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LOSS, SEPARATION AND BEREAVEMENT

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Educational consequences of loss and trauma

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Abstract

Many children are deeply affected by loss and trauma. Although some studies mention the educational consequences of such situations, this is an aspect often overlooked. Results from different studies show that survivors of disasters, violence and death tend to be more absent from school and some drop out of school prematurely. In addition, school performance may deteriorate, especially in school subjects high in attentional demand. The processes behind the decline in school performance are still largely unknown but are believed to stem from such matters as a loss of motivation, intrusive material and cognitive processing tying up attentional resources, and a lowering of cognitive pace due to depression. Lack of perceived support from parents, classmates and teachers have shown an association with more post-traumatic stress and lower school performance. In addition to having clear procedures for helping children and adolescents with the psychosocial consequences following trauma and loss, it is recommended that more attention is given to the educational challenges that such an event represents. Educational strategies and programmes that can assist children and adolescents must be developed.

Loss and trauma

A great number of children are affected by loss and trauma each year. The loss of a parent, sibling, close friend or teacher is not uncommon and can affect the health and daily function of children and adolescents over an extended period of time (Silverman, 2000). In addition, divorce, violence, harassment and other crisis situations can have both a mental and physical toll. The impact of trauma and loss on children and adolescents has been shown not only to have the capacity to induce post-traumatic stress disorder (PTSD), but anxiety disorders and depression (Yule, 1998) as well. While the psychological consequences are well described, the educational consequences of trauma and loss are less well studied. Parallel to the decline in the ability to function effectively in work found in adults following trauma (Russell, 1998), it is reasonable to expect that students' performance in school will be affected, both regarding attainment and absence. In clinical experience, bereaved and traumatised students often report that the communication between them and their teachers becomes strained and complicated. We only have limited understanding of the processes involved.

Schooling is an investment in the future, not only for the individual student but also for society at large. Just as reduced work performance has personal and economic consequences both for the individual and the company that she or he works for, a decline in school performance represents a loss of potential for the individual student and society.

Loss, trauma and learning ability

There are clear indications that memory and concentration, so necessary in learning situations, are negatively affected by traumatic situations (Streeck-Fischer & van der Kolk, 2000). On this basis it is important to study and better understand students who have experienced loss and trauma. If we understand the processes involved in creating any problems that arise, and develop educational and psychosocial interventions to assist such students, we may then promote more positive academic or social development.

Educational problems often develop in parallel with students reporting that their teacher's ability to understand them is inadequate. While good contingency plans within schools often assist teachers to set up good immediate support for students who experience loss or trauma, they do not secure help over time. From clinical experience we know that many bereaved children and adolescents first start to really take in the reality of their loss months, even more than a year, after the event. At this point teachers, with all the obligations of a hectic workday, may long have forgotten that the student has suffered a loss or trauma. While teachers are very forthcoming and supportive when the event takes place, they may be almost absent when the student subsequently struggles. Moreover, another curious process is at work. Bereaved students claim that over time teachers may single them out in a negative way, adding to their problems in school.

When I lost my father, the teacher said that I could come to him anytime that I needed it. I felt cared for. But over time I felt this changed. It was as if I was a reminder of his bad conscience, and he started to give me a hard time. I tried to move seats (as I was sitting right in front of my teacher), but to no avail. I spoke to the school counsellor and for a short period it got better.

It is obvious that the plans that staff make to prepare them for crisis need to be adjusted to fit the long-term consequences of loss and trauma, and that we need to improve our understanding of the processes involved between a teacher and the bereaved or traumatised student.

Research on the relationship between trauma and school performance

Yule and Gold (1993) found a decline in academic performance in the survivors of the sinking of the cruise ship *Jupiter* in the year following the disaster. When they compared the end of year exam results for the three years before the disaster with the end of term results 10 months after the sinking they found that the accident had a significant effect on their performance (about half a z-score). This effect persisted through the following year and resulted in lower GCSE results than had been originally predicted.

