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

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## Workshop Objectives

From this session it is hoped that participants will increase

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

NOTE: The presenters, Stephen Brock and Melissa Reeves, have no know financial conflicts of interest related to this presentation

## 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

CDC (2015); US Bureau of Census (1990)

## 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

CDC (2015)

## Introduction Outcomes Sudden parental death · Melhem et al. 59% experienced resolution of grief within 1 year

## Introduction

## Outcomes

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

Abdelnoor & Hoolins (2004a, 2004b); Brent et al. (2012); Coalition to Support Grieving Students (2015)

## 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%). Melhem et al. (2011); Worden & Slilerman (1996)

## 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

Kersting et al. (2011)

## 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**

- Traumatic Stress vs. PTSD
- Bereavement vs. Persistent Complex Bereavement Disorder

## **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
- 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

http://www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm

## **Definitions** 1. Traumatic Stress vs. Posttraumatic Stress 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)

Disorder

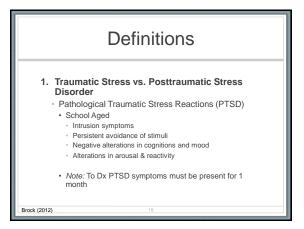
American Psychiatric Association (2013)

## **Definitions** 1. Traumatic Stress vs. Posttraumatic Stress Disorder · Common Traumatic Stress Reactions Preschool Reactions not as clearly connected to the crisis event as those observed among older students. Reactions often expressed nonverbally. Given equal levels of distress and impairment, may not display as many PTSD symptoms as older children. May include a temporary loss of recently achieved developmental milestones. 5. Trauma-related play. Brock (2012)

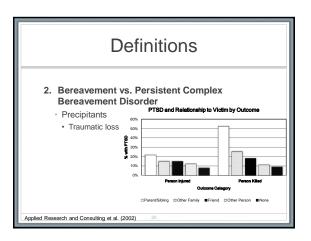
## **Definitions** 1. Traumatic Stress vs. Posttraumatic Stress Disorder · Common Traumatic Stress Reactions Elementary Reactions tend to be more directly connected to crisis event. Event-specific fears may be displayed. Reactions are often expressed behaviorally. Feelings associated with the traumatic stress are often expressed via physical symptoms. 5. Trauma-related play becomes more complex and elaborate. Repetitive verbal descriptions of the event. Problems paying attention. Brock (2012)

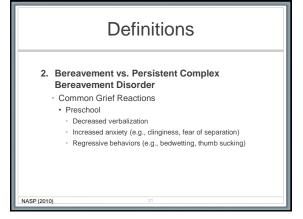
## **Definitions** 1. Traumatic Stress vs. Posttraumatic Stress Disorder Common Traumatic Stress Reactions · Middle and High School More adult like reactions Sense of foreshortened future Oppositional and aggressive behaviors School avoidance Self-injurious behavior and thinking Revenge fantasies Substance abuse Learning problems Brock (2012)

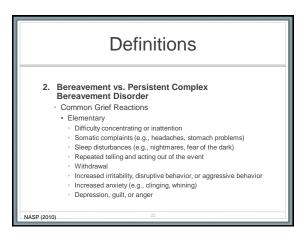
## **Definitions** 1. Traumatic Stress vs. Posttraumatic Stress Disorder Pathological Traumatic Stress Reactions (PTSD) · Preschool Intrusion symptoms · Persistent avoidance of stimuli · Negative alterations in cognitions and mood · Alterations in arousal & reactivity · Note: To Dx PTSD symptoms must be present for 1 month Brock (2012)



## 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





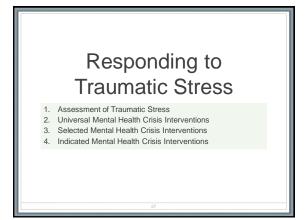


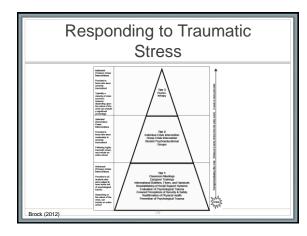
## Definitions 2. Bereavement vs. Persistent Complex Bereavement Disorder - Common Grief Reactions - Middle and High School - Flashbacks - Emotional numbing or depression - Nightmares - Avoidance or withdrawal - Peer relationship problems - Substance abuse or other high-risk behavior

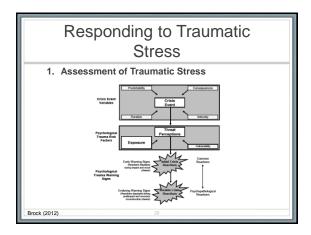
## Definitions 2. Bereavement vs. Persistent Complex Bereavement Disorder Pathological Grief Reactions At least one of the following present at least 6 months in children, 12 months in adults Persistent yearning/longing Intense sorrow and emotional pain Preoccupation with the deceased Preoccupation with death circumstances

