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Strengthening grief support for adolescents coping with a peer's death

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Abstract
This article offers suggestions for strengthening school-based grief support following an adolescent's death. Such interventions must be considered within the context of: (a) development during adolescence; (b) the role of peers in adolescent development; and (c) the fact that an adolescent peer's death is a non-normative life crisis in developed countries. Review of those three topics leads to an overview of death during adolescence; an exploration of adolescent bereavement, grief, and mourning; consideration of disenfranchised grief in relation to an adolescent peer's death; and an integration of this foundational knowledge in supporting bereaved adolescents within a school setting.

Keywords
adolescent, death, grief, peer, school-based support

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One primary framework guiding descriptions and explanations of adolescent growth is Erikson's notion of the impetus to form an identity and develop a sense of purpose and direction (Erikson, 1968). Between the ages of 10- to 23-years-of-age, ultimately arising in the face of developmental tasks and resolution of associated conflicts, adolescents are expected to successfully negotiate society's expectations for functioning in an adult world. It is not that individuals have been blank slates prior to their adolescent years; rather, over the course of adolescence, an individual is expected to gain an increasingly more mature and formed sense of self, who he or she is in relation to the world of work, peers, and self.

Developmental psychologists have adopted the tripartite division of adolescence, initially proposed by Blos (1979). In short, adolescent development occurs in three separate phases: early, middle, and later adolescence. Early adolescence begins when the person enters puberty and encompasses what Americans understand as the middle school or junior high school years (10- to 14-years-of-age). Middle adolescence extends from 15- to 18-years-of-age and encompasses the high school years. Later adolescence begins around age 18 and extends until approximately age 23. For the purpose of this article, the focus is on early and middle adolescence.

Certain expectations in terms of mastering developmental tasks are essential in each phase. For instance, early adolescents face the task of emotionally separating from parents while negotiating the conflict formed by the polar extremes, fears of abandonment versus refuge in safety. Family studies have pinpointed the influences of family dynamics on early adolescents as they grapple with this task and conflict (Kruse & Walper, 2008). Evidence underscores that optimally this part of individuation leads to autonomy while at the same time adolescents and parents retain emotionally close, warm relationships (Moore, 1987; Sullivan & Sullivan, 1980).

The task for middle adolescents is honing a sense of mastery and control, also referred to as building self-efficacy (Bandura, 1997). During this phase, youth navigate conflicting polar opposites of utter independence versus utter dependence. Additionally, adolescents become active participants in society, seeking to achieve outcomes that hold personal meaning and align with their beliefs. As adolescents mature, peers play an increasingly important role.

In addition to ideas suggested by Erikson, a holistic framework offers stimulating categories for understanding adolescence (Balk, 2009). The holistic framework notes that six dimensions encompass what it means to be human. The following list offers examples representing each dimension: (a) material or physical dimension (adolescent development involves sexual maturation and a growth spurt); (b) cognitive dimension (adolescent development involves radical shifts in thinking, manifested in perspective-taking, abstract thinking, and changes in brain activity); (c) behavioral dimension (as adolescents mature they assume increasing responsibilities, such as driving a vehicle); (d) emotional dimension (adolescents become increasingly adept with understanding empathically what someone else is feeling); (e) interpersonal dimension (adolescents increasingly gravitate to friendships and

relationships with persons beyond the family milieu); and (f) spiritual dimension (adolescents begin asking questions about their assumptive worlds and increasingly face diverse experiences leading them to question the meaning of their existence). Given that bereavement impacts all six dimensions, strengthening grief support for bereaved adolescents should focus interventions accordingly.

The role of peers in adolescent development

As school-age children mature into early adolescents they spend less time with their families and increasingly more time either with peers or by themselves. Youth in early and middle adolescence place considerable importance on being members of a popular peer group, although some individuals gravitate toward groups associated with other interests. In comparison to later adolescents, early and middle adolescents are more vulnerable to their peer group's pressure for social conformity.

Contrary to popular belief, adolescent maturation typically benefits from peer relationships. Teen peers do not typically undo the previous positive influence of parents and teachers. However, Harris (1995) proposed that parents exert little or no influence on their children once they encounter the larger world of peer relationships. While some data indicate that peers promote antisocial behavior, including drug use, cigarette smoking, and alcohol consumption, evidence also underscores that peers provide a safe base for developing interpersonal intimacy outside one's family and independence from parents (Pombeni, Kirchler, & Palmonari, 1990). Additionally, a multi-year longitudinal study demonstrated that parents with firm, consistent control significantly deterred early adolescents' alignment with rebellious behavior modeled by peers (Galambos, Barker, & Almeida, 2003).

