



MEMORANDUM

Date: 07 September 2010

To: Board of Trustees

From: Tim Monds, Acting Superintendent

Originator: Emilie Keane, Acting Associate Superintendent

Subject: **Critical Incident Response Manual for Loss and Bereavement**

Recommendation:

That the Board of Trustees receives as information the Critical Incident Response Manual for Loss and Bereavement for Parkland School Division as presented at the Regular Board Meeting of 7 September, 2010.

Background:

The death of a staff member or student in a school has significant effects on both individuals and the school community as a whole, and educators are particularly concerned about the impact of death on children. As a result, the need to develop a counseling team which can be available to assist with closure and resolution of grief following a death within the school community is imperative.

“Children often look to adults – counselors, teachers, and parents – for direction in forming their lives. The most important aspect of helping young persons cope with all kinds of loss is for adults to share their own grief with them, including what they have learned in coping with loss.” (Lindberg 1973)

As children look to adults, so do adults look to other adults for support and assistance in dealing with loss. The importance of recognizing the needs of staff must also be considered as an integral component of bereavement and loss resources.

The following model presents Parklands School Division guidelines for the implementation of a Division Critical Response Plan and Critical Incident Response Team whose areas of responsibility include assisting the schools’ students, staff, and parents to deal with loss within the school community. The Critical Incident Response Team (C.I.R.T.) does not replace the PSD Hour Zero Plan or Team, but rather provides a different service and support for schools when a member of the school community has died.

Parkland School Division No. 70

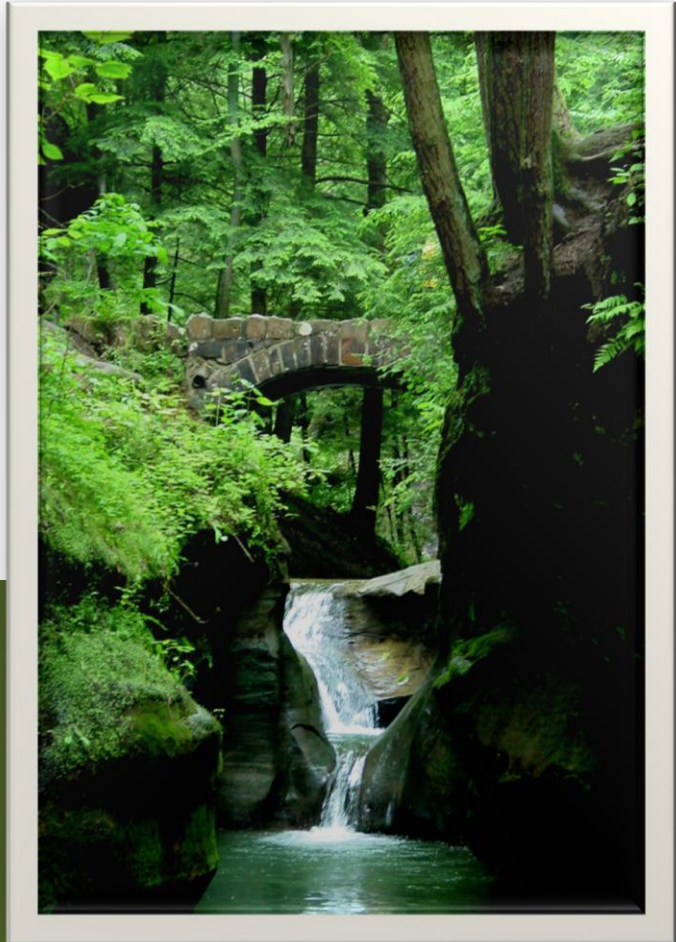


Critical Incident Response Manual for Loss and Bereavement



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PREFACE

Critical Incident Response Team

Rationale:

The death of a staff member or student in a school has significant effects on both individuals and the school community as a whole. The following quote by Jim Fulton entitled “Post-vention is Pre-vention” states:

*“The death of a student or staff member in a given school is a significant stress and/or loss event to those persons. It impacts individuals as well as the educational process itself. All individuals, from volunteer to the most senior administrator are affected, some more, some less! The process of school, education and learning is further jeopardized following a death of staff member or student because the people in that system experience confusion and disorganization. **Once confusion and disorganization occur, efficiency decreases, productivity is reduced and, until the precipitation event, death in this case, is openly dealt with, one can expect a cyclic pattern or reduced learning and increased stress.**”*

Research into the grieving process has undergone several changes historically. Originally, physiological symptoms such as weight loss or gain, loss of appetite, or insomnia were viewed as key indicators of grief. This “medical model” led to debate about the relationship of depression to loss. Was it healthy or pathological? Kubler-Ross, a well known psychiatrist whose area of specialization involved working with terminally ill patients, proposed a stage theory of grieving which has been widely acknowledged. Her descriptions of these stages (denial, anger, bargaining, depression and acceptance) were not viewed sequentially, nor did each individual faced with loss necessarily experience them all. Cognitive explanations of grieving have given rise to holistic perspectives (Schneider, 1983/1988), which present “a systematic study of how grief affects not only the biological, emotional, and behavioral aspects of the individual, and also the intellectual and spiritual or attitudinal (in terms of attitudes, values, will to live, etc.)”.

The importance of recognizing the impact of factors such as cultural influences and social context to individuals who have experienced loss has also been documented and interest in the process of grieving ensued. Worden states that the process of recovery involves:

1. Task orientation
2. Acceptance of the reality
3. Experiencing the pain
4. Adjusting to the environment
5. Reinvesting of one’s energy.

Critical Incident Response Team - Continued:

Educators are particularly concerned about the impact of death on children. Under normal circumstances, children up to the age of five appear to view death as temporary and reversible. People who have died retain human qualities such as warmth and may be thought to exist in another part of the world. From five to nine years of age, death is accepted as a permanent state and is often personalized as a specific individual or a “boogey man”. From nine years of age to adolescence, death becomes final. Fear of death increases, and personal death begins to become a possibility. During adolescence, the formation of mature life-death perspectives begins and the cyclical nature of birth and death can be understood. Early exposure to death may accelerate a child’s development. Lack of effective grieving in children has been linked to maladjustment as an adult.

With the foregoing information in mind, the need to develop a counseling team, which can be available to assist with closure and resolution of grief following a death within the school community, is imperative. As Schneider and Frears noted:

“Children often look to adults - counselors, teachers, and parents - for direction in forming their lives. The most important aspect of helping young persons cope with all kinds of loss is for adults to share their own grief with them, including what they have learned in coping with loss. As Lindberg (1973) has noted, “I do not believe that sheer suffering teaches. If suffering alone taught, the entire world would be wise, since everyone suffers.”

To suffering must be added mourning, understanding, patience, love, openness, and the willingness to learn from their grief. They need to have their losses recognized and support provided, both within the family and the school setting.”

As children look to adults, so do adults look to other adults for support and assistance in dealing with loss. The importance of recognizing the needs of staff must also be considered as an integral component of bereavement and loss resources.

The following model presents Parkland School Division guidelines for the implementation of a Division Critical Incident Response Plan and Critical Incident Response Team whose areas of responsibility include assisting the schools’ students, staff, and parents to deal with loss within the school community. The Critical Incident Response Team (C.I.R.T.) does not replace the PSD Hour Zero Plan or Team, but rather provides a different service and support for schools when a member of the school community has died.

Definitions

While the definitions provided are not exhaustive, the following terms will be used as part of Parkland School Division's Critical Incident Response Plan:

Crisis Response:

- Refers to the response that follows a crisis. Crisis will also include situations where staff and/or students are dealing with the sudden loss of a student or staff member.

Critical Incident: (Also referred to as traumatic event or crisis)

- Critical incident is the event or situation that causes stress, fear, distress and/or grief, thereby seriously impacting individuals of a community.

Trauma: (Also referred to as traumatic stress)

- Trauma occurs when the experience of the crisis creates an extreme level of stress and/or fear. The intensity of the experience exceeds the resources and coping mechanisms that the person normally utilizes under difficult situations, resulting in a state of disequilibrium.

Crisis Incident Response Team (C.I.R.T.):

- The committee or group that makes decisions on how to respond to crises in the school community.

Critical Incident Group Debriefing (C.I.G.D.):

- Refers to a short-term group intervention process that focuses on an immediate event or crisis. The process seeks to provide a place for participants to talk and share feelings. The purpose of the C.I.G.D. is to lessen the likelihood of participants experiencing symptoms of trauma and stress.

