

Hope to Cope for Educators of Children with Life-Threatening Illnesses

by

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Context

Need

According to ChildCancer website, “Each school day, enough children are diagnosed with childhood cancer to empty two classrooms!” (Childhood Cancer Facts Incidence, para. 1) An estimated 10,300 children between the ages of 1 and 14 are diagnosed with cancer each year in the United States. The overall rate of cancer in children rose slightly from 2007 to 2011, although death rates, thankfully, have fallen by 67% since 1970 (Siegal, Miller, & Jamal, 2015). Despite the relatively high numbers of children with cancer and other critical illnesses, there are very little resources available for educators who work with critically-ill children and children who have survived critical illnesses. Most research and literature is written for either medical professionals or parents.

Scope

This training is designed for classroom elementary school teachers who work in General Education settings, as well as Special Education teachers. It is not designed for educators who work in Homebound or hospital settings. The following questions are answered in this training:

- How do I ensure the health and safety of a student with cancer or another critical illness?
- How do I handle school re-entry for the seriously ill child?
- How do I handle the questions and concerns of other students and their parents?
- How do I support a critically ill student emotionally while he/she is suffering from or recovering from a critical illness?
- How can I ensure a critically ill child can receive the best education possible?

This training is somewhat limited by a very small amount of literature regarding this topic. It is not a substitute for medical training or counseling services. It is a very general

overview designed to help the teacher who is presented with a critically-ill child in his or her classroom. According to Curesearch for Children's Cancer website, "Because cancer in children is rare, most school professionals will know only one child who has cancer during their career" (Curesearch for Cancer, para. 2).

Model

The model chosen is the Kemp, Morrison, and Ross plan. This model has nine elements:

1. Identify a problem and the goals of the instruction.
2. Consider the characteristics of the target learners to design relevant instruction.
3. Identify the content of the instruction, and analyze the elements related to the goals and purposes.
4. Identify the objectives of the instruction.
5. Within each instructional unit, sequence the content so the instruction is logical.
6. Design the strategies for instruction so each learner can master the objectives.
7. Develop the instruction based on the content.
8. Plan the evaluation system to assess the objectives of the instruction.
9. Choose materials to support your instruction and learning activities. (Brown & Green, 2016).

This model is not a linear sequence, unlike most Instructional Design models. Rather, an oval represents the design plan, without arrows or lines to show a sequence. Any step of the process can be completed at any time to best suit the needs of the learner (Brown & Green, 2016).

Model Rationale

Learner needs are vital in the development of this program. Teachers have limited time, generally have very little knowledge about this subject, and may have individual concerns that

are outside the realm of most textbooks or information they could find on their own. In addition, there is very little information about what teachers need to know when they have a student who has a critical illness in their classroom. Thus, it is going to be very important to look at learner characteristics. The Kemp, Morrison, and Ross plan is one of the only major plans that pays close attention to learner characteristics.

In addition, the fluidity of this model makes it ideal for this situation. There is very little data on this subject, and it is likely that there will be a need for constant refinement and changes that do not fit a linear sequence well. The training will also be designed so that any unit can be taken independently of the other, as teachers, with limited time and differing needs, may choose to only take units that are relevant to their particular situations. Thus, the process needs to be repeated for each unit. A linear sequence will simply not work for this design.

Learner Analysis

Our learners are educators. All learners hold certified teaching licenses in either Elementary Education, Special Education, or K-12 areas such as Reading or English as a Second Language. Every learner has, at minimum, a bachelor's degree, and many hold advanced degrees. Learners vary in age and amount of teaching experience. All learners have a child diagnosed with a life-threatening illness in their school.

This course is provided as an elective for teachers facing educating a child with a serious illness. Teachers are generally "lifelong learners" and will often develop their knowledge to become better educators. The educators taking this course care deeply about their students and want to do a good job caring for the physical, intellectual and emotional well-being of their student with critical illness.

