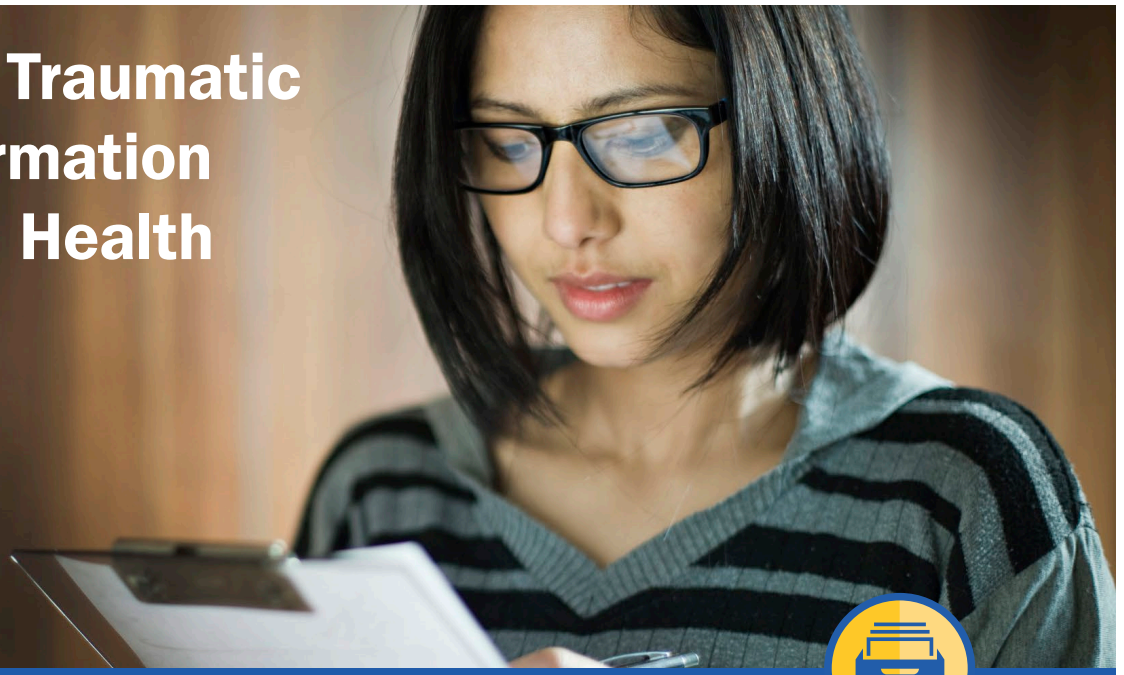


Childhood Traumatic Grief: Information for Mental Health Providers



Why are mental health providers important for grieving children?

Following a death, children and teens may be referred to mental health professionals with bereavement as the presenting problem. At other times, grieving youth may be referred for other reasons, and no one (including the child, the parent, and others) has recognized that grief is playing a significant contributing role. It is therefore important that mental health professionals are prepared to recognize cases in which youths' grief reactions to bereavement may be impacting a child's functioning.

1 How do children grieve?

Children of all ages grieve after the death of a family member, friend, or other important person. Grieving children can show a range of emotions and reactions. Sometimes they appear sad and talk about missing the person. Other times they play, interact with friends, and do their usual activities. In addition to intense sadness, children may show changes in behavior (e.g., be less interested in usual activities, be irritable, have changes in sleeping or eating habits), changes in their social interactions (e.g., be more withdrawn), and/or question their faith. When adjusting to the loss, children are typically able to participate in "tasks" considered helpful to the grieving process:

- Understanding the person cannot come back
- Coping with feelings about the person and the death
- Adjusting to changes in life without the person
- Talking about memories and what that person meant to them
- Committing to relationships with new people
- Continuing on a healthy developmental path

2 What is Childhood Traumatic Grief?

In Childhood Traumatic Grief, children have traumatic stress reactions to a death which interfere with their ability to accomplish the tasks of bereavement. Even happy thoughts and memories of the person remind children of the distressing way the person died. A younger child may be afraid to sleep alone at night due to nightmares about a shooting that she witnessed, while an older child may avoid playing on the school baseball team his father used to coach because it brings up painful thoughts about his father's death in a terrible car accident. These children get "stuck" on the traumatic aspects of the death and cannot process their grief successfully. When children with Traumatic Grief have scary thoughts, upsetting memories, and negative feelings related to how the person died, they may also have uncomfortable physical symptoms. To control and minimize the unpleasant feelings and reactions, they try to avoid the scary memories; avoid talking or thinking about anything related to the person or way the person died; and also avoid people, places, or things that trigger upsetting thoughts and feelings. These reactions and the fear of stirring up scary reminders make it difficult to remember positive things or to talk about the person and what the person meant to them.

3 Who develops Childhood Traumatic Grief?

Most children recover and adjust to the death of a family member, friend, or other important person. But a smaller number will develop Childhood Traumatic Grief, which can occur following a death from sudden, unexpected causes such as a homicide or suicide, mass shooting, disaster, accident, or an unexpected medical condition such as a heart attack. However, children can also develop symptoms even if the death was due to natural causes, advanced age, or a terminal illness such as cancer, especially if the child was surprised or scared by the death or was witness to complex or frightening medical procedures.

