SUPPORTING STUDENTS COPING WITH AMBIGUOUS LOSS

A Project

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SUPPORTING STUDENTS COPING WITH AMBIGUOUS LOSS

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Abstract
of
SUPPORTING STUDENTS COPING WITH AMBIGUOUS LOSS
by
Sondra Christina Deurloo
Andrea Kirsten Opel

The authors collaborated and shared equal responsibility in all aspects of the development of this project, which reviews current research focusing on Ambiguous Loss. The primary purpose of this project is to disseminate information about an increasingly more common type of loss experience and about how school mental health professionals might appropriately respond to students experiencing ambiguous loss. In addition to targeting students experiencing ambiguous loss, the social-emotional supports suggested and provided by this project may be appropriate to helping all students succeed in school. It is expected that as a result of attending this workshop, mental health professionals will be more aware of the unique aspects of ambiguous loss and be better equipped to address the mental health needs of students coping with ambiguous loss.

The prepared project is a 2-hour training workshop with a presenter’s manual, slides, and presenter notes. An associated counseling resource binder that expands on interventions and activities suggested during the workshop is also provided as part of the project. Any credentialed school mental health professional can train a target audience of
other school mental health professionals. Workshop participants will better understand ambiguous loss and appropriate mental health supports for students experiencing this type of loss.

________________________, Committee Chair
Stephen E. Brock, Ph.D.

________________________
Date
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SOFTWARE SPECIFICATIONS

The project appendix includes presentation note pages designed for utilization with slides in a workshop presentation. Slides should be viewed using Microsoft® Power Point software.
Chapter 1

INTRODUCTION

It is not uncommon for students to experience loss, which can lead to distress and trauma (Bowlby, 1982). In schools it is important to attend to the traumatic nature of loss, as research indicates that PTSD in students is often associated with low academic achievement, depression, and social maladjustment (Nickerson, Reeves, Brock, & Jimerson, 2009). For school mental health professionals and staff to adequately meet the needs of their students, they must be knowledgeable of different forms of loss. In addition, school mental health professionals should be confident in their ability to utilize effective therapeutic methods to address the distress and trauma generated by loss. Due to the nature and variance of loss, training workshops are necessary to inform school mental health professionals about ambiguous loss and provide resources needed to support students in a three-tiered model.

Background of the Problem

When examining the nature of loss more closely, different levels of presence and absence become evident. When the loss of an individual is more absolute, as in death, it can be thought of as a concrete loss (Bockneck, Sanderson, & Britner, 2009). Many strategies to address the stress and trauma of loss focus on closure and are more suited for addressing concrete loss. However, when the loss of an individual is less absolute, and there is a mixture of both presence and absence, it is considered ambiguous loss (Boss, 1999). This loss experience is unique due to the lack of uncertainty about the loss and the ambivalence the individual must endure. For example, a loved one may be physically
absent in the life of a child due to issues including divorce, separation, incarceration, deployment or deportation. On the contrary, a loved one may be mentally absent in the life of a child due to mental or physical illness. For example, a parent who is depressed may be physically present but psychologically absent and unable to tend to a child’s needs. The absence and presence unique to ambiguous loss differ from an absolute, concrete loss.

In the current global economic and political context an increasing number of students impacted by ambiguous loss can be observed. The occurrence of Type I Ambiguous Loss, involving a physically absent and psychologically present loved one, has risen greatly in the last decade. Due to the potential negative consequences an ambiguous loss experience may have on a child, it is important that school mental health professionals be familiar with ambiguous loss and are prepared to deliver interventions to students experiencing it. Knowledge of ambiguous loss and ways to support students coping will benefit students’ social-emotional and academic functioning.

**Purpose of the Project**

This project was designed to inform school mental health professionals about the concept of ambiguous loss and to suggest methods for addressing the needs of students coping with ambiguous loss. The primary purpose of this project is to disseminate information about an increasingly more common type of loss experience and about how school mental health professionals might appropriately respond to students experiencing ambiguous loss. In addition, the social-emotional supports suggested and provided by this project may be appropriate to helping all students succeed in school, as well as directly
targeting the needs of students experiencing ambiguous loss.

**Description of the Project**

Information in this project has been developed into a two-hour training workshop and resource binder for school mental health professionals. The workshop is designed for an audience of school mental health professionals, including school psychologists, counselors and social workers. A provided manual and presentation guide allow the workshop to be delivered by any trained school mental health professional. The additional resource binder is designed to provide a set of social-emotional supports appropriate for use with students experiencing ambiguous loss and may be organized into a three tier, Response to Intervention format. Through the development of this project, workshop attendees and those who obtain the resource binder will acquire a familiarity with ambiguous loss and with social-emotional supports that are appropriate to the ambiguous loss experience.

**Definition of Terms**

*Ambiguous Loss*: A mixture of presence and absence of an individual in a relationship (Boss, 1999).

*Type I Ambiguous Loss*: When an individual in a relationship is physically absent, but psychologically present (Boss, 1999).

*Type II Ambiguous Loss*: When an individual in a relationship is psychologically absent, but physically present (Boss, 1999).

*Psychological Presence*: Defined by Fravel, McRoy, and Grotevant (2000) as “the symbolic existence of an individual in the perceptions of other family members in a way
that influences thoughts, emotions, behavior, identity, or unity of the remaining family members.”

Concrete Loss: When the loss of an individual is absolute (Bockneck et al., 2009).

Limitations

The topic of ambiguous loss in a school setting is new and consequently there is a lack of research specific to school settings. In response to this dearth in research, it was necessary to connect existing research about specific examples of ambiguous loss (divorce, incarceration) and the effectiveness of social-emotional supports to address these specific examples of ambiguous loss at school. Overall trends in response to supports were identified and suggested for general use. In addition, when examples are given of how a social-emotional support might be used for a specific situation, not all situations could be addressed. This is due to the wide breadth of experiences that may fit under an ambiguous loss label. Furthermore, while cultural considerations are introduced within this project, it is important to keep in mind that knowledge of a student’s cultural background is an important factor in evaluating the impact of ambiguous loss and appropriate interventions. Cultural considerations were not addressed in detail.

Statement of Collaboration

This project was developed collaboratively by Sondra Deurloo and Andrea Opel, both graduate students in the School Psychology program at California State University, Sacramento. Each co-author had equal responsibility in the research, collection, and data gathering. Subsequent titles and subtitles were divided amongst the two individuals to create a comprehensive project. All duties performed in the development of the project
and training workshop were shared equally.
Chapter 2
LITERATURE REVIEW

Throughout an individual’s life it is not uncommon to experience the loss of a loved one, and children are not exempt to such loss. Universally, these losses can lead to distress and trauma in the children who experience them (Bowlby, 1982). Recent studies have indicated that children who experience loss often evidence Posttraumatic Stress Disorder (PTSD) symptoms and cortisol levels similar to children who have witnessed abuse or violence (Taylor, Weems, Costa, & Carrion, 2009). The traumatic nature of loss is important to attend to in schools, as research indicates that PTSD in students is often associated with low academic achievement, depression, and social maladjustment (Nickerson et al., 2009). To best serve students, the school community should be adequately informed about the experience of loss and about how to appropriately support students experiencing loss.

**Defining Ambiguous Loss**

When examining an individual’s loss experience more closely, different levels of presence and absence become evident. When the loss of an individual is more absolute, it can be thought of as concrete loss (Bocknek et al., 2009). Death is a clear example of concrete loss as there is certainty in the absence of the individual. When the loss of an individual is less absolute, and there is a mixture of both presence and absence, it is considered ambiguous loss (Boss, 1999). Alzheimer’s disease is a clear example of ambiguous loss, as the individual may be physically present, but is psychologically unavailable. Ambiguous loss is also defined by a lack of certainty about the loss, as the
missing person in the relationship may or may not return and relationship boundaries are not clearly defined (Boss, 2006). Due to this uncertainty, ambiguous loss is often not attended to and validated by outside parties and this lack of acknowledgement can add to already present distress (Bocknek et al., 2009).

**Type I Ambiguous Loss**

Just as there are different types of loss, there are different categories of ambiguous loss. When an individual within a relationship is physically absent, but psychologically present, it is considered *Type I Ambiguous Loss* (Boss, 2010). A loved one may be physically absent in the life of a child due to common issues like divorce and separation, or as a result of more catastrophic circumstances like being incarcerated or deported. Previous studies have defined psychological presence as the “symbolic existence of an individual in the perceptions of other family members in a way that, or to a degree that, influences thoughts, emotions, behavior, identity, or unity of the remaining family members” (Fravel et al., 2000). Psychological presence is thus based on the degree a student perceives the missing individual to influence their family. In cases of Type I Ambiguous Loss, higher degrees of psychological presence correlate with greater family dysfunction (Carroll, Olson, & Buckmiller, 2007).

A variety of examples of Type I Ambiguous Loss may be present in the school setting. A student may have a parent who is absent in their lives due to divorce or marital difficulties at home, but whom he or she still perceives as being psychologically present. Children who have been adopted or are in the foster care system may still feel the psychological presence of their birth parents, even if they have never physically met their
birth parent (Brodzinsky, 2011). For example, a child may wonder about what their birth
parent is like and why they were given up for adoption, even though they have never
actually met their parent. In addition, one or more of a student’s caregivers may be
deployed by the military to serve in a war zone.

**Type II Ambiguous Loss**

*Type II Ambiguous Loss* is the psychological absence combined with the physical
presence of an individual within a relationship (Boss, 2010). The psychological absence
may be due to a variety of mental or physical illnesses that lead to the cessation or
alteration of previously reciprocal relationships. Children experiencing Type II
Ambiguous Loss may be unsure whether the relationship will return to its original state or
whether the lack of reciprocity is the new norm. The combination of known and
unknown can lead to chronic and traumatic anxiety, even when the “missing” individual
is still physically with the child (Boss, 2006).

Instances of Type II Ambiguous Loss are also readily evident in the school
setting, and may be tied to instances of Type I Ambiguous Loss. Oftentimes in the foster
system, children do not fully sever ties with their families and they may still have
physical access to their birth parents. However, these parents may be afflicted with
mental health issues or substance addictions, which prevent them from being emotionally
available to the child (Lee & Whiting, 2007). In addition, parents coping with depression
or other mental illness may often become emotionally unavailable to their children. Less
common, but still important to acknowledge is the ambiguous loss experienced by
children who have a parent that is chronically ill. In this example the child may go
through periods where they have physical and psychological access to the parent and periods where there is neither physical nor psychological access. It is the lack of stable relationship boundaries in this example that clearly define it as ambiguous loss. Lastly, when one parent is physically absent and one remains at home, the parent at home may become emotionally unavailable due to his or her own grieving process. The physically present parent is also experiencing the ambiguous loss of their significant other likely has to take on more household duties and responsibilities. This emotional and physical exhaustion that the physically present parent experiences makes them less available to their children, so the child in this circumstance is experiencing the ambiguous loss of both parents (Bocknek et al., 2009). In this circumstance, the child has essentially lost access to both parents and levels of distress are likely to increase.

**Rise in Occurrence of Ambiguous Loss**

An increasing number of students impacted by ambiguous loss can be observed in schools in the current global economic and political context. The occurrence of Type I Ambiguous Loss, involving a physically absent and psychologically present loved one, has risen greatly in the last decade due to changes in politics and the economy. In the last decade, more than 800,000 parents of school-aged children have been deployed by the U.S. military (Rossen & Carter, 2011). Deployments are occurring more frequently and for lengthier periods of time, separating children from their parents at an uncertain rate (Harrison & Vannest, 2008). There has also been a 26% rise in the number of couples living apart in the last decade (United States Census Bureau, 2010). This number has been predicted to increase as even more couples are compelled to live apart in order to
obtain employment during the recession. Additionally, the number of children with an incarcerated parent in prison has doubled in the last 20 years (Bockneck et al., 2009). These data indicate that students are more likely to encounter uncertain periods of physical separation from at least one of their caregivers than in previous decades. The current economic recession also has lead to a rise in the occurrence of Type II Ambiguous Loss. Increasing levels of financial stress can lead to the psychological absence of caregivers, whether due to mental illness or physical exhaustion (Harper, Jones, McKay, & Espey, 2009). As caregivers battle disappointment related to unemployment or take on more work to avoid lay-offs or foreclosures, they may become less emotionally available to their children. The effects of this economically related ambiguous loss on students are demonstrated by increased utilization of mental health services for youth in California during times of high unemployment among caregivers (Bruckner, Snowden, Subbaraman, & Brown, 2010). While the reasons for the physical parental absence are diverse, it is clear that the number of students who could benefit from ambiguous loss supports has increased.

**Factors Influencing Risk of Trauma**

Given the rise in frequency of ambiguous loss experiences within schools, each student’s loss experience should be carefully considered by school mental health professionals to assess the risk of trauma that a situation poses. A variety of factors can influence the risk of a student being traumatized by a loss event. It is important to ascertain the risk of trauma so that services are delivered appropriately and do not impair the student from independently building adaptive coping skills (Brock et al., 2009).
Research examining traumatic experience reveals that events that are more predictable tend to be less traumatizing (Nickerson et al., 2009). While there is uncertainty inherent within the ambiguous loss experience, some situations are more predictable than others. A child who visits with their absent parent twice a month is less likely to be traumatized by the stress of uncertainty than a child whose parent is incarcerated or deployed to a war zone. Research on ambiguous loss also concurs with this data, as the severity of anxiety and depression increases in individuals who are in more ambiguous situations (Boss, 2006). In more ambiguous situations it is difficult for children to establish clear relationship boundaries and to reorganize roles within their families (Minnesota Department of Human Services, 2010). Children can often feel emotionally paralyzed in these more unpredictable situations and are at greater risk of being traumatized by their ambiguous loss experience.