The demographics of educators taking this course vary greatly. Most teachers range in age from 22 to 66. Educators work in urban, rural, and suburban schools, and in public and private settings. Both males and females work as teachers, although the profession is predominately female in the lower grades. The general demographics should be fairly irrelevant to the issue at hand.

Teachers' experiences caring for children also vary. Inexperienced teachers may have a more difficult time dealing with situations "outside the norm." Some teachers also have more experience dealing with children on a personal level because of their life circumstances (teaching experience, parenting, community work, etc.). On the other hand, some teachers, regardless of experiences, have had limited opportunities to work with students in situations where a "standard" education may not be possible.

Teachers as a group have a high level of education. They are able to read, write, and think critically. Teachers are often excellent communicators, as they communicate information daily in their teaching and also serve as connections between home, school, and the community. They are generally technologically literate, as almost all educators use a computer daily in their work.

Teachers are used to dealing with children of varying backgrounds and cultures, including children with disabilities and children who do not speak English as a first language. Every teacher has some training on the Special Education process and working with children with special needs. By law, all teacher education programs nationwide educate teachers about the Individualized Education Plan (IEP) process to help children with disabilities receive an education.

However, many teachers have only worked with children with Intellectual or Learning Disabilities. Most teachers have no training or experience educating children with serious illnesses. As cancer and other life-threatening illnesses are thankfully very rare in children, they likely will have little to no knowledge or resources in their school building about how to help their critically-ill child succeed. They also have little to no knowledge about how to explain a critical illness to children.

Prior knowledge of life-threatening illnesses varies among the teachers. Most people will either have a life-threatening illness themselves or have a relative or friend diagnosed with a major illness like cancer in their lifetime. Almost everyone in society has been exposed to the “c” word (cancer). The severity and outcome of life-threatening illnesses the learners have experience with, however, greatly varies. Some have had family members survive a life-threatening illness and are positive about their student’s recovery; others have had family members become disabled or die of life-threatening illnesses, and therefore are pessimistic about the outcomes of their student’s fight with life-threatening illness. Some are not as comfortable with dealing with life-threatening illnesses as others. The teachers come with predisposed ideas about how a person with a life-threatening illness will respond to treatment, and what kind of outcome treatment will have.

As life-threatening illnesses and treatment plans for children differ greatly from adult treatments for serious illnesses, teachers also will generally have very little knowledge of the medical needs of children with serious illnesses. Most teachers only have a very minimal medical background. Teachers also have little to no knowledge of the physical, psychological, and cognitive side effects of life-threatening illnesses and their medical treatments on students.

Teachers also generally have no training on dealing with grief in the classroom. In the event a student passes away from a life-threatening illness, most teachers have no guidelines for working with grieving children. While Guidance Counselors and Crisis Teams are available to help in some situations, not all schools have full-time staff trained about grief. As with other experiences involving serious illnesses, almost all teachers have some experience with death and grieving, but attitudes and the degree of experience varies greatly.

This course is designed as an online module with individualization possible to meet the specific needs of the learners. Teachers will choose the topics most applicable to their situation to study. Generally, the online module is a popular choice for the Professional Development of teachers, as teachers are often very busy individuals and can do the course when and where they choose.

Data will be collected from learners through the Special Education departments of school systems. The Special Education teachers at schools will both take a short survey and also administer the survey to regular education teachers of children with life-threatening illnesses. The survey will ask the following questions in order to help the Instructional Designers create a program that fits the needs of today's educators of critically-ill children:


School System _____

School Location (City or County, State) _____

Grade Level/Subject of Student with Life-Threatening Illness _____

Your Role (Special or Regular Education, Grade or Subject) _____

Do you work in a rural, urban, or suburban school? _____

1. What topics would be most beneficial to you in helping you educate a child with a life-threatening illness? Rank the following (1=least beneficial, 5=most  beneficial):

