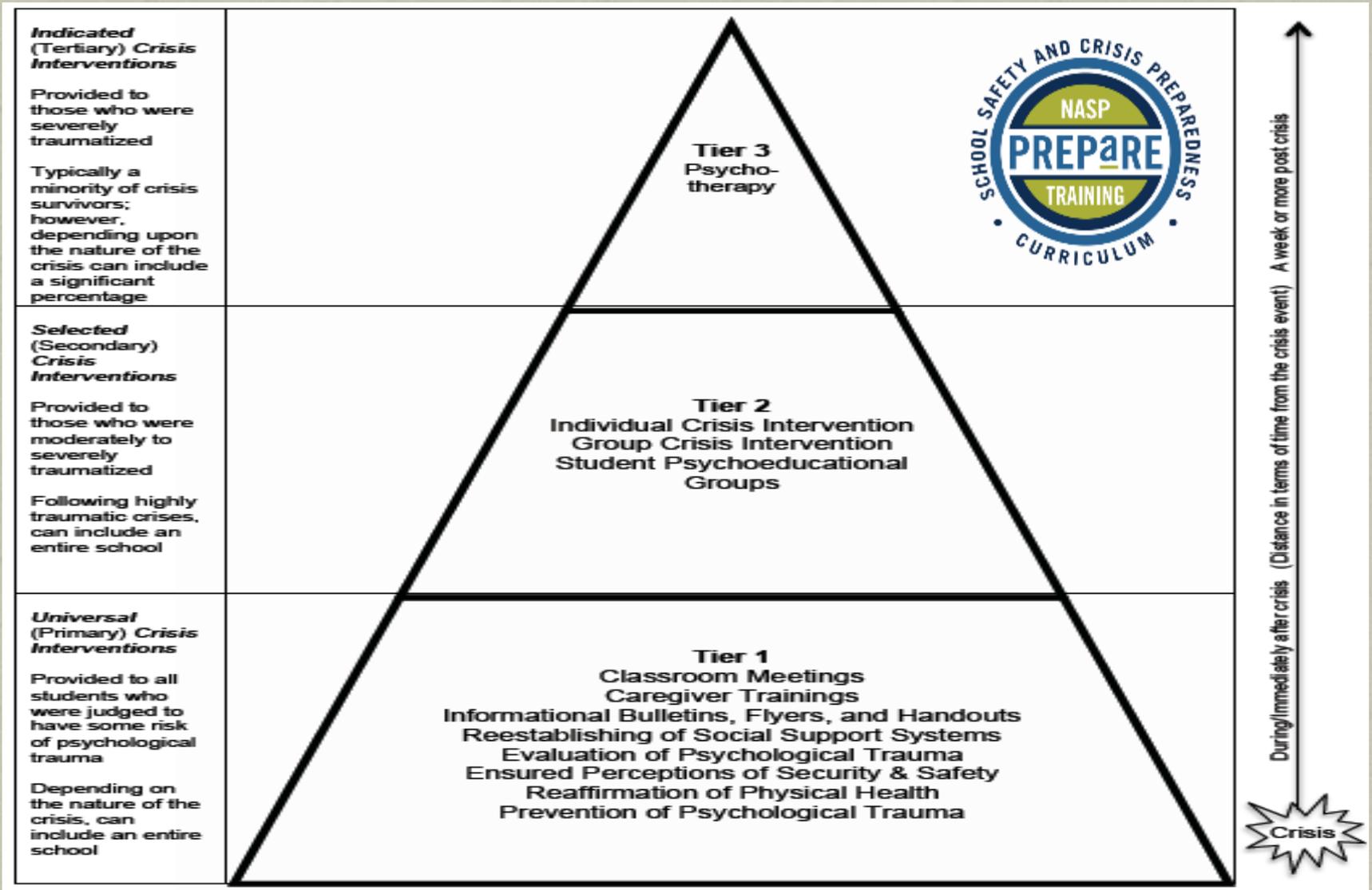
## 2. Bereavement vs. Persistent Complex Bereavement Disorder