Traumatic risk is also impacted by the duration of an event (Nickerson et al., 2009). The longer an individual lives in a situation of ambiguity, and with the stress therein, the more traumatizing the loss is likely to be for that individual. For example, a child switching between guardians in the foster system for many years is likely to be more affected by this experience than children who experience a brief separation from their caregivers. Thus it is important to consider the length of time since the loss initially occurred, as traumatic risk is positively correlated with duration.
Internal Factors

Numerous internal factors influence how traumatic a loss experience may be for a student. Students at lower developmental levels have less independent coping skills available to deal with stressful events (Nickerson et al., 2009). Children in preschool or elementary school are more likely to have difficulty coping during an ambiguous separation from a caregiver than are adolescents. This also means that traumatic risk may be higher for students in special education, who may be at a developmental level lower than their chronological age (Nickerson et al., 2009). While younger children may have fewer tools to cope, children adopted at an older age are likely to experience the ambiguous loss of their caregivers more acutely than children adopted at birth (Brozinsky, 2011). This has been attributed to children having more established relationships with their birth parents when adopted at older ages.

In addition to developmental level, a history of trauma exposure or mental illness contributes to a greater level of traumatic risk for students experiencing ambiguous loss. Current research indicates that both a history of trauma and/or a history of psychological or psychiatric disturbance increased the likelihood of poor psychosocial functioning in children who have lost a parent (Dowdney, 2000). This trauma history would be especially important to consider when working with children with an incarcerated parent and with children in the foster system, both of whom are more likely to have experienced prior trauma (Bocknek et al., 2009; Lee & Whiting, 2007). Even outside of these two population groups, carefully considering a student’s internal vulnerabilities may help schools to appropriately support students experiencing ambiguous loss.
**External Vulnerabilities**

Just as internal factors influence a student’s degree of traumatic risk, external factors also can mediate the impact of ambiguous loss on a student. Students who are without adult and peer social supports are more likely to be traumatized by a loss experience (Nickerson et al., 2009). In their work with children experiencing ambiguous loss Bocknek et al. (2009) found that social support was significantly negatively correlated to externalizing symptoms. This means the less social support a child has the more likely they are to exhibit externalizing behaviors (e.g., acting out, defiant, and non-compliant behaviors). Therefore, knowing what supports are available to the child at home would be helpful in designing supports for the child at school. Furthermore, the way in which physically present caregivers are coping with the ambiguous loss can greatly influence the traumatic risk posed to children. Studies of children whose fathers were missing in action during the Vietnam War found that mothers’ reactions critically influenced how children coped with ambiguous loss (Carroll et al., 2007). Physically present caregiver’s response to loss is especially influential for younger children, who model their grief on parent reactions (Himebauch, Arnold, & May, 2008). Thus, a child with a distressed caregiver at home is more likely to require intensive support to establish coping skills at school. These children could also be considered to be experiencing ambiguous loss of both parents, as the “present” parent becomes psychologically unavailable.

When encountering students who are experiencing ambiguous loss, it is important to prudently consider both internal vulnerabilities and external factors to address students
appropriately. Some students are more likely to be traumatized by a loss event and may need more support at school. A child’s developmental level, mental health history, trauma history, access to social support, and the coping strategies of “present” caregivers may all impact how affected a child will be by the ambiguous loss of a loved one.

**Responses to Ambiguous Loss**

Specific responses are expected when working with a student experiencing ambiguous loss, though the severity of these responses may vary. Feelings of immobilization and hopelessness frequently afflict the student and their physically present family members (Boss, 2010). These feelings, coupled with the uncertainty inherent in an ambiguous loss experience, often block coping and keep the family from moving forward (Ashbourne, Baker, & Male, 2002). Students may also have difficulty dealing with transitions or changes and may exhibit symptoms of anxiety and depression (Minnesota Department of Human Services, 2010). Many of these symptoms overlap with those of Posttraumatic Stress Disorder (Lee & Whiting, 2007).

Children experiencing ambiguous loss may feel pulled in many different directions at once. It is common for children to seek clarity about the ambiguous loss situation (Bocknek et al., 2009). In turn, if they fail to obtain the desired information, they may psychologically construct experiences as a coping mechanism (Boss, 1999). For example, a child may invent a reason for their parent being absent when one is not given to them. However, children may also resist clarifying information due to fear of what will result from them knowing more about the situation (Bocknek et al., 2009). A student may resist knowing more information about a parent’s incarceration because it
may lead them towards a more negative perception of their parents and themselves. These different reactions may be tied to the confusing nature of the loss itself or may be tied to developmental differences in response to grief.

**Infant and Preschool**

While grief has many heterogeneous manifestations, children functioning at the infant to preschool level often display a set of similar reactions to a loss experience. Children between birth to six years of age may have difficulty identifying and dealing with their loss. They may regress or display varying degrees of separation anxiety from their present caregiver (Dowdney, 2000). Preschoolers and infants will frequently gauge their reaction to loss on the response they observe from the adults in their lives (Brock et al., 2009). At this developmental stage, children benefit when their daily routines continue to be carried out as before and other significant adults remain active in their lives (Himebauch et al., 2008).

**School Age**

When children reach school age, they still often have trouble identifying and expressing their feelings about loss. Six to eight-year-old’s reaction to the loss of a caregiver may more often present as irritability and impatience (Dowdney, 2000). They may also voice frustration and anger towards the absent caregiver, especially as they may not fully comprehend the reason why their caregiver is absent. Anxiety and depressive symptoms may also occur in response to the loss, and may manifest more in physical complaints (Himebauch et al., 2008).
Adolescents tend to grieve in a very similar manner to how adults react to loss. This is largely due to their better understanding of cause and effect relationships. However, this understanding of cause and effect can lead adolescents to feel partially responsible for the circumstance surrounding the loss event (Himebauch et al., 2008). Consequently, adolescents also more frequently report feelings of guilt when experiencing Ambiguous Loss (Ashbourne et al., 2002). Upon entry into early adolescence, peers become central sources of companionship and emotional support. Close peer relationships relate to various aspects of life satisfaction, suggesting that the development of these relationships should be encouraged (Nickerson & Nagle, 2004).

Recovery as the Norm

In the immediate aftermath of a loss event, some emotional reactions are to be expected. However, recovery from trauma is considered to be the norm. A useful framework for understanding normal coping includes: understanding the loss in a productive manner, confronting the loss reality, and managing loss reactions and regulating emotions (Moos & Schaefer, 1986). However, when common crisis reactions are especially acute, or are combined with certain specific risk factors, they should be carefully monitored (Brock et al., 2009). As mentioned earlier, it is important for school mental health professionals to consider the nature of the situation and of the individual. When an individual has a preexisting psychological problem or exposure to the crisis event is particularly intense or of long duration, the individual may require mental health crisis intervention (NIMH, 2002). A variety of warning signs can help signal school
psychologists and school personnel to focus attention and to implement more intensive interventions for students who are having more difficulty re-establishing adaptive coping.

**Warning Signs**

When combined with risk factors, the presence and durability of warning signs may signal that an individual has become a victim of severe psychological trauma and requires intervention (Brock et al., 2009). Signs of maladaptive coping present differently across developmental levels. Children display a wide range of stress reactions, which vary with age (Dyregrov & Yule, 2006). Pre-school children may decrease their verbalization, engage in bedwetting, display more anxious and fearful behaviors, or re-enact trauma in their play. Confusion, regression in skills, changes in appetite, night terrors and abnormal separation anxiety can also signal the need for more intensive intervention. School-aged children may also experience night terrors, regressive behaviors, and may cling to parents or caregivers. However, school-aged children are more likely to be overly irritable, engage in obsessive retelling, or appear emotionally numb when more intervention is merited. Other school-aged signs that could necessitate a school mental health professional’s attention include increases in aggressive and disruptive behaviors, poor concentration, loss of interest in school, school avoidance, and withdrawal (Nickerson et al., 2009).

Behaviors that would merit attention and intervention in adolescents are more similar to the behaviors associated with Posttraumatic Stress Disorder in adults. Flashbacks, emotional numbing, avoidance of reminders of the missing individual, and changes in energy level (agitation or emotional lability) would signal the need for
increased vigilance in adults working with the adolescent at school (Nickerson et al., 2009). Adolescents may also experience sleep and appetite disturbances, poor concentration and loss of interest in school, and a decrease in academic performance in response to a loss (Ashbourne et al., 2002). While initial reactions to a loss may be adaptive or protective, prolonged states of emotional distress may lead to a variety of mental health challenges (Harvey & Bryant, 1998; Shalev & Freedman, 2005). It is therefore important to monitor students exhibiting these behaviors so that intervention is delivered appropriately to students experiencing ambiguous loss.

**Cultural Considerations**

Knowledge of a student’s cultural background is an important factor when evaluating warning signs to determine the degree to which the behaviors are, or are not, consistent with cultural norms. Due to cultural variation, some behaviors considered warning signs by the dominant culture may be more appropriate for other cultures. The sharing of emotions varies among cultures, and while some cultures may value self-expression, other cultures may view it as self-indulgent or disrespectful (Nickerson et al., 2009). Cultural considerations are also relevant to reestablishing social support after a crisis. Different cultural groups have different values, beliefs, and preferences for accessing social support, which should be considered when supporting students and their families (Brock et al., 2009).

**Therapeutic Goals for Ambiguous Loss**

While extensive research has been geared towards supporting individuals experiencing loss, the traditional supports designed for concrete loss may be
inappropriate for use with individuals experiencing ambiguous loss. Events of loss prompt individuals to recognize a lack of control within their own life, as a loss is not something that can simply be fixed or cured. In response to this feeling of impotency in loss situations, many cultures view loss as a state to move on from and to master. Traditional supports designed for individuals coping with loss are often geared towards achieving closure due to these societal views. These supports are generally not appropriate in an ambiguous loss situation, as closure is more difficult or impossible to achieve within an ambiguous context. For those experiencing ambiguous loss, a more appropriate support would be aimed towards helping the individual cope with the stress stemming from the ambiguous situation (Boss, 2006).

Reconstructing Identity

When loved ones are absent physically or psychologically, people may become confused about their identity. With children, the process of reconstructing identity often includes enduring the pressures of parental change. Whether a parent is missing due to divorce, incarceration, war, or illness, children and adolescents must “be helped to resist the premature assignment of identities that are meant to replace the missing parent.” For example, well-meaning extended family members may tell a young boy whose father is missing that he is now “the man of the family” or that a young girl is the “mother” of her younger siblings. However, misassigned adult roles lead to further loss and trauma for overburdened children (Boss, 2006).

Several tasks may help an individual reconstruct identity. One way is to define family boundaries, such as revising family roles and tasks for rituals and celebrations.
This involves reconstructing the meaning of who the student is, as well as the student’s values and beliefs about his or her control of the situation. For example, a student whose parent remarries may not view the parent’s new spouse as a parent. Talking about the normalcy of overlapping boundaries is useful for reconstructing role identities with families experiencing ambiguity in membership. Another way to reconstruct identity is to identify positive family themes about resilience, and to develop shared values and views.

A family may have themes or interactions over the life course and across generations. For example, a family may be involved in a particular sport, music or religion. Focusing on these themes may help the student find a more positive and strength-based identity (Boss, 2006).

**Normalizing Ambivalence**

Boss (2006) explains that ambiguous loss leads to ambivalent feelings, emotions, and behaviors toward the missing person and others in the family. Anxiety and depression are often symptoms of the stress and anxiety of ambivalence. Normalizing ambivalence means acknowledging its existence and coping with the stress that accompanies it. An individual may normalize ambivalence by normalizing guilt and negative feelings (but not harmful actions), asking questions about context and situations, seeing the community as family, or reassigning everyday roles and tasks. In addition, Boss recommends that students cognitively recognize their conflicted feelings.

**Revising Attachment**

Individuals who are closely attached and become separated through ambiguous loss are more likely to experience trauma. With closure being impossible to reach, the
therapeutic goal is for a perceptual shift in the relationship, including accepting the ambiguity and uncertainty (Boss, 2006). Tasks that aid in revising attachment include thinking dialectically, which requires balancing opposing ideas. For example, an individual may cling to hope while also accepting change. Students experiencing ambiguous loss may hope that their parent returns from a long absence, while at the same time accepting that their parent’s role is being fulfilled in other ways. Revising attachment also includes developing memorial ceremonies and farewell rituals, and paying attention to developmental stages that may make children vulnerable to anxiety when experiencing changes or transitions. Furthermore, groups for therapy, support, and psychoeducation may also help individuals, couples and families who suffer trauma from lost attachments (Boss, 2006). In the school setting, these social supports may be addressed through caregiver trainings, as well as school-based counseling.

**Supports Appropriate for Use in Schools**

As stated previously, symptoms of anxiety and depression may arise when a student is experiencing ambiguous loss. Furthermore, students display grief in different ways, including exhibiting both externalizing and internalizing behaviors. Boss (2006) recommends reestablishing social support systems and using cognitive coping strategies as methods to acknowledge ambiguous loss and to reconstruct one’s identity. School psychologists may employ several psychotherapeutic practices of prevention and intervention to address student’s needs in the face of an ambiguous loss experience.
Response to Intervention

Providing interventions and responding to students’ experience of ambiguous loss may be addressed via a Response to Intervention (RtI) model. The three different levels of intervention include universal interventions that are provided to all individuals (Tier 1). Universal interventions may include informing teachers and parents about ambiguous loss, setting up social support systems through a school-wide climate, and implementing a social-emotional curriculum in classrooms. This primary prevention addresses students who currently are not experiencing social/behavioral difficulties. Selected interventions (Tier 2) are provided to individuals who are judged to be moderately traumatized, or at-risk for the development of learning, social or behavioral difficulties. These interventions would likely involve small group counseling and individual counseling. Lastly, indicated interventions (Tier 3) are those provided to individuals who are judged to be severely affected or traumatized (Merrell, 2008). This might include referring an individual for ongoing psychotherapy. Within an RtI model, several different forms of therapy may be used.

