



Chapter 5:

RECOVERY

A. Introduction

Understanding Emotional Trauma

Trauma knows no bounds. Schools and their larger community are confronted with putting the pieces back together following sudden, tragic events such as death or serious injury to students and staff, bus accidents, fires, natural or man-made disasters and violence. The aftermath of tragedies on individual children and adults is not simple to predict. According to the National Institute of Mental Health, research indicates that both adults and children demonstrate a wide range of reactions following a catastrophic event. The range of human responses can include physical, cognitive and emotional symptoms including nausea, sleep disturbance, slowed thinking, bad memories, regressed behavior, anxiety, guilt, depression, anger and a host of other responses.

For some trauma victims, these adverse effects fade with emotional support and the passage of time. Others are more deeply affected and experience long-term consequences. These reactions are normal responses to an abnormal event. Although no one can predict who will experience the most severe reaction to trauma, the more direct the exposure to the event, the higher the risk for emotional harm.

The following chapter addresses follow-up measures to effectively address the aftermath of an emergency situation. This collection of recovery measures is designed to assist teachers and other professionals as they help students begin the recovery and healing process.

B. General Emergency Recovery Checklist

Recovery is the process of assisting people with the physical, psychological and emotional trauma associated with experiencing tragic events. Experience has demonstrated the value of recovery activities (restoration of the physical spaces and psychological first aid) in helping people come to terms with a crisis.

1. Request assistance from the District Emergency Team by calling Law Enforcement 381-4200
2. Monitor how staff and the Crisis Response Team are assessing students for emotional impact.
3. Identify what follow up interventions are available to students, staff and first responders.
 1. Advise staff of the know facts and provide written statement
 2. Support their concerns and emotions
 3. Provide classroom assistance if needed
 4. Outline schedule for the day; modify day's schedule if needed
 5. Identify resources available to teachers and students
 6. Provide access to these support resources
4. Establish contact with parents/family members of affected students to offer support, to determine assistance needed, and (in the event of a death) for information regarding visitation/funeral arrangements
5. Inform closest friends of the affected student and provide support
6. Coordinate announcements via the Office of Communications 381-4101
7. Distribute information releases to all school staff
8. Control rumors, provide regular updates of information to various groups
9. Develop a long term recovery plan
10. Consider curricular activities that address the crisis
11. Prepare a "post incident report" that includes recommended improvements to emergency plans

C. General Strategies for Follow-up to Emergencies / Critical Incidents

The following information may be useful in the days and weeks following an emergency. Longer-term follow-up procedures are also listed.

The Day After: Workday Two of Emergency Management:

1. Convene the School Emergency Management Team and faculty/staff members to update them on any additional information/procedures.
2. In case of death, provide funeral/visitation information.
3. Identify students and staff in need of follow-up support and assign staff members to monitor vulnerable students:
 - Coordinate counseling opportunities for students
 - Announce ongoing support for students with place, time, and staff facilitator
 - Provide parents with a list of community resources available to students and their families
4. Convene District Crisis Response Team to assist with debriefing.
 - Assess system-wide support needs, and develop planned intervention strategies
 - Schedule and provide student, family and staff Critical Incident Stress Management services
 - Discuss successes and problems
 - Discuss things to do differently next time
5. Allow staff opportunity to discuss feelings and reactions and provide list of suggested readings to teachers, parents and students.

Long-Term Follow-up and Evaluation:

1. Amend Emergency Management Protocols if needed.
2. Write thank-you notes to people who provided support during the emergency.
3. Be alert to anniversaries and holidays. Often students and staff will experience an "anniversary" trigger reaction the following month(s) or year(s) on the date of the emergency, or when similar crises occur.

D. Critical Incident Stress Management (CISM)

Critical Incident Stress Management (CISM, Everly and Mitchell, 1999) is a comprehensive, integrated multi-component crisis intervention system. CISM services provide a framework for the application of education and crisis intervention during the acute stage following a critical incident. These services enhance and compliment the delivery of traditional mental health services and include:

1. **Pre-crisis preparation**: Working with schools to help set expectations for what to do when a critical incident occurs.
2. **Individual consultation**: A structured one-to-one technique used by a trained peer counselor or professional after a critical incident.
3. **Briefing**: A presentation to groups following a crisis or critical incident to share information, reduce and dispel rumors, and provide details of action plans,
4. **Defusing**: A group crisis intervention technique conducted by a trained facilitator, usually occurring in the first 12-24 hours after a critical incident.
5. **Debriefing** (a.k.a., Critical Incident Stress Debriefing or CISD). A structured small-group process targeted toward mitigating or resolving the psychological distress associated with a critical incident or traumatic event, usually occurring in the first 10 days following an event.
6. **Parent/family/organization consultation**: A group process conducted to provide ongoing educational and support to families, parent groups or organizations following a critical incident
7. **Referral/follow-up**: A process to assure that individuals experiencing intense symptoms and who need ongoing support will be referred for appropriate mental health services.