- Pathological Grief Reactions
  - At least six of the following present at least 6 months in children, 12 months in adults (continued)
    - Social/identity disruption
      7. Desire to die to be with deceased
      8. Difficulty trusting others
      9. Feeling alone or detached from others
      10. Feeling life is meaningless/empty, or belief that cannot function without the deceased
      11. Confusion about life role or diminished sense of identity
      12. Difficulty/reluctance to pursue interests or plan for future

# Responding to Traumatic Stress

1. Assessment of Traumatic Stress
2. Universal Mental Health Crisis Interventions
3. Selected Mental Health Crisis Interventions
4. Indicated Mental Health Crisis Interventions

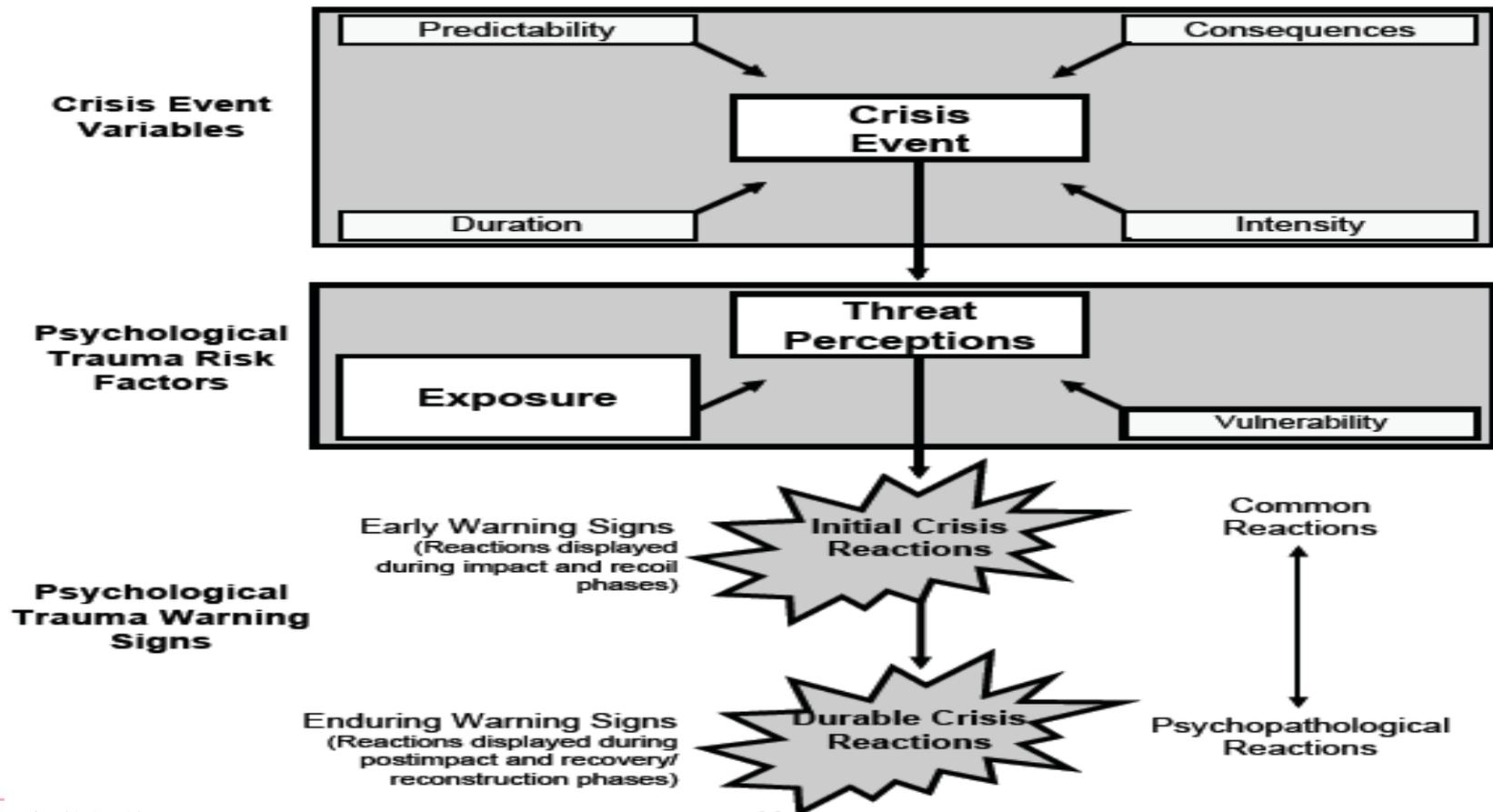
# Responding to Traumatic Stress



# Responding to Traumatic Stress



## 1. Assessment of Traumatic Stress



# Responding to Traumatic Stress

## 2. Universal Mental Health Crisis Interventions

- Reestablishing of Social Support Systems
- Informational Bulletins, Flyers, and Handouts
- Psychological First Aid
- Caregiver Trainings
- Classroom Meetings



# Responding to Traumatic Stress

## 3. Selected Mental Health Crisis Interventions

- Student Psychoeducational Groups
- Group Crisis Intervention
- Individual Crisis Intervention

## 4. Indicated Mental Health Crisis Interventions

- Psychotherapy



# Responding to Traumatic Loss

1. Address Traumatic Stress
2. Assessment of Grief
3. Universal Grief Interventions
4. Selected Grief Interventions
5. Indicated Grief Interventions

# Responding to Traumatic Loss

## 1. Address Traumatic Stress

- Seek comfort and support
  - Reestablish a routine
  - Connect with others
  - Challenge your sense of helplessness
- Minimize media exposure
- Acknowledge and accept your feelings
- Make stress reduction a priority

# Responding to Traumatic Loss

## 2. Assessment of Grief

- I. Has there been changes in sleep patterns since the death?
- II. ... eating patterns since the death?
- III. ... academic performance since the death?
- IV. ... increased dependency since the death?
- V. ... overall behavior (increase in energy; acting out more; increase aggression)?