Understanding Crises

When to Activate the Critical Incident Response Plan

Crisis or Trauma

People generally exist in a state of balance or equilibrium. In this balance, there are the normal stresses – like being late for work, getting a flat tire or dealing with a sick child. Despite these stresses, most of the time, most people remain in a state of balance.

Throughout our lives there will be crises that occur – for a moment this crisis may throw individuals out of their state of balance. After a short period of being unbalanced, they readjust to their normal state and go on with life. However, in some situations, the experience of the crisis can throw individuals so out of their state of balance that they become traumatized.

When Trauma Occurs

Physical Response:

- Immobilization, disorientation, numbness
- Fight-or-flight
- High doses of adrenaline begin to pump through the body
- Pupils dilate
- The body may rid itself of materials by urinating or regurgitating
- The heart rate increases and may cause hyperventilation or sweating

Mental Response:

- Attention ability is heightened. This is why people remember every detail – the incident gets burned into their memory.

Emotional Response:

- Phase one: shock, disbelief, denial
- Phase two: anger, fear, sorrow, confusion, self-blame

Coping

One begins to work through experience, and comes to grips with the emotional impact of the incident.

Resolution

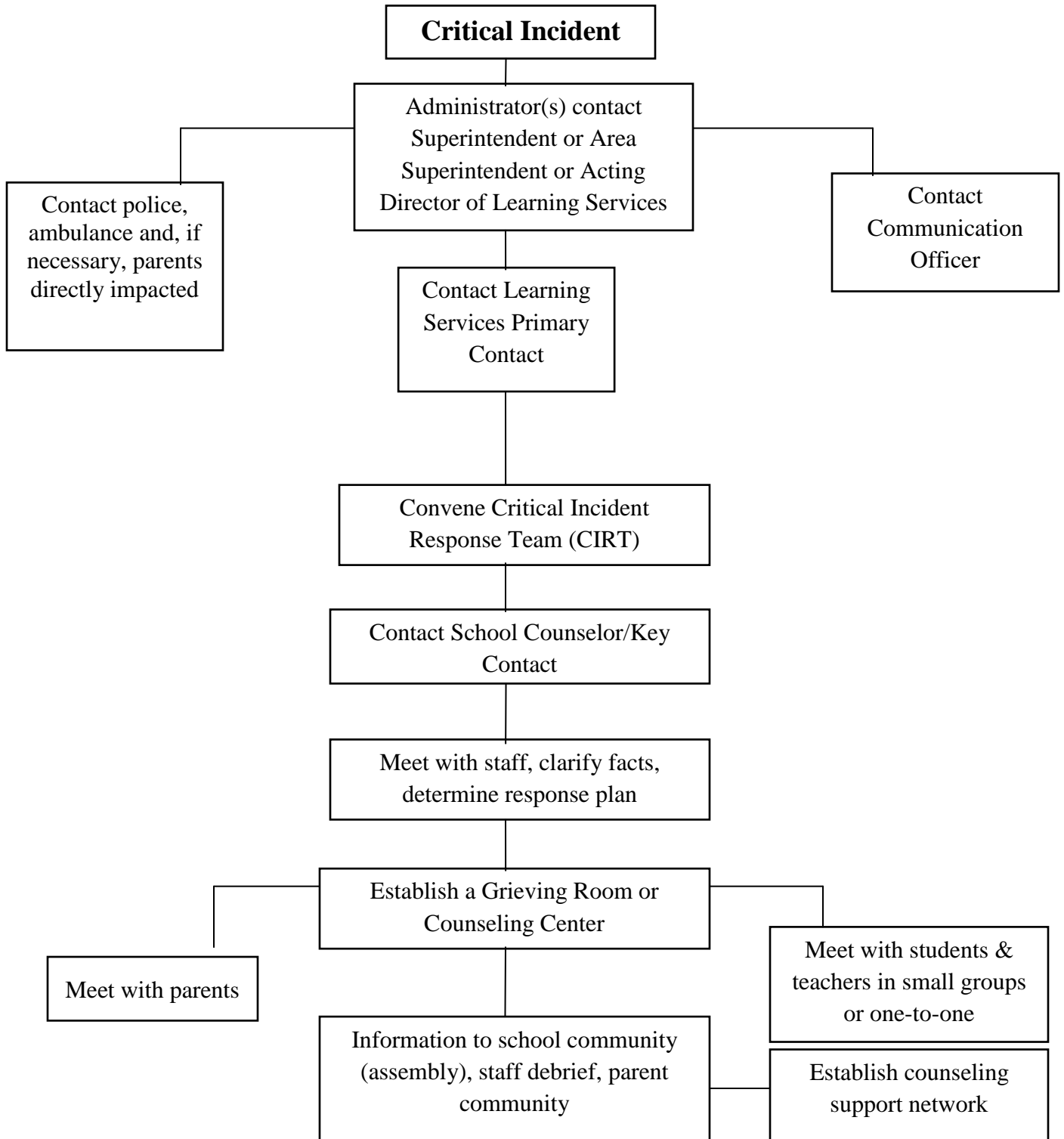
One reaches a state of acceptance and integration of the experience. (Note: One can become stuck and not move on to the coping and resolution stage in which case assistance is needed.)





ACTION PLAN

Critical Response Flow Chart



Critical Incident Response Team (C.I.R.T.) Response to Death Within the School Community

Procedural Guidelines

- 1. *Access the Critical Incident Response Team (C.I.R.T.) through Parkland School Division Office.***

The first contact to access the C.I.R.T. team would be from the school administrator to the Superintendent or Area Superintendent or, in their absence, a division office designate, who will act as the contact person for the school in need of C.I.R.T. services. The Acting Director of Learning Services Team would be the designate and in his/her absence, a Learning Services team member would be the next contact.

- 2. *C.I.R.T. will meet at the school to determine needed response, and to discuss and complete the classroom response plan.***
 - a. School administration will initiate family contact – obtain all known facts and determine special family requests.
 - b. If required, C.I.R.T. and the administrative team will arrange for substitute teachers for administrators, counselors and/or other staff, including support staff, and access community resources (clergy, FCSS, parent volunteers, or local health unit) when appropriate.
 - c. If required, school administration will arrange relief time for the secretaries and/or staff engaged in answering telephones.
- 3. *Administration will contact all affected school's personnel and request their presence at a subsequent staff meeting. Utilize the telephone fan out if needed.***
- 4. *CIRT will meet with the staff to share the classroom response plan, discuss possible responses to grieving, and gain information about at-risk students. Information will be given on the grieving process.***
 - a. Meet with the staff:
 - i. Distribute and present a written synopsis of the situation to each staff member.
 - ii. Assist the staff to deal constructively with collective grief.
- 5. *Division Office will designate a spokesperson to deal with the media.***
- 6. *C.I.R.T. will set up a grieving room.***
- 7. *Decide who will conduct the classroom sessions with the students. Teachers will be encouraged to lead the classroom interaction; however, the choice will be theirs. They may co-facilitate with C.I.R.T. members as well as lead this interaction on their own. Meet with the students by homeroom or at grade level. Target classes with most perceived need first, and allow the teacher to have the option of co-facilitating.***



8. *Decide if a memorial service will be held at the school and send a sympathy card to the family. (See the appendices for Memorial Services)*
9. *Send a written message to all parents to outline what has happened. (See Sample Letters in the Appendices)*
10. *End the day with a wrap-up staff meeting of any concerns or unfinished business. Debrief and evaluate the intervention by C.I.R.T. and the School Response Team.*
11. *Follow-up with the students and staff absent from Day One.*
12. *C.I.R.T. debrief with students and staff 24 to 72 hours after the initial C.I.R.T. Session.*
13. *Develop a plan to manage spontaneous memorials and requests for permanent memorials.*

CAUTION! *It is important to allow a period of time to pass before the personal effects (desk, work, symbolic presence) of the deceased are removed. This enables the students and staff time to say goodbye and accept the loss of the person. When appropriate, remove such effects while classmates are present.*

