

NCTSN

The National Child  
Traumatic Stress Network

# GUIDANCE FOR SCHOOL PERSONNEL: STUDENTS WHO HAD A LOVED ONE DIE IN THE EARTHQUAKE

July 2008

## **About the National Child Traumatic Stress Network**

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

## GUIDANCE FOR SCHOOL PERSONNEL: STUDENTS WHO HAD A LOVED ONE DIE IN THE EARTHQUAKE

### Introduction to trauma

The earthquake was a terrifying disaster for adults, children, families, and communities. The extreme life threat, destruction, injury, and loss of life made this experience especially traumatic. While struggling for their own survival, many saw friends, family, co-workers, and neighbors seriously injured or die. During such an event, children and adults often feel intense fear, helplessness, and horror. These feelings can keep coming back for a long time afterwards. When a trauma causes the death of a loved one, children and adolescents may experience *traumatic grief*, where grieving and mourning are made more difficult, and it becomes hard for them to remember the person they lost without also thinking or picturing how the person died.

Reactions to the trauma and loss are likely to show up in children's behavior at school, and teachers can play an important role in the recovery of their students. By better understanding students' reactions, teachers can be prepared to provide appropriate support within the school setting. By being informed about trauma, teachers and staff will be better able to assist students with current school functioning and prevent future difficulties.

### How do children and teens react to trauma and loss?

Children and teens react to trauma and loss in different ways. Their disaster experience, level of understanding, ability to handle difficult emotions, and ways of coping will differ according to the age of the child, temperament, and other life experiences or emotional problems. Caregivers, family, peers, school, and community all contribute to how children and adolescents react and recover. Many children recover after a brief period of difficulty. Others may continue to have problems, while some become worse over time. A traumatic experience and the death of someone important may affect children's sense of safety, trust in the ability of others to provide protection, reliance on the security of loving relationships, emerging confidence in self-care—including handling danger, and sense of life as fair and controllable.

Children's understanding of death changes as they develop and is influenced by family, religious, and cultural values, such as the following:

- Pre-school children may not understand that a death is permanent, and expect the person to return.
- School-age children may understand the physical reality of death, but—in longing for the return of a lost loved one—may experience feelings of their presence.
- Adolescents may keep acting “young” and in need of a deceased parent, or minimize the loss and try to “grow up too fast.”

When there is no physical confirmation of the death, as occurred after the earthquake where so many bodies were not soon recovered, the above reactions can be much more intense and long-lasting.

A loss can impact a young person in different ways at different stages in his/her life. A toddler whose caregiver died will be affected by the change of caregiver and disruption to daily routine. A school-age child loses not only a caregiver, but also continuing emotional support and daily help with schoolwork and outside activities. A teenager, who was becoming independent when a caregiver died, may be torn between a sense of responsibility to surviving family members and the wish for greater independence.

When a loved one has died in a way that has been traumatic, a child or teen is at risk for developing childhood *traumatic grief*, in which common reactions may interfere with a child's ability to have positive memories and engage in activities that would be helpful for adjusting to life without the person.

There are certain general reactions and responses that are common following a disaster such as an earthquake. It is not unusual for children and teens who suffer a traumatic loss to have difficulties afterwards in the following areas:

- Thoughts
  - confusion
  - problems with concentration, memory, attention
  - thinking that they should have done something to prevent the death
  - thinking that someone else close to them may die
  
- Feelings
  - fear, anxiety, or worry about one's own safety or the safety of others
  - helplessness, lack of control
  - sadness, depression, hopelessness, loneliness
  - anger, irritability
  - guilt, shame, insecurity
  - being overwhelmed
  
- Physical reactions
  - fatigue
  - stomachache, headache
  - rapid heart beat, shakiness
  - other physical complaints
  
- Behaviors
  - fighting, having tantrums
  - clinging, refusing to separate or be alone
  - disinterest in usual activities
  - poor hygiene or self care
  - avoiding or withdrawing from others or activities
  - changing pattern of, or having problems with eating and sleeping
  - poor school performance
  - acting out, engaging in risky behavior
  - other unusual change in behavior

- Reactions to reminders
  - Trauma reminders: Places, situations, people, sights, smells, or sounds related to the death, including hearing a crash resembling collapsing buildings, hearing screaming, or seeing rubble.
  - Loss reminders: People, places, objects, situations, thoughts, or memories, such as an empty chair at the dining table or in the classroom.
  - Change reminders: Situations, people, places, or things that are reminders of how life has changed, such as moving in with relatives or a having a new teacher replace a teacher who died.