Psychological Education

Psychological Education attempts to give students experiencing grief and loss control over the recovery process, to promote social support, and to teach approach-oriented coping strategies (Brock et al., 2009). At a Tier 1, universal level, this may include providing informational documents about grief and loss, as well as presenting to staff and at caregiver trainings. Providing informational documents that inform students, parents, and other caregivers about ambiguous loss and its prevalence in schools may
promote understanding of ambiguous loss, its potential effects, and identify a range of resources available (Litz, Gray, Bryant & Adler, 2002). In a crisis intervention model, caregiver and staff trainings address the crisis facts, discuss common crisis reactions, inform participants about psychopathological reactions and coping behaviors, and propose strategies for responding to and managing crisis reactions (Brock et al., 2009). With ambiguous loss, this may include informing parents and teachers about ambiguous loss, explaining behavioral manifestations of grief and loss, and giving suggestions about when to refer students for more intensive support. Furthermore, exploring a caregiver’s own strategies for responding to and managing crisis reactions is important, since this influences their children’s reactions.

Social Emotional Learning

Social Emotional Learning (SEL) has been referred to as systematic, cohesive, and effective instructional programming designed to teach social and emotional skills to children and adolescents (Greenberg et al., 2003). Classroom social-emotional curriculums may be used as a preventative strategy for social and emotional problems (Merrell, 2008). SEL programs help to increase social and emotional resiliency, which is important for children who experience ambiguous loss and become vulnerable to psychological trauma. One example of a SEL curriculum is the Strong Kids programs. These programs were designed for the purpose of teaching social and emotional skills, promoting resilience, strengthening assets, and increasing coping skills of children and adolescents across K-12 grade levels (Merrell, 2008). Other examples of social-emotional curriculums include Kimochis: Toys With Feelings Inside, Second Step: Skills for Social
and Academic Success, and The Incredible Years: Dina Dinosaur’s Social Skills and Problem-Solving Curriculum for the Classroom (Committee for Children, 2012; Dodge, Rice, & Grimm, 2010; Webster-Stratton, 1990). These curriculums may be implemented in a classroom or in a small group of selected students, making it appropriate for either Tier 1 or Tier 2.

Cognitive Therapy Interventions

Boss (2006) states that a therapeutic goal for ambiguous loss is reconstructing identity through the development of cognitive coping strategies. Cognitive therapy requires that students be involved in identifying and monitoring their own thoughts and beliefs, both maladaptive and adaptive (Merrell, 2008). This treatment is best for students with normal or high functioning adolescents, and in some cases it is developmentally appropriate to use with older school-aged children (9-years-old and up).

Cognitive therapy involves four steps that teach and build cognitive coping strategies in the student being seen. First, a student is guided in developing awareness of emotions. The student becomes aware of their own emotional states and how they are likely to vary over time and across situations. Next, the student detects automatic thoughts and identifying beliefs, which involves identifying thought processes that influence emotions. Third, the student evaluates automatic thoughts and beliefs. This involves questioning whether or not the automatic thought is realistic or helpful. Lastly, the student engages in changing negative automatic thoughts and maladaptive beliefs. The student replaces the negative thought with a more neutral or realistic thought (Merrell, 2008).
In the school setting these steps can be worked on via a variety of practical methods. A student may explore their emotions through a “feelings thermometer” or “emotional pie.” Students can detect thoughts and evaluate beliefs using a thought chart or journal. Students can replace thoughts by identifying thinking errors, reframing and relabeling these thoughts, and by increasing positive self-statements. This type of therapy may be used at the Tier 1, Tier 2 or Tier 3 level (Merrell, 2008).

Mindfulness

Boss (2006) shares that another therapeutic goal for dealing with ambiguous loss is to manage the tension and conflict that arises from ambivalence. The therapeutic approach of mindfulness focuses on training a person to recognize and accept undesired or unpleasant feelings and thoughts as part of his or her life. The goal is to not focus on eliminating or pushing away these experiences, but rather to focus on what can be done in the present moment. Mindfulness promotes a nonjudgmental detachment from problems and challenges that are faced (Merrell, 2008). Mindful meditation strategies offered in school-based settings help students to enhance academic and psychosocial strengths and improve self-regulation capacities and coping abilities (Wisner, Jones, & Gwin, 2010). Mindful practices, like those provided in The Relaxation and Stress Reduction Workbook can be implemented in small group or individual counseling with a student (Davis, Robbins-Eshelman, & Mckay, 2000). These techniques, which include deep breathing and relaxation exercises, may alleviate stress and anxiety in children (Gimpel & Holland, 2003). These tools are beneficial for those who are experiencing ambiguous loss as they acknowledge the existence of ambivalence and help individuals cope with ambivalence.
related stress and anxiety. General mindful practices can be incorporated into whole class activities as well, making mindfulness an appropriate intervention at all Tiers.

**Bibliotherapy**

Bibliotherapy is another therapeutic approach that helps children cope with a variety of difficult life experiences (Haesler, 2009). Bibliotherapy provides positive ways to help children cope with ambiguous loss situations, from the deployment of a caregiver to the separation of parents. Some excellent books that address ambiguous loss issues include *Hunger Games* by Suzanne Collins and *Hero Dad* by Melinda Hardin. The positive influence of bibliotherapy books can be attributed to the comfort and insight children experience when they read about characters experiencing similar life difficulties. Bibliotherapy helps children cope with issues of loss, and helps children move forward or transition to new adjustments to their lives (Jack & Ronan, 2008). This is a pro-active tool for at-risk youth and may be used at the classroom level or during small group or individual counseling. The UNLV Bibliotherapy Education Project provides a variety of free resources regarding how to evaluate bibliotherapy texts as well as a collection of reviewed bibliotherapy titles.

**Small Group Counseling**

Group counseling is an ideal way to work on social and behavioral skills, and group counseling is the treatment of choice for many adolescents (Cooley, 2009). From a solution-focused perspective, the goal of small group work is to help students by learning to construct solutions rather than to dwell on problems. This is particularly applicable to students experiencing ambiguous loss, who do not obtain closure to their grief. An
additional benefit of small group work is that, within the group, students may identify and normalize common crisis reactions (Brock et al., 2009). As the group leader, the school psychologist may help students recognize that others are in ambiguous situations as well. While the group leader should stress the normality of crisis reactions and identify recovery as the norm, it will also be “important to help students identify the signs of more severe psychological injury” (Brock et al, 2009, p. 194).

**Individual Crisis Counseling**

An individual who appears to be having immediate coping challenges when faced with an ambiguous loss would be an appropriate target for the basic problem-solving strategy of Individual Crisis Intervention (ICI; Brock et al, 2009). According to the PREPARE model, ICI consists of five primary elements: establishing psychological contact, verifying emotional readiness to identify and address crisis-generated problems, identifying and prioritizing crisis problems, beginning to address crisis problems, and evaluating attainment of ICI goals (Brock et al., 2009). Basic crisis intervention scripts and role-plays can help aid school personnel to intervene in individual crisis situations.

When initially establishing psychological contact, rapport is established with empathy, respect and warmth. The intervener will then verify emotional readiness by directing the individual’s energy toward problem-identification. If the student is immobilized and unresponsive, the intervener may need to establish contact with the student’s primary caregiver. When the student is ready, the intervener will question the student about his or her crisis and explore the problems generated by the crisis. The intervener will then aid the student in identifying adaptive coping strategies and move
toward problem solving. At the end of an ICI, the intervener will verify the student’s support systems and establish a way to reconnect with the student to monitor progress. In an example of ambiguous loss, a student may need individual crisis counseling if he or she is having difficulty coping with a parent who has just been deployed or incarcerated, or if a parent has been hurt or injured and is in the hospital. The student’s immediate reactions to the physical or psychological absence of the parent may merit ICI (Brock et al., 2009).

**Referrals for Psychotherapy and Risk Assessment**

If a student does not respond to psychosocial and therapeutic interventions, he or she may require expertise beyond that typically held by the school-based mental health professional (Brock et al., 2009). When making a referral for community-based treatment, a child’s developmental level, as well as nature of the crisis event, must be considered. For example, if a child is continuously exposed to multiple traumatic stressors, he or she may require longer psychotherapeutic interventions. Furthermore, certain behavioral and emotional disorders are particularly linked to suicide among youth, especially depression and conduct disorder (Merrell, 2008).

School-based mental health professionals should be aware of the basic steps in responding to students who may be suicidal. A basic framework for dealing with suicidal students includes the following: Assess students thinking about suicide, explore the student’s suicide plan, find out if they have made preparations to carry the plan out, ask about the intended place or setting, create an immediate protective action plan, and lastly, develop a suicide contract and follow-up planning (Merrell, 2008). School psychologists
and other school based mental health professionals practice responding to students who may be suicidal via scripts and role-plays.

When implementing a suicide risk assessment, the intervener will need to directly question the student by asking, “Have you been thinking about hurting or killing yourself?” If there is enough evidence to indicate if the student has suicidal thoughts, the intervener may follow by asking, “Do you have a plan?” and noting how specific or detailed the plans are. If a student indicates that he or she has a plan, the intervener will explore if the student has the means to carry out the plan and where the student might intend to commit the act. Immediate protective action may include contacting the student’s parents, local law enforcement officials and the local crisis center. If the student is not in imminent danger, a no-harm contract may be developed, or the student may begin ongoing counseling (Merrell, 2008).

**Summary**

Ambiguous loss is experienced when an individual within a relationship is both absent and present. It is an experience defined by uncertainty as it causes relationship boundaries to lack clarity, and this uncertainty can often lead to trauma and stress. Depending on the circumstances surrounding the loss event, an individual’s developmental level, and a variety of internal and external vulnerabilities, the severity of the trauma and stress can profoundly affect those who experience ambiguous loss. Children are not exempt from experiences of ambiguous loss, and in recent times more children have been exposed to this type of loss. Due to the potential negative consequences an ambiguous loss experience may have on a child, it is important that
school mental health professionals be familiar with ambiguous loss and be prepared to deliver interventions to students experiencing it.

An RtI model of response has been suggested for use with students experiencing ambiguous loss. A variety of therapeutic treatments have been suggested for use in the school setting, including social emotional learning, cognitive therapy, mindfulness and bibliotherapy. These treatments may be delivered at each level of the RtI model. As the current political and economic climate have brought more turbulence into the lives of students, an RtI model would likely be beneficial for all students as it works to both prevent and intervene. This project addresses this need by creating a workshop and resource binder aimed to inform and prepare school staff and parents about supporting students experiencing ambiguous loss. Given the increasing number of students impacted by ambiguous loss due to the current economic and political context, the information provided by the workshop and resource binder is well timed.
Chapter 3

METHODOLOGY

Research

In the process of researching this project, several techniques were utilized. The Academic Search Premier and ERIC databases were searched for journal articles using several search terms. The key words “ambiguous loss” and “coping” were used in combination with other terms such as students, intervention, and trauma. In addition, specific therapeutic interventions were searched for in the databases such as cognitive therapy, mindfulness, and bibliotherapy. Websites were also used as resources, including the UNLV Bibliotherapy Education Project website.

In addition to resources available electronically, books focused on ambiguous loss were used, including *Ambiguous Loss: Learning to Live with Unresolved Grief* (Boss, 1999) and *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss* (Boss, 2006). Books used in graduate courses and in professional practice were also utilized as resources, such as *Helping Students Overcome Depression and Anxiety* (Merrell, 2008), *School Crisis Prevention and Intervention: The PREPqRE Model* (Brock et al., 2009) and *The Relaxation and Stress Reduction Workbook* (Davis et al., 2000). References cited within articles and books were also examined for additional information. The articles found were categorized by themes and topics according to an initial outline considered by the authors. The outline was then adapted based on the relevant information gathered. Each author then focused on specific topics to write sections of the literature review.
Development of the Presentation and Resource Binder

The training presentation is designed to be given in two hours with a combination of direct instruction and interactive activities. The presentation was developed to acquaint participants with the concept of ambiguous loss, with the recent rise in its incidence, and with suggested therapeutic supports for students coping with ambiguous loss at school. To achieve this familiarity, the main points from the literature review are summarized and discussed. The presentation also includes illustrative case studies, therapeutic technique practice, and small group role-play activities. These activities are included to gain deeper engagement from those attending the training session by offering them a chance to practice what is being taught.

In addition to the training presentation, a resource binder targeted towards students coping with ambiguous loss was also created. The binder contains an outline of how the provided resources can be formatted into a three-tiered support system for students evidencing varying degrees of need. Strategies, activities and tools are then organized by therapeutic orientation. Those utilizing the resource binder may then quickly access appropriate supports based on their chosen therapeutic orientation for a particular individual or group of students.

This training presentation and resource binder are intended for mental health professionals working in the field of education. These tools may also be of interest to other school personnel as well since ambiguous loss affects many students, but the project assumes some familiarity with mental health concepts. A preliminary version of the PowerPoint presentation was delivered to a faculty member and fellow graduate
students in the school psychology program. Feedback was provided at this time and suggestions were incorporated into the presentation. However, since the final and entire presentation has not been delivered to an audience prior to submission, further suggestions were sought from other school psychology graduate students and faculty. The PowerPoint presentation and notes for presenters are located in Appendix A of this project. An additional presentation CD is provided to facilitate the presentation of the training using a computer and projector. The resource binder is located in Appendix B of this project.
Chapter 4

FINDINGS

Information obtained in the completion of the literature review of this project was utilized to produce a training workshop for school mental health professionals. This workshop is designed to last two hours. The manual, slides with presentation notes, and resource binder are included in the appendices of this project. Together they may be used by any trained mental health professional to present to other colleagues interested in supporting students coping with ambiguous loss. This research project and its associated training workshop are designed to inform school mental health professionals about ambiguous loss and to suggest appropriate mental health interventions that may be used in schools. The associated resource binder includes expanded handouts and activities to be used in schools as mental health interventions.