Following a discotheque fire in Göteborg, Sweden, where 400 young people were present, 63 young people were killed and 213 injured. About two years after the fire, surviving adolescents were interviewed and answered questionnaires about their experiences during and following the fire. It was shown that the trauma had a significant impact on their school performance (Broberg, Dyregrov & Lilled, in manuscript). In all, 23 per cent of the victims (girls 19 per cent, boys 27 per cent) indicated that they had either dropped out of school because of the fire or that they had to repeat a class. Only 17 per cent said that

schoolwork had not become more difficult after the fire. School absence was not related to age or ethnicity.

The most negative influence on schoolwork was reported for those subjects that demand high concentration (e.g. mathematics, physics and grammar), whereas subjects like religion, psychology and the arts were reported to have become easier or more interesting. Sports had become more difficult, especially for girls who were physically injured in the fire. Consistent with the experience that schoolwork had become more difficult was the finding that exam results, and consequently grades, had gone down because of the fire (59 per cent). A minority reported that schoolwork had become more important to them (13 per cent) and even fewer that it had become better (8 per cent). It should be noted that 59 per cent of the pupils had an immigrant background and that 43 per cent had experienced previous trauma. This, and the extreme threat to life and losses that the group had suffered, make it somewhat difficult to know how representative they are for children and adolescents who experience individual trauma and/or loss.

Saltzman, Pynoos, Steinberg, Eisenberg and Layne (2001), in a study of children who had been exposed to trauma (community violence), also found that there was a suggested link between trauma severity and school performance. Group members whose PTSD scores fell in the severe to very severe range had a significantly lower mean grade point average (GPA) than members whose PTSD scores fell in the moderate range. In this study children were screened for trauma and entered trauma and grief-focused therapy groups. It was found that a pre to post reduction in PTSD was correlated with a pre to post improvement in GPA for all group members. The findings are taken as an indication that traumatised young people may experience breakdowns in key attentional and task-related skills that can jeopardise academic performance. The beneficial effects of their focused school-based groups on both post-traumatic traumatic symptoms and associated grief symptoms show this to be a viable way in developing school-based resources for traumatised children.

There is some evidence linking violence to academic difficulties following exposure to maltreatment, marital conflict, and other forms of domestic violence (see Margolin and Gordis, 2000, for a review). Schwartz and Gorman (2003) also found that exposure to community violence is associated with poor academic performance. Physical or verbal victimization by peers also predicts poor performance in school (Juvonen, Nishina & Graham, 2000).

Streeck-Fischer and van der Kolk (2000) have pointed out how cumulative trauma results in a series of negative consequences for young people's learning ability. This includes problems with the focus of attention, problems with sensory perception and interpretation of complex visuospatial stimuli, reduced capacity to learn from experience, and memory problems related to changes in specific parts of the brain. The experience of safety is the basis for active exploration, while traumatised children have a tendency to react to novel information and stimuli either with exaggerated physiological activation or dissociative states. These reaction patterns can be understood as a kind of defence rooted in a basic experience of the world as an unsafe place where safety is sought in what is known and new situations or information are avoided. Several of these reaction patterns are related to the development of PTSD.

Even though minor crisis situations may not lead to problems severe enough to qualify for the diagnosis of PTSD, they may disrupt learning capacity. From clinical experience with children and adolescents losing close persons, especially due to sudden, dramatic circumstances (and some losses following disease), there is no doubt that this can greatly influence motivation and learning capacity. However, our knowledge is sparse, and we need more thorough studies. There is reason to believe that other types of crises also will influence schoolwork, for instance, life-threatening diseases in a family member, divorce, and witnessing abuse.

Dyregrov, Gjestad, Bie Wikander and Vigerust (1999) showed that around one in five of the classmates that experienced a student's sudden death in an accident experienced a high level of distress nine months following the loss. It is timely to investigate the educational consequences of events that may take a longer time to heal than we commonly believe.

What can explain the academic consequences?