On a positive note, interacting with peers provides opportunities to develop an increasingly mature repertoire of social skills, building 'social intelligence' (Gardner, 1983). Engaging with peers provides opportunities to learn and practice cooperative, helpful, reinforcing, and friendly interactions. Interacting also elicits feedback from peers regarding the appropriateness or inappropriateness of behaviors.

Although many aspects of adolescence are positive, negative aspects such as bullying, harassment, and rejection may also characterize peer interactions (Oh & Hazler, 2009). In fact, loneliness and isolation due to maladaptive social skills characterize the lives of some youth (Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007). Loneliness is a painful feeling of separation from others. In contrast to solitude, which healthy individuals seek for contemplation, creativity, and peace, loneliness is a consequence of being separate from others with whom one desires recognition, acceptance, and friendship. While loneliness is not more prevalent during adolescence, the adolescent's developmental tasks of separation from parents, gaining skills in forming close relationships, and overall identity formation make loneliness a particularly poignant experience.

When early and middle adolescents describe how they feel when by themselves, they frequently report feelings of loneliness. However, as adolescents mature, they actively seek a portion of time for self reflection and contemplation. This desire for and experience of solitude, in consort with time with peers and especially with friends, promotes individuality and a greater sense of autonomy.

Adolescents who lack confidence when interacting with peers may devalue their own importance and may blame themselves for their isolation. In many cases, adolescents' poorly developed repertoire of social skills creates and exacerbates their social isolation. In response to these challenges, some high schools and colleges have successfully implemented programs to support adolescents in overcoming interpersonal ineptness (Adams, Openshaw, Bennion, Mills, & Noble, 1988; Miller, Eckert, & Mazza, 2009).

Death of a peer: A non-normative event during adolescence

Whether a life event is considered normative or non-normative depends on the probability of occurrence, the sequence of occurrence, and the degree to which an event is anticipated at a specific point in life. Normative events are expected to occur. For instance, an infant is expected to start walking around the age of 12 months. In mainstream American culture, a late adolescent is expected to separate physically from the family of origin by entering college, the work force, the Armed Forces, or marriage. Because death during adolescence is not anticipated, bereavement over a peer's death is not considered a typical experience during adolescent maturation. Nevertheless, because such deaths occur, it is helpful to review what we know about these unexpected deaths and the subsequent impact on surviving peers.

Deaths during adolescence: Epidemiology and adolescent mortality

In developed and developing countries, adolescence is typically a healthy period of life; deaths during this time of life are not common. In short, other than in countries ravaged by civil wars or lethal epidemics of disease such as the devastating AIDS epidemic in central and southern Africa, the death of an adolescent is a non-normative event. Subsequently, when an adolescent's death impacts a community, peers may have a difficult time coping with their grief.

Accidental and violence-related deaths

Throughout the world, deaths during adolescence occur primarily because of accidents and interpersonal or self-inflicted acts of violence, such as murders and

suicides (World Health Organization [WHO], 2005). Deaths due to terminal illnesses occur less frequently. World-wide, violence-related deaths account for considerably more than half of all deaths of 15- to 24-year-olds (WHO, 2005).

Inside the United States, 62 adolescents (ages 15 to 19) per 100,000 died in 2007 (Federal Interagency Forum on Child and Family Statistics, 2009). Accidents accounted for almost half of these deaths, homicides for 15%, and suicides for 11% (Heron & Tejada-Vera, 2009; National Center for Health Statistics, 2010). Other causes of death accounted for less than 6% of this age group's deaths, including heart disease, malignant neoplasms, leukemia, and circulatory system diseases.

Homicide. After vehicular accidents, homicides are the second leading cause of death in the US among 15- to 24-year-olds (Heron & Tejada-Vera, 2009). However, other than in the US, homicides are not a major cause of adolescent death in developed countries. Demonstrating the differences between countries, in the US, 15- to 24-year-olds were 44 times more likely to be murdered than this same age group in Japan; 22 times more likely than in Denmark; nearly 16 times more likely than in France and Switzerland; and nearly 10 times more likely than in Sweden (Fingerhut & Kleinman, 1990; WHO, 2005).

