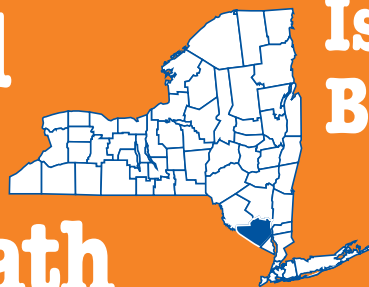


# Preparing for and Responding to a Non-Suicide Death



## Issue Brief 7c

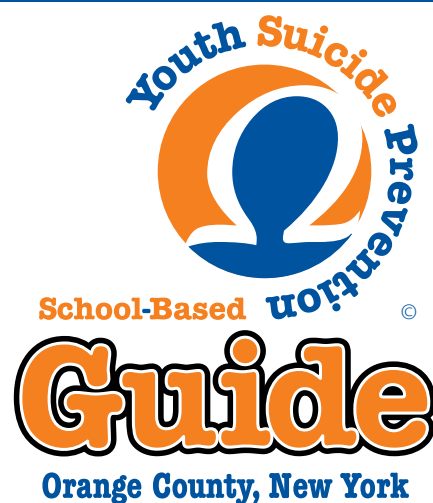
ORANGE COUNTY • NEW YORK


This Issue Brief covers issues related to preparing for and responding to non-suicide deaths and other traumatic events. Traumatic events, such as shootings, bombings, car accidents, pedestrian accidents, natural disasters, and terminal illnesses, are an unfortunate reality for some school children. Approximately five percent of children will have a parent die before he or she graduates from high school (18). One study revealed that as many as twelve percent of surveyed middle and high school students had had a knife or gun pulled on them within the last year (8). These crises can leave children feeling frightened, confused, and insecure. A child who has experienced a mass traumatic event (an event that affects large numbers of people, such as fires, floods and mass shootings) or a personal traumatic event (such as loss of a parent, school bullying, and sexual, physical or emotional abuse) may react strongly right away or have a delayed reaction (2, 4). Because of the amount of time young people spend in the educational system, schools are both a site of grieving and healing for children who have experienced tragic events. Whether a child has personally experienced trauma, has seen an event on television, or is exposed through adults' discussions and anxiety, it is critical that school staff be informed and ready to help when appropriate.

## Grieving Children

Children are sensitive and struggle to make sense of traumatic events and loss. There are many factors that may affect how students may react to the notice of a death or other tragic event, including age, cognitive level, family, culture, and religious background, and the relationship they had with the person or people who died (1, 3, 4, 17). Additionally, some children may react to trauma very soon after a loss or event, while others appear fine for weeks until they begin to show troubling behavior (2, 4). Student's manifestation of grief may include (1, 5):

- **Poor academic performance** – student may have trouble concentrating on assignments and exams
- **Apathy** – student may seem withdrawn, and where he/she used to enjoy certain activities, his/her enthusiasm is gone
- **Punishment seeking behavior**, including getting in fights, using alcohol or drugs, or self-injury
- **Disbelief and denial** – especially if a death occurred without warning, students may need time to comprehend the loss



  
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- **Changes in values** – student may question religious beliefs or former goals and hopes
- **Use of humor** – some people use jokes and humor to ease tension and fear, sometimes appropriately, sometimes not
- **Physical responses**, including stomach aches, headaches, dry mouth, difficulty sleeping, and over activity

Age and cognitive development are two critical determinants of how children will be able to comprehend a death or tragic event (4). The following are some age-specific characteristics of youth who have been exposed to traumatic events or losses compiled from mental health clinicians, researchers, and the U.S. Department of Health and Human Services (1, 4, 5, 10).

**Preschool Age.** Very young children tend to have a hard time with change, and fear abandonment. Sometimes children this age see death as reversible. Young children have not yet developed their coping skills, and depend on adults to give them clues about how to respond. These children may tell exaggerated stories about the event, or may bring it up repeatedly as a way to pick up clues on how to react to the loss. Young children may respond to a traumatic experience by reverting to earlier behavioral stages, and begin thumb sucking, wetting the bed, and clinging to parents again.

**Elementary School Age.** Children ages five through approximately eleven may also show some of the same symptoms as the younger children, such as reverting. They also may withdraw from playgroups, compete for more attention from parents and teachers, become aggressive, and/or fear things they didn't use to. They tend to feel loneliness and sadness very deeply.

**Adolescence.** Beginning in early adolescence, children who have been exposed to a traumatic event or loss tend to have vague physical symptoms and complaints. They may also abandon chores, schools work, or other activities in which they used to participate. Adolescents may become more disruptive at school and at home, and may begin to experiment with high risk behaviors, such as alcohol and drug use. Youth in this age group may also philosophize about life and death.