There are several viable explanations for the decline in school performance observed following trauma and loss:

- ◆ intrusive material makes it hard to concentrate on school subjects;
- ◆ PTSD leads to a change in information processing where there is a sense of continuous threat tying up attentional resources (a hyperactive nervous system);
- ◆ trauma and loss is often followed by depression that slows down cognitive functions;
- ◆ loss of motivation;
- ◆ disturbing intrusive memories or fantasies can interfere with concentration and memory;
- ◆ stress makes it difficult to distinguish between relevant and irrelevant information;
- ◆ mood states overwhelm the ability for self-regulation and lead to problems with behavioural control and produce disruptive behaviour.

Yule and Gold (1993) emphasised the loss of motivation in their study of survivors of a maritime disaster. Following such events, children and adolescents may pose the question: 'What is the use of investing in schoolwork when you can be dead tomorrow?' There are few studies that allow a conclusion regarding the mediating mechanisms between loss or trauma and academic decline, but Schwartz and Gorman (2003) found that academic failure appeared to be mediated by symptoms of depression and disruptive behaviour. A more thorough understanding depends upon further research.

Perceived support in the school

Studies have documented an association between perceived parental support, as well as support from classmates and teachers, and less posttraumatic stress after disasters (Broberg

et al., in manuscript; Hardin, Weinrich, Weinrich, Hardin & Garrison, 1994; Vernberg, La Greca, Silverman & Prinstein, 1996). The perception of services following a single death has also been studied. Dyregrov, Bie Wikander and Vigerust (1999) considered adolescents' perception of support from their school after the accidental death of a classmate and found a strong positive endorsement of the school's response following the death. The students regarded the school's follow-up procedures very favourably, including the opportunity to talk and take part in ritual activities. Following individual adolescent bereavement, Hogan and DeSantis (1994) found that perceiving people as 'there for me' was considered to be helpful (p.142).

As adolescents often lack knowledge about mental health services (Klein, McNulty & Flatau, 1998) and access such services more indirectly, for example, through a teacher or a guidance counsellor (Wu *et al.*, 1999), it is important to understand how adolescents experience the help offered, and to what degree they access such help. Following the Göteborg discotheque fire, the experience that students had of support from school was related to school absence. Of the pupils who responded that their school had 'done a good job', 41 per cent reported little or no school absence because of the fire, whereas this was true for only 20 per cent of the students who indicated that the school should have given better 'educational support'. Students' rating of their own school was also related to their ratings of their school performance (Broberg *et al.*, in manuscript). Of the students who thought that their school had done enough, more than half indicated that their school performance had not deteriorated. In contrast, of the students who were deeply dissatisfied with what their school had done, only one out of five indicated that their school performance had not deteriorated

Both self-rated and interview-based measures of psychological distress were related to ratings of how the school had handled the situation and to reported school absence. Adolescents who were fully content with what the school had done as well as those who reported little or no school absence related to the fire, had much lower scores on almost all measures of distress.

What can be done?

What are the lessons learned? First of all, in addition to having clear procedures for how school staff respond to a crisis, including general approaches to supporting those affected, there must be the availability of specialised intervention for the most severely affected students. The documentation of long-term problems for a substantial subgroup of children and adolescents who experience loss or trauma necessitates an intervention model that allows for help over time that is tailored to the individual needs of the students. Although not thoroughly described here (see Dyregrov, Gjestad *et al.*, 1999), gender differences in responses are marked, and traditional talking cures that are better attuned to girls' needs, must be supplemented by treatment options for boys that combine activities (doing things together) with talking.