Workshop Objectives

The verbal presentation of this workshop should be in language appropriate for school mental health professionals and other interested staff. It should also include visual aids and a hard copy of the resource binder for participants to reference or examine during the short break or after the presentation. The primary purpose of the workshop is to disseminate information about an increasingly more common type of loss experience and about how school mental health professionals might appropriately respond to students experiencing ambiguous loss. In addition, the social-emotional supports suggested by the workshop may be appropriate to helping all students succeed in school, as well as directly targeting the needs of students experiencing ambiguous loss.
An attached counseling resource binder expands on activities suggested in the workshop. The first portion of the resource binder includes introductory documents such as parent and teacher information handouts, counseling permission letters, and a sample Response to Intervention layout. The binder then offers different counseling resources by therapeutic background and concludes with crisis management resources. Counseling resources include handouts to be used with students, activities that may be used individually or in groups, and sample lesson plans for bibliotherapy activities.

**Recommendations**

It is recommended that school personnel view the contents of this project with the understanding that the workshop is intended for use under current ambiguous loss research. Ideas from specific ambiguous loss research have been identified and applied to situations commonly experienced by students. The project serves as a guide for both understanding the concept of ambiguous loss as well as a guide offering practical interventions to be used supporting students coping with ambiguous loss in schools. It is the goal of this project that the workshop and accompanying resource binder provide a basic format that school mental health professionals may expand upon given their own experiences with students and counseling in schools.

**Conclusions**

Ambiguous loss is experienced when an individual within a relationship is both absent and present. It is an experience defined by uncertainty as it causes relationship boundaries to lack clarity, and this uncertainty can often lead to trauma and stress. Depending on the circumstances surrounding the loss event, an individual’s
developmental level, and a variety of internal and external vulnerabilities, the severity of
the trauma and stress can profoundly affect those who experience ambiguous loss. Due
to the potential negative consequences an ambiguous loss experience may have on a
child, it is important that school mental health professionals be familiar with ambiguous
loss and be prepared to deliver interventions to students experiencing it. This project
addresses this need by creating a workshop and resource binder aimed to inform and
prepare school staff and parents about supporting students experiencing ambiguous loss.
Introduction

For school mental health professionals and staff to adequately meet the needs of their students, they must be knowledgeable of different forms of loss. The occurrence of Ambiguous Loss has risen greatly in the last decade. Due to the potential negative consequences an ambiguous loss experience may have on a child, it is important that school mental health professionals be familiar with ambiguous loss and are prepared to deliver interventions to students experiencing it. Knowledge of ambiguous loss and ways to support students coping will benefit students’ social-emotional and academic functioning.

This manual, accompanying PowerPoint presentation and supplemental resource binder are designed to educate school mental health professionals about ambiguous loss, and how to support students who may be experiencing ambiguous loss. The information is based on a literature review performed September and December 2010.

Nature of the Presentation

The presentation is designed for an audience of school mental health professionals who are involved in supporting student’s social-emotional functioning. The presentation is designed to last two hours. One 10-minute break is incorporated. Audience participation is an integral aspect of the presentation. The audience is lead through several cognitive therapy techniques as well as anxiety and stress-reduction exercises in order to foster the use and application of these tools with students. Presenters must use quality presentation techniques such as pausing for questions, demonstrating active listening, and validating audience input. To foster participation it is recommended that
presenters and participants wear name badges which can be read from a distance. Before beginning the workshop the presenter will need to make copies of the PowerPoint slide handouts. The PowerPoint presentation and supplemental resource binder are available on a CD at the end of this manual. In addition, the resource binder may also be emailed to participants as a PDF file.

In preparation for giving this workshop, presenter(s) should read over the slides and accompanying notes thoroughly. Presenter(s) may add their own names and contact information to the initial slide. In addition, it is recommended that presenters become familiar with the information cited and referenced at the end of the presentation. It is possible audience members will have questions which are not directly answered within the scope of the presentation. The final informational slide also includes the author’s contact information as an additional resource.

**Guidance for Presenters**

The workshop is presented as a series of Microsoft PowerPoint slides. The slides are prepared with all necessary information for presenting the workshop. The presenters may use their own language when presenting, however sample language has also been provided in *italics*.

The workshop is designed to include audience participation. Questions and activities are embedded throughout the slide notes. To highlight these important notes, questions the presenter should ask of the audience are prefaced with the word “ask” in bold (**ASK**) in the notes section of the slides. Directions for activities are provided.
The presentation can be performed with one or multiple presenters. If there are two presenters, a natural place to change is after the first break when the topic changes from ambiguous loss and trauma to supports applicable in schools. Additional presenters may be in charge of activities. There are no firm rules regarding presenter changes or segments. However it is recommended that each presenter introduce themselves at the beginning of the presentation and again before they begin a later segment (other than the first presenter).

A recommended timeline for the workshop follows:

<table>
<thead>
<tr>
<th>Slides</th>
<th>Topic</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1-5</td>
<td>Introduction and Outline</td>
<td>15 minutes</td>
</tr>
<tr>
<td>#6-11</td>
<td>Loss, Trauma and Ambiguous Loss</td>
<td>15 minutes</td>
</tr>
<tr>
<td>#12-17</td>
<td>Responses to Ambiguous Loss</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>10 minutes</td>
</tr>
<tr>
<td>#18-19</td>
<td>Therapeutic Goals</td>
<td>5 minutes</td>
</tr>
<tr>
<td>#20-42</td>
<td>Supports Appropriate for Schools</td>
<td>50 minutes</td>
</tr>
<tr>
<td>#43</td>
<td>Questions and Answers</td>
<td>5 minutes</td>
</tr>
<tr>
<td>#44-48</td>
<td>References</td>
<td></td>
</tr>
</tbody>
</table>

About the Authors

Sondra Deurloo and Andrea Opel are school psychologist interns. They both completed their Masters degrees at California State University, Sacramento. This workshop was completed to satisfy part of the requirements of their Specialist in Education (Ed.S.) degrees.
Presenters should insert their names on this slide. Introduce yourselves to the audience.
Sample Presentation Language: I/We will start by speaking about the effects of loss on students and then define the concept of Ambiguous Loss. The rise in occurrence of ambiguous loss cases in the last decade will also be discussed, as well as factors that influence how traumatic an ambiguous loss may be for a student. A typical response to an Ambiguous Loss situation will then be outlined.
Sample Presentation Language: Next I/we will discuss how ambiguous loss responses may vary by developmental age and home culture. I/we will remind attendees that in most loss situations, recovery is the norm. This will emphasize that it is important to not over-support students who display adequate independent coping skills. Lastly before our 10 minute break, we will discuss the therapeutic goals for working with a student experiencing ambiguous loss.
Sample Presentation Language: Following the 10 minute break I/we will begin Part 2, which gives samples of a variety of mental health interventions appropriate for use with students coping with Ambiguous Loss.
Sample Presentation Language: After finishing my/our review of appropriate mental health interventions, I/we will then discuss responses to immediate crisis situations for students experiencing ambiguous loss. I/we will conclude the workshop with a question and answer session.
**Sample Presentation Language:** Loss is a common experience and most individuals will experience at least one loss of a loved one during their childhood, whether it be the loss of a parent, grandparent, peer, or pet. Research has shown that depending on the nature of the loss situation, a loss can be as traumatizing as witnessing abuse or violence. Studies also indicate that loss can lead to the development of Post Traumatic Stress Disorder or PTSD. When a student has PTSD they are at high risk for low academic achievement, depression, and social maladjustment. It is thus important to monitor students who are experiencing loss in schools, as loss can have a profound impact on a student’s school functioning.
Sample Presentation Language: When most people think of loss they think of death, or concrete loss. However, loss is not always so absolute. Ambiguous loss is a mixture of both absence and presence in a relationship. Alzheimer’s disease is an excellent example of this mixture, as a person with Alzheimer’s is physically present, but you cannot have the same emotional access you had to them in the past – they are not psychologically present. Ambiguous loss is associated with a lack of clarity and relationship boundaries are ambiguous. For example in the case of an individual with Alzheimer’s there are moments of lucidity that may occur at random and briefly return the individual, thus making it difficult for an individual to establish absolute relationship boundaries.

Ask audience, What are examples you can think of that would fit with this definition of ambiguous loss?
Sample Presentation Language: Ambiguous loss is further divided into two types. Type 1 ambiguous loss is when an individual is physically absent or psychologically present. Psychological presence is defined as a person who still has influence on the thoughts, emotions and behaviors of another individual or family. The individual is still identified as being part of the family, though their role may be unclear in the ambiguous loss situation. Examples of Type 1 ambiguous loss include divorce or separation, incarceration, deportation, deployment, or placement in the foster care system. Adoption, even at birth, may also be categorized as Type 1 ambiguous loss as children may feel psychologically tied to or curious about their birth parent.
Sample Presentation Language: Type II ambiguous loss involves the psychological absence of an individual that is physically present. Alzheimer’s disease fits under this category of ambiguous loss. Psychological absence is defined as the cessation or alteration of previously reciprocal relationships. Other examples of Type II ambiguous loss besides Alzheimer’s disease include other physical illnesses, mental illnesses like depression, exhaustion, or substance abuse problems. Incidences of Type II loss may be tied to the Type I loss of one parent. A parent who stays at home may become overburdened by the responsibilities of managing a household and may be less psychologically available for the children. Thus a child may be experiencing the Type I loss of one parent and the Type II loss of their other parent.
Sample Presentation Language: *In the last decade we have seen a rise in the occurrence of ambiguous loss situations for our students. For example, in the last decade deployments have been more frequent and there has been a 26% increase in the number of couples living apart. The number of couples compelled to live apart is expected to increase due to employment issues during the recession. In the last twenty years the number of children with a parent in prison has also doubled. Additionally, in our current economic situation, financial factors have been shown to increase the number of parents who are suffering from depression and/or exhaustion. These parents are less psychologically available to their children, and their children often experience Type II ambiguous loss. Overall, at this time these students we work with are ever more likely to experience ambiguous loss.*
Sample Presentation Language: A variety of factors can influence the likelihood a student may be traumatized by an ambiguous loss experience. The duration and predictability of the loss event both influence the risk of trauma. A loss experience that is unpredictable is likely to result in more emotional disturbance, as is a loss experience that is long-term. In addition, loss experienced by younger children may be more traumatizing as they have less coping skills available to deal with the stress of the loss event. Previous trauma, like witnessing abuse or being abused, also increases the risk that an individual will be traumatized by a loss. A history of mental illness also increases risk, as these individuals also likely have reduced ability to cope. More external factors, like the availability of social supports during the loss experience also help buffer students from the negative effects of a loss situation. Overall, a student who has a higher risk of being traumatized by a loss should be more closely monitored and will likely require formal intervention.
Sample Presentation Language: Typical responses to the ambiguous loss of a loved one include immobilization and hopelessness as the uncertainty of the situation keeps individuals from feeling in control of their lives. In addition, difficulties with transitions and changes may occur as students are struggling to keep control of all they can in an uncertain situation. Symptoms of anxiety and depression are also common. As previously stated there is great overlap in symptoms with that of an individual experiencing PTSD, and students should be closely monitored. Students experiencing ambiguous loss usually want more clarity in control in their lives, but are likely to resist new information that may make things more clear as it may upset the coping they have already established.
Sample Presentation Language: Students will react differently based upon their developmental level. Normal reactions may include separation anxiety. Young children often gauge their behavior based upon adult’s reactions. They will benefit from daily, consistent routines. Warning signs for maladaptive coping include decreased verbalization, bed-wetting, anxious or fearful behavior or re-enactment of the trauma in play. Confusion, regression in skills, changes in appetite, night terrors and abnormal separation anxiety can also signal the need for more intensive intervention.
Sample Presentation Language: Similar to young children, school-aged children may also experience night terrors, regressive behaviors, and may cling to parents or caregivers. However, school-aged children are more likely to be overly irritable, engage in obsessive retelling, or appear emotionally numb when more intervention is merited. Other behaviors that could indicate the need for monitoring and intervention include increases in aggressive and disruptive behaviors, poor concentration, loss of interest in school, school avoidance, and withdrawal.
Sample Presentation Language: Adolescent’s reactions to trauma are similar to adults. They may experience feelings of guilt and will look to peers for support. Behaviors that would merit attention and intervention in adolescents are more similar to the behaviors associated with Post Traumatic Stress Disorder in adults. Flashbacks, emotional numbing, avoidance of reminders of the missing individual, and changes in energy level, including agitation, signal the need for increased support. Adolescents may also experience sleep and appetite disturbances, poor concentration and loss of interest in school, and a decrease in academic performance in response to a loss.
Sample Presentation Language: Knowledge of a student’s cultural background is an important factor when evaluating warning signs to determine the degree to which the behaviors are, or are not, consistent with cultural norms. Due to cultural variation, some behaviors considered warning signs by the dominant culture may be more normative for other cultures. The sharing of emotions varies among cultures, and while some cultures may value self-expression, other cultures may view it as self-indulgent or disrespectful. Cultural considerations are also relevant to reestablishing social support after a crisis. Different cultural groups have different values, beliefs, and preferences for accessing social support, which should be considered when supporting students and their families.
Sample Presentation Language: In the immediate aftermath of a loss event, some emotional reactions are to be expected. However, recovery from trauma is considered to be the norm. It is important to not over-support students who display independent coping. Offering too much support may signal to students that something is wrong and they should be worried. A variety of warning signs can help signal school psychologists and school personnel to focus attention and to implement more intensive interventions for students who are having more difficulty re-establishing adaptive coping.
Sample Presentation Language: Traditional supports designed for individuals coping with loss are often geared towards achieving closure. These supports are generally not appropriate in an ambiguous loss situation, as closure is more difficult or impossible to achieve within an ambiguous context. For those experiencing ambiguous loss, a more appropriate support would be aimed towards helping the individual cope with the stress stemming from the ambiguous situation. Boss identified several strategies to achieve this goal. One way is to reconstruct identity. This may be done by identifying positive family themes about resilience, and by helping families to develop shared values and views. A family may have themes or interactions over the life course and across generations. For example, a family may be involved in a particular sport, music or religion. Focusing on these themes may help the student find a more positive and strength-based identity.