-School Re-Entry

-Grief in the Classroom

-Treatment Plans and Their Effects on a Child with a Life-Threatening Illness

-Helping Classmates Accept and Support a Child with a Life-Threatening Illness

-Ensuring the Health and Safety of a Child with a Life-Threatening Illness

2. What is your knowledge of dealing with a medical emergency?
 - A. I can put on bandaids and call the office for help.
 - B. I can administer basic first aid (removing hazards, calming an ill child, stopping mild bleeding) while help arrives.
 - C. I can practice CPR, use AED defibrillators, and administer emergency injections (EpiPen).
3. What experience do you have of life-threatening illnesses (cancer, serious heart disease, etc.) (check all that apply)?
 - A. I personally had a life-threatening illness.
 - B. I have a loved one or close friend who has or has had a life-threatening illness.
 - C. I know a child (other than student) who has or had a life-threatening illness.
 - D. I lost a loved one or close friend to a life-threatening illness.
4. Do you need Professional Development hours for this course?
 - A. Yes.
 - B. No.
 - C. I need a certificate of completion.
5. How comfortable are you with online learning?
 - A. I have never taken an online training and know little about online learning.

B. I have taken a few basic trainings and have some knowledge of online learning.

C. I have taken many courses online and feel very comfortable with online learning.

6. I have the following resources in my school (check all that apply):

-Full-Time Guidance Counselor

-Part-Time Guidance Counselor

-Full-Time Nurse

-Part-Time Nurse

-Crisis Management Team

-Social Worker

-Family Resource Coordinator

-Training resources/materials for working with children with life-threatening illnesses

To administer the pre-development survey, an online survey will be setup on Survey Monkey. We will send the link first to the Special Education departments of school systems. In exchange for participation in the survey, each school system which has at least one teacher participate in the survey will receive a free course for one teacher. School systems will be responsible for forwarding the survey to Special Education teachers, who will fill out the surveys as applicable and forward onto Regular Education teachers with students who have life-threatening illnesses.

Goals and Objectives

Goal-Teachers will be able to effectively teach a child with a life-threatening illness while also continuing other aspects of his or her professional and personal life.

Sub-goals:

1. Teachers will be able to meet the needs of a child with a life-threatening illness.

Objectives:

-Teachers will be able to manage a child's everyday medical needs at school without assistance 80 percent of the time.

-Teachers will be able to assist a child with critical illness with his or her psychological needs that present in the classroom 90 percent of the time.

-Teachers will be able to implement the student's IEP plan with 90 percent accuracy.

-Teachers will be able to provide a sibling or close family member with educational support 90 percent of the time.

-Criteria for preparation to meet this sub-goal will be a module quiz containing information from all four objectives. Teachers must pass the test with 80 percent accuracy to pass this section.

2. The teacher will be able to meet the needs of classmates of the child with a life-threatening illness.

Objectives:

-Teachers will be able to effectively explain the child's illness to classmates and answer questions in a developmentally-appropriate manner 80 percent of the time.

-The teacher will be able to develop activities and encourage communication between the child with the life-threatening illness and other children, so that the child is included as a peer 80 percent of the time.

-The teacher will provide activities and conversations to help students deal with grief, so that classroom activities and routines can go on as normal 80 percent of the time.

-Criteria for preparation to meet this sub-goal and its objectives is a module quiz containing information from all the above objectives. Teachers must pass the test with 80 percent accuracy to pass this section.

3. The teacher will be able to maintain a balanced and healthy professional and personal life.

Objectives:

-Teachers will know how to seek emotional support for themselves 80 percent of the time.

-Teachers will be able to work as a team member with the child, family, and school personnel 80 percent of the time.

-Teachers will be able to practice self-care to maintain a healthy personal life 90 percent of the time.

-Teachers will know where to look and how to utilize extra resources for support 80 percent of the time.

-Criteria for preparation to meet this sub-goal and its objectives will be a module quiz containing information from all the objectives. Teachers must pass this test with 80 percent accuracy to pass this section.

Task Analysis

1. Introduction

- a. This course is designed for elementary-school teachers of children who have life-threatening illnesses.
- b. Teachers are encouraged to study modules most applicable to them.
- c. There are 3 modules in the course:

- i. Needs of the Child with a Life-Threatening Illness.
- ii. Needs of other children in the classroom.
- iii. Needs of the teacher of the child with a life-threatening illness.
- d. Each modules contains information followed by a short quiz.