Sometimes, children need a little extra help dealing with a loss or a tragic event. If, after several weeks, a student still refuses to go to places that remind him/her of the event, show no emotion or reaction to the event, or behaves dangerously, parents should be notified and he/she should be referred for formal mental health counseling (2).

## What Educators Can Do

When a school experiences a death, or perhaps learns of a death in the community that may impact the school, while difficult, students and school staff need direction, structure, and support (1, 16). The most effective way to handle a crisis situation is to have a plan and policy implemented long before a death or crisis occurs, including the creation of a multidisciplinary Crisis Response Team (1, 6, 7, 16). It is critical to respond to a crisis in a careful, well thought out manner in order to diminish the dangers of the immediate situation, and also to create a quick recovery and return to normalcy (7). The team's responsibilities include anticipating the multiple needs and tasks of the school that occur during emergencies (1, 16). Characteristics of such a team should include:

- Between four and eight volunteer members, usually no more than 10
- Representation from various parts of the school, including administration, health/nursing, transportation, and teaching faculty
- Members who have the authority to make decisions during a crisis situation
- One person in the group who is the designated media liaison, and will be the only person to speak with the press or news reporters
- Another member who is the designated family liaison and will be the contact person for the family of the deceased
- If possible, an outside consultant with experience in dealing with grief and death in school should also be included on the team, possibly a grief specialist, mental health professional, law enforcement officer, and/or clergy member.

When a school experiences a crisis that overwhelms its resources or capacity to intervene, it may become necessary to call on a school-district team. Should a district-level team also need assistance handling a tragic event or crisis, a county-level emergency team would then be deployed. Orange County's team is called the Orange-Ulster BOCES County-wide Team for Crisis and Critical Incident and consists of five teams of trained responders, which support 18 school districts across the county. In the event that a school district team believes that this support is necessary, a request should be made by the district's Superintendent who then contacts the Orange-Ulster BOCES District Superintendent or designee to request the activation of the crisis team. They will determine the number of responders needed and the length of service required to appropriately assist the school and school-district.

# Preparing for and Responding to a Non-Suicide Death continued

During these crises, teachers may feel overwhelmed and not sure how to proceed. Not only will teachers have to interact with students, sometimes as very young children, but they must also cope with their own feelings and emotions about the loss. How a teacher reacts to a tragic event can set the tone for how students handle the crisis. The following list of teacher strategies following a death or a crisis is based on both research by mental health professionals, as well as educators' own experiences with dealing with death in their schools (1, 3, 5, 11, 12, 13, 14, 15).

- Do not ignore or brush off the death or event. Even with young children, avoid euphemisms about death, including, "Sally passed away," "John went to be with God," or "Peter's father went to sleep." Similarly, do not lie or tell half-truths about a tragic event. Children are bright and sensitive and can see through false or confusing messages.
- Reinforce ideas of safety and security. After any classroom discussion of the death or event, end the discussion with a focus on their current safety and a calming activity, such as a moment of quiet reflection.
- Be prepared for a flexible day for students, although do not allow for a completely unstructured period.
- Encourage students to talk about confusing feelings, worries, and daydreams. Listen to and encourage students' retelling of events, but be sure to set limits on scary or hurtful talk (for example, revenge or retribution).
- Do age-appropriate activities that reinforce helping and healing. For example art projects or sending cards for younger children and writing or origami projects for older students.
- Talk with students about how to treat a bereaved student who may be returning to school.
- Remain aware of your own reactions and emotion regarding the students' trauma. It is okay to express emotions to your students, such as "I am sad about what happened," but seek support if you are feeling overwhelmed. Vicarious trauma (sometimes referred to as "compassion fatigue") impacts individuals who are involved in the lives of people who have experienced a traumatic event or sudden loss. It is critical that a teacher, or any person involved, take care of their own emotional well-being, and have an understanding of the reaction resulting from exposure to experiences and feelings of a traumatic event experienced by another person (9).

All teachers in the school should be given the same up-to-date information from administration regarding the event or death,

and initial announcements should be made by a teacher to small groups of students in the classroom, rather than to the entire school over a PA system (1). For middle- and high-school students, teachers should convey viewing and funeral information when available (1).

In the instance where a student must be notified of the death of a loved one while at school, the most important factors to keep in mind are privacy, comfort, and perceived safety (3). Locations could include a nurse's, counselor's, or principal's office, and if a relative or guardian cannot be the one to inform the student, it should be a school faculty or administrator with a close relationship to the student and who can remain with the student until a family member can arrive (3, 5).

A child's experience with trauma and death can have profound effects on their development, but with the right steps taken, the negative consequences of pain and loss can be mitigated. A child who has experienced trauma should be monitored continually for signs of distress over the next few weeks or months. Keep in mind that grief work is hard work for all, both children and adults. Children of all ages need to be reminded that they are loved, supported, and that there is hope.