Normalizing ambivalence means acknowledging its existence and coping with the stress that accompanies it. An individual may normalize ambivalence by normalizing guilt and negative feelings (but not harmful actions), asking questions about context and situations, seeing the community as family, or reassigning everyday roles and tasks.
Sample Presentation Language: Individuals who are closely attached and become separated through ambiguous loss are more likely to experience trauma. Tasks that aid in revising attachment include thinking dialectically, which requires balancing opposing ideas. For example, an individual may cling to hope while also accepting change. Students experiencing ambiguous loss may hope that their parent returns from a long absence, while at the same time accepting that their parent's role is being fulfilled in other ways. Revising attachment also includes developing memorial ceremonies and farewell rituals. For example, before a parent deploys, the family may have a special meal or take a special trip. Furthermore, groups for therapy, support, and psychoeducation may also help individuals, couples and families who suffer trauma from lost attachments.
Sample Presentation Language: Providing interventions and responding to students’ experience of ambiguous loss may be addressed via a Response to Intervention (RtI) model. Universal interventions may include informing teachers and parents about ambiguous loss, setting up social support systems through a school-wide climate, and implementing a social-emotional curriculum in classrooms. This primary prevention addresses students who currently are not experiencing social/behavioral difficulties. Selected interventions (Tier 2) are provided to individuals who are judged to be moderately traumatized, or at-risk for the development of learning, social or behavioral difficulties. These interventions would likely involve small group counseling and individual counseling. Lastly, indicated interventions (Tier 3) are those provided to individuals who are judged to be severely affected or traumatized. This might include referring an individual for ongoing psychotherapy. Within an RtI model, several different forms of therapy may be used.
Sample Presentation Language: A first step in addressing the mental health needs of students experiencing ambiguous loss is to educate the adults in their environment. This may be done by conducting trainings like this one. Trainings should inform adults about ambiguous loss, explain the behavioral manifestations of grief and loss and make suggestions about when and how to refer. It is also useful to help caregivers explore their own strategies for coping, since they set the model for how students may cope.
Social Emotional Learning

- Kimochis: Toys With Feelings Inside
- Second Step: Skills for Social and Academic Success
- Strong Kids: A Social and Emotional Learning Curriculum
- The Incredible Years: Dina Dinosaur’s Social Skills and Problem-Solving Curriculum

- Designed to teach emotional and social skills
- Promote resilience
- Strengthening assets
- Increase coping skills

(Dodge, Rice & Grimes, 2010; Committee for Children, 2012; Merrell, 2008; Webster-Stratton, 1990)

**Sample Presentation Language:** Social Emotional Learning (SEL) has been referred to as systematic, cohesive, and effective instructional programming designed to teach social and emotional skills to children and adolescents. Classroom social-emotional curriculums may be used for prevention or intervention. SEL programs help to increase social and emotional resiliency, which is important for children who experience ambiguous loss and become vulnerable to psychological trauma. Some examples of SEL curriculums are the Strong Kids programs, Kimochis: Toys with Feelings Inside, The Incredible Years: Dina Dinosaur’s Social Skills and Problem-Solving Curriculum for the Classroom, and Second Step: Skills for Social and Academic Success. These programs include scripted lesson plans and practice activities, which are easy to plan and implement for the classroom.
Sample Presentation Language: SEL curriculums may be used as classroom curriculums, or in small groups. Benefits of solution-focused small group counseling include normalizing reactions and having students help each other identify positive coping skills.
Sample Presentation Language: Boss suggested cognitive therapy as an ideal approach to help individuals who are coping with ambiguous loss. Generally, cognitive therapy can be thought of in a five step process. First, students must develop awareness of their emotions. Second, students must recognize how their emotions vary. Third, students detect that they have automatic thoughts and beliefs that influence their emotions. Fourth, students evaluate their automatic thoughts and beliefs to determine if they are accurate. Lastly, students replace negative or inaccurate thoughts with more neutral and realistic thoughts.
Sample Presentation Language: Possible tools to use to develop emotional awareness include an emotional pie or an emotion chart. Tools may be developed to address different age ranges. This emotion chart can help preschoolers and young children to identify emotions that they may not yet have words for. Older school age children may be able to map out their emotions on a pie chart like this one. Adolescents may be better off using a sentence completion activity where they finish sentences like “I feel happy when...” or “I am nervous when...”
Sample Presentation Language: Emotional variance has two aspects. One aspect is how much – this is addressed in the first tool “How strong are your feelings?” Young children can be asked to identify if an emotion is just in their toes, if they are half way full of the emotion, or if they feel it everywhere. Another aspect of emotional variance is how often – this is addressed in a second tool, a weekly emotions chart. Elementary school students can be asked to track how they feel throughout the week and can begin to identify triggers and patterns in their feelings.
Detecting Automatic Thoughts

<table>
<thead>
<tr>
<th>What Happened?</th>
<th>How did you feel?</th>
<th>What were you thinking?</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(Adapted from Merrell, 2008)

Sample Presentation Language: Using a simple 3 column table to detect automatic thoughts can be very useful for children starting at around 3rd grade. Students can begin by identifying a situation and how it made them feel. They should then be asked to think about what they were thinking in that moment. Practice with this tool can help students to recognize the connection between thoughts and emotions.
Evaluating Thoughts

<table>
<thead>
<tr>
<th>Magnifying Glass</th>
<th>Making small things and events seem bigger than they really are.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All or Nothing Thinking</td>
<td>Looking at things in only extreme or opposite ways (for example, thinking of things as being never or always, black and white)</td>
</tr>
<tr>
<td>Tunnel Vision</td>
<td>Focusing on only the negative parts of things.</td>
</tr>
<tr>
<td>Predicting</td>
<td>Making guesses about what will happen in the future without knowing for certain.</td>
</tr>
<tr>
<td>Blaming Myself</td>
<td>Blaming yourself for things that are not in your power to control.</td>
</tr>
<tr>
<td>Pointing the Finger</td>
<td>Blaming others for actions or events that you should take responsibility for</td>
</tr>
</tbody>
</table>

(Adapted from Merrell, Carrizales, & Feuerborn, 2007)

Sample Presentation Language: Evaluating thoughts with students can be very fun. It may be helpful to have students identify thought errors other people have made before asking the student to identify their own thought errors. Normalizing the experience of thought errors by acknowledging your own thought errors can also help a student along the path to recognizing their own errors. Examples of thought errors are given in this table and include magnifying glass, all or nothing thinking, tunnel vision, predicting, blaming myself and pointing the finger.
Replacing Thoughts

<table>
<thead>
<tr>
<th>What is the thought?</th>
<th>What is the error in the thought?</th>
<th>How can you think about it differently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercedes just found out her parents are getting a divorce, she thinks their divorce is her fault since she is having trouble at school.</td>
<td>Blaming Myself</td>
<td>Mercedes parents are getting divorced because they have difficulties in their relationship. It is not Mercedes fault.</td>
</tr>
<tr>
<td>Olivia’s dad just left for a tour in Iraq and she tells her mom that he is never coming back.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Adapted from Merrell, 2008)

**Sample Presentation Language:** Now we can practice both identifying thought errors and also add the new step of replacing our inaccurate thoughts. Examples of ambiguous loss situations are given in this table. In the first example, Mercedes just found out her parents are getting a divorce. Mercedes thinks their divorce is her fault since she is having trouble at school. A possible thought error identified in this thought is “Blaming Myself.” A replacement thought might be “Mercedes’ parents are getting divorced because they have difficulties in their relationship. It is not Mercedes’ fault.”

**Ask** audience, What thought errors do you see in the second situation? What might be an appropriate replacement thought?
Worry Monster

- Sometimes students worry about things they feel nervous about. When you worry it just makes your stress level worse, and all the energy that you focus on that worrying is misspent.
- Sample Activity
  - Have student rate his/her level of anxiety on a scale of 1 to 5
  - Set a timer for two minutes and tell them to worry
  - Have student rate his/her level of anxiety after the activity
  - Ask follow-up questions

(Adapted from Schwab, 2008)

Sample Presentation Language: Another cognitive behavioral technique is the exercise of thought stopping. It is common for people to worry about things, which increases their anxiety level. Here is an example of a thought stopping exercise to help students become aware of the negative effects of worrying. First, have the students rate their anxiety on a level of 1 (calm) to 5 (very anxious). Next, set a timer for two minutes and tell the student to worry like it is their job. They should put all their energy into worrying. When the time is up, have the student rate their level of anxiety again. Ask follow up questions. For example, how did they feel after worrying?
Freeze Frame Your Thoughts

Sample Activity: 4 Steps for Freezing your Thoughts
- Recognize your stressful thought
- Tell yourself to freeze that thought. You can do this in whatever manner reminds you best, saying “Freeze” out loud or imagining a freeze button on your personal remote.
- Replace your frozen thought with a warm and calming thought.
- Repeat this warm thought to yourself out loud or in your mind to melt the frozen thought away.

(Adapted from Schwab, 2008)

Sample Presentation Language: Teaching students thought-stopping techniques such as freezing their thoughts may also help reduce anxiety, and prevent worrying. Help the student recognize the stressful thought. Tell the student to freeze that thought. They can say “Freeze” out loud or imagine a freeze button on a remote control. Then, the student can replace the frozen thought with a warm and calming thought. Tell the student to keep his/her mind focused on the peaceful thought until the anxious one is completely gone.
Sample Presentation Language: Mindfulness focuses on present-awareness as a means to reduce stress and anxiety. Students may recognize and accept undesired feelings as a part of life. They may focus on what can be done in the present moment. Meditation, breathing techniques, muscle relaxation and visualization are all mindful activities. We will review some of these exercises in the next slides.
Breathing Exercises

- Effective in reducing generalized anxiety disorders, panic attacks and agoraphobia, depression, irritability, muscle tension, headaches, and fatigue
  - Sample Activity: 4 X 4 Breathing
    1. Model how to do the 4X4 breathing (inhale for 4 counts, exhale for 4 counts, and repeat)
    2. Practice taking multiple 4X4 breaths together
    3. Follow up questions
      - How did your body feel when you were doing the breathing?
      - What about after you had practiced a few times?

(Geneva Center for Autism, 2008)

Sample Presentation Language: Breathing exercises are a good way to reduce anxiety and stress. You may guide students in breathing exercises. Here is an example of a breathing exercise I will model for you. It is called 4 by 4 breathing. You breathe in for 4 counts, hold your breath for 4 counts, and then exhale slowly for 4 counts. Let’s all try it. Breathe in 1...2...3...4, hold it 1...2...3...4, breathe out 1...2...3...4. Practice this exercise with students a couple times, then ask follow up questions such as, “How did your body feel when you were doing the breathing?” and “What about after you had practiced a few times?” There are more examples of guided breathing exercises in the resource binder.
Sample Presentation Language: Progressive muscle relaxation is another way to help reduce anxiety and stress. Students clench and tighten muscle groups and then relax them. Here is an example of a progressive muscle relaxation used for young children. Close your eyes and start by pretending that you have a lemon in one of your hands. Now squeeze the lemon hard. Feel the tightness in your arm and hand as you squeeze. Now drop the lemon. Take another lemon with your other hand. Squeeze this lemon even harder than the first one. Squeeze it so hard so all the juice comes out. Now drop that lemon and relax. Keep your eyes closed, relax your whole body again and let your arms hang down. The full exercise is available in the supplemental resource binder.
**Sample Presentation Language:** Visualization is effective in treating stress and anxiety. Students may create metaphorical images to replace anxious thoughts with peaceful thoughts. Students may also visualize their favorite place or a calm, peaceful place to reduce anxiety. Examples of visualization exercises are included in the resource binder.
Sample Presentation Language: **Bibliotherapy** is another therapeutic avenue that is highly appropriate for use in schools. Reading books with characters similar to the student can help them normalize their loss experience and can give them insight into their situation. Books are available on a multitude of specific topics including deployment and separation. The UNLV Bibliotherapy Project has a website that has an excellent database of reviewed bibliography titles for children of all ages and is definitely worth a visit.
Sample Presentation Language: When using a book for bibliotherapy it is important to design a lesson plan for the book ahead of time. A pre-reading activity like flipping through a picture book and guessing the theme with young children helps prime the child for the activity. With older children simply reading the back of the book may be an appropriate pre-reading activity. With younger children asking questions while reading the book aloud can help them to process the information more deeply and connect better to the characters. With older children these questions can be done via post-reading discussions after reading a chapter or a few chapters. When the book is over a final post reading discussion is recommended to help the child learn positive coping strategies from the book. Reinforcement activities can further emphasize the positive coping identified through the book.
Sample Presentation Language: A possible therapeutic book for an adolescent coping with ambiguous loss is The Hunger Games by Suzanne Collins. The Hunger Games follows the story of Katniss Everdeen, a sixteen-year-old who lives in a post-apocalyptic world in the country of Panem. Katniss has fended for her family after the death of her father and the mental illness of her mother. A new challenge arises as she is chosen in the Hunger Games, an annual event in which one boy and one girl from each district of Panem is selected to participate in a televised battle with only one survivor. Possible post-reading questions include “Why is Katniss so angry with her mother and what does she fear her mother will do in the future?” or “Why do you think it is so hard for Katniss to trust others?” A full list of questions organized by chapter is available in the resource binder associated with this workshop.
Sample Presentation Language: To reinforce positive coping strategies in The Hunger Games, students may be asked to do either of the following activities. “Katniss has a hard time accepting help, but there are many people who are there to support her during the difficult situations she experiences. Draw a web of people who support you.” Or “While Katniss fights through the Games various memories and experiences help to relieve her of the stress surrounding the Games. Make a list of things you do to relieve stress or identify positive memories you can think of when times are difficult.”
**Sample Presentation Language:** At the beginning of an ambiguous loss situation, students may be particularly vulnerable to initial crisis reactions. For example, a student whose parent has been recently deployed or a student whose parents have recently separated may display more acute or durable responses. These responses may overwhelm their coping abilities and may also be predictive of later psychopathology. Individual Crisis Intervention (ICI) may be used to help meet the immediate needs of these students. First, establish psychological contact. Next, verify emotional readiness to address problems. Next, identify and prioritize problems. Lastly, evaluate attainment of ICI goals. It is important for practitioners to understand that closure to the problems may not be obtained. Instead, it is important to help the student cope with anxiety or stress caused by the ambiguous loss. An example script between a counselor and a student in crisis is provided in the resource binder.
Sample Presentation Language: When students do not appear to be responding to the mental health interventions offered at school referrals to outside agencies may be necessary. Make sure past interventions and how the student responded were documented. It may also be helpful to get family members to sign an exchange of information form in order to pass information on to the student’s outside service provider. Keeping updated contact information for outside agencies available to provide family members this information as necessary would also be beneficial.
Suicide Risk Assessment

- Some students coping with ambiguous loss may be so distressed that they consider suicide
- To assess suicide risk trained school personnel should
  - Explore the plan
  - Find out if they have made preparations
  - Create an immediate protective action plan
  - Develop a suicide contract and/or follow-up planning

(Brock, 2011)

Sample Presentation Language: Some students may be so distressed by the ambiguous loss of a loved one that they may consider committing suicide. It’s important to be aware of how to assess suicide risk when working with students. First, the plan and any preparations made should be explored. An immediate protective action plan should also be made, whether it be to call the school resource officer or to call the parent. Follow up plans should also be made to check in with the student and a suicide contract may also be created with the student. A suicide risk assessment chart is available in the resource binder associated with this workshop.
Ask the audience, *Now what questions do you have about Ambiguous Loss?*
References

Armenakas, S., Roesler, L. & Steine, E. (2002). Ambiguity in interaction: increasing understanding in
offender intervention. London: Policy Centre for Children and Young Offenders in the Justice

children of prisoners. Journal of Child 
& Family Studies, 18, 323-333.