Scope of Crisis Events and Intervention Phases

	Major School Wide Crisis (e.g. death of student or staff member)	Small Group Crisis (e.g. serious illness of a fellow student, small group involvement in serious negative behavior)	Individual Crisis (e.g. disclosure of suicide plan/harming others, death in the family)
During the Emergency	<ul style="list-style-type: none"> • Call in PSD Team • Follow the Critical Incident Response Flowchart and Checklist 	<ul style="list-style-type: none"> • Ensure safety • Determine facts • Contact parents • Risk assessment • Assess capacity of the school to handle the situation. • Call in PSD Critical Incident Response Team, if needed • Determine plan of action • Keep students informed of and part of process 	<ul style="list-style-type: none"> • Ensure safety • Determine facts • Contact parents • Risk assessment • Determine plan of action • Communication on a 'need to know' basis
Immediate Aftermath	<ul style="list-style-type: none"> • Positive ongoing support as needed for 1:1, small group, delayed reaction • Teacher preparation – understanding of contextual variables • Determining and honoring the wishes of parents • Communication with community and media • Critical incident stress debriefing 	<ul style="list-style-type: none"> • Immediate check-ins • Determine who will check in with whom 	<ul style="list-style-type: none"> • Debrief • Parent follow-up • Determine roles and responsibilities for follow-up
Days/Weeks Following	<ul style="list-style-type: none"> • Evaluate the process • Teacher information and support provided • Critical incident stress debriefing at key points 	<ul style="list-style-type: none"> • Monitor students within the zone of influence 	<ul style="list-style-type: none"> • Monitoring the student involved • Monitor students within the zone of influence • Access community supports as required • Evaluation of process
Prevention in the Future	<ul style="list-style-type: none"> • Liaison with community key contacts (e.g. RCMP, etc) 	<ul style="list-style-type: none"> • Community Watch • Education – school based intervention • Assembly (if applicable) 	<ul style="list-style-type: none"> • Regular check-ins

Classroom Response Plan for Death of a Student and/or Staff Member

(A Template for teachers to use with their students)

Note: Teachers may start with a brief reflection/poem for the deceased and end with a reflection/poem for everyone present.

1. Explain all Known Facts:

- a. If required, address rumor/speculation and clarify student perceptions. Don't evade any questions. Children's imagination will build in details. If they ask, answer in as non-threatening a way as possible. Create a climate where asking is acceptable.
- b. Communicate family wishes in regard to behavior toward the bereaved.

Synopsis of Events



Classroom Agenda Planning Sheet – Continued:

2. Student – Teacher Interaction

Note: Students suffer more exclusion than from the loss itself. Identify the range of individual expressions of grief, e.g. crying, verbalizing grief, non-communicative grief, hugging, and expressions of anger, questioning, sullenness, denial, indecision, physiological irregularities, and withdrawal. Affirm the range of grief expressions noted within the classroom as “normal”. Allow yourself to express your own grief with your students. You may be better prepared to do so if you have reflected on your previous experiences with death. The following questions may assist your reflective process as well as be helpful with the student.

- What is the first loss by death that you remember?
- What feelings did you have about that loss?
- Where were you? How did you behave?
- Who supported you?
- What messages about death did you get from your mother / your father?
- Who (what) influenced you most in the view of death you hold today?
- Where appropriate, explain how personality factors affect grieving.
- What feelings are you having right now?

Possible Reactions to this Situation:

Classroom Agenda Planning Sheet – Continued:

3. Developmental Factors

With younger children, be aware of developmental factors affecting perception of death. Before 5 years, death is viewed as reversible and temporary. Children may believe people who have died exist in another part of the world. Age 5-9 approximately, death is accepted as a permanent state often personalized as a specific entity or “boogey man”. At age 9 to adolescence, death becomes final, fear of death increases and personal death begins to become a possibility. Early exposure to death may accelerate a child’s development, particularly the awareness of the cyclical nature of life and death.

One of the fears surrounding death for children is the fear of separation or abandonment.

4. Possible Issues Related to this Tragedy

While answering questions/debriefing, a helpful focus may be to remind students to reflect about behaviors, coping strategies that they find helpful. Ask yourself, “Does this make things better, or will it make them worse?”

A. Probable Questions:



Classroom Agenda Planning Sheet – Continued:

B. Fears:

C. Guilt and Blame:

No one can change the past; we can only work toward building a better tomorrow.

D. Anger:

No one can change the past; we can only work toward building a better tomorrow.

E. Sadness / Depression:

May be triggered by previous losses as well as this loss.

Classroom Agenda Planning Sheet – Continued:

F. Friendship Issues:

5. Share the following “Steps of Grieving” with the students:

- Accept the reality: help students to actualize the loss.
- Experience the pain: help students identify and experience their feelings.
- Adjust the environment: recognize that change has occurred and is permanent; inform students “there’s no time limit to grieving.”
- Reinvest the energy: affirm students’ pain; help students identify possibilities for growth arising from the loss.

6. Ask the students what they would like to do to acknowledge the life of the deceased for the bereaved.

Remind them to respect the wishes of the bereaved.

Classroom Agenda Planning Sheet – Continued:

7. Inform the students of the purpose and the location of the counseling centre and /or grieving room.

8. Identify and monitor the students who appear to have difficulty coping. Refer them to the Counseling Department when appropriate. Would some groups benefit from Critical Incident Group Debriefing (CIGD)?
9. Attend the end of day debriefing in the staff room 10 minutes after the last bell.

Snacks provided compliments of the management or administrative team!

Individual Debriefing

The process of individual debriefing differs from counseling. The focus of debriefing is to provide immediate support, safety and help. While many people are capable of debriefing individuals, counseling should only be provided by a trained professional. Nonetheless, debriefing moves beyond only being there to have a shoulder to cry on.

Debriefing Guidelines:

1. Establish rapport – Debriefing often begins with just being present, sitting with the person(s) affected by the critical incident as they try to make sense of everything. If you feel you are forcing conversation and they are not ready to talk, just be there and allow silence.
2. Listen, Listen, and Listen – Be ready for intense reactions and emotions. Don't attempt to sort things out for them.
3. Help them explore reactions and emotions – Ask open-ended questions about how they are feeling and validate their thoughts.
4. Normalize – Let them know that their feelings are normal and OK.
5. Assess for safety – Are they suicidal, capable of driving, potentially violent?
6. Assist in mobilizing a support system – Offer to contact family, friends, clergy, counselors, etc.

Do say:

- These are normal reactions to a crisis.
- It is understandable that you feel that way.
- I would like to just sit here with you for awhile.

Don't say:

- It could have been worse.
- It's best if you just stay busy.
- I know just how you feel.
- God works in mysterious ways.

Human nature often drives us to attempt to fix someone's painful situation. However, in doing so, people may feel misunderstood or even more alone. Be mindful of what you say and the manner in which you say it.

Media Relations during a Crisis

The media can be helpful in terms of informing community members about resources and plans. They can also sensationalize the situation and cause stress on both family and critical response team members.

Parkland School Division Administrative Procedure states:

Background

The Superintendent has been given the responsibility to ensure positive internal and external communications are developed and maintained. The news media are an important vehicle through which the Division keeps the electorate accurately informed and increases public awareness of education. Notwithstanding this, the Division has an obligation to protect its students and staff from unwelcome intrusions into the operation of its schools.

Procedures

- 1. Information releases, which accurately communicate the Board's business to the public, may only be issued by persons authorized by the Board as per Policy 5 – Role of the Board Chair.*
- 2. The Superintendent shall approve all information released to the media. All media requests received at the school shall be directed to the Superintendent.*
- 3. Media representatives shall not be allowed to disrupt the normal operation of a school or a class for the sole purpose of information gathering. This includes the interviewing of Division employees and/or students during regular class times.*
- 4. Media representatives may be asked by the Principal or Division staff to leave the premises or grounds where it is deemed to be in the best interests of the students and staff to do so.*

Reference: Section 27, 60, 61 School Act
Freedom of Information and Protection of Privacy Act
Policy 5 – Role of the Board Chair

Tips for dealing with the media during a crisis:

1. Ensure everyone understands that media are not allowed on private/school property in the aftermath of a crisis without permission.
2. Plan in advance. Meet with your local reporter to talk ahead of time about how you might handle different events that arise in the community.
3. One spokesperson will be designated to deal with the media.
4. Inform other personnel about who the spokesperson is and advise them to direct all media inquiries to this person.
5. Know what information can and cannot be released.
6. Prepare for an interview by gathering as many facts about the event as possible. It is advisable to prepare a brief written statement for the media.
7. Cooperate – if the spokesperson does not give reporters answers, they will seek them from other sources. Understand that the media will put out some sort of story. Help it to be a story that is respectful and honors the deceased appropriately.
8. Be honest. If you cannot release information say, “At this point we cannot release that information because...”