Indicating racial differences in violent deaths, homicide is the leading cause of death for Black males aged between 10- and 24-years-old (Centers for Disease Control and Prevention [CDC], 2009a; National Center for Injury Prevention and Control, 2003). Homicides account for almost half of all Black males' deaths in this age group. Indicating gender differences, homicide accounts for only 16% of Black females' deaths (CDC, 2009a).

Suicide. Based on worldwide data, 7.4 per 100,000 youth in the 15- to 19-year-old range complete suicide each year (Wasserman, Cheng, & Jiang, 2005). Internationally, the American Foundation of Suicide Prevention (AFS, 2010) reported that each year more than 100,000 adolescents complete suicide.

Among US adolescents, suicide is the third leading cause of death, accounting for approximately 12% of deaths (CDC, 2009b). In 2001, an average of nearly 11 15- to 24-year-olds took their own lives daily, totaling 3,971 suicides annually (Anderson & Arias, 2003). Racial and gender differences are associated with suicide: US males are four times more likely than females to take their own lives, whereas females are three times more likely to attempt suicide (Corr, Nabe, & Corr, 2009). In comparison to other racial/ethnic groups, American Indian/Alaskan Native youth complete suicide at much higher rates (National Adolescent Health Information Center [NAHIC], 2006). This group's suicide rates of adolescent and young adult males are two to four times higher than same-age males from other racial/ethnic groups. White males are almost twice as likely as Black males to take their own lives and more than 11 times as likely as Black females (Anderson & Arias, 2003; Heron et al., 2009; NAHIC, 2006; Peck, 2003). In regard to gender differences, males use more lethal modes such as firearms

and hanging, whereas females are more likely to overdose on prescription or illicit drugs.

Adolescent bereavement, grief, and mourning

Bereavement impacts adolescents on several dimensions (physically, cognitively, emotionally, interpersonally, behaviorally, and spiritually), and may be more intense and chronic than anticipated by peers, parents, and teachers (Balk, 2009). Reactions associated with normal bereavement are distinguished from complicated bereavement by various indicators. In normal bereavement the grieving person acknowledges the death, does not feel extremely lonely or empty after the death, feels emotionally connected to others, believes life still holds meaning, and retains a sense of self-efficacy.

Studies of adolescent bereavement have focused primarily on deaths of parents and siblings. Stretching back to research conducted in the early 1980s, strengthened by longitudinal research during the 1990s, and persuasively confirmed during the past decade by intervention outcome studies using randomized controls, research has repeatedly supported the powerful impact of consistent, positive parenting (both nurturance and discipline). Positive parenting is central in an adolescent's responding well to a family member's death (Balk, 1983; Sandler et al., 2003; Worden, 1996). Surprisingly, adolescent bereavement over the death of a peer has been sparsely investigated. Subsequently, it is not clear whether positive parenting would prove as influential in an adolescent's coping with a peer's death.

Speculation prior to 1980 was that adolescent self-concept was adversely impacted by bereavement. However, standardized measurement of adolescents' self-concept demonstrated that the vast majority of bereaved adolescents maintained healthy self-concepts. In fact many bereaved teens' moral views were considered more mature than those of their non-bereaved peers. Balk's (1983) and Offer's (1969) research found that adolescents faced with serious life crises, such as a parent's or sibling's death, were propelled more quickly into adulthood than non-affected peers.

Regarding outcomes for adolescents following a family member's death, Worden (1996) identified several cautionary findings. Namely, compared to their non-bereaved peers, adolescents bereaved over parental death were more anxious and fearful over time. Worden speculated that such reactions stemmed from 'the lack of predictability in their lives caused by the death of a parent' (p. 90). Bereaved adolescents considered their conduct and academic performance inferior to their peers' and noted greater difficulty getting along with others than did non-bereaved peers. However, on a positive note, bereaved adolescents considered themselves more mature than their non-bereaved peers.