The fact that traumatic experiences have an effect upon those functions that are particularly important for school work (e.g. sustained attention, concentration, irritability) must be more seriously considered. Despite observations that school adjustment and performance is threatened by traumatic experiences, these areas have not been the focus of previous

research regarding the sequelae of traumatic events. In the follow-up study of the discotheque fire a connection was established between how the students perceived their school's way of handling the situation created by the fire, and the students' ability to cope with the situation. The adolescents' own accounts of this fire (Bäck-Wiklund, Johansson & Sernhede, 2002; Rönmark, 2001) indicate that the schools' reactions could be placed on a continuum with regard to their ability to integrate the experience of the fire into the daily reality of the school. Some schools, especially the most affected one, saw no alternative to adjusting school routines to the new reality created by the tragic fire. They arranged ceremonies as well as places for mourning and remembrance. For a long period of time they also adjusted the curriculum, and rules for attendance, to accommodate the difficulties that many students were having in coping with the regular demands of school. Other schools placed a high value on returning to normal routines as soon as possible and argued that normalising the school situation was a way of scaffolding the mourning adolescents. Broberg *et al.*'s (in manuscript) study is the first to indicate that for many primary victims, suffering from a high degree of post-traumatic stress, including flash-back memories, nightmares, hypervigilance, autonomic arousal and so on, quickly returning to normal school routines implied too great a demand on their resources. A balance must be found between regular routines that may be too demanding and attending to high levels of post-traumatic stress, where special support is needed in school for a long period of time. Given the importance of school adjustment and performance for later life, studies of the effects of traumatic events on child and adolescent development must clearly measure school-related variables in much better ways than has hitherto been the case.

When it comes to accessing mental health resources for children following trauma, there are a number of obstacles. Following the fire in Göteborg many adolescents did not seek out the resources offered or, having done that, they soon dropped out. Saltzman *et al.* (2001) also identified significant barriers to receiving appropriate mental health resources. In their case, they found these barriers existed at multiple levels, including the school district's reluctance to advocate screening, and parental reluctance.

In addition, meeting adolescents with a traditional mental health approach under such circumstances may not be appropriate, as they might not look upon themselves as requiring help. We need, therefore, to find other ways of meeting the needs of adolescents. In Göteborg an outreach model using a more activity-based method was used in the summer after the fire. Summer camps were arranged by the city of Gothenburg with fire rescue personnel participating in each of the camps. In these camps activities such as canoeing, swimming and tent building were used to create a meeting space for adolescents. During the activities the adolescents could talk about their traumas and losses. In clinical practice, when meeting traumatised or bereaved adolescents for the first time, I always try to focus on, and help them with, what they are most bothered by in order to increase their motivation to return for the next session. This may involve providing them with a self-help technique to assist them in taking control of an intrusive memory, a sleep-inducing method to help with sleep problems and so forth.

At all times there are many children and adolescents in our schools who suffer from high levels of post-traumatic stress or grief arising from individual trauma. Because their problems originated in an individual event and not in a publicly acknowledged disaster, their difficulties often remain unrecognised. The nature of their school difficulties will often not

be known and, therefore, they will not get the help they need. For both survivors of disasters and other trauma victims, it is essential to develop better educational methods that aim to sustain attainment.

It is also important that those who develop PTSD get appropriate help through trauma-specific intervention. Although there is a lack of research on the efficacy of post-traumatic therapy in children, cognitive-behavioural therapy including exposure therapy, and eye movement desensitisation and reprocessing, well documented as beneficial methods for adults, can greatly reduce post-traumatic problems in younger age groups as well as directly targeting their problems (Cohen, Mannarino, Berliner & Deblinger, 2000). Written emotional expression of one's loss or trauma has been very successful in producing beneficial health results, and has recently been used in schools as an intervention for asthma with effective results (Bray *et al.*, 2003). By letting traumatised students write about their innermost thoughts and feelings concerning the traumatic event three to five times for 20 minutes, the educational psychologist may administer this as a self-help method for children and adolescents following trauma.

Conclusion

Children and adolescents that experience loss or trauma are likely to experience difficulties in learning. The reasons for this are still unclear but they affect attention and memory. While students with identified special educational needs may benefit from educational methods that are tailor-made for them and from individual support, educational strategies for bereaved and traumatised students are not readily available. It is important to continue to document the educational consequences of trauma and loss but the evidence is already sufficient to warrant the development of better educational strategies to help the many students that annually experience such events.

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