52(3), 323-333.


School Psychologists.


APPENDIX B
Ambiguous Loss
Counseling Resource Binder

Created by Sondra Deurloo and Andrea Opel
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  - Elementary
  - Adolescent
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  - For Girls
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- Suicide Risk Assessment Form
- Suicide Intervention Sample Script
Introductory Forms
Ambiguous Loss

Quick Reference for Elementary Teachers

In a relationship an individual suffers an ambiguous loss when the other individual in the relationship is partially available and partially unavailable.

Examples of ambiguous loss situations your students may experience include:

♦ Divorce or Separation of parents
♦ Deployment of a caregiver
♦ Incarceration of a caregiver
♦ Placement in the foster system
♦ Mental or Physical illness of a loved one

Typical reactions:

♦ Difficulty identifying and expressing emotions
♦ Somatic complaints
♦ Increased irritability

Signs your student may be in distress:

♦ Increased acting out behavior
♦ Poor concentration in class
♦ Obsessive retelling
♦ Loss of interest in school
♦ Regression

What can you do?

♦ Speak to your School Psychologist or Counselor for ideas to implement in the classroom
♦ Consider looking up bibliotherapy titles from the UNLV Bibliotherapy Education project - http://library.unlv.edu/faculty/research/bibliotherapy/
♦ Refer for small group counseling with the School Psychologist or Counselor
Ambiguous Loss

Quick Introduction for Parents

In a relationship an individual suffers an **ambiguous loss** when the other individual in the relationship is partially available and partially unavailable.

**Examples of ambiguous loss situations your child may experience include:**

- Divorce or Separation of parents
- Deployment of a caregiver
- Incarceration of a caregiver
- Placement in the foster system
- Mental or Physical illness of a loved one

**Typical reactions:**

- Difficulty identifying and expressing emotions
- Complaints about head or tummy aches or other physical complaints
- Increased irritability

**Signs your student may be in distress:**

- Increased acting out behavior
- Poor concentration in class
- Obsessive retelling
- Loss of interest in school
- Loss of skills previously demonstrated

**What can you do?**

- Speak to your teacher, school psychologist or counselor to inform them about the circumstances surrounding your child’s ambiguous loss situation
- Ask the school psychologist or counselor about different strategies to implement at home or for therapeutic book lists they may have available
- Make sure to take care of your self during this distressing time – you are the most important model your child has while they are learning to cope!
Counseling Referral Form

Sessions will occur once a week. The children who participate may be referred for a variety of reasons such as a recent parental separation or divorce, deployment of a family member, incarceration of a family member, difficulties coping with the mental or physical illness of a loved one, or placement in the foster-care system. Each week the children will participate in a variety of activities designed to promote positive coping skills and individual success at school.

Please indicate on the form below any students who you believe would best benefit from this experience. Please return all referrals to the School Psychologist’s mailbox.

<table>
<thead>
<tr>
<th>Teacher</th>
<th>Room #</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>Reason for Referral</td>
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</tbody>
</table>
Referral For Student To Participate In Counseling

Date: ______________________

Dear Parent/Guardian:_________________________ has been referred for counseling services at ABC Elementary School. The school psychologist will meet with students individually every week for 20 minute sessions. Sessions will be in a safe environment where confidentiality is valued. Exceptions to confidentiality would occur if a child shares information affecting his or her safety or the safety of others. Common topics of discussion include communication, friendship skills, motivation, school success, future planning, social skills, anger management techniques, and other life skills that will help students be successful in school, at home, and in the community.

If you would like your child to participate in counseling, please sign the form below and have your child return this permission form to his/her teacher. If you have any questions, you may contact Ms X at (555) 555-5555.

Thank you for your time!

Sincerely,

Ms. X, M.A.
School Psychologist

Permission for Child to Receive Counseling Services

Please check one box and sign below.

☐ I give my consent to have my child participate in counseling services

☐ I do NOT give consent to have my child participate in counseling services

Parent/Guardian Signature ___________________________ Date ___________________________ 

Please add any comments or concerns you may have about your child:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
ABC School
1525 Penny Way
Anytown, CA 95620
(555) 555-5555

Referral For Student To Participate In School Success Group

Date: ____________________

Dear Parent/Guardian:
The staff at ABC Elementary is pleased to offer an exciting educational opportunity for your son/daughter to learn more about friendship. The opportunity is being offered to several students throughout the trimester.
We would like to invite __________________ to be part of our “School Success” group.
Some of the topics that will be discussed include social skills, getting along with others, friendship issues at school, handling on the playground, anger management techniques and conflict resolution.
The School Success group will begin __________ and last for ___ sessions. The group will meet once a week for 30 minutes. We will try our best to schedule the group so that your son/daughter does not miss academic time. Group sessions will be in a safe environment where confidentiality is valued. Exceptions to confidentiality would occur if a child shares information affecting his or her safety or the safety of others. If you have any questions about the School Success group, please contact Ms. X, School Psychologist, at (555) 555-5555.
Here at ABC Elementary, our goal is to help all of our students create, maintain, and build lasting relationships. We hope you will help us reach this goal by giving permission for your son/daughter to be part of School Success. Please sign and return the attached form by ___________________ to your child’s teacher so that your child can be a participant in this exciting and beneficial group.
Thank you for your consideration,

Ms. X, M.A.
School Psychologist

(Please detach and return to student’s teacher)

☐ I give permission for my child __________________ to participate in the School Success Group.

☐ I do NOT give permission for my child __________________ to participate in the School Success Group.

Parent Name ____________________________ Parent/Guardian Signature ____________________________ Date __________

Please add any comments or concerns you may have about your child:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Social-Emotional Curriculums (for Classroom or small groups)

Strong Kids

The Strong Kids programs are brief and practical social-emotional learning curricula designed for teaching social and emotional skills, promoting resilience, strengthening assets, and increasing coping skills of children and adolescents. Developed by researchers at the University of Oregon, these programs are developmentally appropriate and span the K-12 age range: Strong Start is for use with students in grades K-2, Strong Kids is designed for students in grades 3-8, and includes versions for both elementary and middle school students; Strong Teens is designed for use with high school age students, those in grades 9-12. These evidence-based programs are designed to be used for wellness promotion, prevention, and early intervention, and have a wide range of applications. The Strong Kids programs may be used effectively with high functioning, typical, and at-risk youths, as well as students with behavioral and emotionally disorders, in a variety of settings. They may also be adapted and modified for use with specific cultural groups (Merrell, Carrizales, & Feuerborn, 2007).

Kimochis: Toys With Feelings Inside

Kimochi means “feeling” in Japanese. The goal of Kimochis is to provide helpful information and communication tools to parents, teachers, and children to enable them to learn how to be better communicators, and to express their feelings. Using the Kimochi characters, kids can get in touch with their own emotions in a fun and comfortable way. The Kimochis help teach three keys to communication: calling one’s name and waiting for eye contact before speaking, using a talking face and talking voice, and re-doing communication moments when you make a mistake. Each kimochi doll has different feelings that can be used to practice communicating feelings with family and friends (Dodge, Rice, & Grimm, 2010).

Second Step

Second Step is a social-emotional curriculum for students in Pre-K through 8th grade. Students learn how to respond to others with empathy, calm down, manage strong feelings, and solve problems. The fully scripted lessons are brought to life by stories and videos filled with situations students encounter on a daily basis during the school year. Lesson plans for younger students include puppets (Committee for Children, 2010).
The Incredible Years: Dina Dinosaur’s Social Skills and Problem-Solving Curriculum for the Classroom

The Incredible Years: Dina Dinosaur’s Social Skills and Problem-Solving Curriculum for the Classroom is a comprehensive child-training program developed by Dr. Carolyn Webster-Stratton for use by teachers, counselors and psychologists in the classroom. It is intended for children in pre-school through second grade, and utilizes videotapes, puppets, activities, games and books to teach friendship skills, emotion language, problem solving, and anger management. It can be led in either a small group treatment or as a classroom curriculum. Each lesson is carefully planned through the use of scripts. Once the lessons are presented, they are followed by activities where students practice the skills. Communication is also set-up between home and school by informing parents of Dinosaur School’s goals and sending home simple homework (Webster-Stratton, 1990).
## Sample Response to Intervention Layout

- **Tier 1**
  - Universal
  - Informational Documents for Parents and Teachers
  - Class-wide Social-Emotional Learning Curriculums

- **Tier 2**
  - Selected Interventions (for at-risk or moderately traumatized students)
  - Small group counseling using social-emotional learning curriculums, cognitive therapy, bibliotherapy or mindfulness activities
  - Individual counseling using social-emotional learning curriculums, cognitive therapy, bibliotherapy, or mindfulness activities

- **Tier 3**
  - Indicated Interventions
  - Individual counseling
  - Referral for ongoing psychotherapy
  - Suicide Risk Assessment
Cognitive Therapy Resources
Feelings Chart (Preschool)

(Adapted from Gimpell & Holland, 2003)
Daily Feelings Chart (Elementary)

How do you feel today?

<table>
<thead>
<tr>
<th></th>
<th>Nervous</th>
<th>Excited</th>
<th>Sad</th>
<th>Angry</th>
<th>Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Tuesday</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
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</tr>
</tbody>
</table>

(Adapted from Gimpel & Holland, 2003)
**Weekly Feelings Chart (Adolescent)**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fantastic</td>
<td>Pretty Good</td>
<td>About Average</td>
<td>A Bit Bad</td>
<td>Very Unhappy</td>
</tr>
</tbody>
</table>

Week:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

Week:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

Week:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
</table>

Do you see any patterns in your ratings?

(Adapted from Merrell, 2008)
Feelings Pie Chart

<table>
<thead>
<tr>
<th>Today I felt</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
Feelings Thermometer
How strong are your feelings?

I feel them everywhere

I feel them all the way up to my neck

I'm halfway full of them

I can feel them in my knees

15 Just in my toes
Feelings Thermometer
How strong are your feelings?

I feel them everywhere

I’m half way full of them

I can feel them in my knees

Just in my toes
That Makes Me Feel...

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

It makes me feel ___________ when ________________

Feelings Bank

Glad       Worried       Bored       Awesome
Frightened Thankful       Silly       Upset
Tired       Thrilled       Left Out    Energized
Proud       Embarrassed    Foolish    Secure

(Adapted from Merrell, 2008)
<table>
<thead>
<tr>
<th>Thought Chart</th>
</tr>
</thead>
<tbody>
<tr>
<td>What were you thinking?</td>
</tr>
<tr>
<td>How did you feel?</td>
</tr>
<tr>
<td>What Happened?</td>
</tr>
</tbody>
</table>

(Adapted from Merrell, 2008)
### Common Thinking Errors

<table>
<thead>
<tr>
<th>Magnifying Glass</th>
<th>Making small things and events seem bigger than they really are.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All or Nothing Thinking</td>
<td>Looking at things in only extreme or opposite ways (for example, thinking of things as being never or always, black and white)</td>
</tr>
<tr>
<td>Tunnel Vision</td>
<td>Focusing on only the negative parts of things.</td>
</tr>
<tr>
<td>Predicting</td>
<td>Making guesses about what will happen in the future without knowing for certain.</td>
</tr>
<tr>
<td>Blaming Myself</td>
<td>Blaming yourself for things that are not in your power to control.</td>
</tr>
<tr>
<td>Pointing the Finger</td>
<td>Blaming others for actions or events that you should take responsibility for</td>
</tr>
</tbody>
</table>

(Adapted from Merrell, Carrizales, & Feuerborn, 2007)
Thought Replacement Chart

<table>
<thead>
<tr>
<th>What is the thought?</th>
<th>What is a way to think about it instead?</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(Adapted from Merrell, 2008)
Thinking Error Situations

♦ Jim is having an amazing soccer game, he has already scored two goals for his team. When he attempts to score a third goal, he misses the goal and possession goes to the other team. Jim gets upset and wants to stop playing.

♦ Mercedes just found out her parents are getting a divorce, she thinks their divorce is her fault since she is having trouble at school.

♦ Antoine’s teacher handed back their math test from last week, and saw that he missed two of the seven problems on the test. Antoine crumples up his paper and said “I’ll never be good at math.”

♦ Olivia’s dad just left for a tour in Iraq and she tells her mom that he is never coming back.