Bereaved adolescents report such emotional responses as fear, anger, guilt, confusion, sadness, and loneliness (Balk, 2009). They report questioning the meaning and purpose of human existence (Jerome, 2011). Their estimate of bereavement's duration and the intensity of bereavement reactions vary. Initially they may

naively anticipate moving through their grief in a matter of weeks, then months, and finally more realistically in terms of two or more years. Many report a drop in academic performance and find it difficult to concentrate and make decisions. Some have sleep disturbances, difficulties eating, and headaches. Some report crying uncontrollably, without warning. Overwhelmed with this intensity of emotions, they may fear that they are 'going crazy'. Relationships with peers may become strained, and bereaved adolescents may camouflage their grief in order to avoid overburdening friendships. In some cases, peers emerge who have the emotional maturity and personal courage to allow their bereaved friend to freely express grief. However, most peers either literally or figuratively leave the room when death and grief are mentioned. Although immediately and for several months following the loss, grieving adolescents scrutinize religious beliefs, over time many adolescents report religion playing an important part in their adaptation and healing (Jerome, 2011).

Adolescents' disenfranchised grief

Doka's (1989, 2002) notion of *disenfranchised grief* was a seminal idea in bereavement theory: In short, social constraints and assumptions relegate some losses outside the boundaries of acceptable mourning. Because the relationship, the loss, and the survivor are not publicly recognized and supported, expressing grief over such losses leads to social disapproval rather than support. An example is the bereavement an adolescent feels when a friend, incarcerated for driving under the influence of alcohol and vehicular homicide, completes suicide. Another example is the bereavement an adolescent girl feels over the death of her father, murdered after accused of sexually abusing neighborhood boys. In such cases, a sense of stigma (often embarrassment and shame) is attached to disenfranchised grief.

Adolescent bereavement is particularly vulnerable to being disenfranchised. It is not uncommon for adults to dismiss adolescent bonds of friendship as transitory and insubstantial. For instance, the death of a boy friend may be dismissed or devalued by adults and the adolescent's grief thereby disenfranchised. Also when adolescents are killed in daredevil type accidents or overdosing on drugs, adults may negate grief by blaming the deceased teen for making poor choices. Unfortunately, this type of blame takes the focus away from surviving adolescents' grief and insensitively dismisses their need for emotional support.

Supporting bereaved adolescents

Our intent now is to build on the previously provided background information. The following sections identify what we know about supporting bereaved adolescents and applying this knowledge to strategies supporting students in middle school and high school environments.

Teenagers live in a world of multiple groups: family, friends, neighborhood, religious institutions, school, and sports teams, to name a few. A teen's death has a reverberating effect upon each group, the loss impacting both closely associated friends and those distantly associated with the deceased teen. This loss is accentuated because a teen's death is unexpected. Schools play a significant role in supporting the grieving family, individual friends of the deceased, classrooms of students, teachers and staff, and the community (Heath, Nickerson, Annandale, Kemple, & Dean, 2009; Openshaw, 2011).

Optimally, school communities rely on well-trained crisis teams comprised of school-based mental health professionals, administrative and teaching staff, and outside professionals as needed (James, Logan, & Davis, 2011). Crisis teams respond to threatening situations impacting the student body. Additionally, teams draw support from a referral list of local agencies or counselors skilled in specific areas such as bereavement and trauma, substance abuse counseling, and gang-related issues.

School crisis teams should collect a library of resources to provide basic educational information when needed. In particular, parents, students, and teachers benefit from one to two-page handouts with basic current information regarding topics such as grief and trauma. These handouts should identify a few helpful user-friendly websites to assist those who desire additional information. Psychoeducational information (approved by the principal and district crisis team) should focus on helping adolescents cope with death. Although educational materials should be designed for each specific school, consulting with other districts and websites enhances an individual school's resources.

Three websites in particular have excellent crisis materials for schools, including topics related to adolescent's grief. (a) The National Association of School Psychologists' resources for school safety and crisis resources include a five-page article, *Dealing with Death at School* (Poland & Poland, 2004). The article can be downloaded from [http://www.nasponline.org/resources/principals/Dealing%20with%20Death%20at%20School%20April%2004.pdf]. (b) The National Child Traumatic Stress Network's website has resources for school personnel [http://www.nctsnet.org/nccts/nav.do?pid=ctr_aud_schl]. This site includes a variety of handouts and booklets related to adolescents' traumatic grief. (c) The Substance Abuse and Mental Health Services Administration (SAMHSA) and UCLA website [http://www.samhsa.gov/trauma/index.aspx#schools] contains several excellent resources, including two helpful resources: a one-page summary, *Grief and Loss* [http://smhp.psych.ucla.edu/pdfdocs/practicenotes/grief.pdf] and a six-page resource, student guidance notes: *Schools Helping Students Deal with Loss* [http://smhp.psych.ucla.edu/pdfdocs/loss(hurricane).pdf].