- VI. Has the student been more withdrawn and/or appeared sad or depressed?
- VII. Has the student complained of an increase in physical complaints since the death?

# Responding to Traumatic Loss

## 2. Assessment of Grief

- If answered “yes” to 4 out of 7 of these questions; your child is grieving
- If child has experienced a death, and answered “no” to 4 out of 7; remain aware of these symptoms, as a child’s grief may not become apparent until months after the death has occurred.

# Responding to Traumatic Loss

## 2. Assessment of Grief (Normal Verbal Behaviors)

- Talking about the deceased or loss a lot or not at all
- Asking numerous questions or not asking any questions
- Wanting to hear the story of the loss over and over –OR– not wanting to hear anything about the loss
- Wishing to be with the deceased (monitor for potential suicidal ideation but don't assume that to be the case)
- Talking a lot to engage others
- Saying silly things/being the class clown
- Nighttime dreams about the person who died
- Talk about having "seen" or "felt" the person who died
- Numerous fears of many things
- Worries about safety, other people getting sick or dying

# Responding to Traumatic Loss

## 2. Assessment of Grief (Normal Emotional Behaviors)

- Lot of tears; crying at unexpected times
- Strong feelings/emotions about seemingly small things
- Over-reacting
- Difficulties concentrating or focus
- Noncompliance
- Strong need to be near an adult all the time
- Increase in intensity of anger - angry at everyone and everything
- Seeing someone and believing it is the person who died
- Forgetfulness
- Lowered self esteem
- Irritability
- Clowning around

# Responding to Traumatic Loss

## 2. Assessment of Grief (Normal Physical Behaviors)

- Eating a lot or not much at all
- Sleeping a lot or not sleeping at all
- Urine and bowel accidents
- Pains in the stomach not explained by medical condition
- Non-serious, recurrent illnesses (e.g. colds, sore throats, and headaches).
- Regression in behaviors (e.g. toilet training, difficulties separating, hitting, pinching)
- Needing to touch people frequently
- Weariness and fatigue, even with enough sleep
- Aggression towards others and/or objects