References/Acknowledgements

“Building Community Capacity for Risk/Threat Assessment and Crisis Response”. Alberta Mental Health Board

Community Resource Directory. 2010 Green Book. City of Spruce Grove, Parkland County, Town of Stony Plain. Family & Community Support Services (FCSS). 2010

Crisis & Trauma Resource Institute Inc.

Greater St. Albert Catholic School Division. “Loss and Bereavement Manual”. December 2007.

The Support Network. Edmonton, Alberta.





APPENDIX A

Memorials

Appendix A:

Memorials

Memorials and ceremonies following a crisis can serve an important role in the healing process for a school community. In addition, they can also help bring some closure to the crisis so that the school community can move on to a more normalized functioning.

It is advisable to plan a variety of activities instead of only one “big event”. This allows people to choose to participate in what they feel comfortable with. It is also important not to assume that everyone will wish to participate.

Issues to consider when planning memorials:

Permanent memorial (planting a tree, hanging a plaque, etc.);

- What is the purpose of the permanent marker?
- Where will it be placed?
- What are the issues to consider when placing a memorial in high traffic areas?

Temporary memorial (place to leave cards, flowers, light candles, etc.):

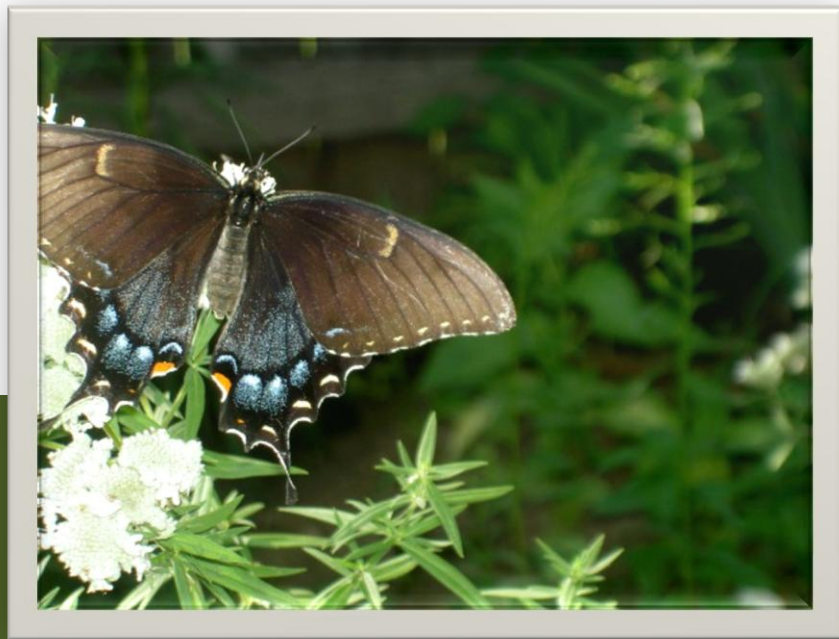
- What will happen to the memorial?
- How long will it be up?
- How will people be informed of this? (make these decisions prior to establishing such a memorial)

Memorial Service (service with speakers, music, etc.)

- Don't wait too long after the crisis to have a service.
- Keep the length of the service age appropriate (shorter for younger students).
- Help younger children understand the purpose of the service.

All memorial activities should:

- Consider the precedence that will be set for future events.
- In the event of suicide – issues related to suicide contagion should be considered.



APPENDIX B

Responding to Suicide

Appendix B: (CTRI – Crisis & Trauma Resource Institute Inc.)

Responding to Suicide

How Suicide is Different

While all loss is tragic, there are many complex layers to suicide loss that can have an impact on survivors' grief.

- Suicides are avoidable. This reality leaves the potential for survivors to feel guilty that they “didn’t do anything”. It may also mean that blame for the loss may be placed on other people – friends, girlfriend/boyfriend, therapist, parents, etc.
- Suicides are unanticipated. Friends and family often will say, “I never saw it coming.”
- Suicides are intentional. Survivors may feel anger, abandonment and/or rejection.
- Shame and stigma are often attached to suicide.

Explaining to children:

Very young children do not have a clear understanding of what the term “suicide” means. They do, however, have a better understanding of the concept of killing oneself.

Secrecy about suicide, in the hopes of protecting children, is never a good idea. Use age appropriate responses when talking to children and answering their questions:

- Explain things at the child’s level;
- Validate the child’s feelings and experiences;
- Don’t lie or mislead;
- Reassure the child that the deceased loved them;
- Tell them it was not their fault;
- Encourage them to use expressive activities to convey their feelings;
- Encourage them to continue talking about their feelings.

Mental illness plays a role in most deaths by suicide. It may be helpful to explain a suicide death to children is to begin with the impact of mental illness.

“The death of _____ was caused by an illness that makes people sometimes want to hurt themselves. This illness can be treated, but sometimes it is very hard to recognize and the sickness gets so bad that people feel that the only option they have is to die. When _____ was not sick, he/she loved life and being here very much.”

Suicide – Answering Students’ Questions about “The Why’s”

Why did this happen?

You may be fixated on this question for months or even for years. Your research for this answer may start the moment you hear the news. Sometimes an answer is found, but more often the question only gets partially answered.

There are many circumstances which can contribute to a person’s decision to end his/her life. Regardless of the circumstances, the feelings are often the same – people who consider suicide feel that life is unbearable. They have a sense of hopelessness, helplessness and desperation. In that given moment before taking their life, it seems like the only sensible thing to do.

The overwhelming majority of people considering suicide do not want to die; they merely want to escape the pain of living.

Why didn’t I see it coming?

You may struggle and/or feel guilty that you neglected to see the warning signs of a suicide. Depending on one’s background and training, it is difficult to understand and observe the symptoms and warning signs of suicide, even though in retrospect they may seem very clear. Furthermore, not all suicidal persons show signs of being in danger. Even where there are some signs, if you have not been exposed to suicide before, it is hard to imagine that someone so close to you would be at risk.

In the end, you did the best you could, given the resources you had. You are not to blame.

Why didn’t they tell me?

Some individuals may find it very hard to ask for help. Other suicidal people may not want to burden others with their problems, especially those whom they most care for. Some may feel shame at being suicidal.

Just because the one you lost didn’t or couldn’t talk to you about their pain doesn’t mean that he/she didn’t care for those now suffering as a result of their death.

Suicide Contagion and Clusters

Suicide contagion refers to the increase of suicides or suicidal behavior upon a suicide death.

Suicide cluster refers to a group of suicides that occur closer together in time than would normally be expected.

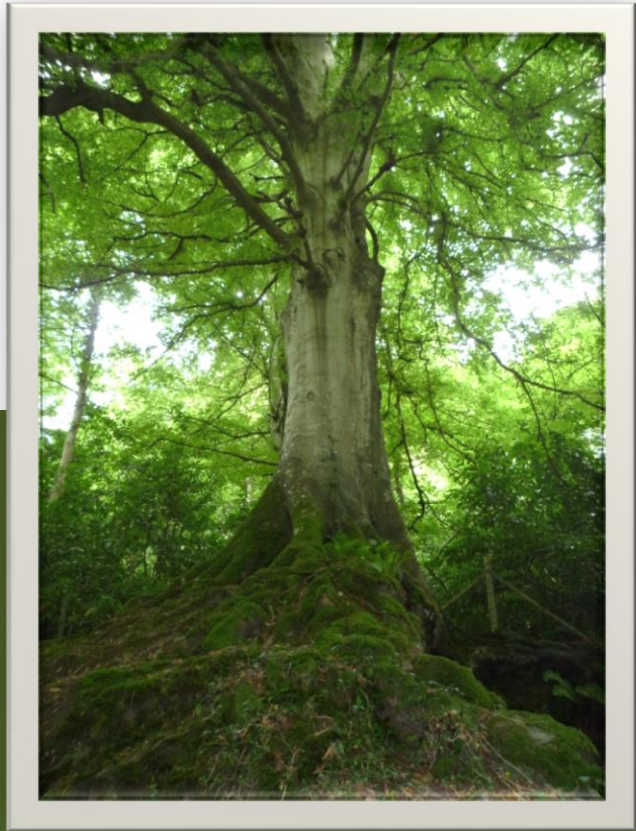
While suicide contagion may involve friends or acquaintances, sometimes knowledge of the first suicides are obtained through the news and there is no close connection to the first victim.