2. Needs of the Child with a Life-Threatening Illness

- a. Medical needs of a child with a life-threatening illness.
 - i. Physical effects of the medical treatments.
 - 1. The child has physical changes to appearance (hair lost to chemo, weight loss, etc.).
 - 2. The child has great fatigue from chemotherapy and other treatments.
 - 3. Chemotherapy and medications may make it difficult for the child to concentrate or learn efficiently (R. Gray, Personal Communication, September 28, 2016).
 - ii. The child must sometimes follow a diet for his or her health.
 - 1. For most childhood cancers, steroids are prescribed. A child on steroids must restrict his or her sodium intake.
 - 2. A child with cancer or another life-threatening illness may prefer specific foods, as he or she may have a diminished appetite (R. Gray, Personal Communication, September 28, 2016).
 - iii. What to do in an emergency
 - 1. Work with parents and administrators to develop a plan of action for an emergency.
 - a. Plan should include contact information to reach parents or caregivers.

- b. Plan should state when it is appropriate to dial 911, and when calling parents or caregivers will suffice.
 - 2. An emergency kit will be at the school with supplies.
 - a. The kit will have special bandages/dressings for catheters/equipment that can come loose.
 - b. It also might contain emergency medication or cleaning supplies, depending on the child and his or her condition.
 - c. The kit should stay in the school nurse office or travel with the child, depending on the plan (R. Gray, Personal Communication, September 28, 2016).
- iv. Physical limitations and restrictions
 - 1. Students may have a limited or different set of what they can participate in and cannot participate in concerning physical activity.
 - a. The teacher, student, gym teacher, and/or parent may have an alternate physical activity plan.
 - 2. Students may need modifications for carrying fewer books and/or supplies.
 - 3. Students may need a modified schedule, or extra rest at school (R. Gray, Personal Communication, September 28, 2016).
- v. The student may have a weakened immune system.
 - 1. A minor illness, like a stomach virus, can be very serious in the case of a child with a life-threatening illness.
 - a. Notify parents of the child with a life-threatening illness if anyone in the class is sick.

- b. Request that parents of other children in the classroom keep their child home if he or she is sick (R. Gray, Personal Communication, September 28, 2016).
 - b. Psychological Effects of Illness and Treatment and How to Help
 - i. Students who experience a traumatic illness (and their families) may have developmental trauma disorder.
 - 1. This is caused by Adverse Childhood Events (ACEs).
 - a. ACEs cause “toxic stress,” bad stress that has negative effects.
 - ii. Stress leads to disruptions in the brain architecture, which can be very harmful to the developing brain, as the brain is making networks in childhood (Mayes, 2016).
 - iii. The functioning of the pre-frontal cortex is diminished.
 - 1. Students may have trouble focusing (Crnobori, 2016).
 - 2. The incidence of developmental delays and low IQ increases (Mayes, 2016).
 - iv. Students may have negative psychological and medical effects later in life if not dealt with.
 - 1. Students may have late-effects emotions later in adolescence.
 - a. Students may have anger, guilt, and low self-esteem.
 - b. There is often a loss of identity, loneliness, or isolation.
 - c. There is sometimes envy of “normal” students who never got sick.
 - d. Students may have anxiety, fear of death, or the fear of the unknown
 - e. Gray case study=discussion (Gray, 2007).