♦ Larissa’s mom is in prison and she just moved in with her grandma. Larisa is afraid that everyone at her new school will find out about her mom. She thinks that if that happens they will not hang out with her because everyone in her family is bad.
Worry Monster
(Adapted from Schwab, 2008)

Introduction: Sometimes students worry about things they feel nervous about. When you worry it just makes your stress level worse, and all the energy that you focus on that worrying is misspent.

Sometimes we feel like we need to worry about situations or events that may happen. This makes us feel like we are doing something, when actually we have little or no control.

Activity:
Mark your current stress level on the scale.

<table>
<thead>
<tr>
<th>Calm Stress-Free</th>
<th>1</th>
<th>Somewhat Stressed</th>
<th>2</th>
<th>Stressed</th>
<th>3</th>
<th>Very Stressed</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

I want you to think about something in your life that arouses stressful or anxious feelings. Set a timer for two minutes and use those two minutes to worry as much as you can about this event. Think about all the negative ways this situation could turn out. Put all your energy into worrying.

After the two minutes are up, rate your stress level again on the scale below.

<table>
<thead>
<tr>
<th>Calm Stress-Free</th>
<th>1</th>
<th>Somewhat Stressed</th>
<th>2</th>
<th>Stressed</th>
<th>3</th>
<th>Very Stressed</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Discussion questions:
1. How did you feel when you were worrying?
2. What was your stress level like during this activity?
3. Did you notice your body’s reaction to worrying?
4. Did worrying help your situation?
5. What could you do besides worrying?
Freeze Frame Your Thoughts
(Adapted from Schwab, 2008)

4 Steps for Freeze Framing
1. Recognize your stressful thought
2. Tell yourself to freeze that thought. You can do this in whatever manner reminds you best, saying “Freeze” out loud or imagining a freeze button on your personal remote.
3. Replace your frozen thought with a warm and calming thought.
4. Repeat this warm thought to yourself out loud or in your mind to melt the frozen thought away.

Make a list of situations that might cause you stress. For example:
- Making new friends
- Getting a bad grade
- Fighting with your parents
- Speaking in public
- Your family
- Violence and War
- Your parents jobs

Create a list of calming warm thoughts or activities that can help you melt your frozen thoughts. For example :
- “I am good at ________”
- “I am calm and at peace.”
- Playing your favorite song
- Watching a funny movie
- Being with my best friend
- Going for a run or swim
Mindfulness Resources
Guided Breathing Exercises

Symptom Effectiveness: Breathing exercises have been found to be effective in reducing generalized anxiety disorders, panic attacks and agoraphobia, depression, irritability, muscle tension, headaches, and fatigue. They are used in the treatment and prevention of breath holding, hyperventilation, shallow breathing, and cold hands and feet (Davis, Robbins-Eshelman, & McKay, 2000).

Breathing Awareness

(Adapted from Davis, Robbins-Eshelman, & McKay, 2000)

1. Close your eyes. Put your hand on your stomach and put your other hand on your chest.
2. Notice your breath. Notice the difference in how your hands move as you breathe. Does one hand move more than the other?

If your stomach rises more you are breathing from your abdomen. If your chest rises more you are breathing from your chest.

We need to train our bodies to breath from our abdomens. The key to belly breathing is to take one to two deep breaths that push out all the air from the bottom of your lungs.

4 by 4 Belly Breathing

(Adapted from Geneva Center for Autism, 2008)

Model the 4 by 4 breathing - (inhale for 4 counts, exhale for 4 counts, and repeat)

Practice taking multiple 4 by 4 breaths together.

Follow up questions:
  - How did your body feel when you were doing the breathing?
  - What about after you had practiced a few times?

Relaxation Breathing

(Adapted from Davis, Robbins-Eshelman, & McKay, 2000)

Find a quiet spot where you won’t be distracted.
Find a comfortable position, either sitting down in a cushy chair or laying on the floor.
Close your eyes and concentrate on and repeat a short word or phrase in a way that is synchronized with your breathing (for example: RE-LAX, RE with the inhale and LAX with the exhale)
Practice this for 10-15 minutes and pay attention to how physically relaxed you feel at the end of the meditation.
Progressive Muscle Relaxation
Excellent results have been found in the treatment of muscular tension, anxiety, insomnia, depression, fatigue, irritable bowel, muscle spasms, neck and back pain, high blood pressure, mild phobias, and stuttering (Davis, Eshelman & McKay, 2000).

Abbreviated Relaxation Technique
(Adapted from Merrell, 2008)

• Find your peaceful place.
• Sit or lay down, which ever is more comfortable for you.
• Quiet your body.
• Close your eyes.
• Quiet your mind by paying attention to your breathing.
• Take in a deep, full breath. Push it out slowly.
• Take another deep breath and let it travel through your body.
• Push out your breath and feel your body relax as you let your worries go.
• Starting with your toes, tense and tighten your muscles, group by group. Squeeze. Now relax those muscles.
• Slowly move up your body, tightening and relaxing your muscles until you reach your head. Notice how calm your whole body is.
• Let your whole body relax and melt into the ground. Continue to breathe in and out in deep and slow breaths.
• Repeat this breathing for a few minutes.
• Slowly wake your body back up, starting with your toes and ending with opening your eyes and sitting up.

Muscle Squeeze Relaxation
(Adapted from Koeppen, 1974)

Instruct student(s) to get comfortable in his/her chair with feet on the floor, arms hanging loose. Tell him/her that for this activity they will need to close their eyes and don’t open them until you say it is time.

Activity Instructions (say the following to the student(s)):

• Get comfortable and close your eyes
• Now imagine you have some playdough in your right hand.
• Squeeze that playdough as hard as you can.
• Feel your muscles in your hand tighten.
• Now slowly let the playdough go.
• Let your fingers fall open.
• Now put the playdough in your other hand.
• Squeeze as hard it as hard as you can in your other hand.
• Drop that playdough slowly to the ground.
• Now stretch your hands out in front of you.
• Now reach them up to the sky like you are reaching for an apple in a tree.
• Squeeze your shoulders as you reach higher and higher.
• Now let your arms slowly drop to your sides.
• Notice how your relaxed your shoulders feel.
• Imagine you are chewing some ice.
• Bite down very hard on the ice, as hard as you can.
• Now slowly relax your bite.
• Feel your jaw relax.
• Now crinkle your nose like you are about to sneeze.
• Hold it crinkled.
• Now let it relax.
• Feel your face muscles relax.
• Now suck your stomach in like you are flat against a wall.
• Hold it as tight as possible.
• Now slowly breathe out and let your stomach muscles relax.
• Feel how calm your body is.
• Pretend you are squishing sand beneath your feet at the beach.
• Press as hard as you can into the sand, digging deep into the floor.
• Now let your legs and feet relax as the sand floats away to sea.
• Feel your muscles relax.
• Feel how calm your whole body is.
• Breathe in slowly and release your breath slowly.
• Open your eyes.
**Present-Moment Awareness**

Meditation has been used successfully in the treatment and prevention of high blood pressure, heat disease, migraine headaches, and autoimmune diseases such as diabetes and arthritis. It has proved helpful in curtailing obsessive thinking, anxiety, depression, and hostility (Davis, Robbins-Eshelman, & McKay, 2000).

**Introduction to Mindfulness:** Much of our stress comes from thinking about the past or worrying about the future. When you live in the present moment and your attention is focused on what you are doing right now, there is no room for anything else to enter—including fears, desires, or anything that could be stressful.

**Eating Meditation**

(Adapted from Davis, Robbins-Eshelman & McKay, 2000)

We eat three meals a day, but how often do we focus on what we are eating during meal times? Follow this eating meditation. For this example, the food used is a chocolate hershey’s kiss.

1. Sit comfortably in front of the hershey’s kiss. Notice the color of the wrapper. Look at the shape of the hershey’s kiss. Pay attention to how you feel about eating the chocolate.

2. Slowly move your hand to the chocolate and pick it up. Use your other hand to slowly unwrap the chocolate. Notice how the wrapper is removed from the chocolate. Put the wrapper down, so that only the chocolate is in your hand.

3. Be aware of your intention to begin eating. Move the chocolate towards your mouth. As you do this, make a quiet mental note of the action. By giving your actions a name, you are more likely to stay in a mindful state. As you move the chocolate to your mouth, say quietly to yourself, “lifting...lifting...lifting.”

4. As the chocolate nears your mouth, smell the chocolate. How do you feel about the smell. How is your body responding to this sensation?

5. Put the chocolate on your tongue and close your mouth. How is the food positioned in your mouth? Leave the chocolate on your tongue for a few seconds, feel it melting in your mouth,

6. Begin to chew the chocolate. What are the sensations in your teeth? Your tongue? How does your tongue move when you chew? What tastes are you experiencing? Where are your hands? Are they beside you or on the table?

7. When you swallow, notice the actions your throat muscles make. As you continue to eat your chocolate, try to stay aware of as many sensations as you can. Continue to name each action silently. If any thoughts come to mind, notice them and then focus again on the eating meditation.
Visualization

Visualization is effective in treating many stress-related and physical illnesses, including headaches, muscle spasms, chronic pain, and general or situation-specific anxiety (Davis, Robbins-Eshelman, & McKay, 2000).

Metaphorical Images
(Davis, Robbins-Eshelman, & McKay, 2000)

Lie down or sit still with your eyes closed and relax. Visualize a stressful image and then replace it with a peaceful, calm picture. It is helpful to create these pictures yourself. Some examples are:
- the color red
- a loud irritating noise
- a fire engine siren
- the smell of garbage
- being trapped in a small, dark place

The tension images during visualization can soften, expand, and fade, creating relaxation and harmony:
- the color red can fade to yellow
- the noise can fade away and be replaced by calm music
- the siren might soften to the sound of the ocean
- the smell of garbage might soften into the smell of flowers
- the dark place might open in a cheerful garden

You can think about these images when your muscles are tense.

Favorite Place
(adapted from Davis, Robbins-Eshelman, & McKay, 2000)

We are going to build a favorite place in your mind for you to relax. There are just a few rules we need to follow.
1) Make it a secure and comfortable place, where only those you choose can enter.
2) Fill your space with peaceful and calm feelings.
3) Give lots of detail to your favorite place. Notice the colors, the sounds, the smells, the textures and objects in your favorite place.
4) Allow room for a favorite person or other person to be comfortable with you in your space.
5) Now you can take your space with you wherever you go as long as you close your eyes.
Bibliotherapy
Resources
<table>
<thead>
<tr>
<th>Book Topic</th>
<th>Type I &amp; II loss</th>
<th>Audience</th>
<th>12 and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Book Title</td>
<td>The Hunger Games</td>
<td>Suzanne</td>
<td>Collins</td>
</tr>
<tr>
<td>Book Summary</td>
<td>The book follows the story of Katniss Everdeen, a 16-year-old who lives in a post-apocalyptic world in the country of Panem. Katniss has fended for her family after the death of her father and the mental illness of her mother. A new challenge arises as she is chosen in the Hunger Games, an annual event in which one boy and one girl from each district of Panem is selected to participate in a televised battle with only one survivor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-reading Activity</td>
<td>Introduce the book by asking the student about their familiarity with the Hunger Games series. Read the back cover of the book with the student and ask the student to guess what might happen to Katniss in the book.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guided Reading</td>
<td>Parents, caregivers or therapists using this book would do best to have either read the book or to read along with their student.</td>
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</tbody>
</table>

### Chapters 1 to 3
- What happened to Katniss' mother after her father died?
- Why is Katniss so angry with her mother and what does she fear her mother will do in the future?
- Who does Katniss have in her life to help support her while she struggles to fend for her family in the Seam? Does she realize how special she is to these people?

### Chapters 4 to 8
- Why do you think it is so hard for Katniss to trust others?
- Would you trust Peeta – why or why not? What would you say to Katniss to get her to agree with you?

### Chapters 9 to 16
- During the games what does Katniss do to avoid being overwhelmed by the chaos around her?
- What about Rue helps Katniss to accept her as an ally? What makes a good ally?

### Chapters 17 to 18
- How did Katniss honor Rue’s death?
- How do you honor loss in your family?

### Chapters 19 to 20
- What do Katniss and Peeta talk about in the cave that gives them a break from the seriousness of the games?
- What is one of your favorite memories?

### Chapters 21 to conclusion
- What surprised you about the outcome of the games?
- What do you think will happen to Peeta and Katniss when they get off the train?

### Reinforcement Activities
- Katniss has a hard time accepting help, but there are many people who are there to support her during the difficult situations she experiences. Draw a web of people who support you.
- While Katniss fights through the Games various memories and experiences help to relieve her of the stress surrounding the games. Make a list of things you do to relieve stress or identify positive memories you can think of when times are difficult.
<table>
<thead>
<tr>
<th><strong>Book Topic</strong></th>
<th><strong>Audience</strong></th>
<th><strong>Author</strong></th>
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**Book Summary**

**Pre-reading Activity**

**Guided Reading**

**Post Reading Discussions**

**Reinforcement Activities**
<table>
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Book Summary

Pre-reading Activity

Guided Reading

Post Reading Discussions

Reinforcement Activities
Crisis Management
Resources
**Individual Crisis Intervention Steps**

At the beginning of an ambiguous loss situation, students may be particularly vulnerable to initial crisis reactions. For example, a student whose parent has been just deployed may display more acute or durable responses. These responses may overwhelm his or her coping abilities and may also be predictive of later psychopathology (Brock et al., 2009). Individual Crisis Intervention (ICI) may be used to help meet the immediate needs of these students.

Elements of Individual Crisis Intervention (reprinted from permission from Brock, 2011):

1. Establish psychological contact
   a. Introduction: Identify self and inquire about and address basic needs as indicated.
   c. Respect: Pause to listen, do not dominate conversation, do not try to smooth things over.
   d. Warmth: Ensure that verbal communication is congruent with nonverbal behaviors. Consider the use of and provide physical contact, as indicated.

2. Verify emotional readiness to begin problem identification and problem-solving
   a. If not, stabilize the student.
   b. If the student is ready, begin the problem-solving process.