To lessen the possibility of suicide clusters and contagion:

1. Convene the crisis intervention response team (C.I.R.T.).
2. Respond to suicides in a way that minimizes sensationalism:
 - a. Funeral – do not assume that everyone will want to go to the funeral.
 - b. Some recommend there not be permanent memorials – e.g. plaques in memory, yearbook dedication. Permanent memorials may serve as a reminder that suicide is always an option.
3. Evaluate and counsel close friends and family of the deceased:
 - a. Potentially high risk persons – such as relatives, significant others, close friends, past suicide attempters – should be identified, screened and if need be, referred for further counseling.
 - b. At-risk persons often display excessive withdrawal or excessive acting out.
 - c. Ensure that means for suicide, especially those used by the victim, are not available.
4. Encourage media to cover the story appropriately. The American Association of Suicidology (AAS) has prepared guidelines for media in their coverage of suicide. These guidelines can be accessed at: www.suicidology.org/mediaguidelines.htm

Aspects of news coverage that can promote suicide contagion include:

- Presenting simplistic explanations for suicide;
- Repetitive, ongoing and excessive reports of suicide on the news;
- Reporting the “how-to” description of suicide;
- Glorifying suicide or persons who commit suicide.



APPENDIX C

Key Information for Administrators

Death of a Staff Member

NOTE: Please check with the family to determine if they wish to disclose the cause of death.

No letter should be sent indicating suicide, unless the family has agreed. If the family grants written permission, the letter simply should state “death by suicide”. If the family does NOT grant permission, the letter should state “the sudden death of...”

Date:

Dear Parents/Guardians and Students:

It is with deep sadness that I inform you of the death of _____. The community and our school are in shock after the loss of such a vital member of our school community.

_____ was a very active member of our school community. His/her dedication and enthusiasm (Fill in information about the deceased, what he/she contributed to the school.).

_____ was kind, thoughtful, and displayed a sensitivity to others which endeared him/her to staff and students alike.

We have requested the services of the Critical Intervention Response Team (CIRT) from within our division to provide support to encourage emotional health and well being in the school community.

A memorial service to celebrate the life of _____ will be held at our school on _____ (date, time, etc.). An invitation is extended to all members of the school community to attend.

Sincerely,

Principal and Staff



Student Death – Accidental

Dear parents/Guardians and Students:

It is with great sadness that I inform you of the death of a student at _____ School. An eleven year old grade six boy was hit by a car. He is survived by his parents, two brothers and his sister.

Every effort is being made to handle this crisis with honesty, compassion and understanding. The Critical Intervention Response Team members from our Division have made themselves available to our school to assist students, staff and family to provide support and to encourage emotional health and well-being.

Many factors influence our reaction to death: who the deceased was, how or why it happened, the support system available, age, personality, and especially previous loss experience. Your own child may become quite distraught over this tragedy as no doubt he/she knew of the deceased, or perhaps was a close friend. For your information, we have included the developmental stages of grief among children, so that you may support your own child in their time of grief. Suggestions on what to say and do are also included.

If you have any concerns regarding your child or you are able to assist us in any way, please do not hesitate to contact the school.

A memorial service for _____ will be held at a later date.

Funeral arrangements have not yet been announced. Should the funeral be on a school day and your child wishes to attend the funeral, we would ask that he/she attend with a parent or guardian.

Sincerely,

Principal



Death of a Student - Accidental

Dear Parents/ Guardians:

As you may have heard, one of our students, _____, had an accident last week. Yesterday, _____ died.

Because death is difficult for all of us and can be particularly confusing and frightening for children, several members of the Critical Intervention Response Team (CIRT) visited our school today. Team members talked with students and staff about the accident and about the grieving process.

As parents, you can provide valuable assistance to your children during this time. Here are some ideas for talking with children.

- Be attentive to your child when he/she has questions and want to talk.
- Listen to your child's feelings and accept them, even if they are different from yours.
- Give honest, simple, brief answers to your child's questions.
- Make sure that your child understands your answers and the meaning that you intend.
- Use words or phrases that won't confuse your child or make the world more frightening. For example, using the word "sleep" for death can cause a child to be afraid of going to bed.
- Create opportunities for your children to talk with each other about what happened and how they are feeling.
- Be especially loving and supporting; more than anyone else, your child needs you at this time.

Above all, listen to your children and let them know that their feelings are normal and acceptable.

A memorial service will be held for _____ this _____. The service will be at the _____. If there is any way we can help you or your child, please let us know.

Sincerely,

Principal



Follow-up Activities – Information to Parents/Guardians

Dear Parents/Guardians:

This is an update to let you know what activities are underway here at school to help us through the grieving process following the death of _____.

Several staff members visited briefly with the _____ family and delivered cards, letters, pictures and a book written by our students.

Flowers have been sent to the _____ family on behalf of our students and staff.

A ceremony to honor _____'s memory as well as the memory of _____, a student in our school who died two years ago, is being planned. The ceremony will include planting two trees and is scheduled for _____. Parents and friends are welcome to attend.

A "Love Jar" has been located in the school office for students to use to donate change to help us pay for the memory trees.

Please let us know if you have any questions, concerns or suggestions.

Sincerely,

Principal



APPENDIX D

Key Information for Counsellors

Physiological and Psychological Changes Associated with Grieving

Physiological Symptoms	Approximate Incidence
Sleep disturbance (dreams/visions of the dead person, difficulty sleeping)	95%
Constipation and/or diarrhea	80%
Irregular heartbeat or other cardiovascular disturbance	50%
Early waking, feeling depressed	80%
Weight loss or gain	frequently
Sexual disturbance (e.g. menstrual changes)	frequently

Psychological Symptoms

Feeling of sadness and low spirits	nearly 100%
Feelings of guilt, hopelessness and futility	80%
Easily irritated, feelings of edginess	75%
Frequent crying	70%
Fears of dying of the same disease or malady that killed the deceased	60%
Poor concentration	90%
Say that morning is the worst time of the day for them	90%
Have great difficulty making decisions	80%
Experience poor memory	60%

Suggestions for Helping Children Grieve

What is Helpful?

- Accurate use of words
- Comfort and support offered
- Factual information given
- Questions answered
- Perspective provided (e.g. religious)
- Time to grieve
- Chance to say goodbye
- Unfinished business resolved
- Attention to symptomatic behaviors
- Permission to grieve
- Modeling behavior (e.g. seeing others grieve)
- Family stability
- Reassurance for continued care
- Involvement with dying person
- Visitation and viewing of deceased
- Funeral attendance and involvement
- Follow-up talks and visits
- Support from school and community

Grief Counseling Guidelines:

1. Help the survivor actualize the loss.
2. Help the individual to identify and express feelings. Allow individuals to struggle with “why” it happened until they no longer need to know “why”, or until they are satisfied with partial answers.
3. Allow time to grieve.
4. Respect the boundaries given by the person grieving. Help them to set these boundaries if they have not already done so.
5. Interpret as “normal” behavior.
6. Allow for individual differences. People do not need to deal with grief in the same way, but they do need to deal with it constructively.
7. Examine maladaptive defenses and coping styles. If necessary, refer for further counseling.
8. Avoid platitudes – stale, dull or trite remarks.

Maladaptive Grieving Patterns

A person who is supported and accepted in his or her grief will usually choose a grieving pattern that is healthy and adaptive. Grieving takes time. The loss of a close friend or family member may hurt for years.

Time Frames:

- Approximately six months before the grieving person stops thinking daily about the person
- Approximately eighteen months before a large part of the grieving patterns are complete (i.e. patterns that attempt to deny the fact or effect of the death).

Examples of Maladaptive Grieving Patterns:

1. Aggressive, destructive behavior – if prolonged, and not dealt with appropriately, the person could attempt suicide.
2. Withdrawing – immediate withdrawal, emotional and/or physically, is normal. Grieving people need time to themselves. However, individuals may feel so abandoned and hurt that they become fearful of developing close relationships. Intervention is necessary so this pattern does not become permanent.
3. Denial of death – denial as an initial reaction is normal however; the person may use this as a coping device and never talk about the death, talk about the deceased as being alive, or show no emotion about the death. Again, intervention is necessary.
4. Controlling change – to block change related to loss, people might attempt to keep situations the same as they were by reverting or regressing back to a time when they felt secure. This attempt to control change does not allow the person the opportunity to come to terms with the death and the changes following from it.