- v. There is a higher incidence of later cardiovascular disease and drug and alcohol abuse with Developmental Trauma (Mayes, 2016).
- vi. How to help students heal from developmental trauma.
 - 1. Have a calming environment in the classroom.
 - 2. Consider having a space in the classroom where the child can calm down throughout the day if needed.
 - 3. Use calming colors and decorations as able.
- vii. Help the student to have adequate support systems (Crnabori, 2016).
 - 1. Help the student to maintain strong relationships.
 - 2. Have a network of support within the school.
- viii. Consider alternatives to punitive discipline.
 - 1. Talk through problems with the student.
 - 2. Treat problems before they start.
 - 3. Make an effort to deal with every situation/do not ignore discipline issues (Crnabori, 2016).
- ix. Allow the student to share experiences as he/she wants to and is able to.
 - 1. Consider having the student share during story time/share time.
 - 2. Provide ways for the young student to experience “dramatic play” during play time, including things like doctor’s kits, small dolls, exam room equipment, etc. (Miller, 1996).
- c. Educational Needs of the Child with a Life-Threatening Illness
 - i. Hospitalization/Homebound Services-When first diagnosed/during treatment
 - 1. Students are assigned a hospital teacher.

2. The hospital or homebound teacher will accommodate his/her schedule to the medical needs of the child.
3. IDEA of 1997 and section 504 of Rehabilitation Act of 1973 provide help for students who cannot attend a regular school.
4. Students get a hospital teacher if they are hospitalized for 5 or more days.
5. A district will provide a homebound teacher if the child is at home but still cannot attend school, if the child will be out of school an estimated 3-4 weeks.
6. Technology may be used to supplement teaching (Keene, 2003).

ii. School Re-Entry

1. The process ideally begins at diagnosis and lasts through the child's re-entry into school.
2. A hospital staff member is identified as a hospital/school liaison.
 - a. This person will give medical information to school personnel, and help personnel understand what the child is going through.
 - b. He/she is also an advocate for the child's needs after he or she returns to school.

iii. Someone at the school, such as a Guidance Counselor, school nurse, or principal, should be identified as the main contact between the hospital/health care system and the school.

iv. Classmates should be told about the child's condition. The child should choose what will be disclosed to other children and who to tell, and if he/she wants to be present when others are discussed.

1. The school liaison may come to talk to students or lead a discussion.

2. A “Communicable Disease Plan” should be made before the student returns to school, to send home to all parents in the classroom/bus rider families, etc.
- v. An IEP or 504 plan is written for the student.
1. The student may be identified for Special Education services if extensive services are needed. The student is generally identified as Other Health Impaired.
 - a. Children are often tested for SPED services in a hospital/medical setting, as well as through the school setting.
 - b. Services are provided based on test results and needs.
 2. All students with an IEP OR a 504 plan receive needed accommodations.

These often include:

 - a. Students may need a second set of books and materials at the home and in each classroom to save energy.
 - b. Students may need extra time on assignments and tests.
 - c. Extra time may be needed to get up stairs or navigate in the hallway.
 - d. The amount of work may need to be reduced (Keene, 2003).
- d. Family Considerations when Dealing with a Child with a Life-Threatening Illness
- i. Siblings may experience negative effects of the child’s illness.
 1. Siblings may have jealousy.
 2. Siblings may feel a loss of security.
 3. Siblings may want to retaliate.
 4. They may develop psychosomatic symptoms.

5. Social works, counselors, and community health agencies may be able to help.
(Miller, 1996).

ii. Parents may be under great stress.

1. The teacher can help parents by communicating that they are available and open to helping.

2. Help parents with resources to support their child's education.

3. Ask parents to keep you informed about their child's condition (Miller, 1996).

e. Module Quiz.

3. Needs of the Classmates of the Child with a Life-Threatening Illness

a. Classmates need to be informed of condition of child at the time of diagnosis.

i. Questions can be answered when hospital nurse/personnel do the presentation.

ii. Keep students informed as is developmentally-appropriate, based on child and parent's wishes.

iii. Stress that the child's condition cannot be "catching" and that they cannot hurt the child by playing or interacting with him or her.

iv. Teach children about how the body works and teach basic facts about illness.

v. The child may explain his or her illness as appropriate (Miller, 1996).

vi. Students may benefit from viewing "*Why, Charlie Brown, Why?*" (Keene, 2003).

vii. As appropriate, students can visit a hospital or medical center to learn about medical treatments (Miller, 1996).

b. Encourage other students to include the child with the life-threatening illness.

i. Students can make cards or send well-wishes to the child while he or she is in the hospital.