### **What is posttraumatic stress disorder?**

Posttraumatic stress disorder refers to a particular group of reactions that occurs at least one month following a trauma. The three general types of symptoms include:

- *Re-experiencing*: A kind of reliving the event, including having recurrent upsetting thoughts, repeated distressing nightmares, or—in young children—repetitive play about the event. For example, a child may play repeatedly by building a tower out of blocks, knocking it down, then building it back up only to knock it down again.
- *Hyperarousal*: Being hyper alert—on the lookout for danger—while at the same time being nervous, jumpy, agitated, irritable, angry, or having an increased startle reaction. For example, a child may feel her heart racing upon hearing a sound that resembles collapsing buildings or when a floor shakes.
- *Avoidance/withdrawal*: Avoiding thoughts, feelings, or places that remind the child of the trauma, including withdrawing from or becoming disinterested in activities, or becoming emotionally distant. For example, a teen may refuse to participate in a team activity at school after members of the team have died.

### **What is the grieving process?**

There is no right or wrong way to grieve; nor is there an appropriate length of time to mourn a death. Different children grieve in different ways, and the process changes as a child grows older and faces new experiences. A child, who as a toddler lost a brother, may have new questions about the death as he grows older. A girl, who as a child lost her mother, may have a new sense of longing for her as she becomes a teenager. Over time, it is helpful if children can:

- Accept the reality and permanence of the death.
- Cope with the painful emotions related to the death, such as sadness, anger, confusion, and guilt.
- Adjust to changes in their lives and in their identity that result from the death.
- Develop new relationships or deepen existing relationships to help them cope with difficulties and loneliness.
- Maintain a continuing healthy attachment to the person through reminiscing, remembering, or creating a memorial.
- Make meaning of the death, including understanding the significance of the loss.
- Be able to have positive memories and engage in activities that help with adjustment to life without the loved one.
- Continue with normal developmental tasks and activities.

### **What are the signs a child or teen is having difficulty with childhood traumatic grief?**

When a child is struggling with childhood traumatic grief, even happy thoughts about the person who died may lead to upsetting memories. When traumatic or loss reminders occur, the child may repeatedly focus on the distressing aspects of the death and not proceed through the normal grief process. The grieving process can be further complicated if the child's own life was in danger.

A young person having difficulty with the grief process may:

- Have intrusive memories about the death, which occur unexpectedly or appear as nightmares.
- Feel guilty about how the person died.
- Avoid unpleasant thoughts, feelings, and reminders, by skipping school, staying away from the sites of collapsed buildings, or refusing to play a game he had enjoyed with a deceased parent.
- Withdraw emotionally—appearing numb or having no feelings—as a way to manage upsetting feelings.

There can be long lasting effects when a child's post-trauma/loss reactions are not addressed. An adolescent may develop serious problems with depression, abuse alcohol or drugs, or have other mental health difficulties later in life. When grief issues continue for months, or become intense or frequent enough to interfere with a young person's ability to go to school, enjoy friends, participate in activities, and engage in typical child behavior, caregivers should consult a mental health professional.

### **Who is at risk for difficulty?**

With nurturing support over weeks and months, many children and teens will find their fears, sadness, and distress decreasing, and they will gradually engage in more typical, age-appropriate activities. Others, however, may continue to suffer. Children more at risk for having problems and requiring extra attention are those who have the following:

- Previous traumas or deaths
- Prior physical, emotional, or learning problems
- Caregivers who have difficulty adjusting
- Limited or less support from friends, family, and other adults
- Additional stresses related to changes and loss of home or school

### **What issues are particular to the school setting?**

The students, as well as the entire school community, are still adjusting to the devastation and death caused by the earthquake. Many school personnel in the affected areas have been displaced and/or have been injured themselves. Many are grieving for their lost family members, fellow teachers and staff, or students who died or had to move elsewhere. Issues for schools include:

- School community
  - The school building may have been damaged and will be a reminder of events and a trigger for unpleasant reactions.
  - The composition of school personnel may have changed, leaving adults and students feeling upset.