One common way to organize the above interventions is to set up a "Drop in Room." A Drop in Room is a safe, welcoming place for students or staff to gather during the school day for group or individual support from trained team members.

E. Disasters and Their Effects

What is a disaster? A disaster is a devastating, catastrophic event that can be life threatening, injury producing, which may create the following distressful experiences.

Potential experiences or feelings:

- Sense of fear, worry
 - Disruption of home, routine, etc.
 - Feeling that one's life was threatened
 - Witnessing injuries, death, pain
 - Feeling trapped and isolated
 - Being out of control of something threatening to life's basics: food, shelter, clothing, people, comfort...even life itself
 - Having flashbacks to other catastrophes
 - Feeling cut-off from services
 - Being separated from loved ones
 - Having a sense of mortality
 - Feeling "survivor guilt"
 - Children who are forced to become "parents" to adults who are scared or worried
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F. Symptoms of Distress in Children

As a result of traumatic experiences some children will show a variety of symptoms of distress. The teacher must first know a child's baseline ("usual") behavior and cultural/ethnic responses before he/she can identify "unusual" or problem behavior in a child.

- Any unusual complaints of illness
- Keeping isolated from the rest of the group
- Child seems so pressured, anxious that he/she somehow dominates, has to distract others, or is otherwise "needy"
- Changed behavior/appearance
- Resistant to opening up (however, child might just be shy, may have language or cultural barrier)
- No eye contact (Note: In some cultures, making eye contact with adults is "defiant behavior")
- Difficulty concentrating, can't focus
- "Feisty" or hyperactive/silly, giddy
- Any emotional display; crying, "regressed" behavior (less than age-appropriate)
- Lack of emotional expression
- Can't tolerate change; can't move to next task
- Lethargic, apathetic
- Easily startled, jumpy



G. Teachers Helping Children After A Critical Incident

This resource was designed to help teachers assist children and is useful for general disasters as well as emergencies that occur in the lives of individual children.

Emergencies hit children hard. It's difficult for them to understand and accept that there are events in their lives that can't be controlled or predicted. Worst of all, we adults can't "fix" a disaster, can't solve it, and can't keep it from happening again.

Ways Teachers Can Assist Students:

- Cope with your own natural feelings of helplessness, fear, anger; until you do this, you won't be able to effectively help the children
- Learn to recognize the signs and symptoms of distress and post traumatic stress reactions
- Put the emergency or critical incident in context; provide a perspective
- Communicate a positive "I'm not helpless" attitude
- Start the healing process; help children to feel relieved and soothed
- Identify children who may need crisis intervention and referral to mental health professionals or other helpers



H. Post Traumatic Stress Disorders (PTSD) *(Adapted from the Kentucky Counseling Association Journal, Fall 2003, Volume 22, Number 1)*

Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop in children, adolescents or adults when individuals survive disaster-related experiences. PTSD was formally recognized in 1980 as a psychiatric diagnosis. The cluster of symptoms; intense fear, helplessness, horror, exaggerated startle response, irritability, hypervigilance, etc., has been called many things over the centuries. During the Civil War, PTSD was called "exhaustion", in the 1800's railway accidents in England resulted in "railway hysteria" and the extreme trauma of WWI and WWII was labeled "shell shock" and combat fatigue.

The best treatment practice for a child with PTSD involves several types of psychotherapy, however, there is an important supportive role that can be offered by parents and educators.