Following a student's death, the school must respond on many levels. There should be a protocol or 'standard' framework for addressing student needs. Advance planning allows for a much more timely and effective response. Although response efforts should be individualized for each school, the following framework is recommended.

Outreach to the deceased student's parents

Condolences on the part of the school community should be offered. The principal and a designated contact person should assist the school in determining the family's preferences for addressing the larger student body. Guiding questions for school psychologists to consider are described in the following paragraphs.

Is there another sibling in the school? Consideration needs to be given to his/her desires regarding the dissemination of information regarding the death. Parents and teens may have differing levels of privacy and boundaries. The social 'status' of the sibling (and that of the deceased student) within the school setting may influence how he or she wants information shared. Furthermore, prior to the sibling's return to school, anticipatory guidance regarding the first day(s) back can help the sibling with this transition; the preference of private versus whole classroom acknowledgment; and designating a 'safe space' available to the sibling should he or she feel overwhelmed.

What information regarding the teen's death should be shared with students and what information should be shared with the larger student body and community? The school psychologist and school administrator (principal) can prepare a typed message for teachers to read to their students during homeroom or a specific class period (Poland & Poland, 2004).

Which (if any) formal 'rituals' would the family prefer students participate in, such as a wake or memorial service, a gift of flowers, or a donation to a charity in the name of the deceased? This information allows school staff to give suggestions to the student body, helping shape both collective and individual responses. Most teens need guidance with the 'etiquette' of death and mourning rituals as this fatality may be their first experience with death. Additionally, opportunities to respond move students into activity, channeling energy and passion in a selfless service-oriented direction.

Continued contact with bereaved family

In the coming weeks, the family should be offered the opportunity of privately going through the deceased student's locker or desk (before or after school). Do not rush in and do this on the first day! To support the family, the principal and school psychologist may make advanced arrangements for a trusted school adult to accompany the family. If the parents prefer, the locker and desk contents could be gathered by school staff. The crisis team and principal may identify an appropriate person to take the lead, helping the family and school follow through on details related to the student's death.

Parent outreach. Because adolescents are becoming more self-sufficient and independent, students may resist disclosing information about critical incidents and events. Parrish and Tunkle (2005) discussed students' response to the initial notice of a friend's death by suicide. In such situations, teens will typically be in

a state of shock compounded by their inexperience and intense level of emotional response. After receiving the news, parents should provide needed support and guidance to their children. This is an opportunity for enhancing adolescents' life skills and strengthening their ability to cope with difficult situations.

Schools communicate with parents in a variety of ways. The school principal and crisis team can write a letter utilizing the preferred form of communication (memo, newsletter, or website). The letter should inform parents of a classmate's death using the information previously discussed with the deceased teen's family. This information includes whether to use the name of the student and whether the letter should be sent to all students or only those in the deceased student's grade or homeroom. The letter should include an explanation of ways in which surviving students may be affected by the death. Receiving this letter offers a teachable moment for parents to discuss the student's death. An explanation of normal and traumatic grief reactions may be included, mentioning that in some cases, grief may be prolonged and severe. The letter should include a list of counseling professionals in the school and community, along with contact information. All letters should be approved by the school principal.

Outreach to students. Based on discussion with the deceased's family, the school needs to inform students, particularly classmates and close friends of the deceased student. Information shared should be brief and factual. Sharing facts reduces rumors. The announcement should be personally shared with students, not announced over a public address system. Ideally, information will be shared in small groups or classes such as a homeroom class with staff who are comforting and familiar. One possibility might be to have a team (such as the school principal, school psychologist, and the classroom teacher) share information with the most highly impacted classrooms or groups. Reflecting the family's preferences, information should be shared regarding options for student participation in mourning rituals (e.g. donations to specific charities, memorial services). Some families may shy away from public announcements, but may feel more comfortable with the crisis team sharing information with individually referred students.

Outreach to school staff. Teachers, administrators, secretaries, custodians, and other staff need to be informed and given the opportunity to process their feelings. Support should be offered to all staff because it is impossible to identify who might need the support. Similar to student responses, staff may feel guilt, fear, sadness, anger, and confusion. Crisis team members should schedule staff support meetings prior to first period or immediately after school (bring tissues and comfort food).

