

# Addressing Grief

## Brief Facts and Tips

1. Grief is not solely related to the death of a loved one. The symptoms, characteristics, and process of grieving can be similar after other types of loss (e.g., divorce, transition, moving).
2. Grief is personal. There is no right or wrong way to grieve. How people grieve can be influenced by developmental level, cultural traditions, religious beliefs, mental health, disabilities, family, personal characteristics, and previous experiences.
3. Grief is often characterized by sadness, emotional pain, and introspection in adults. However, children's grief reactions differ according to age and developmental level:
  - **Preschool** - Regressive behaviors, decreased verbalization, increased anxiety
  - **Elementary** - Decreased academic performance, attention/concentration, and attendance; irritability, aggression, and disruptive behaviors; somatic complaints; sleep/eating disturbances; social withdrawal; guilt, depression, and anxiety; repeated re-telling of the event
  - **Middle and High School** - Decreased academic performance, attention/concentration, and attendance; avoidance, withdrawal, high risk behaviors or substance abuse, difficulty with peer relations, nightmares, flashbacks, emotional numbing or depression
4. Grieving does not have a timeline. Schools should be aware of anniversaries, birthdays, developmental milestones, and other factors that could affect students months or years after the loss.
5. Grieving involves meeting specific milestones. Individuals are likely to experience (and often re-experience) some or all of the following adjustments/responses:
  - Accepting the death
  - Experiencing the feelings and emotional pain associated with death and separation from the deceased
  - Adjusting to changes and an altered environment that no longer includes the deceased
  - Finding ways to remember and memorialize the deceased
6. Grieving is a normal response to loss, but may require some support. Additional assistance should be provided when the following are noted:
  - Marked loss of interest in daily activities
  - Changes in eating and sleeping habits

- Wishing to be with the deceased loved one
  - Fear of being alone
  - Significant decreases in academic performance and achievement
  - Increased somatic complaint
  - Changes in attendance patterns (e.g., chronic absenteeism)
7. Things to avoid
- Euphemisms when referring to the deceased such as “they are sleeping,” or “they went away”
  - Minimizing statements such as “it was only your great-grandmother, (or dog, neighbor, etc.)”
  - Predicting a timeframe to complete the grieving process such as, “it has been a month, you should be getting over this,” or “the pain will fade soon”
  - Over-identifying, (e.g., “I know how you feel”)
  - Too much self-disclosure (e.g., I lost my mom to cancer) as not everyone handles self-disclosure the same way and the focus should remain on the student’s grief
8. Things to do
- Maintain routines as normally as possible
  - Ask questions to ascertain the youth’s understanding of the event and emotional state
  - Give the youth permission to grieve
  - Provide age and developmentally-appropriate answers
  - Connect the bereaved with helping professionals and other trusted mentors and adults
  - Encourage students to adopt adaptive coping strategies, particularly ones that will involve interaction with other students (e.g., sports, clubs)
  - Educate teachers and families about what is healthy grief and how to support the student

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## **References & Resources:**

[\*\*The Dougy Center \(National Center for Grieving Children & Families\)\*\*](#)

[\*\*The National Child Traumatic Stress Network\*\*](#)

[\*\*American Cancer Society\*\*](#)

**Sesame Street Grief Resources**  
**National Alliance for Grieving Children**  
**Coalition to Support Grieving Students**

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**Contributors:**

Benjamin Fernandez, Victoria A. Comerchero NCSP, Jacqueline A. Brown NCSP, Catherine Woahn, NCSP