PTSD Tips for Parents

1. Create an open, supportive atmosphere where the child feels comfortable asking questions. Be careful not to force the child to talk about things associated with the traumatic event.
2. Provide the child with honest information and responses. As parents, share your own reactions and concerns. By doing this, the child will be encouraged to honestly express his or her feelings and concerns. It is important to maintain the child's trust in order to provide a sense of reassurance for the future. To do this, do not make unrealistic promises.
3. When discussing events associated with the traumatic experience, use words and concepts that are focused on the child's developmental level. Some of the information may be difficult to understand or even accept.
4. If the child is uncomfortable verbally expressing thoughts and feelings, help the child find alternative ways to express these concerns. Some other ways that thoughts and feelings can be expressed include writing stories and poems, drawing pictures, playing games, and playing with toys.
5. Inform the child of your feelings regarding the traumatic event. It is important to let the child know if you are anxious, confused, or upset because if the cause of these feelings is unknown to the child, he or she may begin to experience self-blame.

6. Monitor what the child watches on television. Don't allow the child to watch a lot of violent, upsetting images.
7. Establish/maintain a predictable routine or schedule. In a time of uncertainty, the child is reassured by structure and familiarity. Make sure that the child gets a sufficient amount of sleep every night and eats three well-balanced meals a day.
8. Monitor for headaches and stomachaches. This is not uncommon for a child who has experienced trauma. Many children express their anxiety through physical symptoms and complaints.
9. Help to reduce stress by engaging the child in exercise, extracurricular activities, or even listening to music.
10. Remind the child that the emotions being experienced are normal responses to the traumatic events.

PTSD Tips for Teachers

1. Offer to spend time with the child or write a note. This lets the child know that he or she is in your thoughts.
2. Talk about your feelings and listen to those of the child.
3. As a class activity, talk with the students about the event or the anniversary of the event.
4. Encourage older children, adolescents in particular not to try numbing or changing their feelings with alcohol or drugs.
5. Children need close physical contact during times of stress to help them reestablish a sense of identity. Games involving physical touch in a structured environment that can be helpful include London Bridge and Duck, Duck Goose.
6. Have the children or adolescents to do a mural on the topic of the traumatic event. It is recommended that this be done in small groups followed by discussion.
7. Involve the children in a group discussion about disaster related experiences. It is important to share your feelings and fears. This helps to legitimize their feelings, helping them feel less isolated.
8. Coordinate information between home and school. It is important for teachers to know about discussions that take place at home, in particular with fears or concerns that the child has mentioned.
9. Respond to the children in a direct, supportive, and consistent manner.

KCA Journal, Fall 2003, Volume 22, Number 1

I. Information Sheet for Parents

Helping Your Child After A Disaster:

Children may be especially upset and express feelings about the disaster. These reactions are normal and usually will not last long.

Listed below are some problems you may see in your child:

- Excessive fear of darkness, separation, or being alone
- Clinging to parents, fear of strangers
- Worry
- Increase in immature behaviors
- Not wanting to go to school
- Changes in eating/sleeping behaviors
- Increase in either aggressive behavior or shyness
- Bedwetting or thumb sucking
- Persistent nightmares
- Headaches or other physical complaints



The following will help your child:

- Talk with your child about his/her feelings about the disaster; share your feelings, too
- Talk about what happened; give your child information he/she can understand
- Reassure your child that you are safe and together; you may need to repeat this
- reassurance often
- Hold and comfort your child often
- Spend extra time with your child at bedtime
- Allow your child to mourn or grieve over lost belongings (a toy, a lost blanket)
- If you feel your child is having problems at school, talk to his/her teacher or counselor so you can work together to help him/her

Ongoing recovery:

Please reread this sheet from time to time in the coming months.

Usually a child's emotional response to a disaster will not last long, but some problems may be present or recur for many months afterward. Professionals skilled in talking with people experiencing disaster-related problems staff your community mental health center.

J. Classroom Activities

Following A Tragic Event

(4 Page section)

In using the General to Specific approach, many methods or activities may be effective. Two suggested methods/techniques to use in your class after a critical incident are: The Talking Method and The Drawing Method. The following pages provide suggested questions or themes, and specific techniques to follow.

Suggested questions to ask/themes to represent:

- Where were you when it (the disaster/event) happened?
- What were you doing?
- Where were your friends? Where was your family?
- What was your first thought when it happened?
- What did you see? What did you hear?
- What sound did it make? What did you smell?
- Was anyone you know killed or injured?
- What can you do now to help others to feel better?
- How did you feel?
- What did other people around you do (during, after)?
- What was the silliest thing you did?
- Were you or anyone else you know injured?
- What happened to pets or other animals around you?
- What dreams did you have after it?
- What reminds you of it? When do you think about it?
- What do you do differently since the event?
- How do you feel now? What makes you feel better?
- How have you gotten through rough times before?
- What would you do differently if it happened again?
- How did you help others? How would you help next time?
- What can you do now to help others?