Teachers' support. In order to help teachers observe students' emotional responses in the ensuing weeks and months, teachers should be alerted to signs and symptoms of traumatic, prolonged, and complicated grieving. They should also be prepared to use the crisis team as a resource to support impacted students. Teachers have insight into students' level of functioning and may identify changes

in affect, academic performance, or social interaction indicating potential difficulty with grief. Teachers may facilitate student referrals, discussing their concerns with crisis team members, thereby assisting in identifying student needs. The role of teachers is to provide a nurturing environment and to facilitate referrals of students exhibiting complicated or traumatic grief. Teachers are also in the unique position to model expressions of grief, encouraging and assuring students that adults and students alike are struggling to understand the unexpected death.

Classroom discussion. When teachers talk with their students (in a classroom setting) about a classmate's death, this moment offers an opportunity for group crisis intervention. This type of response is commonly referred to as 'psychological first-aid' (National Child Traumatic Stress Network and National Center for PTSD, 2006). Teachers have an opportunity to provide preventive education about the consequences of trauma and to facilitate a supportive school community (Herman, 1997; Vernberg et al., 2008).

The first therapeutic task is to establish safety, particularly for traumatized individuals. Although the whole class experienced the same event (the death of a classmate), one cannot assume that all students will respond similarly: Some may have been very close to the deceased student while others may have been antagonistic or neutral. Because of the wide variety of associations and personal feelings, classroom discussion may result in some students feeling ostracized and others feeling unsupported. The social world of adolescents has a unique structure relating to a hierarchy of cliques, relationships, and roles. Teasing, bullying, and harassment, as well as isolation, may go undetected by adults. Opening the door to students' emotional expressions may inadvertently place someone who reveals too much in a risky position within the social hierarchy. Addressing this potential vulnerability, Herman (1997) indicated that classroom discussion should be educational rather than exploratory. It is an opportunity to exchange information on the loss, identify common reactions, and share strategies for self-care and self-protection. Classroom discussion should foster personal strengths, strengthen coping strategies, and offer protection against overwhelming memories and feelings. First and foremost, classroom group discussion must assure students that they are not alone.

Identification of 'safe space'. Designated school counseling rooms and a staffed guidance office remind students that school-based mental health professionals are available to support students. School secretaries and professionals providing student support need to identify how students can receive counseling services, hours of available support, location, how to schedule an appointment, and whether the services are confidential. This information should be provided to students, teachers, and parents.

In addition to the regular counseling rooms, schools may designate a safe space within the school, offering students a place to come for additional support during the school day. This option is particularly helpful when there are multiple deaths,

as in a car accident or incidents of trauma such as school shootings. Increased organization and additional services are needed when incidents involve multiple victims, including those directly impacted and bystanders who observed the tragedy.

With the school's support, the safe place offers students an opportunity to process their trauma, helping them come to terms with normal bereavement and coping with the loss of a friend (Cohen, Mannarino, & Deblinger, 2006). Safe spaces should be facilitated by a professional (either from the school crisis team or the community). Logistically, the safe space is open all day as a drop-in site. Additionally, staff help identify students who desire a more structured group experience in the following weeks. A safe space allows those students who need a deeper opportunity to process their feelings regarding the death or trauma. The safe space offers a deeper level of support than available in the regular classroom.

When death is traumatic, such as with suicide, murder, or unintentional fatal injury, processing the trauma allows students to experience a wide range of emotions, leading to greater understanding and acceptance of the death. This type of postvention is designed to support student discussion, encouraging more productive, positive, and guided dialogue, as opposed to students mingling and 'gossiping' in the hallways. As teachers observe groups who may be sharing rumors, they can intervene gently, moving students along to the safe space. Teachers may offer comments such as, 'Let's find a more private space to talk about this'. This approach recognizes students' need to discuss the death, yet encourages conversation in an appropriate, therapeutic, private manner. For some students the opportunity to deal with their shock, horror, confusion, and sadness must take precedence over school work. However, academic work need not stop—students are comforted by structure and routine.

A safe space allows staff an immediate option for making student referrals. For students closest to the deceased, the safe space offers extended support. Staff may also drop in to talk with a counselor and co-mingle with students in a waiting area. Teachers' participation models appropriate help-seeking behavior, endorses the message that it is ok to seek support during a crisis, and reduces the stigma of seeking mental health support. Additionally, teens may later feel comfortable turning to these teachers for help. However, as a word of caution, there is a sensitive 'boundary' issue to consider prior to inviting staff participation (much like processing emotions within a homeroom setting). This type of involvement depends upon facilitators' willingness to include staff, the tone of the school's climate, and the nature of boundaries between staff and students.

