
Foreword

Donna Burns’s new book, *When Kids Are Grieving: Addressing Grief and Loss in School*, is most welcome. There are a number of reasons to hail this new addition to the literature. Most importantly, children are often disenfranchised grievers—their grief is unrecognized and unacknowledged by those around them. There are many reasons for this. Their grief may not be recognized since it often appears in indirect ways—sleep disturbances, physical complaints, acting out behaviors, and regressive behaviors. Children and adolescents may be inarticulate in identifying the loss that underlies their reactions. Overwhelmed and frightened by their parents’ grief, they may seek to spare their families, grieving alone. Their parents, also likely mourning the loss, may be unable to see beyond their own grief. They may have neither the energy nor the skills to succor their children.

Schools can and must play a critical role. We often forget the significant role that schools play in the life of students. Beyond the critical academic role, schools are a social and developmental arena offering critical contact and interaction with peers and adults outside the family. Schools offer opportunities for children and adolescents to explore and to develop their talents and to test their skills.

Schools also offer “an early warning system”—a place where objective observers can begin to notice changes in behaviors or grades that might indicate difficulties heretofore unrecognized. Most importantly, they offer the possibility of informal and formal support to a child struggling with grief and loss.

When Kids Are Grieving: Addressing Grief and Loss in School is designed to help. As Dr. Burns likes to say, it is a “hybrid” book: part text, part resource, and part workbook. It is, most importantly, an accessible and valued resource—designed first and foremost for the school professional. This is not to say that clinicians will not find the book useful. However, the fact that it is designed for the school pro-

1

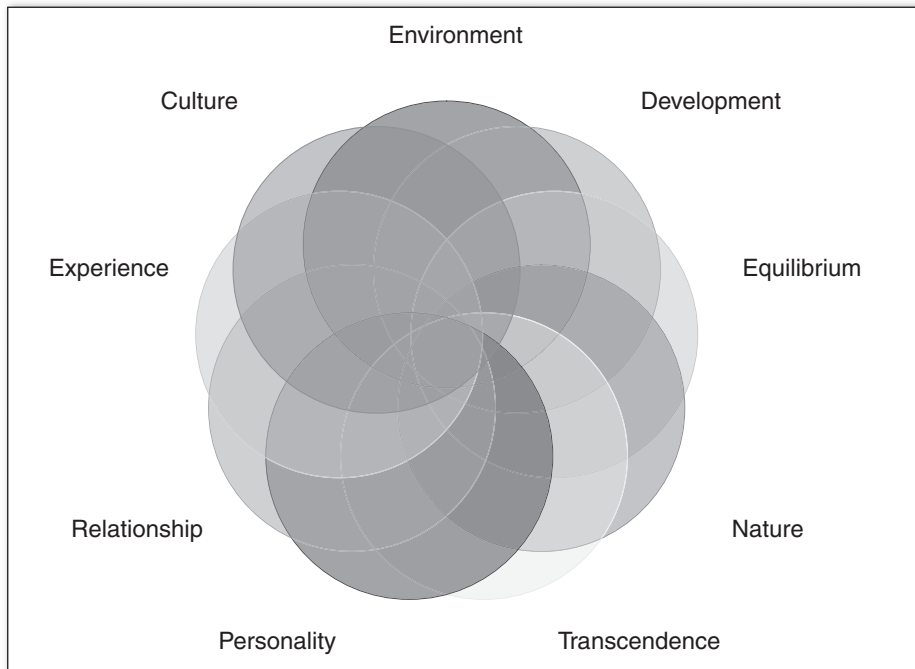
Am I Qualified to Work With Grieving Children?