- ii. Encourage dramatic play between the children.
 - iii. Make sure the child is included in games.
 - iv. Have a hat day at school to show support when a child has lost his or her hair.
 - v. Make an effort to encourage students to treat the child with the illness as a peer and not a “sick person” (Keene, 2003).
 - vi. Skype or Facetime with the student as available.
- c. Deal with grief of children when the child is diagnosed and/or passes away.
- i. The most frequent behaviors for classmates include acting younger than their age, worrying, disorganization, and difficulty concentrating.
 - ii. Physical symptoms of grief may include sleepiness, headaches, and stomachaches.
 - iii. Listen and honestly answer questions.
 - iv. Give children choices and encourage consistency in routine.
 - v. Find “teaching moments” such as changes in seasons to address grief.
 - vi. Encourage students to talk about the classmate.
 - vii. Respect differences in grieving styles.
 - viii. Provide emotional support for the students.
 - ix. Respond in a “feeling” rather than a “thinking” way to the grief of students.
 - x. Resist being overprotective of students.
 - xi. Resist asking grieving students too many questions.
 - xii. Crisis response teams can provide assistance.
 - xiii. Tell personal stories about the student.
 - xiv. Develop “memory circles.”

1. Students can share their personal stories in a small group.
- xv. Create a “safe zone” for students to have a place to grieve.
 1. May be in or outside of classroom.
 2. Make area comfortable.
 3. Include books about loss and grief.
- xvi. Include students, staff, and faculty from the entire building.
- xvii. Explore and validate feelings.
- xviii. Individual group or grief time with a school counselor may be helpful for some students (Keene, 2003).
- xix. Additional activities for elementary-aged students.
 1. Early elementary
 - a. Encourage students to draw a picture of something they did with their classmate or something they remember about him/her.
 - b. Read a story with the entire class that involves the loss of a pet or a loved one.
 - c. Share a special object with the students, and then put it away.
 - d. Use this to draw parallels to memories of their classmate.
 - e. Release balloons.
 2. Later elementary.
 - a. Students can raise money to plant a tree in honor or memory of the student.
 - b. Encourage students to keep a journal about their feelings.
 - c. Encourage students to express their feelings through art.

- d. As a class, students may make a memory book of the child to give to the family at an appropriate time.

d. Module Quiz

4. Needs of the Classroom Teacher of the Child with a Life-Threatening Illness.

a. Emotional Support

i. Teachers should seek support for themselves.

1. Use School Counselors as available.
2. Check to see if the local Teacher's Association, state, or school system provides free counseling (Employee-Assistance Benefits). (Sherwood, Personal Communication, 2016).

ii. Teachers should take a team approach with the child, family, and other school personnel.

1. Utilize other resources as needed.
2. Recognize that you can only do so much for the child.
3. Practice self-care.
4. Recognize this is a long process.
5. Seek rest.
6. Prevent burnout with recreation and breaks.
7. Exercise.
8. Do something for yourself.

iii. Additional Resources for Teachers

1. Lists of books.
2. Websites.

- b. Module Quiz
- c. Conclusion

Design and Plan of Instruction

1. Introduction

- a. Welcome
 - i. Give Statistic about Childhood Life-Threatening Illnesses.
 - ii. Explain Why the Course is Important and Who It Is For.
- b. Explain the Modules
 - i. Description of the Modules.
 - ii. Case Studies of What Module Will Address What Issue.
 - iii. Interactive KWL/Quiz for Teachers to Find What Parts of Instruction are the Most Important and Choose What to do First.

2. Explanation of the Assessment/Quiz System and Credit Systems.

3. Needs of the Child with a Life-Threatening Illness

- a. Medical Needs of the Child with a Life-Threatening Illness
 - i. Case study/Personal Story About a Child and His/Her Medical Needs, and How the Teacher Can Help.
 - ii. Description of Effects of Medical Treatment, Including Pictures and/or a Video.
 - iii. Description of Dietary Issues.
 - 1. Interactive Diet Activities
 - a. Sodium Activity – “Which food is best?”
 - b. Case Study - Special Diet.
 - c. Diminished Appetite Activity - “What Should Johnny Eat?”