# Responding to Traumatic Loss

## 2. Assessment of Grief (Intervention Cues)

	Sadness	Depression
<b>Feelings</b>	Sad, down, discouraged	Despair, hopeless
<b>Duration</b>	Temporary - minutes, a few hours, or a day	Lasts weeks, months, or longer
<b>Mood State</b>	Temporary loss of interest in activities or desire	Long-term loss of energy, motivation, concentration
<b>Impact</b>	Can move past feelings, see joy in life	Negatively and significantly interferes with life activities; inability to enjoy life

# Responding to Traumatic Loss

## 2. Assessment of Grief (Intervention Cues)

- Dangerous risk taking
- Self destructive behaviors
- Threatening to hurt self or others or violent play
- Total withdrawal from people and environment
- A dramatic change in personality or functioning over a long period of time
- Drop in grades
- Angry outbursts
- Depression or Anxiety
- Assuming identity of person who died
- Substance use/abuse
- Any of the "normal" behaviors happening over a very long time or to an extreme

# Responding to Traumatic Loss

## 2. Assessment of Grief (Secondary Loss)

- Changed relationships/peer groups
- Changes in schools
- Financial challenges
- Change in lifestyle
- Parent less available
- Change in lifestyle
- Parent less available
- Loss of shared memories
- Change in future plans
- Loss of special recognition and support
- Decreased sense of safety and security

# Responding to Traumatic Loss

## 2. Assessment of Grief (Identifying Triggers)

*Events such as the following may act as grief triggers for:*

- Hearing a song or seeing a TV show
- Going to or seeing a photo of a place
- Transitions (graduation, starting at a new school, moving)
- Lost opportunities (vacations, performances, sports events, father-daughter dances)
- Smells or sounds
- Hearing a news report (of someone who died in a similar way)
- Special occasions (holidays, birthdays, Mother's/Father's Day)

# Responding to Traumatic Loss

## 3. Universal Grief Interventions: School Professional Role

- Understanding and empathy
  - Children adjust to major loss over a life time; second year can be more difficult than the first
- Provide bereavement *support*, not bereavement counseling
- Decrease sense of isolation
- Increase academic function
- Increase likelihood student will talk with family and receive support from peers
- Identify problems in family
- Connect on something important to the student

# Responding to Traumatic Loss

## 3. Universal Grief Interventions: Role of Peers

- Provide information at basic level – avoids asking repetitive questions
- Give opportunity to ask questions
- Provide safe environment to share thoughts and feelings
- Offer concrete advice and practical suggestions

# Responding to Traumatic Loss

## 3. Universal Grief Interventions: Cultural Sensitivities

a) Ask questions. Asking openly when unsure what is most helpful

- “Can you tell me how your family and your culture recognize and cope with the death of a family member? How does this fit with your own preferences at this time?”
- “Can you help me understand how I can best be of help to you and your family?”

b) Watch out for assumptions. Cannot assume or predict how a particular person/family will grieve (even if familiar with culture

- Parents sometimes have different beliefs or practices from their children.
- Assumptions can result in stereotypes that cloud our perceptions and lead to missed opportunities to be helpful.

c) Be present and authentic.

- Even if unfamiliar with a particular culture’s practices concerning death and grief, you can approach the family with an open mind

d) Let the family’s responses be your guide; be guided by their responses.

# What to say... and not to say

## Don't say this....

## Say this...

*I know just what you're going through.*

“Can you tell me more about what this has been like for you?”

*“You must be incredibly angry.”*

“Most people have strong feelings when something like this happens to them. What has this been like for you?”

*“This is hard. But it's important to remember the good things in life, too.”*

“What kinds of memories do you have about the person who died?”

*At least he's no longer in pain.*

“What sorts of things have you been thinking about since your loved one died?”