Special Considerations:

- Allow for silence for some with low language skills, shyness, discomfort, etc. Encourage peer support for these children
- The teacher should accommodate the child:
- If a child has low English skills, consider asking for a translator or a peer to help the child express in words
- Create a chance for verbal expression in any language

NOTE: As the teacher, you might think of more questions to ask the children. Be sure your questions are as "open-ended," as possible (which means they cannot be answered by simply a "Yes" or "No"). Open-ended questions serve to facilitate verbal discussion.

Talking Method Activities

- Child tells a story (allow metaphors)
- Puppets "tell" or "live" a story
- Have an open discussion - using previous questions, ask for volunteers to begin with...talk general to specific
- Use photos, drawings, etc. to facilitate discussions
- Use video prior to discussion to get it going
- Create a skit, play or do role-playing, related to the critical incident (provide "dress-up" clothes if available, including uniforms if possible to represent emergency workers seen during the disaster, etc.)
- Do "show and tell" related to the event
- Inform/educate the children about the event to make it less threatening to talk/act about
- When people understand their feelings and experiences are normal and can be predicted (even if they are scary feelings) they begin to regain control

Note: Remember to keep yourself in a facilitative/guiding role, not in a role of "control" of the discussions/stories etc. This will be most helpful to the children. Reassure the children by verbally acknowledging and "normalizing" their experiences.

For some children, the talking method may not be helpful:

- In some cultures, talking openly is not comfortable, appropriate (or even "polite")
- Some children have been raised in families where "talking-out one's feelings" was not possible or supported
- Some children have been raised in situations where talking openly was not practiced or encouraged
- Some children simply prefer not to discuss their feelings openly due to personality type, privacy concerns or lack of trust in the process
- All these reasons should be respected as valid



Drawing Method

The drawing method can be a playful experience to express feelings.

First introduce drawing as:

- Another way of "talking," but with pictures instead of words
- A means of expression used by many (point out that some people express themselves by talking, some by singing, some by dancing, some by drawing)
- Remember when introducing drawing of any sort to clearly say that the goal is not to draw a "pretty picture" but rather, a picture of expression
- Drawing should be presented to the child as an option for expression, not as a required activity.
- REMEMBER: Use previous questions to help lead these activities:

Drawing Method Activities:

- Draw/write a book together or make journals with pictures
- Do a collective drawing such as a mural (murals tell a "collective story," develop/support teamwork, and feel "safer" for some children as opposed to individual art)
- Give the mural a "place of honor" in the classroom
- Make the mural accessible for everyday viewing
- Celebrate the mural: (getting through something tough, or to facilitate discussions)
- Take photos/slides of the mural when completed
- Draw aspects of the event (people, places, activities, etc.)
- Suggest lots of options, not specifics (e.g., rather than saying "draw a fireman, helping someone," say "draw a person you saw doing something helpful...")
- Create a collage using a leading question such as "Where were you when the disaster happened?"
- The teacher may draw/paste on the central image, then the children add photos, magazine pictures, articles, fabric pieces, etc. around theme, or may draw directly onto it
- Collages are the "safest" form of "drawing" because child is using others' symbols. The child may feel he/she is "losing less of himself/herself"
- Collages provide "boundaries" for the child; this can act as a safety net (emotionally) for some
- You may also want to look at other pictures and talk about what they communicate

- Avoid the use of use paint in this method as it is too "loose" of a medium for a traumatized child; the child might use it to bring up things not easily handled in a classroom
- Allow a full range of expression: some kids draw recognizable "things", others draw "abstracts"
- Emphasize to the children that their work will not be judged, graded or necessarily shown to others
- Only exhibit the artwork if a child desires to share with others
- Reassure them that there is no "right way" to draw
- Allow the use of various mediums (pastels, crayons, pencils, markers, etc.)
- It's preferable to do the drawing method with more than one adult present
- Exercise as little control as possible over the artwork

Concluding Drawing Activities:

- A key element of the Drawing Method is the follow-up discussion. This discussion can help to bring closure to the experience, an important step in the process of expressing feelings.
- Allow those who want to, to talk about their drawings
- Others will "close" by listening to others
- Use open-ended questions in this process
- Sometimes a child's artwork may be especially expressive of his/her feelings; a drawing can give "clues" to some deeper problems or feelings within the child
- Try to "read" the picture in the same way you might read words; what might it be telling you?
- Look at it as a piece of communication, not just fantasy