## Resources and Curriculum for Classrooms

- **Facing Fear: Helping Young People Deal With Terrorism and Other Tragic Events**  
From The American Red Cross, this curriculum was developed to address a demand by educators and caregivers of children for materials to help children cope in uncertain times.  
<http://www.redcross.org/portal/site/en/menuitem.d229a5f06620c6052b1ecfbf43181aa0/?vgnnextoid=749bf655c099b110VgnVCM10000089f0870aRCRD>
- **Support for Students Exposed to Trauma: The SSET Program**, supported by the RAND Corporation and the National Institute of Mental Health, is a cognitive-behavioral group therapy program that can be used by any school personnel with the time and interest to work with students affected by trauma.  
[http://www.rand.org/pubs/technical\\_reports/TR675.html](http://www.rand.org/pubs/technical_reports/TR675.html)
- **The National Child Traumatic Stress Network** is a web resource to help you learn about child traumatic stress, a child's health development, and ways to seek help.  
<http://www.nctsn.org/resources/audiences/>

# References

## Preparing for and Responding to a Non-Suicide Death

1. Klicker, R.L. (2000). *A Student Dies, A School Mourns*. Philadelphia, PA: Taylor and Francis.
2. National Institute of Mental Health. (2006). *What Community Members Can Do: Helping Children and Adolescents Cope with Violence and Disasters*. Retrieved from <http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-community-members/index.shtml>
3. Servaty-Seib, H.L., Peterson, J., & Spang, D. (2003). Notifying individual students of a death loss: Practical recommendations for schools and school counselors. *Death Studies, 27*(2), 167-186.
4. U.S. Department of Health and Human Services. (2007). *Tips for talking to children and youth after traumatic events: A guide for parents and educators*. Retrieved from <http://www.eric.ed.gov/PDFS/ED499053.pdf>
5. Stevenson, R.G. (1995). The role of the school: Bereaved students and students facing life-threatening illness. In K.J. Doka (Ed.), *Children mourning, mourning children* (pp. 97-112). Bristol, PA: Taylor and Francis.
6. Wenckstern, S., & Leenars, A.A. (1993). Trauma and suicide in our schools. *Death Studies, 17*, 151-171.
7. Cornell, D.G., & Sheras, P.L. (1998). Common errors in school crisis response: Learning from our mistakes. *Psychology in the Schools, 35*(3), 297-307.
8. Gutterman, N. B., Hahm, H. C., & Cameron, M. (2002). Adolescent victimization and subsequent use of mental health counseling services. *Journal of Adolescent Health, 30*(5), 336-345.
9. Beaton, R. D., & Murphy, S. A. (1995). Working with people in crisis: Research implications. In C. R. Figley, (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 51-81). New York: Brunner/Mazel.
10. Hawkins, P.G. (2002). Helping children cope with death. In J. Sandoval (Ed.), *Handbook of crisis counseling intervention and prevention in the schools (2nd Ed.)* (pp. 161-181). New Jersey: Lawrence Earlbaum.
11. Gurwitch, R.H., Sivlovsky, J.F., Schultz, S., Kees, M., & Burlingame, S. (2002). Reactions and guidelines for children following trauma/disaster. *Communication Disorders Quarterly, 23*(2), 93-99.
12. Postel, C.A. (1986). Death in my classroom? *Teaching Exceptional Children, 18*(2), 139-143.
13. Balk, D.E., Zaengle, D., & Corr, C.A. (2011). Strengthening grief support for adolescents coping with a peer's death. *School Psychology International, 32*(2), 144-162.
14. The National Association of School Psychologists. (2004). *Helping children cope with loss, death, and grief: Tips for teachers and parents*. Retrieved from [http://www.nasponline.org/resources/crisis\\_safety/griefwar.pdf](http://www.nasponline.org/resources/crisis_safety/griefwar.pdf)
15. Harris, C.J. (2002). Dealing with trauma in the classroom. In M.B. Williams & J.F. Sommer (Eds.), *Simple and complex post-traumatic stress disorder: Strategies for comprehensive treatment in clinical practice* (pp. 277-298). Binghamton, NY: The Haworth Press.
16. Horenstien, J. (2002). Provision of trauma services to school populations and faculty. In M.B. Williams & J.F. Sommer (Eds.), *Simple and complex post-traumatic stress disorder: Strategies for comprehensive treatment in clinical practice* (pp. 241-259). Binghamton, NY: The Haworth Press.

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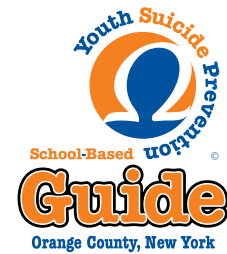
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## Preparing for and Responding to a Non-Suicide Death



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