



HELPING CHILDREN HEAL THE EFFECTS OF LOSS AND TRAUMA

A guide for parents and caregivers

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***Dedicated to the memory of Katie Price and all children
who teach us about Love and Light.***

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Grief, loss, trauma and death are universal phenomenon throughout the human condition and experience yet we in western civilization are ill prepared and poorly equipped to navigate the waters of grief and trauma. Those of us who are committed to and entrusted with caring for the hearts of children as professionals, caregivers, or parents and grandparents have a great responsibility to the children of this time. The heart of a child is a precious gift. To support and provide comfort to a child through the process of healing after loss and trauma has an immeasurable impact not only on the child, but also on society as a whole. Children are all we have—they are our hope and our future.
Megan Bronson

BASIC PRINCIPLES ABOUT LOSS AND GRIEF:

Loss is inevitable and unavoidable. Understanding loss and learning how to deal with loss and grief are essential life skills.

Grief is a healing process, which helps us to find a way to adjust and go on with life after we have lost someone or something that we love.

Grief occurs on all levels of our being, including physical, emotional, cognitive, and spiritual.

The feelings of grief are universal and transcend all age, cultural, race, ethnic, and religious differences. Western culture has a particularly difficult time with the emotional aspects of grief.

Feeling and finding a way to express the hurt, longing, sadness, anger, guilt, and fear that are the emotions of grief is the path that leads to healing after loss.

The expression of the feelings of grief is unique to each individual and is influenced by religious, cultural, ethnic, and family patterns. These learned patterns influence what feelings are acceptable and which are not, as well as acceptable ways of expressing these emotions and of responding to loss in general.

People who learned that anger is bad, that sadness, tears, and anxiety are signs of weakness, and that they must put on a cheerful, brave and stoic front, will have more difficulty dealing with grief than people who recognize feelings as a natural and healthy part of themselves. Parents and caregivers that have learned to block and distort their own feelings will have difficulty accepting and helping children to navigate their feelings of grief after loss.

The process of grief is the same process for all loss. This is true whether the loss is of valued property, (such as the loss of a house or irreplaceable personal items and mementos in a fire, flood, tornado, or hurricane), or loss of a pet, job, body part or function, divorce of parents, or death of a loved one.

ON CHILDREN AND GRIEF:

Children feel grief as acutely and painfully as adults do; however they usually do not express that directly unless that is modeled for them and/or they are helped to do so.

To block feelings in children as well as adults impedes the healing process.

The needs of children are often overlooked at the time of loss, because the adults who would usually be supportive of them, (i.e. parents, grandparents), are also grieving.

Helping children to deal with everyday losses such as the loss of favorite toys, pets, and friends who move away, will help them to develop the skills that they will need to deal with major losses such as divorce of parents or death of a loved one later on.

Being truthful with children about the finality of the loss will help them to get in touch with their feelings. Assisting them in finding a means to express those feelings will help them to let go and to move on after loss.

Grief issues and feelings will often emerge and need to be addressed at each developmental level.

Children need clear, factual, and simple information appropriate to their age level. They also need the caring, supportive, consistent presence of at least one concerned attachment figure. Honesty protects trust and avoids confusion, ambiguity, and misperceptions.

Children also need constancy and consistent limit setting in order to feel secure and to trust. Acting out behaviors, testing of limits and regression are all common reactions when children are grieving a loss. Children need both patience and firmness.

WHEN THE LOSS INVOLVES THE DEATH OF A LOVED PERSON:

Trauma often involves multiple losses such as loss of family members, pets, home, valued possessions, etc. Supporting the child's grief regarding these losses helps the child to heal and to move on with life more fully.

Avoid the following:

Inferring that the child should be brave or strong, "Daddy wouldn't want you to cry".

Use of words that are misleading, "lost, passed away, sleeping, went on a journey, God took him/her to be with Him"—(these can create confusion for the child and can also lead to the child feeling resentment and bitterness toward God and developing an unhealthy anxiety about death).

Suggesting that the child should take the dead person's place, "You'll be the man of the house now".

Delaying telling the child about the death, (unless this would jeopardize the child's physical well being).

Delay runs the risk of the child hearing about the loss in a non-supportive way—it also jeopardizes trust.

Rushing in with abstract explanations or overloading the child with too much information all at once.

Insulating and protecting the child from the family's grief.

Do:

Allow the child their right to feelings of shock, disbelief, anger, fear and anxiety, and despair.

Make a special time with the child each day for holding and listening.

Use the term "died" or "death" (this concept needs to be explained in age appropriate language and within the context of the family's spiritual belief system).

Allow the child to participate in and to attend religious, cultural, and family ceremonies that acknowledge the loss and allow the child a chance to say good-bye. Even small children can and need to have a special part in visitation, funeral, and graveside rituals.

Help the child to find his/her own way to say good bye such as writing a letter or leaving a special object in the casket with the deceased.