Keep in mind:

- Colors, forms, etc. have a different meanings to children of various cultural backgrounds and to different children within each culture
- Regard the artwork as just a part of what's going on with a child; look at the child with a holistic view
- The best source for what's going on behind the drawing is the child...ask him/her



K. When to Refer Students if you have Concerns

With caring and support from the school community and families, most students will recover from the effects of a crisis. Use the following guidelines to determine if a student should be referred to a school counselor for further assistance.

- Students who continue to demonstrate an elevated emotional response (crying, worry, anxious) after their peers have discontinued to show these signs
- Students who are withdrawn or appear depressed
- Students who appear distracted and are unable to engage in classroom assignments and activities after an ample amount of time has passed.
- Students who present behavior of a threatening nature to themselves or to others or intentionally hurt themselves
- Students who exhibit significant behavioral change from their normal behavior, i.e., poor academic performance, weight loss, poor hygiene, distrust of others, suspected drug/alcohol use, etc.

If you are unsure:

- Alert parent(s)/guardian(s) of your concerns
- Contact your school counselor/social worker/school psychologist
- Refer the student to the Student Assistance Team (if applicable)



L. Assisting Children When Someone Dies

Children may experience a number of powerful feelings when confronted with the death of a classmate or another individual. The following outline describes Critical Incident Stress Debriefing (CISD, Everly & Mitchell, 1999), an interactive process to facilitate student's expression of these feelings. The school's Emergency Management Team or the District Support Team can assist students individually and in groups to process their feelings and reactions following a death that affects the school community. This process is most effective when you focus on the events in this sequence: 1) Introductory Phase; 2) Fact Phase; 3) Feeling Phase; 4) Reaction/Teaching; 5) Closure Phase

1. Introductory Phase

- Introduce team members or helpers to discuss why we are here and what we hope to accomplish
- Stress the need for confidentiality and ask for a verbal agreement to keep what is said confidential

2. Fact Phase

- Give all known relevant facts about the death/incident
- Is this your understanding of what happened?
- Does anyone have any other information?
- Is there any other information you want to have about his/her death?
- How did you find out?
- Where were you when you first heard?
- What were your first thoughts?
- Is there anyone not here that perhaps needs to be? Who are you concerned about?

3. Feeling Phase (make an effort to include everyone in the discussion)

- How did you feel when you first heard? Explore feelings (shock, denial, anger, fear etc.)
- How are you feeling now? (all feelings are okay)
- We did not know _____ (name), could anyone tell us about him/her?
- When do you think it will hit you that he/she is really gone or when do you think you'll miss him/her?
- Does anyone have a photo of him/her? (pass around)
- What are some of your memories of _____?
- How do you think he/she would like to be remembered?

4. Reaction/Teaching Phase

- Explore the physical, emotional and cognitive stress reactions of the group members
- What are some things you usually do when you are really upset or down?
- Has anyone lost anyone close recently? What were some of your reactions to his/her death?
- Take this opportunity to teach a little about the grief process, if appropriate
- Talk about effective coping techniques
- Determine if students have someone they can talk to

5. Closure Phase

- Give information about wake/funeral if available
- Students will often want to create cards, take a collection, etc.
- Encourage students to support one another
- Remind them that it may take a long time before they will feel settled and that's normal
- Encourage them to talk with someone in their family about their sadness
- NOTE: This process needs to conclude with quiet, reflective time

M. Classmate Tragedy (2 page section)

The following section is designed to assist the teacher or counselor in preparing the class to help a student who has experienced a tragedy prior to their return to the class.

Example: Death of a friend or family member

- Explain what is known of the loss
- Ask if other students have experienced the death of a friend or family member?
- Are there things people said or did that made you feel better?
- How do you think our classmate might be feeling?
- That could you say that might help him/her know you care? This is your chance to guide students responses to helpful comments as you guide them away from less helpful comments
- What would you want someone to say to you if you experienced the death of someone close?
- Are there things you could do that may help them feel better?
- We can take our cues from the person that will guide our actions. What might some of those cues be?