*“I lost both my parents when I was your age.”*

“Tell me more about what this has been like for you.”

*“I lost both my parents when I was your age.”*

Tell me more about what this has been like for you.”

*“You'll need to be strong now for your family. It's important to get a grip on your feelings.”*

“How is your family doing? What kinds of concerns do you have about them?”

*“My dog died last week. I know how you must be feeling.”*

“I know how I've felt when someone I loved died, but I don't really know how you're feeling. Can you tell me something about what this has been like for you?”

# Responding to Traumatic Loss

## 4. Selected Grief Interventions

- Funeral attendance
  - Benefits – feel included, comforted by support of others
  - Learn about own grief when see others grieving
  - Explain what will happen
  - Answer questions
  - Let children decide
  - Pair adult with each child

# Responding to Traumatic Loss

## 4. Selected Grief Interventions

- 20 Activities for Processing Grief
- Helping Children with Traumatic Grief
- Sesame Street
  - Caring Cards
  - Memory Chain
  - Children's Book
  - Parent's Guide

**Kimochis:** <http://kimochiseducation.tumblr.com/curriculum>

## he Fourth R ... c and **RELATIONSHIPS**



### **THE KIMOCHIS™ EDUCATOR'S TOOL KIT**

- 296-page *Kimochis® Feel Guide: Teacher's Edition*
- 5 Kimochis® Characters (Bug, Cat, Cloud®, Huggtopus®, Lovey Dove®)
- Mixed Bag of Feelings—includes 33 feeling pillows

### **THE KIMOCHIS® MIXED BAG OF FEELINGS**

- Includes 33 feeling pillows each with a word on one side and a facial expression on the other
- Use in the classroom; principal's office; at recess; and in the psychologist, counselor, and SLPs office with the downloadable PDF *Kimochis® Feelings for Schools—Build a Positive School Culture and Climate One Feeling at a Time*
- Includes: Happy, Mad, Sad, Brave, Left Out, Curious, Cranky, Silly, Frustrated, Hopeful, Proud, Optimistic, Disappointed, Sensitive, Insecure, Jealous, Loved, Grateful, Scared, Shy, Kind, Hurt, Sorry, Uncomfortable, Friendly, Sleepy, Surprised, Embarrassed, Guilty, Excited, and 3 blank Make-Your-Own (works with any washable marker)



### **KIMOCHIS® PICTURE BOOKS**

Three hardcover picture books to help extend the learning  
*Cloud's Best Worst Day Ever*  
*Bug Makes a Splash!*  
*Cat's Not-So-Perfect Sandcastle*

# Kimochis



**CLOUD**® is a bit moody and unpredictable.



**BUG** is a caterpillar who is shy and afraid of change.



**CAT** is a decisive leader, but she can be a bit bossy.



**HUGGTOPUS**® is friendly, affectionate and sometimes too silly.



**LOVEY DOVE**® is nurturing and patient, but can get overly worried.



**BELLA ROSE**® is sensitive and sweet and closes up like a bud when her feelings get hurt.

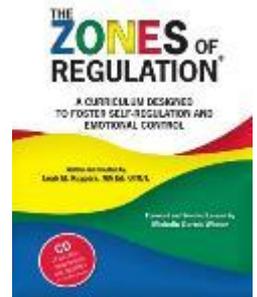


**CLOVER**® is a bit absent-minded, but is resilient and bounces back.

# Behavioral Regulation: *Zones of Regulation*



- **Red Zone:** extremely heightened states of alertness and intense emotions.
  - May be elated or experiencing anger, rage, explosive behavior, devastation, or terror when in the Red Zone.
  - A person is described as “out of control” if in the Red Zone
- **Yellow Zone:** heightened state of alertness and elevated emotions; has some control
  - May be experiencing stress, frustration, anxiety, excitement, silliness, the wiggles, or nervousness
- **Green Zone:** calm state of alertness;
  - May be as happy, focused, content, or ready to learn
  - Zone where optimal learning occurs.
- **Blue Zone:** low states of alertness; one feels sad, tired, sick, or bored.