- iv. Emergency Situations
 - 1. Plan of Action
 - a. Describe Plan of Action.
 - b. Give Different Scenarios about When to Call Parents, 911, etc.
 - i. Interactive Activity using Scenarios/Self-Checking - “Who Should You Call?”
 - 2. Emergency Kit
 - a. Describe Emergency Kit.
 - b. Interactive Activity-Sort Items that Do and Don’t Belong in the Emergency Kit.
- b. Physical Needs of the Child with a Life-Threatening Illness
 - i. Limited Physical Activities
 - 1. Describe Activities Child Can or Cannot Participate In.
 - 2. Video of Child Talking about Physical Limitations and Modifications.
 - 3. Case Study- “What Would You Do?” About Situations Involving Physical Activity and the Child with a Life-Threatening Illness.
 - ii. Weakened Immune System
 - 1. Description and Explanation
 - a. Video - Parent Talking about Weakened Immune System Issues.
 - b. Case Study - “What Would You Do?”
 - 2. Supplementary Materials Included with this Section
 - a. Information about Foods with the Most and Least Sodium.
 - b. Chart with Everything in the Emergency Kit Labeled.

- c. Letter to Parents about a Seriously Ill Child and His/Her Weakened Immune System.
- c. Physiological Needs of the Child with a Life-Threatening Illness
 - i. Trauma and ACEs
 - 1. Describe ACE System.
 - 2. “How Many ACEs?” Activity.
 - 3. Discussion of How to Help Students Heal.
 - 4. Case Study.
 - ii. Supplementary Materials for Trauma
 - 1. List of Trauma Resources.
- d. Educational Needs of the Child with a Life-Threatening Illness
 - i. Hospitalization/Homebound Services
 - 1. Explain Hospital-School Connection.
 - ii. School Re-Entry
 - 1. Explain School Liaison-Video
 - 2. Explain IDEA/504 Rules and Process.
 - 3. Interactive Game - “What is Legal?”
 - 4. Communicable Disease Plan Explanation.
 - iii. Supplementary Materials for Educational Needs
 - 1. Communicable Disease Plan.
 - iv. Family Considerations
 - 1. Siblings
 - a. Explain Sibling Trauma.

- 2. Parents
 - b. Explain Parent Trauma.
- e. Supplementary Materials for Module
 - i. Book/Resource List.
- f. Module Quiz
 - i. Quiz.
 - ii. Print the Certificate.
- 4. **Needs of the Classmates of the Child with a Life-Threatening Illness**
 - a. Telling the Class About the Diagnosis
 - i. “*Why Charlie Brown? Why?*” Movie- Intro.
 - ii. Discussion of Telling Students about Diagnosis.
 - iii. Facts v. Myths Teaching.
 - iv. Case Study.
 - b. Including the Child with the Life-Threatening Illness
 - i. Explanation.
 - ii. Case Study.
 - c. Dealing with Grief
 - i. Explanation.
 - ii. Multiple-Choice Mini-Quiz.
 - d. Supplementary Materials for Module
 - i. Resource List.
 - ii. *Why Charlie Brown? Why?* Movie.
 - iii. *A Journey in the Moon Balloon: When Images Speak Louder than Words* Book.

e. Module Quiz

- i. Quiz.
- ii. Print the certificate.

5. Needs of the Classroom Teacher of the Child with a Life-Threatening Illness

a. Emotional Support

- i. Explanation.
- ii. Ideas for Self-Care.
- iii. Case Study Quiz.

b. Supplementary Materials for Module

- i. Spa/Self-Care Coupons.
- ii. Adult Coloring Page.
- iii. Lists of Resources.
 - 1. Employee Assistance Plans (EAP) Information by State.
 - 2. Lists of Websites.

c. Module Quiz

- i. Quiz.
- ii. Print the Certificate.

6. Conclusion

- a. Thank You for Watching.
- b. Inspirational Video.
- c. Contact Information.

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