4 What are the signs a child might have Childhood Traumatic Grief?

Grief related traumatic stress reactions may include the following:

- Intrusive reactions such as upsetting thoughts, images, nightmares, memories, or play about the frightening way the person died
- Physical or physiological distress such as headaches, stomachaches, symptoms mimicking the way the deceased died, jumpiness, trouble concentrating
- Avoidance reactions such as withdrawal; acting as if not upset about the death; or avoiding reminders of the person, the way the person died, places or things related to the person, or events that led to the death
- Negative mood or beliefs related to the traumatic death such as anger, guilt, shame, self-blame, loss of trust, believing the world is unsafe
- Increased arousal such as irritability, anger, trouble sleeping, decreased concentration, dropping grades, increased vigilance, and fears about safety of oneself or others; self-destructive or risk-taking behaviors (e.g., substance abuse, suicidality)

5**How does Childhood Traumatic Grief impact Children?**

Childhood Traumatic Grief can have a significant impact on children's mental and physical health and be indicated by the following:

- Depressed affect
- New behavior problems or worsening of existing psychiatric problems
- Regressive behavior, such as increased separation anxiety
- Changes in eating or sleeping patterns
- Changes in school performance
- Self-injurious or suicidal behaviors
- Drug and alcohol use or other risky behaviors
- New or intensified somatic symptoms with no clear underlying medical cause
- Symptoms related to the person's cause of death (e.g., having chest pain following the person's heart attack)
- Loss of interest in friends and/or usual activities
- Delinquent behavior or associating with problematic peers
- Isolation from others
- Conflict with friends or family members

6**What can you do to help children with Traumatic Grief?**

Children with Childhood Traumatic Grief often avoid talking about death or the person who died. To evaluate the presence of Childhood Traumatic Grief, mental health providers can do the following:

- Explore the child's responses to the death, as well as the parent/caregiver's adjustment.
- Ask about past deaths that may have been unaddressed and new stress reactions parent has noticed.
- Explore with children and caregivers what and how the child learned and knows about the cause of death and how adults explained the death to the child.
- Routinely and directly ask children about their experiences with trauma, death, and upsetting or scary events. Not asking may inadvertently communicate to the child that it is unacceptable to discuss these things with adults.
- Assess children for Traumatic Grief if indicated using a validated instrument¹
- Be aware that traumatic grief symptoms may mimic behavioral or emotional problems (e.g., ADHD, depression, anxiety) that commonly occur in school settings and consider that these symptoms may signify traumatic grief
- If your questions make the child's symptoms worse, consider that specific trauma related intervention may be needed (see information below).
- Pay particular attention to children who have experienced traumas in addition to the death of an important person, as exposure to other trauma may worsen Traumatic Grief symptoms.
- Be aware that children may minimize trauma symptoms to protect their parents or to avoid reminders of the trauma.
- Provide psychoeducation about the interaction of trauma and grief to the child and parent/caregiver. Keep materials on hand to educate parents about Childhood Traumatic Grief (available at <https://www.nctsn.org/what-is-child-trauma/trauma-types/traumatic-grief>)
- Communicate with school professionals about how Traumatic Grief may affect performance.
- Address safety concerns, and help the child develop strategies and skills to aid in coping with trauma reminders.
- Assure the child and parent that the child can fully recover with effective treatment.

- Seek out additional training, resources, or referrals to provide evidence-based treatment for Childhood Traumatic Grief. Currently two treatment models have scientific evidence of helping children recover from Childhood Traumatic Grief:

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children ages 3-18 years and parents or primary caregivers provided in 12-15 individual or group sessions. More information is available at <https://www.nctsn.org/interventions/trauma-focused-cognitive-behavioral-therapy>

- Trauma Grief Components Therapy for Adolescents (TGCT-A) for teens ages 13-17 years, provided in groups. More information is available at <https://www.nctsn.org/interventions/trauma-and-grief-component-therapy-adolescents>

Where do you find additional information and help?

Additional information for children, parents, professionals, pediatricians, and educators is available at the National Child Traumatic Stress Network, www.NCTSN.org with materials specific to Traumatic Grief at www.nctsn.org/trauma-types/traumatic-grief.

STOP.

CEU By Net participants, please note the following:

There are seven chapters or Study Guides in this *CEU By Net Course 5T (Parts 1 through 7)*. You have finished reading the first Study Guide (i.e., Part 1). Some of this information is reviewed in the other Study Guides, but each Study Guide has a different primary focus. There is a short quiz for each of the seven Study Guides. Quiz 1, for Study Guide 1, has six questions.

If you have enrolled in this course, Quiz 1 is available for you to take *now* or *later*, inside your account. To take Quiz 1, log in to your My Home Page, click the name of this course (Course 5T), and then click the number of the quiz you wish to take (i.e., Quiz 1).

You must pass all seven of the short quizzes for this course, and then complete and submit the Feedback Form, in order to download your certificate.

If you don't want to take Quiz 1 now, you may continue reading the course material (Study Guide 2, i.e., Part 2) and take Quiz 1 later.

Thank you,
CEU By Net

1. Footnotes
Brown, EJ, Goodman, RF, Falk, S & Swiecicki, CC (2019). Psychometrics of the PTSD and depression screener for bereaved youth. *Death Studies*, 43, 20-31.