APPENDIX E

Key Information for Teachers

Specific Tips for Teachers when the Focus of Concern is Death

1. Know and be aware of your own feelings, beliefs and experiences of death. Know how these affect you when faced with the grief of another. Know your own spiritual beliefs.
2. Seek out the bereaved. There is a tendency to avoid people who are touched by death.
3. What to say? Make your response simple and straightforward:
 - “I am sorry about your mother’s death.”
 - “I heard about your loss and want you to know I am concerned and will help if I can.”
 - “I don’t know what to say.”
4. It is not your responsibility to make the person feel better. You are there to make yourself available to the person who may or may not need you. Indicate that you are willing to talk about it, if they want to do so. If they do, let them talk about death, feeling, etc., over and over again. Repetition is a part of the process of grief.

Talk about your own beliefs if appropriate. Comparing one life to another is usually not helpful. Don’t be afraid of tears. Avoid euphemisms: if you mean dying or death, say the word.

Comments which **do not** usually help:

“It will be okay.”

“Time heals everything.”

“Don’t worry about it.”

“God needs more angels.”

“Good people die young.”

“Good people go to heaven.”

5. Recognize that people vary in how much they wish to disclose their feelings. If need be, allow them to talk about their guilt and anger. You do not have to hide or be afraid of your own feelings.
6. Appropriate touching may help a person whose grief leaves him/her feeling isolated. Exercise good judgment and sensitivity to the particular person.
7. The reality of life is the acceptance of death. Encourage this acceptance of death. Recognize the pain may persist over an extended period.
8. Death can be a growth experience and loss generates a lot of energy. If it is turned inward, it can be destructive to the person. Focus on life not death.

9. It is important to say “good-bye” in a manner you find appropriate. Attending the funeral or some other way (e.g. sending a card) acknowledges feelings and shows support.

10. Over time, the pain of grief dulls, but may be opened again at significant times and/or events (e.g. birthdays, anniversary of death).



Understanding Death at Various Stages of Development

These may vary depending on an individual child's personal experience with death.

Many factors influence a child's reaction to death: who the deceased was, how or why it happened, the support system available, age, personality and especially previous loss experience.

There will be individual differences in the development stages. It is normal for children to grieve intermittently. This enables children to work through the grieving process. For example, a child one minute will be showing signs of happiness, and the next minute profound sadness.

Children Between 3-5 Years Old

- Usually unable to understand the concept; death is temporary and reversible.
- Cannot grieve what they do not understand; therefore grieving can reoccur as they mature and understand the significance of their loss.
- Fear of separation. Interest about deceased body.
- Adults who give bereaved children honest, open answers can provide a sense of comfort.

Children Between 6-8 Years Old

- Death is final, but body functions continue (e.g. they may need a blanket because they are cold and food because they are hungry). Death is personified (death man, grim reaper, angel). Death is not inevitable (i.e. if you are careful you can escape death).
- Death associated with the sick and aged. (Not themselves)
- May feel responsible for death through their wishes or neglect.

Children Between 9-11 Years Old

- More mature understanding of death (cessation of biological functioning).
- Concern with details of death.
- May develop death phobia, especially in regard to significant others, self, and/or pets.

Children Over 12 Years Old

- Capacity to understand that death is a natural phenomenon.

Children’s Typical Reactions to Trauma

Following a trauma, parents observe and worry about changes they see in their children’s behavior. Their anger often tends to mask their feelings of fear, sadness, hopelessness, etc. Usually, these reactions will occur immediately following the trauma. Sometimes, however, a child will seem to be doing fine at the time of the trauma and then have a delayed response weeks or months later. There is a wide range of “normal” reactions to a trauma, and the lists below are not all inclusive.

Pre-School: Ages 1 – 5

Children in this age group are particularly vulnerable to the changes in their routine and the disruption of their previously secure environments. Because they generally lack the verbal and conceptual skills necessary to cope effectively by themselves, with sudden stress they are particularly dependent on family members for comfort. In some cases, they might be affected as much or more, by the reactions of parents and other family members as they are by the direct effects of the trauma. Responses might be geared toward re-establishing comforting routines, providing opportunity for non-verbal as well as verbal expression of the child’s feelings, and lots of reassurance.

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions	Possible Responses
<ul style="list-style-type: none"> • Resumption of bedwetting • Thumb sucking • Fear of darkness • Fear of animals • Fear of strangers • Fear of “monsters” 	<ul style="list-style-type: none"> • Loss of appetite • Overeating • Indigestion • Vomiting • Bowel or bladder problems (e.g. diarrhea, constipation, loss of sphincter control) • Sleep disorder and nightmares 	<ul style="list-style-type: none"> • Nervousness • Irritability • Disobedience • Hyperactivity • Tics • Speech difficulties • Anxiety about any separation from parents • Shorter attention span • Aggressive behavior • Exaggeration or distortion of the trauma experience • Repetitive talking about experiences • Guilt and self blame 	<ul style="list-style-type: none"> • Give additional reassurance and ample physical comfort (e.g. holding and caressing) • Comforting bedtime routines • Permit child to sleep in parent’s room temporarily • Provide opportunity and encouragement of expression of emotions through play activities (physical re-enactment of trauma, draw a picture, plant a tree)

Early Childhood: Ages 5 – 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn and/or more aggressive. They might be particularly affected by the loss of prized objects or pets. Verbalization and play enactment of their experiences should be encouraged. Regular routines might be temporarily relaxed.

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions	Possible Responses
<ul style="list-style-type: none"> • Increased competition with younger siblings for parent’s attention • Excessive clinging • Wanting to be fed or dressed • Engaging in habits they had previously given up 	<ul style="list-style-type: none"> • Headaches • Complaints of visual or hearing problems • Persistent itching and scratching • Nausea • Sleep disturbance- nightmares, night terrors 	<ul style="list-style-type: none"> • School phobia • Withdrawal from play group and friends • Hyperactivity • Withdrawal from family contacts • Irritability • Disobedience • Inability to concentrate and drop in level of school achievement • Aggressive behavior (e.g. fighting with friends and siblings) • Heightened sensitivity • Repetitive talking about their experience • Sadness over losses 	<ul style="list-style-type: none"> • Give additional attention and consideration: physical comforting • Temporarily lessen requirement for optimum performance in school and home activities • Reassurance that competency will return. Provide opportunity for structured, but not demanding, chores and responsibilities • Encourage verbal expression of thoughts and feelings about the trauma • Provide play sessions with adults and peers • Encourage child to verbalize feelings of loss: to grieve loss of pets or toys • Develop a memory book for family

Preadolescent: Ages 7 – 14

Peer reactions are often very important to this age group. Children seem to need acceptance from their peers that their feelings are normal. Anxiety and tension might manifest in a number of ways including aggression, rebellion, withdrawal, or attention. Often survivors have feelings of guilt and this might begin to emerge in children of this age. Group discussion with peers and adults is effective in reducing the sense of isolation and in normalizing the child’s feelings. Resumption of group activities, routines, and involvement in physical activity help relieve tension.

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions	Possible Responses
<ul style="list-style-type: none"> • Competing with younger siblings for parental attention • Failure to perform chores, normal responsibilities 	<ul style="list-style-type: none"> • Headaches • Complaints of vague aches and pains • Overeating or loss of appetite • Bowel problems • Skin disorders • Sleep disorders 	<ul style="list-style-type: none"> • Loss of interest in peer activities • Drop in level of school performance • Disruptive behavior • Loss of interest in hobbies and recreation • Resistance to authority • Increased difficulty relating to siblings and parents • Sadness or depression • Anti-social behavior (e.g. stealing or lying) • May seek comfort in small peer groups 	<ul style="list-style-type: none"> • Give additional consideration and attention • Reassurance that ability to concentrate, etc. will return • Temporarily lower expectation of performance at school and home • Encourage verbal expression of feelings • Provide structured but undemanding responsibilities • Encourage taking part in home or community recover efforts • Encourage physical activity • Encourage play or contact with friends • Dedicated prayer book to child’s church community

Adolescent: Ages 14-18

Most of the activities and interests of the adolescent are focused on the peer group. Fear that feelings or reactions are unusual or unacceptable might push the adolescent toward withdrawal or depression. Psychosomatic reactions are common. Frustrations, anger, or guilt manifest themselves in irresponsible, even delinquent behavior. Adolescents should be encouraged to maintain contacts with friends and to resume athletic and social activities. Group discussions are helpful in normalizing their feelings.