*He who knows others is wise.
He who knows himself is enlightened.*

—Tao Te Ching

Overview

Most school-aged children have experienced, or will experience, some form of loss in their lives. Some of these experiences are not always recognized as grievable losses by educators (e.g., illness, moving, divorce), yet these types of events can profoundly affect academic performance, emotional stability, and social interactions. Death-related losses, including suicide, violence, or other traumatic events, often find the school professional ill-equipped and grappling with ways to comfort and deal with distraught students. It is essential that educators not only be skilled at identifying students affected by loss but possess the competencies to comfortably address these inevitable situations. Toward that end, an exploration of one's awareness of and attitudes toward issues of grief and loss is necessary.

Figure 2.1 PRECEDENT

Culture. The beliefs, customs, traditions, and values of one’s culture influence expressions of grief.

Environment. The many environmental forces—where and how one lives, family and social support, socioeconomic status, neighborhoods and communities—all affect grief reactions.

Development. Development along cognitive, social, and emotional dimensions plays a role in how loss is both perceived and grieved.

Equilibrium. Equilibrium refers to the ability to maintain a balance between the opposing forces of grieving a loss while continuing on meaningfully with life.

Nature. The nature of the loss, whether finite or nonfinite, anticipated or unanticipated, affects how a person grieves.

Transcendence. Transcendence refers to the ability to rise above one’s sorrow in personally meaningful ways following a loss experience.

The PRECEDENT conceptual framework augments other paradigms and perspectives and is intended to promote awareness of the multidimensional nature of the grief response in a concise, memorable format.

What, then, are those **protective factors**, or social supports and coping strategies that may reduce a suicidal teen's vulnerability? The DHHS (1999, p. 10) identifies the following:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts

To augment the material provided in the risks and protective factors lists, the following contains vital information about warning signs and suicide prevention from the American Foundation for Suicide Prevention.

Teen Suicide Prevention Campaign

Suicide shouldn't be a secret. Know the warning signs.

Five warning signs for depression in teens:

- Feelings of sadness or hopelessness, often accompanied by anxiety.
- Declining school performance.
- Loss of pleasure/interest in social and sports activities.
- Sleeping too little or too much.
- Changes in weight or appetite.

Take action.

Three steps parents can take:

- Get your child help (medical or mental health professional).
- Support your child (listen, avoid undue criticism, remain connected).
- Become informed (library, local support group, Internet).

Three steps teens can take:

- Take your friend's actions seriously.
- Encourage your friend to seek professional help, accompany if necessary.
- Talk to an adult you trust. Don't be alone in helping your friend.

(Continued)

School-based crisis response levels include **crisis prevention**, **crisis intervention**, and **crisis postvention**. The goal of crisis prevention is to develop programs, strategies, and resources to avert or reduce the emotional distress triggered by a crisis. Crisis intervention focuses on immediate response, which involves mobilization of a *crisis response team*, and initiation of a *crisis response plan*. Crisis postvention involves short and long-term protocols to assist individuals in the aftermath of a crisis. These levels parallel the guidelines put forth by the United States Department of Education: *preparedness*, *response*, and *recovery* (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2007, p. 12).

- *Preparedness* “focuses on the process of planning for the worst-case scenario”
- *Response* “is devoted to the steps taken during a crisis”
- *Recovery* “deals with how to restore the learning and teaching environment after a crisis”

Crisis Response Team

Central to school-based crisis response is the *crisis response team*.

One of the key functions of this team is to identify the types of crises that may occur in the district and schools and define what events would activate the plan. The team may consider many factors such as the school’s ability to handle a situation with internal resources and its experience in responding to past events. (U.S. Department of Education, Office of Safe and Drug-Free Schools, 2007, p. 5)

The composition of the school crisis response team typically includes, but is not limited to, administrators, school and counseling psychologists, social workers, school health providers, and trained faculty members. These individuals who work within the school are familiar with students and staff and can provide the assistance, support, and follow-up essential to effective crisis response (Kline, Schonfeld, & Lichtenstein, 1995). Outside of the educational setting, individuals from the community such as emergency medical responders, firefighters, mental health professionals, law enforcement, and other professionals are integral to the team (Schonfeld & Newgass, 2003).