3. Identify and prioritize crisis-generated problems (i.e., ambiguous loss situation).
   a. Inquire about what happened.
      i. Understand the crisis story. (*This requires being familiar with different types of ambiguous loss situations*).
      b. Inquire about the problems generated by the crisis event. (*Feelings of anxiety, stress and ambiguity may arise*).
      c. Rank order crisis-generated problems.

4. Address crisis-generated problems. Encourage the crisis survivor to be as responsible for coping with crisis-generated challenges as is possible.
   a. Ask about coping attempts already made.
      i. Validate adaptive coping strategies identified by the student
   b. Facilitate exploration of additional coping strategies.
      i. As indicated, encourage the crisis survivor to identify his or her own adaptive coping strategies.
   c. Propose alternative coping strategies.
      i. As indicated, do not hesitate to explicitly direct the crisis survivor toward adaptive coping strategies.
         1. If lethality is low and student is capable of action, then take a facilitative stance (i.e., the crisis survivor initiates and is responsible for coping actions).
         2. If lethality is high or student is not capable of acting, then take a directive stance (i.e., the crisis intervener initiates and is responsible for coping actions).
5. Evaluate and conclude the ICI session. Ensure that the individual is moving toward adaptive crisis resolution.
   a. Secure identifying information.
      i. Identify and ensure connection with primary natural social support systems (e.g., parents, teachers).
   b. Agree on a time for re-contact and follow-up.
   c. Assess if immediate coping has been restored.
      i. Physical and emotional support has been obtained, and any lethality has been reduced.
      ii. Crisis problems have been identified and adaptive coping has been initiated.
      iii. From assessed trauma risk level, the student is linked to appropriate helping resources.
         1. If these goals have not been obtained, then restart the ICI process.
         2. If these goals have been obtained, compliment the student on his or her problem-solving skills, convey the expectations that they will cope well with the trauma, and conclude the immediate psychological crisis intervention.
Immediate Individual Crisis Intervention

Script

The crisis situation begins with a 3rd grade student, Tommy, who is crying outside his classroom and refusing to go inside once the school bell has rung. Last weekend, his parents separated and Tommy’s dad moved to a new house.

Establish Psychological Contact

Counselor: Hi. I’m Ms. X. What’s your name?
Tommy: Tommy.
Counselor: Are you cold or hungry? Is there anything I can get you?
Tommy: I didn’t eat breakfast and my stomach hurts.
Counselor: I have a granola bar from the cafeteria and a banana, would you like one?
Tommy: I’ll have the banana.
Counselor: Tommy, I noticed you aren’t in your classroom and you look sad. I’m here to see if I can help in any way. Is it okay if I talk with you?
Tommy: Yes.
Counselor: Would you like to sit down on this bench?
Tommy: Yeah. (Counselor and Tommy sit down next to each other on the bench outside of the classroom).
Counselor: Can you tell me what’s wrong?
Tommy: My dad left us yesterday and I’m not sure when I’m going to see him. I don’t think he loves me anymore. He’s moving into a new house.
Counselor: I understand why you are worried. Before we start talking more, I need to let you know that as long as it does not appear that anyone, including you is in immediate danger, whatever we talk about can stay between us. Even though it can stay between us, it would be good to talk with your parents or teacher. Is that okay?
Tommy: My teacher is nice, we can talk with her, and I talk to my mom a lot.

Verify Emotional Readiness to Begin Problem Identification and Solving

(Tommy has finished the banana and says his stomach no longer hurts. He has stopped crying and is responsive to questioning. While he still seems worried, he appears to have his emotions under control).

Identify and Prioritize Crisis Problem

Counselor: Can you tell me more about what happened this weekend?
Tommy: This weekend my dad moved all of his stuff to his new house. He isn’t going to live with us anymore and they said they are going to get a divorce. My dad usually takes me to my soccer games on Tuesdays. I don’t know when I’m going to see him next. (Tommy begins sniffling).
Counselor: I understand why you are worried. So the reason you don’t want to go into your classroom is because you are worried about seeing your Dad?
Tommy: Yes.
Counselor: Do you know where your dad is living? Is it nearby or far away?
Tommy: He is still living in town. He said his new house is 20 minutes from my house and when things are unpacked I will get to come over.

Counselor: You know you’re not alone. A lot of kids’ parents are separated. Some kids live with their moms and see their dads on the weekends or at different times. Some kids live with their dads and see their moms at different times. Have you told anyone how you feel?

Tommy: My friend Ryan knows. His parents are divorced and he sees his dad on the weekends. My mom said I will see my dad but they haven’t figured out a schedule yet.

Counselor: Are there people you can talk to?

Tommy: Yeah, I can talk to my mom. I can call my dad, too. I think he’s been busy moving so I didn’t get to talk to him yesterday.

Counselor: I can check in with your mom and see if there’s any information we can find out. But for now, we need to decide what we are going to do about going to class. Since you are at school, we need to make sure you are safe, and we can’t do that if you are standing out here alone. How has the beginning of the school day been for you before this weekend?

Tommy: It’s usually good. Ryan and Sarah sit at my table group in the class. Ryan’s my best friend and Sarah’s really good at math.

Counselor: Are Ryan and Sarah in class today?

Tommy: Yeah, I saw them in line, but I didn’t talk to them. But if I go inside I won’t know about my dad.

Address Crisis-Generated Problems

Counselor: You said your parents are working out a schedule to see your dad. But for now, what can we do about going to class? What do you think your class is doing?

Tommy: (Tommy stands up and looks inside the window). They are finishing a warm-up and writing in their journals. Then they will do math. But what about my soccer game tomorrow? (Tommy’s voice starts cracking).

Counselor: Okay, let’s see what we can do to help you not worry. Has anyone else ever taken you to your soccer game?

Tommy: Well, my grandpa has taken me before when my dad had to work. Sometimes I go with Ryan’s mom, too. My mom let me go with Ryan and his mom two weeks ago.

Counselor: That sounds like a good idea. I’ll check in with your mom and see if that’s okay. Is there anything else you can think of to help you not worry?

Tommy: I can call my dad when I get home. He might be done unpacking by now.

Counselor: That’s another great idea. What about the schedule you were talking about?

Tommy: Oh, yeah. I can ask my mom and ask my dad when I call him.

Counselor: Okay, I can also check in with your mom and let you know what she says about your ride for the soccer game tomorrow. How do you feel about going to class now?
Tommy: I'm ready.

Evaluate and Conclude

Counselor: It looks like your class has started math work. Before we go inside and you talk with Ryan and Sarah, and I talk with your teacher, I want to make sure that I check up on you. Can you tell me your last name?

Tommy: It's Jones.

Counselor: Okay, my office is right there with the sign on it that says Ms. X. You can stop by there on your lunch recess to see if I was able to reach your mom.

Tommy: Okay.

Counselor: Tommy, you've done a great job of thinking of ways you can help yourself stay calm and of ways to solve this problem. You thought of some good ways to not worry, and to help join your class. Good Job.
<table>
<thead>
<tr>
<th>Factor</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Suicide Plan</td>
<td>□ Vague</td>
<td>□ Some specifics</td>
<td>□ Well thought out</td>
</tr>
<tr>
<td>• Details</td>
<td>□ Means not available</td>
<td>□ Has means close by</td>
<td>□ Has means in hand</td>
</tr>
<tr>
<td>• How prepared</td>
<td>□ No specific time</td>
<td>□ Within a few days or hours</td>
<td>□ Immediately</td>
</tr>
<tr>
<td>• How soon</td>
<td>□ Pills, slash wrists</td>
<td>□ Drugs/alcohol, car wreck</td>
<td>□ Gun, hanging, jumping</td>
</tr>
<tr>
<td>• Lethality of method</td>
<td>□ Others present most of the time</td>
<td>□ Others available if called upon</td>
<td>□ No one nearby, isolated</td>
</tr>
<tr>
<td>• Chance of intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>□ Pain is bearable</td>
<td>□ Pain is almost unbearable</td>
<td>□ Pain is unbearable</td>
</tr>
<tr>
<td></td>
<td>□ Wants pain to stop, but not desperate</td>
<td>□ Becoming desperate for relief</td>
<td>□ Desperate for relief from pain</td>
</tr>
<tr>
<td></td>
<td>□ Identifies ways to stop the pain</td>
<td>□ Limited ways to cope with pain</td>
<td>□ Will do anything to stop the pain</td>
</tr>
<tr>
<td>Resources</td>
<td>□ Help available; student acknowledges that significant others are</td>
<td>□ Family and friends available, but are not</td>
<td>□ Family and friends are not available and/or are hostile, injurious,</td>
</tr>
<tr>
<td></td>
<td>concerned and available to help</td>
<td>not perceived by the student to be willing</td>
<td>exhausted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to help</td>
<td></td>
</tr>
<tr>
<td>Prior Suicidal Behavior of</td>
<td>□ No prior suicidal behavior.</td>
<td>□ One previous low lethality attempt,</td>
<td>□ One of high lethality, or multiple attempts of moderate lethality</td>
</tr>
<tr>
<td>• Self</td>
<td>□ No significant others have engaged in suicidal behavior.</td>
<td>history of threats.</td>
<td>□ Significant others have recently attempted suicidal behavior</td>
</tr>
<tr>
<td>• Significant Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>□ History of mental illness, but not currently considered mentally ill.</td>
<td>□ Mentally ill, but currently receiving</td>
<td>□ Mentally ill and not currently receiving treatment</td>
</tr>
<tr>
<td>• Coping behaviors</td>
<td>□ Daily activities continue as usual with little change.</td>
<td>treatment.</td>
<td>□ Gross disturbances in daily functioning</td>
</tr>
<tr>
<td>• Depression</td>
<td>□ Mild, feels slightly down.</td>
<td>□ Some daily activities disrupted; disturbance in eating, sleeping and schoolwork.</td>
<td>□ Overwhelmed with hopelessness, sadness, and feelings of helplessness</td>
</tr>
<tr>
<td>• Medical status</td>
<td>□ No significant medical problems.</td>
<td>□ Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy.</td>
<td>□ Chronic, debilitating or acute catastrophic illness</td>
</tr>
<tr>
<td>• Other Psychopathology</td>
<td>□ Stable relationships, personality, and school performance.</td>
<td>□ Acute, but short-term, or psychosomatic illness</td>
<td>□ Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teachers</td>
</tr>
</tbody>
</table>
Suicide Intervention Sample Script

Engage with the Person At-Risk of Suicide

Counselor: Hey Sam, my name is Ms. X and I'm the School Psychologist. I've asked you here into my office today because your coach, Mr. Schu, has said that you're having a tough time lately and he was feeling concerned about you. Can you tell me about what is going on?

Sam: Sure. It's kind of hard to talk about. I haven't wanted a lot of people to know. I don't know if you know, but I'm new to this school. My family just moved here a couple months ago from Nashville cause my dad got a great new job here (long pause), but then he got let go. And our house was foreclosed on. And my whole family is living in a motel room.

Counselor: Wow Sam that sounds really tough.

Sam: And that's not it. My parents are both out looking for a job most of the day so I have to watch my brother and sister until they get home. Then I go to work. I can't get my homework done. I just can't do anything. (pause) I'm so tired of it all sometimes in the morning I just don't want to get up, I wish I could just sleep forever.

Counselor: With all of those difficult things happening to you it is no wonder that you are telling me you feel so overwhelmed.

Identify Suicidal Ideation

Now Sam, sometimes when people have experienced all this loss and change they have thoughts about suicide. Have you thought about suicide?

Sam: (takes a deep breath in) Yeah...I've thought about it.

Inquire About the Reasons for Suicidal Thinking

Counselor: Sam I think I can understand, but can you tell me more about what has lead you to contemplate suicide?

Sam: I just don't know what to do. I don't see things getting any better any time soon. I just can't deal with all this. It's too much. And I really feel like sometimes I'm just a burden. Like another mouth to feed.

Counselor: So it sounds like beyond feeling overwhelmed, you don't see things getting any better any time soon.

Sam: A lot of the time I just think things are going to get worse.

Assess the Degree of Suicide Risk

Counselor: Now Sam, when you have thought about suicide, have you thought about how you would do it?

Sam: Yeah. My dad used to have a gun, but we had to sell it. I've thought about just heading over to the cliffs.

Counselor: Have you figured out when you might do it?
Sam: (laughs bitterly) I just don’t think I even have the time to do it. I’m always busy dealing with everybody else. I don’t even know how I could get there.

Counselor: So it sounds like while you have thought about how you would do it, you don’t have any immediate plans. I know you’ve said this is something you are trying to keep to yourself, but have you talked to anyone about the way you are feeling before?

Sam: I’ve talked a little to my friend Quinn, because she’s been helping me with my brother and sister some nights. And my friend Kurt knows, he brought my family some of his stuff to try and help us out. I guess Coach Schu too. (pauses, sighs) Mostly I haven’t talked because its embarrassing. I don’t want people knowing I live in a hotel. And I don’t want my parents to worry about me – they’ve got enough to worry about.

Counselor: And Sam, have you ever felt this way in the past?

Sam: No. I usually feel pretty good and laid back about things.

Counselor: Alright Sam. I’m curious, has anyone in your family committed suicide before?

Sam: No. My family is pretty normal, just right now (pauses).

*Take Action to Reduce the Suicide Risk*

Counselor: I know you are feeling very overwhelmed right now Sam and I know you’ve expressed discomfort with your parents knowing about how you are feeling. But I think it’s a really good idea that we talk to them about this – it’s the first step we can take towards making things better. How do you feel about this?

Sam: (Pauses, runs hands through hair, sighs) I guess its okay. Do I have to be in here when you talk to them?

Counselor: No, that is your choice. You can sit right outside with Mrs. Holiday (resource specialist whose room is next door and has a planning period so no one is in her class) while I speak with them.

Sam: I think I’d like it if you talk to them first, then maybe I’ll come in.

(Counselor informs Mrs. Holiday that she needs her to keep a close eye on Sam in her room while Counselor speaks to his parents)
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