Regressive Reactions	Physiological Reactions	Emotional/Behavioral Reactions	Possible Responses
<ul style="list-style-type: none"> • Decline in previous responsible behavior • Increase or regression to an earlier stage of development • Decline in social interests and activities • Power struggle may develop between parent and child 	<ul style="list-style-type: none"> • Bowel and bladder complaints • Headaches • Skin rash • Sleep disorders • Disorder of digestion • Vague physical complaints or exaggerated fears of physical problems • Painful menses or cessation of menses 	<ul style="list-style-type: none"> • Marked increase or decrease in physical activity level • Expression of feelings of inadequacy and helplessness • Delinquent behavior (e.g. stealing, vandalism) • Increased difficulty in concentration on planned activities • Depression • Isolation – withdrawal from family and peers 	<ul style="list-style-type: none"> • Encourage discussion of trauma experiences with peers and significant others • Encourage involvement in rehabilitation and recovery efforts in the community (if needed) • Temporarily reduce expectations in level of school and home performance • Encourage resumption of social activities and athletics, etc.

- Students may be frightened or embarrassed by their grief reactions or interpret these changes as being sick or going crazy. Help normalize their feelings and behavior.
- Grief reactions disrupt school performance. Reducing academic and behavioral expectations is appropriate; eliminating expectation is not. A student cannot function in the usual manner while dealing with these intense emotions. Striking a balance between responding to the grieving students' special needs, while maintaining a needed "normal" routine, is challenging.
- If negative and destructive behavior continues, recognize the need to listen and seek assistance from outside agencies. (The Support Network can assist with identification of resources: 780-482-0198)

Children's Activities

Remembering

Use this activity to help children think about the person who died and to remember them.

1. The name of the person who died is...

2. This person was my...

3. The thing I liked best about this person is...

4. This person's favorite things to do were...

5. The things I miss about this person are...

6. I will remember this person when...

Helping Children Express Anger

Sometimes, when we've been through a very confusing and hard time, we get angry because everything seems so unfair. Being angry is okay; you should not try to hold your anger in.

A safe way to get out the angry feelings is to make a scribble drawing. Get a piece of paper and pencil and start scribbling on the paper. When you do, feel free to make some angry noises like growling or shouting. It is good to do this with a parent or other adult around so they can help you and talk with you about your angry feelings. Anger is a natural and okay way to feel when you are grieving, as long as you don't hurt yourself or someone else because of those feelings.



APPENDIX F

Community Resources

Bereavement Community Resources

Edmonton - Counseling for Children:

The Family Center (6-9 years)..... 780-424-5580

Grief Counseling Programs:

- Foundation for Families in Transformation (5-14 years) 780-448-1180
- Kinds on Track Association (5-15 years) 780-481-2942 ext 7
- YWCA (4-18 years)..... 780-423-9922 ext 222
- Play Therapy:
 - Catholic Social Services (2-18 years)..... 780-420-1970
 - University of Alberta-clinical services 780-492-3746
- The Grieving Parents Society of Edmonton 780-451-5381

Stony Plain - FCSS Counseling

Caring Friends Bereavement Support Group..... 780-963-8583

Grief – Exploration through Grief Program..... 780-963-8583

Journey through Grief & Mourning..... 780-968-3794

Living with Loss to Suicide 780-962-7526

Counseling

Art Can Heal (Spruce Grove) 780-916-6615

Aspects Psychological Services (Stony Plain)..... 780-963-7451

Christian Counseling Services (Stony Plain)..... 780-963-4048

Delta Psychological Services (Irene Wilkenson)..... 780-218-6930

Highlander (Connie McCraig, Play Therapist)..... 780-962-6313

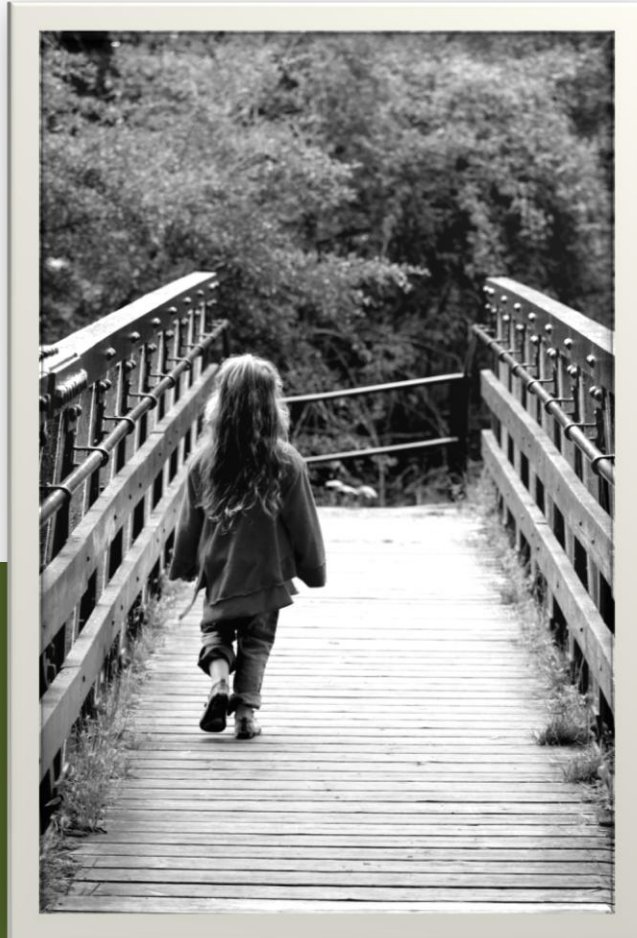
Highlander (Sylvia Peske (Sand Play)..... 780-960-1616

Les M. Berg – Chartered Psychologist (Spruce Grove) 780-962-5222

Spruce Grove Children’s Mental Health..... 780-962-7539

Westland Family Practice Clinic (Dr. Betty Stevens-Guille)..... 780-962-9393





APPENDIX G

Bibliographies for Resources/Materials

Recommended Books

Kindergarten to Grade Three

Abbott, S. Old Dog, New York: Coward, McCann & Geoghegan, 1972. This is a story of a young boy who is lonely after the dog he loves dies.

Alex, B. & M. Grandpa and Me, Minnesota: Bethony House Publishers Minneapolis, 1982.

Hazen, B. Why Did Grandpa Die? New York: A Golden Book, 1985

Johnson, Phillip. Goodbye, Mom. Goodbye. Welch, 1987

Madler, Trudy. Why Did Grandmother Die? Milwaukee, Wn: Raintree, 1980 Ages 5-8. Story of a girl's grandmother who dies. It explores many of the feelings children have at any death.

Munsch, Robert. Love You Forever. Firefly.

Wild, M. The Very Best of Friends. Kids Can Press, Toronto, 1990

Grades Four to Six

Barker, P. What Happened When Grandma Died? Concordia Publishing, 1984.

Carter, D. It's Okay to Cry. Dodsworth and Brown Funeral Homes. Edmonton

LeShan, Eda. Learning to Say Goodbye When a Parent Dies. Avon books, 1976.

Saynor, J. Goodbye Buddy. W. L. Smith, 1990.

Saynor, J. Saying Goodbye. W. L. Smith, 1988.

Smith, D. B. A Taste of Blackberries. New York: Crowell, 1973. Jamie dies of a bee sting. His best friend must confront grief and guilt feelings before learning that life goes on.

White, E. B. Charlotte's Web. New York: Harper and Row, 1952. When Charlotte the spider dies, their friends take her eggs back to the farm where they can safely hatch. These friends, Templeton the rat and Wilbur the pig, know that no friendship can ever equal the special friendship Charlotte gave them.

Grades Seven to Nine

- Dixon, Paige. May I Cross Your Golden River? Atheneum, 1975.
- Farley, Carol. The Garden is Doing Fine. New York: Atheneiu, 1975.
- Manning, Doug. Don't Take My Grief Away From Me. Insight Books, Inc., 1979.
- Winsor, Patricia. The Summer Before. Dell, 1974.