School-based mental health support for grieving students

Worden (2009) distinguishes between grief counseling (which facilitates uncomplicated grief) and grief therapy (which addresses abnormal grief reaction or complicated mourning). Additionally three philosophical approaches address which type of grief counseling is offered: Grief counseling is routinely provided to all who have

experienced the death of a significant person; routinely to those who self identify as experiencing distress with their grief; and preventatively to those identified as likely to experience difficulty.

It is unrealistic to screen an entire student body for risk factors associated with complicated bereavement. However, it is prudent to provide general psychoeducation regarding normal bereavement; to identify and make available resources for group support, including as many students as possible; and to then offer individual grief counseling to students who self identify or who are referred by teachers and parents for more intensive support.

School psychologists need to be skilled in several areas when offering school-based support to bereaved adolescents. They must exhibit basic counseling skills such as empathy, trustworthiness, genuine interest, and warmth. They must be respectful of the adolescent's process. They must respect the adolescent's confidentiality while encouraging disclosure to family or other supportive persons. They must competently provide psychoeducation on topics of grief and bereavement. They must normalize what the teen may be experiencing, as well as be able to identify when a teen is exhibiting a more complicated bereavement response.

School psychologists need to be skilled in addressing complex issues regarding a teen's death, particularly deaths not related to illness. For instance, a counselor needs competency in discussing survivor guilt or shame, fear and anger relating to the deceased's behaviors, as well as dissuading adolescents' potential glamorization of suicide. Emphasis must be placed on the statement: Suicide is not an option.

School psychologists must be aware that grieving is a long process. Along the way, both small reminders and significant events (a prom or graduation ceremony) may trigger past memories regarding the loss. Students need extra support during these times.

School psychologists need to understand that grief support is not solely provided by mental health clinicians: Adolescents benefit from supportive interactions with teachers and parents. These relationships offer additional avenues for adolescents to explore and process grief. Consequently, all adults need to be aware of complicated mourning and how and when to refer struggling youth. Regarding students' grief, school psychologists must assist in educating supportive adults so these individuals learn the basics of offering comments and responding in a way that supports adolescents' adaptive coping skills (Heath & Sheen, 2005).

Utilizing a holistic template

School psychologists must be able to address the multiple domains in which adolescents are impacted by a peer's death. These domains include physical, cognitive, behavioral, emotional, interpersonal, and spiritual aspects of functioning.

Physical. School psychologists can help adolescents appreciate common ways a peer's death affects them physically. Adolescents may exhibit the following

behaviors and symptoms: crying, shaking, difficulty eating, disrupted sleeping, headaches, and fatigue. Interventions include providing reassurances and strategies to manage physical responses. Those who offer support should take into account gender differences in emotional expression (e.g. young men may believe emotional expression is a sign of weakness).

Cognitive. Adolescents may grapple with their concrete and abstract thinking; wondering what death may have felt like, 'where' their friend is now, what the death means for them. They may struggle with guilt, believing they should have been able to 'stop' their friend's death. They may seek answers, someone to blame, or a reason why this happened. Concentrating on school work and remembering things may prove difficult. Their consciousness may be flooded with thoughts, details, and images of the peer's death.

Behavioral. Restless agitation and difficulty maintaining normal routines are common behavioral responses when grieving. Adolescents' short- and long-term coping skills may not be well developed. To strengthen adolescents' grief coping skills, teachers and mental health professionals may teach strategies, stick to routines, assist teens with homework, encourage youth to attend class, and offer short breaks when necessary to deal with heightened emotions. The school psychologist can encourage healthy behaviors such as listening to music, journaling, dancing, and engaging in other hobbies and sports. Identification of self-destructive coping skills such as substance use or other risk-taking behavior should be explored.

Emotional. Adolescents may feel a wide variety of emotions, including anger, guilt, confusion, and fear. Help the teen identify and label feelings and express concerns, especially ambivalent ones such as missing the person and hating the person for 'leaving'.

Interpersonal. School psychologists must acknowledge adolescents' need to stay socially connected with peers, yet recognize opposing intense feelings of loneliness and loss. It is important to acknowledge both existing friendships and previous friendship with the deceased: Moving ahead does not mean 'forgetting' your friend. Additionally, teens may have feelings of 'no one understands how I feel'. These insecurities lead to withdrawal and isolation. Adults and unaffected peers must acknowledge impacted teens' grief, offering extra patience and empathy. Some adolescents may camouflage their intense feelings to avoid others' attention.