Assisting A Student After the Death of A Friend or Loved One

- Talk with the student before returning to class. Discuss what to share with the class and who should tell them.
- Allow the student to leave class if upset and where the student can go.
- Arrange for a person to meet with the student during the school day if he/she needs someone to talk to.
- Help the student to understand that he/she doesn't have to answer questions or discuss the death if he/she doesn't feel like it.
- Encourage journal writing for older students, provide drawing materials for younger children.
- As a teacher, be willing to negotiate homework or class expectations during the first days after returning to school.

When A Grieving Classmate Returns:

First Words:

- The classmate probably feels like he/she is from a different planet when returning to school
- At least say, "hello," "welcome back," "I'm glad to see you," or something similar
- The brave might even say: "I missed you," "I'm so sorry to hear about your _____'s death."
- Even braver friends might make statements like, "It must be incredibly tough to have your _____ die."
- Other options include: write a brief note or card, call, etc.
- If your classmate cries, that is okay; you did not cause the grief; offer comfort and a tissue

Helping the Classmate Adjust to the Class:

- Offer to provide past notes from missed classes
- Offer to provide notes for comparison for the next week or so (your classmate's attention span will probably vary for several weeks)
- Give the classmate your phone number to call if having problems with homework
- Ask your classmate if you can call to check on how homework is going
- Offer to study together in person or over the phone; this might help with both motivation and with concentration; grieving students frequently do not feel like doing school work

Some Don'ts:

- Don't shun the student, speak to them
- Try to avoid cliché statements (e.g., "I know how you feel" when nobody knows the unique relationship the classmate had with the deceased)
- Don't expect the person to snap back into the "old self"
- Don't be surprised if classmate seems unaffected by the loss, everybody has his/her own way of grieving
- Don't be afraid to ask appropriate questions about the deceased, like "what did you and your _____ enjoy together?" (people often like to talk about the people they grieve)
- Just because the classmate may seem to be adjusting to school again, don't assume the grieving has stopped, nor the need for comfort and friendship

N. The Effect of Trauma on Adults

First Reactions May Include:

- Numbness, shock, difficulty believing what has occurred or is in the process of occurring
- Physical and mental reactions may be very slow or confused
- Difficulty in decision making; uncertainty about things; it may be difficult to choose a course of action or to make even small judgment calls

Ongoing Reactions May Include:

- Loss of appetite, difficulty sleeping, loss of interest or pleasure in everyday activities
- Desire to get away from everyone - even family/friends
- Emotional liability; becoming irritable or upset more quickly than usual
- Feelings of fatigue, hopelessness, helplessness
- Digestive problems; headaches or backaches
- Difficulty accepting that the emergency has had an impact or difficulty accepting support from friends and the community

Some Things That Can Be Helpful:

- Take time to relax and do things you find pleasant; getting away for a few hours with close friends can be helpful positive change
- Get regular exercise or participate in a regular sport; activity soothes anxiety and helps you relax
- Keep your days as simple as possible; avoid taking on any additional responsibilities or new projects
- Tap sources of assistance with your workload - have students, instructional assistants, or volunteers help grade papers, take care of copying, or help with other time-consuming tasks
- If symptoms of stress persist beyond a few weeks or are severe, seek professional help

O. Suggestions for Students When Visiting Grieving Parents

This information should be helpful to students when interacting with the parents of a deceased friend. Always respect the wishes of grieving parents. These suggestions must fit the parents' needs and requests, as well as the student's own comfort level.

First Steps:

- In the vast majority of cases the parents find it comforting to see friends of their deceased child
- If you were a close friend of the deceased and you know the parents, then go visit them at their home
- If you were a friend but had not met the parents (yet they know who you are), you might still visit the home
- Other friends might wait until the visitation or funeral
- Send the parents a note or card

Communication:

- When you visit, do not worry about what to say; your presence is all that is needed; if you wish to take a flower or anything meaningful, that's all right too
- Don't be afraid you will upset the parents by asking or talking about the deceased; they are already upset
- Just sitting with the parents will most likely fill the silence
- Listen, no matter what the topic
- If you were a really close friend, the parents might be pleased for you to visit the deceased friend's room (if you are comfortable doing so)
- You might ask what you can do for them; ask other relatives what you might do to help
- Do not try to take away the grieving parent's pain
- Talk about the deceased person (grieving people often like telling stories about the deceased, "do you remember the time...")
- Offer suggestions only when advice is asked
- Do not tell the parents to feel better since there are other children and loved ones still alive