Grades Ten to Twelve

- Berstein, Joanne. Loss and How To Cope With It. Seabury Books, 1977. How to help adolescents understand and handle loss.
- Gootman, Marilyn E., When a Friend Dies: A Book for Teens about Grieving and Healing. Free Spirit Publishing, Minneapolis, MN., 1994.
- Grollman, Earl A. Talking About Death: A Dialogue Between Parent and Child. Beacon.
- Lagone, J. Death Is A Noun: A View of the End of Life. Boston: Little Brown, 1972. Discusses some of the difficult ethical, legal and religious questions regarding death from different points of view, but encourages reader to make their own judgments. Topics covered include: When does death occur? Facing death, euthanasia, abortion, capital punishment, murder and suicide.
- Lund, D. Eric. New York: Lippincott, 1974. A young man learns at the age of 17 that he has leukemia. This story recounts the loneliness of those who suffer and the courage required to perform in normal situations despite their grief.
- Rhodin, E. The Good Greenwood. Philadelphia: Westminster, 1971. Mike's best friend, Louie, dies. After a period of grief, Mike begins to remember the good time they had together and to appreciate Louie for what he was.
- Slote, A. Hang Tough, Paul Mather. New York: Lippincott, 1973. For Paul Mather, pitching a baseball was his life. Afflicted with an incurable disease, Paul accepts that he has only a short time left to play and faces, with the help of a doctor friend, his "short season" with dignity and courage.
- Smith, J. Coping with Suicide: A Resource Book for Teenagers and Young Adults. New York: Rosen, 1986.

Bereaved Parents

Following are some books that bereaved parents have found helpful. If these are not available at your local bookstore, you may order them from the publisher.

Bloom, L. Mourning After Suicide. The Pilgrim Press, 1986.

Bolton, I. My Son, My Son. Bolton Press. This book contains a parent's account of her reactions to her son's completed suicide, and a blueprint for renewal/healing.

Claypool, John. Tracks of a Fellow Struggler. Word Books. For almost two decades as a pastor, John Claypool participated in the drama of suffering and death-but it was always happening to someone else. Then his own daughter was diagnosed as having acute leukemia. She lived only 18 months after that first shocking news was given to her parents. What is it like to go through such a profound experience of grief? Does one's Christian faith make a real difference? What actually helps?

Colgrove, M., at. al. How to Survive the Loss of a Love. New York: Bantam Books, 1976.

Del Bene, R. Near Life's End: What Family and Friends Can Do. The Upper Room Publishing, 1988.

Del Bene, R. When I'm Along: Thoughts and Prayers That Comfort. The Upper Room Publishing, 1988.

Hewett, J. H. After Suicide. Philadelphia: Westminster Press, 1980.

Jackson, E. Telling a Child About Death. Hawthorne, 1965.

Jackson, Edgar. When Someone Dies. Fortress Press. Grief is not an enemy, but a process that leads to healthful recovery from loss. In this book, Edgar Jackson emphasizes the skills and the insights that help us work through this process into a smooth and sustained life.

Jevne, C. No Time for Nonsense. This book is intended for families and individuals faced with chronic or terminal illness. It gives guidelines/coping strategies for individuals to use and is very practical, readable, and an excellent resource.

Jewett, C. Helping Children Cope with Separation and Loss. Harvard, 1982.

Kreis, Bernadine & Pattie, Alice. Up From Grief, Patterns of Recovery. Seabury Press. Directly and unsentimentally, this book explores what happens to all of us when a loved one dies. Realistic and workable ways of dealing with one's own grief or the grief of others are presented in full.



Lukas, C., Seiden, H. M. Silent Grief: Living in the Wake of Suicide. New York: Charles Scribner's Sons, 1987.

McCoy, Kathleen. Coping with Teenage Depression: A Parent's Guide. 1982.

Miles, Margaret S. The Grief of Parents...When a Child Dies. The Compassionate Friends. The many facets of parental and sibling grief are discussed in a clear and sensitive manner. This is a booklet many bereaved parents have found helpful as they struggle to cope and reorganize their life in a positive way.

Rosenfeld, L. and Prupas, M. Left Alive: After Suicide Death in the Family. Springfield, Ill.: Charles C. Thomas, 1984.

Schiff, Harriet. The Bereaved Parent. Crown Publishers. This is a book for parents at any stage of anguish. The day to day decisions and hardships that must be faced by bereaved parents are spelled out. All are confronted practically and with genuine consolation.

References for School Staff

Books:

Alberta Education. Suicide Prevention and Coping: A Manual for Teachers, Counselors and Administrators, 1987.

Alberta Education. Understanding Depression and Suicide. Student Booklet, 1987.

Cole, Esther and Brotman, Michael. Suicide Prevention: A Resource for Student Services, Bulletin No. 12. Toronto Board of Education, Student Services Project Bulletin, 1986.

Doyle, P. Grief Counseling and Sudden Death: A Manual and Guide. Springfield, Ill.: Charles C. Thomas, 1980.

Dunne, E. J., McInstosh, J. L. and Dunne0Maxim, K. Suicide and Its Aftermath: Understanding and Counseling the Survivors. New York: W. W. Northon & Company, 1987.

Hipple, J. & Cimboic, P. The Counselor and Suicidal Crisis. Springfield, Ill.: Charles C. Thomas, 1979.

Ingpen, Robert and Mellonie, Bryan. Lifetimes: The Beautiful Way to Explain Death to Children. Bantam Books, 1983.



Joan, Polly. Preventing Teenage Suicide: The Living Alternative Handbook. Human Resources Press Inc., New York, 1986. Outlines junior and senior high school programs through which teachers, nurses, mental health professionals and community crisis personnel may provide adolescents with the skills for dealing with problems, depression and suicidal thoughts.

Kushner, Harold S. When Bad Things Happen to Good People. New York: Shocken Books, 1981.

Wolfelt, Alan D., Ph.D. Healing A Child's Grieving Heart-100 Practical Ideas for Families, Friends, and Caregivers.

Audio-Visual Materials:

The following videos are accessible through Hot Shot – Edmonton Catholic School Division:

- Children and Death – 500009
- Death of a Candy Dancer – 5000012
- Magic Moth – 50000994
- Day Grandpa Died – 5001093
- Blackberries in the Dark – 5001554
- Reason to Live – 5001562
- Almost Home – 5001992

Amy and the Angel. 30 min. 1982, Elementary/Adult. Producer: Learning Corporation of America. Distributor: Marlin Motion Pictures. Ltd. (Depressed about her lack of social life and her parents' divorce, 17 year old Amy considers suicide. Then her guardian angel, a member of Heaven's admission committee, teen division, shows her how dismal life would have been if she'd never been born. Amy realizes that things really aren't as bad as they seemed, and she now faces life with new optimism and self-esteem.)

Depression and Suicide: You Can Turn Bad Feelings into Good Ones. 26 min. Producer: Cinema Guild. (Depression is a serious problem among teenagers. This film explores some of the causes of depression, and ways to prevent such feelings as loneliness or sadness from becoming overwhelming.)

Tear Soup-A Recipe for Healing After Loss. By Pat Schwiebert and Chuck Deklyen, illustrated by Taylor Bills. Produced by Grief Watch. This resource is suitable for all ages, is both a book and a video, and is available by ordering online at:

www.griefwatch.com or by telephoning 503-284-7426 or writing to Grief Watch at 2116 NE 18th Ave., Portland, Oregon 97212

What do I Tell My Children? This resource is available from the Fort Saskatchewan General Hospital. (Interviews a number of well-known experts in regards to communicating with children about death. It provides much useful information.)

When Children Grieve. This resource is available from the Fort Saskatchewan General Hospital and addresses the effects of terminal illness (cancer), treatment and eventual death on children. This resource is extremely well done and has come highly recommended by those who have used it.

Additional Resources:

Grief's Courageous Journey – A Workbook, Sandu Caplan & Gordon Lang, 1995. New Harbinger Publications Inc., California ISBN 1-57224-017-2

The Mourning Handbook. Helen Fitzgerald. 1994. ISBN 0-671-86972-8 Simon & Shuster Inc., New York

No Time to Say Goodbye. Carla Fine, 1997. Broadway Books, NY. ISN 0-385-48551-4

The Grief Recovery Handbook. James & Friedman, Harper Collins, NY, 1998. ISBN 0-06-095273-3

Finding Hope When a Child Dies. Doris Ober. 1999. Simon Schuster ISBN 0684-84663-2

I Don't Know What to Say – How to Help and Support Someone Who is Dying. Robert Buckman. Key Porter Books, Toronto, 1996. ISBN 1-55013-070-7

You'll Get Over It - The Rage of Bereavement. Virginia Ironside. 1996. Penguin Canada