

Matt Nelson
Superintendent

Sanford School Department

Cheryl Fournier
Business Administrator

Steve Bussiere
Assistant Superintendent

917 Main Street, Suite 200, Sanford, Maine 04073
Tel: 207-324-2810 Fax: 207-324-5742
www.sanford.org

Beth Lambert
Curriculum Director

Stacey Bissell
Special Education Director

SCHOOL COMMITTEE:

Paula Cote, Chair Amy Sevigny, Vice-Chair
Jennifer Davie Melissa Simpson Kelly Termath

February 6, 2023

Dear Parents/Guardians,

It is with deep regret that we inform you about a recent loss to our school community. Today, we learned that one of our pre-k students at Sanford Regional Technical Center died unexpectedly.

Death can be difficult for young children to understand, especially when it is sudden. All of us will be feeling a variety of emotions: shock, sadness, or confusion. Tomorrow morning your child's pre-k staff will speak to the students about the recent death and read a storybook related to the topic. It's important to be honest with students while providing a sense of normalcy by following the daily routines.

Attached to this letter are resources to help you support your child. If you would like additional information or need assistance, please do not hesitate to contact School Counselor Beth Letourneau at 207-324-4712 or your child's teacher, Dale Dow, at 324-2942.

We are saddened by the loss to our school community and will make every effort to help you and your child as you need.

Sincerely,



Matt Nelson
Superintendent



CHILD DEVELOPMENT AND GRIEF – Illness and Death

Although we can know grief as a universal human process with similarities for people of any age, children and teens understand and express their grief in ways unique to their temperament and age. As they grow, children and teens are continually developing skills and awareness that help them assimilate and integrate an understanding of their losses. This process is cyclic and repetitive, continuing throughout life, hence it is not unusual for an older child who has had an early loss to grieve anew with each developmental gain.

Early Childhood - Ages 0 through 5

The grief of young children often goes unrecognized because of their capacities to live in the moment, play easily and touch emotions quickly – characteristics adults do not usually associate with grief. We must come to view their grief in light of their developmental strengths and limitations: their rich imaginations and their limited verbal abilities.

Young children use their imagination and other nonverbal resources to understand their loss. They are very concrete. They grieve through their play, their artistic expression, their physical movements, and their behaviors. Their imaginations help them wonder about the changes in their lives, struggle with the permanency and causes of death, and pretend the wishes they have will come true. Their limited verbal abilities cause them to ask questions about the loss repeatedly and communicate their vulnerability through clinging, unwarranted fears, and tantrums. They may try to communicate feelings through bodily complaints such as “I’m not hungry or “my tummy hurts.” We may not always understand these manifestations of their grief, but it is important we respect our lack of understanding and have faith in the child’s capacity to heal in his/her own way. Children of this age are helped greatly by simple reassurances that re-establish trust in their world: routines, structures and limit setting, familiar people and places, moments of joy, stories and books, closeness to people they care about, careful explanations about what has changed and what has not, and kindness.

Ages 6 -9

Developmentally, children in middle childhood have increased verbal and reasoning abilities, more social awareness, and more knowledge and experience of the world by which to understand their losses. Children express feelings through behavior but their increased verbal and reasoning skills allow them to articulate their feeling and thoughts more clearly, comprehend the causes and permanency of death, and ask more sophisticated questions. Their developing social skills allow them to reach out more significantly to trusted adults and peers, but also create an awareness of their difference from others, and the effect their questions and fears have on others. Magical thinking is common at this age. They may somehow feel responsible for the illness or death because of thoughts, actions, or wishes they may have had. At this age, the capacity for guilt is developing. Cause and effect is forming; there is some understanding of serious illness and death so this may result in fears and worries.

SUPPORTING CHILDREN THROUGH ILLNESS AND LOSS

AGE	DEVELOPMENTAL LEVEL	REACTIONS	WHAT HELPS
0-3	<p>Cognitively can't understand the changes – but notices adults reactions</p> <p>Does experience the emotion or heart experience of the changes</p> <p>Realizes when someone is missing</p>	<p>Fear of abandonment/rejection</p> <p>Crying</p> <p>Clinginess</p> <p>Anxiety</p>	<p>Consistent, loving routine</p> <p>Minimize change</p> <p>Lots of physical contact</p> <p>Tell a story or draw a picture</p> <p>Encourage play</p> <p>Allow participation</p> <p>Provide surrogate primary caregiver if needed</p>
3-6	<p>Believes death as reversible from tv or movies</p> <p>May equate illness or death with punishment</p> <p>Matter of fact curiosity</p> <p>Can't put feelings into words</p> <p>Emotions expressed through behavior and play</p>	<p>Regression – e.g. clinginess, thumb sucking, or toilet training problems</p> <p>Increased aggression</p> <p>Escape to play</p> <p>Can appear unaffected, as if nothing happened</p> <p>Fearful: "Who will take care of me? Will you die"</p> <p>May ask questions repeatedly</p>	<p>Use simple words to explain</p> <p>Give choices about involvement in medical treatment or after death services</p> <p>Tolerate need to become/behave younger</p> <p>Maintain routine</p> <p>Create big energy outlet and times for fun</p> <p>Maintain consistent discipline</p> <p>Spend time with the child</p>
6-9	<p>Understands death is irreversible</p> <p>See death as only happening to elderly or handicapped</p> <p>Magical thinking – might worry they caused illness or death in some way</p> <p>Expresses feelings through behavior, body, and play</p> <p>Fascinated by physical details</p> <p>Family still important</p>	<p>Anger</p> <p>Blames self – guilt</p> <p>Feels helpless and responds with increased aggression</p> <p>Reaction can be delayed</p>	<p>Set aside a daily "check-in time" to talk. Answer questions honestly</p> <p>Give choices about involvement in medical treatment or after death services</p> <p>Make it clear the illness/death is not their fault and not contagious (if that is true)</p> <p>Encourage outlets for big energy, lots of hugs</p> <p>Normalize feelings</p>

HELPING CHILDREN TO GRIEVE

1. Be aware of yourself and what you are feeling, have some safe ways of expressing your feelings both with children and away from children.
2. Provide ample time and a comfortable physical space to listen.
3. Respect whatever unique ways children express their feelings; know that their expression is likely to be intense, brief, and repeated.
4. Arrange some physical methods for children to express their feelings, especially anger. Examples: clay, paints, old magazines or telephone books for ripping, collage, blocks, etc.
5. Do not overload children with information; answer only the questions they ask. Be patient when they repeatedly ask the same questions.
6. Because death may bring feelings of losing control, offer lots of appropriate choices for decision-making---often.
7. Answer children's questions with simplicity and honesty. "I don't know" is an acceptable answer. Describe death and dying in literal terms.
8. Remember that young children will generalize and associate about important people and emotions. Example: if a sibling died in the hospital, then hospitals are likely to hold certain fears.
9. The basics count all the more. Regular routines, schedules, familiar people and places are best and good food and a warm bed are comforting.
10. Know that a child will grieve cyclically; i.e., at each new developmental level he/she will relive his/her loss as he/she continues to integrate the loss into his/her life at new ages.
11. Observe that a child grieves as part of a family, and the entire normal family structure has shifted. This may mean a change in roles and additional loss to grieve.
12. Above all, respect, encourage, and honor a child's feelings, whether they are fear, grief, sadness, guilt, anger or love. These are natural feelings that help the child process, integrate and heal from the loss.