- Peers who have been lost or relocated will no longer be available for support and new, relocated students will change the classroom composition.
  - Group or social activities may have changed or ended.
  - The school community may need to establish new methods and new support systems to return to its former level of functioning.
- School personnel
    - Staff may be struggling with their own reactions and symptoms of trauma and grief; they may not work as effectively as they did or may be less available to students than they were before.
    - Staff may feel burdened by the added demands of a changed classroom and students experiencing a range of responses.
    - Teachers may find that certain subjects they have taught, on topics related to rocks or earth, may now stir up distressing or painful memories and reactions.
- Students
    - During the school day, students may experience reminders, express grief-related reactions, or display other symptoms. It is important to remember that these responses may be associated with the students' experiences of the earthquake, so that problems are identified and handled correctly. A tired student may not be getting enough sleep because she is having nightmares. A student who appears to be daydreaming may be having distressing thoughts. A student avoiding participation in an after school club may be upset that a new coach has replaced one who died. An angry student may be mourning a classmate. A student with incomplete homework may be spending all his extra time rebuilding his home.
    - Teachers and staff may observe specific symptoms and reactions that suggest difficulty. They might see students engaging in repetitive play or notice that art projects have themes or images related to the earthquake or to death. Some students may be pre-occupied with talking about or asking questions about details of the event.

### **How can school personnel help a student?**

School personnel play a very important role in observing students, understanding how to create a supportive school environment, and identifying when a student needs to be referred for additional help. Here are some suggestions for educators:

- Be aware of the common reactions described above.
- Remember that not all children will develop childhood traumatic grief; for those who do have difficulty, expect to see a variety of reactions.
- If you have concerns about a student, share important and appropriate information with other staff about him or her.
- Maintain normal school routines and a predictable schedule as much as possible. Create a supportive environment, taking time to prepare students for changes.
- Provide an atmosphere of safety, normalcy, and fun. It is helpful to encourage participation in social and extracurricular activities.
- Try to provide a place in school with a nurse or counselor, where students can go for help and find someone to talk with.

- Listen carefully to a student's concerns. Try to be open and calm. Do not force students to talk about their fears or thoughts; rather, let them know you are available if they wish to share what's on their mind.
- Answer students' questions honestly, providing clear information tailored to their age. Be prepared for some students to request information repeatedly. It is not harmful for staff to admit that they don't know an answer.
- Be flexible. Modify assignments and testing to help students who are having more difficulty.
- Adjust presentation of topics when necessary; for example, lessons in science might include accurate information about cyclones.
- Use teaching strategies that promote concentration, retention, and recall to increase control and performance. It may be helpful to outline the content of presentations before beginning, break new or complicated information into small segments, or provide handouts of material being discussed.
- Monitor students' performance for signs that a student is having problems or falling behind.
- Understand that anger or regressive behavior may be part of the child's or teen's reaction to a traumatic death. Help the student feel safe and, if necessary, seek additional help.
- Help students be sensitive to each other's distress and support each other in positive ways. For example, encourage students to include each other in play, monitor teasing, educate students about peers' need for quiet time, pair students for activities so that all students are included.
- Be alert to students who are feeling overly responsible; reassure students they are not to blame for the event or death.
- Help students develop and use their own coping skills, such as talking to a trusted adult or enjoying pleasant activities like playing with friends, reading for pleasure, singing, dancing, or doing art.
- For those who are able or interested, involve students in school or community activities that help others.
- Be a role model, by dealing appropriately with your own upset feelings.
- Build a caring, supportive relationship with students and be available to assist families with their concerns.
- Monitor and attend to your own reactions. Be aware of personal distress that might make it more difficult to work with students. Network with colleagues, seek out support of family or friends, and keep yourself in good health.
- Refer students needing additional help—those having significant problems with school work, showing signs of depression or acting out behaviors, or having continued intense upsetting reactions—to school professionals and counselors.