# Responding to Traumatic Loss

## 5. Indicated Traumatic Grief Interventions

- **CBITS: Cognitive Behavioral Interventions for Trauma in Schools**
  - teaches six cognitive-behavioral techniques:
    - Education about reactions to trauma
    - Relaxation training
    - Cognitive therapy
    - Real life exposure
    - Stress or trauma exposure
    - Social problem-solving
  - Includes two parent education sessions and one teacher education.
  - Average = 10 sessions
  - Reduces symptoms of PTSD depression, behavior problems

# Responding to Traumatic Loss

## 5. Indicated Traumatic Grief Interventions

- **Trauma Focused CBT**

- psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models
- strong scientific evidence that this therapy works in treating trauma symptoms in children, adolescents, and their parents.
- Can be effective in 12 sessions
- Parent participation is highly encouraged but not required to for TF-CBT to be effective
- Improvements in youth: PTSD symptoms, depression, anxiety, behavior problems, sexualized behaviors, trauma-related shame, interpersonal trust, social competence
- Improvements in parents: overcome general feelings of depression, reduce PTSD symptoms, reduce emotional distress about the child's trauma, improve parenting practices, enhance their ability to support their children
- Cautions: if predominant symptoms are aggression, defiance, suicide, severe depression – tx for those conditions need to be provided first, followed by TF-CBT

# Responding to Traumatic Loss

## 5. Indicated Grief Interventions

- **Trauma Focused CBT**

- Uses acronym: PRACTICE and incorporates psychoeducation
  - **P**arenting skills - optimize children's emotional and behavioral adjustment.
  - **R**elaxation and stress management skills
  - **A**ffective expression and modulation are taught to help identify and cope with a range of emotions.
  - **C**ognitive coping and processing – focus on relationships among thoughts, feelings and behaviors; modify inaccurate or unhelpful thoughts about the trauma.
  - **T**rauma narration - children describe their personal traumatic experiences
  - **I**n vivo mastery of trauma reminders – help overcome avoidance of situations that are no longer dangerous, but are reminders
  - **C**onjoint child-parent sessions - help the child and parent talk to each other about the trauma.
  - **E**nhance future safety and development – address safety, help the child regain developmental momentum, and teach additional skills needed to end treatment.

# Responding to Traumatic Loss

## 5. Indicated Grief Interventions

- **Care for the Caregiver**
  - Take physical and psychological care of self
  - Identify friends, family, and colleagues to talk to
  - Monitor own emotions - seeking additional support if guilt, resentment, or personal grief begin to interfere work life.
  - Ensure employee assistance programs are available
  - Engage in social activism and advocacy.
  - Practice your religious faith and spirituality.
  - Use creative self-expression.
  - Use humor

# Resources

# Resources

- PREPaRE School Crisis Prevention and Intervention Program
  - <http://www.nasponline.org/prepare/index.aspx>
- Sesame Street: When Families Grieve (also has specific resources for military)
  - [www.sesamestreet.org/grief](http://www.sesamestreet.org/grief)
- CBIT's
  - <https://cbitsprogram.org/>
- Coalition to Support Grieving Children
  - <http://grievingstudents.scholastic.com/>
- Series of kids books for bibliotherapy
  - Dawn Huebner –<http://www.dawnhuebnerphd.com/Books.aspx>
  - Julia Cook –many have accompanying activity books  
<http://www.juliacookonline.com/books/>
- Children's Books:
  - *When Dinosaurs Die: A Guide to Understanding Death* by Laurie Krasny Brown
  - *The Healing Tree* by K. Hemery

# Resources

- *The Grieving Student: A Teacher's Guide* by Schonfeld and Quackenbush.
- *Treating Trauma and Traumatic Grief in Children and* Cohen, Mannarino, and Deblinger
- Online training courses (Free!)
  - Trauma Focused CBT - <http://tfcbt.musc.edu/>
  - CBITS - <https://cbitsprogram.org/>

Ad