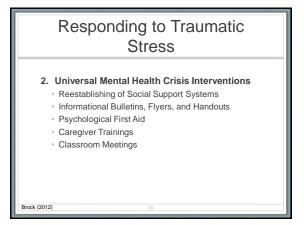
## Definitions 2. Bereavement vs. Persistent Complex Bereavement Disorder Pathological Grief Reactions At least six of the following present at least 6 months in children, 12 months in adults Reactive distress to the death Difficulty accepting the death Disbelief or emotional numbness Difficulty with positive reminiscing Bitterness or anger Maladaptive beliefs about self in relations to deceased (e.g., self-blame) American Psychiatric Association (2013)

# 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 Desire to die to be with deceased Difficulty trusting others 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 Difficulty/reluctance to peruse interests or plan for future









## Responding to Traumatic Stress 3. Selected Mental Health Crisis Interventions • Student Psychoeducational Groups • Group Crisis Intervention • Individual Crisis Intervention

Brock (2012)

## Responding to Traumatic Stress 4. Indicated Mental Health Crisis Interventions Psychotherapy

## Responding to Traumatic Loss Address Traumatic Stress Assessment of Grief Universal Grief Interventions Selected Grief Interventions Indicated Grief Interventions



## Responding to Traumatic Loss 2. Assessment of Grief 1. Has there been changes in sleep patterns since the death? 11. ... eating patterns since the death? 111. ... academic performance since the death? 112. ... increased dependency since the death? 123. ... overall behavior (increase in energy; acting out more; increase aggression)? 124. Has the student been more withdrawn and/or appeared sad or depressed? 125. 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
- · 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  |
|------------|--|---|
| Feelings   | Sad, down, discouraged                             | Despair, hopeless   |
| Duration   | Temporary - minutes, a few hours, or a day         | Lasts weeks, months, or longer  |
| Mood State | Temporary loss of interest in activities or desire | Long-term loss of energy, motivation, concentration                                   |
| Impact     | 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
- Anary 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

## 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 memoires
- Change in future plans
- · Loss of special recognition an support
- · Decreased sense of safety and security

lition to Support Grieving Students (2015)

## 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)

Coalition to Support Grieving Students (2015)

## 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

/www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm

## 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

### 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  $\operatorname{cultur} {\bf e}$ 
  - 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... "Can you tell me more about what this has been like for you?" know just what you're going through." You must be incredibly angry. "Most people have strong feelings when something like this happens to them. What has this been like for 'This is hard. But it's important to remember the good hings 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' Il 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 "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?" Coalition to Support Grieving Students (2015)

## Responding to Traumatic Loss

## 4. Selected Grief Interventions

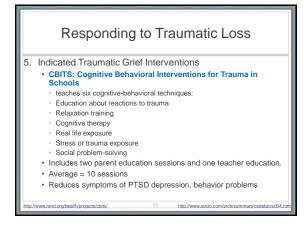
- Funeral attendance
- · Benefits feel included, comforted by support of others
- · Learn about own grief when see others grieving
- · Explain what will happen
- · Answer questions
- · Let children decide
- · Pair adult with each child













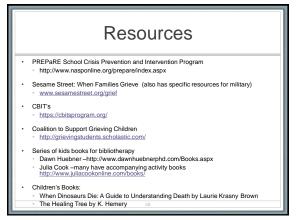
## Responding to Traumatic Loss 5. Indicated Grief Interventions • Trauma Focused CBT • Uses acronym: PRACTICE and incorporates psychoeducation • Parenting skills - optimize children's emotional and behavioral adjustment. • Relaxation and stress management skills • Affective expression and modulation are taught to help identify and cope with a range of emotions. • Cognitive coping and processing – focus on relationships among thoughts, feelings and behaviors; modify inaccurate or unhelpful thoughts about the trauma. • Trauma narration - children describe their personal traumatic experiences • In vivo mastery of trauma reminders – help overcome avoidance of situations that are no longer dangerous, but are reminders • Conjoint child-parent sessions - help the child and parent talk to each other about the trauma. • Enhance future safety and development – address safety, help the child regain developmental momentum, and teach additional skills needed to end treatment.

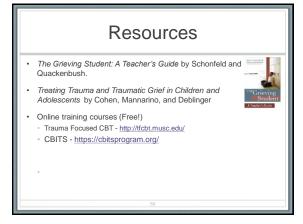
## Responding to Traumatic Loss

- 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

Brock (2011); Coalition for Grieving Children

## Resources





Concluding Comments

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

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