Spiritual. School psychologists must be comfortable exploring students' concerns related to spiritual beliefs, such as 'What kind of ''God'' lets this happen?', or 'What is the afterlife?'. School psychologists also need to be aware that spiritual themes may raise parental concerns regarding interference with an adolescent's religious upbringing. School psychologists must be careful not to promote their

own religious and spiritual beliefs, but to encourage each adolescent's beliefs and customs (Jerome, 2011).

Facilitating school-based counseling

It is important to understand the timing of interventions. Immediately following a death, groups are centered on psychological first-aid, addressing immediate responses to the trauma. More traditional bereavement groups may be organized in the weeks and months following a student's death. Ongoing support groups bring together individuals coping with a variety of similar-themed traumas (Openshaw, 2011). These groups do not focus solely on one trauma. Although teens absolutely need a place to process their feelings regarding the death, it takes a skilled facilitator to keep group discussions in a positive healing mode. Some students may require one-on-one sessions with the school psychologist who can encourage the grieving student to explore feelings and personal belief systems. Another concern about organizing a group around one classmate's death would be that group members may not strengthen relationships within the group and also may not focus on strengthening their own personal coping skills. They may deflect attention from productive growth and remain focused on the deceased, guilt, and blame.

In contrast, a well-facilitated group experience helps teens grapple with complex issues underlying 'blame' and 'anger'. These issues are commonly experienced by survivors of disenfranchised deaths. Goals include building personal peace, increasing understanding of the loss, and ultimately accepting the death and loss. Groups must avoid judgement or blaming the deceased, self, and others. The group facilitator must steer clear of hopelessness, a very real and tricky component of disenfranchised grief.

When utilizing support groups as an intervention with grieving teens, it is important to define the membership and purpose of the group. Is it a group of mutual aid or one in which adults are providing psychoeducation regarding the death? It is likely that student groups will be an outgrowth of crisis team interventions or based on school psychologists' recommendations.

Concluding remarks

Regarding strengthening grief support for adolescents coping with a peer's death, we have grouped our concluding remarks into two broad categories. These categories are (a) parent involvement and (b) school involvement.

Parent involvement

Because adolescents are separating (emotionally and socially) from parents and are becoming self-reliant in their problem solving, some teens may not disclose their feelings regarding the death of a classmate. United with a common goal

(supporting adolescents' grief), communication and partnership between home and school must be strengthened. It is important for schools to keep parents informed of critical issues. Schools can host prevention workshops, offer consultation with crisis team members, and provide succinct handouts informing parents of the complex issues related to death, grief, and the need to offer emotional support to grieving adolescents.

Intervention and support provided by parents does not undermine a teen's psychological development. Rather, adolescents learn the valuable lesson that regardless of age, people need help in coping with death and loss. Teens need assurance that reaching out for support is a sign of maturity, not immaturity. To assist parents in understanding adolescent grief, schools can offer valuable insights into the significant impact of a peer's death and implications for supporting teens. Parents must be encouraged to keep the doors of parent-child communication open with supportive attitudes and comments to encourage conversation.

School involvement: The school as a supportive community

Teens are well connected to their technological world in an instantaneous and far-reaching way. A single Facebook posting of a peer's death rapidly spreads to hundreds of 'friends'. Schools as a community cannot ignore this dialogue which instantly impacts the student body. Adults would be prudent to recognize that teens are computer natives, whereas most adults are computer immigrants, if not computer illiterates (Sofka, 2009). The school staff must develop strategies to contain teens' emotional frenzy, sensitively responding in a way to de-escalate rapidly rising emotions fueled by new and overwhelming information.

Guided by the wishes of the deceased's family, school personnel can share factual information and model appropriate emotional responses. School-based mental health professionals and support staff are the 'eyes and ears' of the school, directly noting grieving students' grappling efforts to manage difficult emotions. Ideally, all school adults provide emotional support, helping teens adapt and succeed academically. Additionally, mental health professionals must offer guidelines and information to help parents, teachers, and staff understand adolescent grief. Following a student death, schools must provide opportunities to promote adolescent growth and enhance independence and adaptive coping skills. Furthermore, schools must provide prevention and intervention counseling services to adolescents who are challenged by the non-normative life experience of a peer's death.

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