Be alert for and address misconceptions. It is common for children and adolescents to believe that they somehow caused the death, made the person ill, or made the person leave because they misbehaved or had angry feelings toward the deceased person.

Reassure the child that they will be looked after and taken care of, (this is especially important when the person who died is a parent or primary caregiver for the child).

Expect and acknowledge anniversary grief reactions and create family rituals of remembrance such as lighting candles, sharing memories, and creating memory books, and gardens.

WHEN THE LOSS RELATED TO THE TRAUMATIC INJURY IS PERMANENT:

Physically injured children need to be helped to deal with the reality of losses related to their injury. For example, a child who requires an amputation needs to be allowed time to grieve the loss as well as given hope for prosthetic devices to help them regain function.

False reassurance risks losing the child's trust. It also risks the child getting stuck in anger, bitterness, and denial later on—"but they told me I would look just like I used to and I don't—they lied."

The truth spoken with care and compassion catalyzes the emotional healing process and allows the child to grieve. A helpful guideline is when the child asks the question they are likely ready to hear the answer. Keep answers simple, honest, to the point, and at the child's level of understanding. Avoid overwhelming the child with too much information.

Gently speaking the truth and answering questions honestly builds trust and helps the child to address important rehabilitative concerns later on.

Younger children may still be in magical thinking patterns and may need to have the truth clarified as they mature and develop concepts of permanence.

An important goal when helping children who have suffered burn injury and other physical trauma is to help the child to come to view the trauma as something that happened to them rather than who they are. Some people so identify with their injuries that they lose their core identity. Preserving the core identity of the child as the unique and precious person they are on the inside helps them to overcome and transcend their physical injuries and any scarring and disfigurement they may have to deal with permanently.

HELPING CHILDREN TO EXPRESS FEELINGS:

Give the child permission to feel, ("It is okay to cry", "It is good to let the tears out", "Of course you are angry", etc.). Help the child to identify, name, and verbalize feelings of guilt, anger, longing, sadness, and fear. Jealousy of children who have not suffered a loss is usually unacceptable by others but is nonetheless common. Siblings of a physically traumatized or chronically ill child also suffer loss related to the injury. They often feel abandoned by parents and jealous of the ill or injured child who has become the center of attention.

Feelings are not right or wrong, good or bad—they just are. They do not need to be analyzed, judged or shamed. Children and adults do however need to be helped to take responsibility for how they express their feelings. Harm or threat of harm to self, others, or valued property are not acceptable when expressing feelings.

Encourage age appropriate means to help the child express feelings of anger:

Clay, sand play, punching bags, hitting pillows, crayons, paints, finger painting,

felt markers, plastic balls and bats, music, dance, stomping, pounding activities, (all with adult guidance and supervision), – in short, anything which helps the child to externalize the feelings of anger and is not harmful to himself/herself, which does not harm another person in any way, or damage valued property.

The use of storytelling, puppet play, and the creation of memory books and scrap books help the child to work through feelings of sadness and longing as well as anxiety.

DEVELOPMENTAL CONSIDERATIONS:

Children have varying capacities, both emotionally and intellectually, to comprehend, understand, and integrate the concepts of trauma and loss, as well as death and its physical finality. The following are meant to be used as a guideline and need to take into consideration the individual nature and also individual life experience of the child.

The Preschool Child (4 years and younger):

May not comprehend that physical death is final and may persist for some time in believing and insisting that the person who died is coming back.

An injured child may think that their scars will one day disappear and lost fingers, ears etc. will magically grow back. They may feel angry and disappointed when this does not happen.

Young children may regress in toilet training, develop bed wetting, clinging behaviors, whining, may resume thumb sucking or want bottle again, etc.

Separation from or loss of primary attachment figures profoundly affects infants and toddlers. Allowing parents and primary caregivers to stay with the child while he/she is hospitalized in order to prevent damage to attachment cannot be overstated.

Holding, rocking and offering physical as well as verbal reassurance that the child will be taken care of helps the small child to reestablish a sense of security in the world. The use of touch with children of all ages after burn injury provides an essential physical connection and reassurance regarding attachment. Often use emotional numbing, blocking of thoughts, feelings and memories as a way of coping

The School Age Child (5-12 years):

Child has an increasing capacity to grasp reality of the permanence of loss as well as physical death. May have misconceptions about the cause of the trauma, loss, or death, (may have a distorted view about their role in these and often blame themselves in some manner).

It is important to determine the child's perception relevant to the cause of the trauma and loss and to correct and clarify misconceptions.

May have difficulty focusing and concentrating in school.

The Adolescent (13-18 years):

Is able to accept the finality of loss and also physical death as a biological fact.

Grief may be masked by substance abuse, truancy, social isolation and withdrawal from family and/or peer group, impulsivity, sexual acting out and promiscuity, reckless, risk taking or self-defeating behaviors.

Grief may also be masked in overachieving or underachieving. The child who is trapped in perfectionism demands as much concern as the child who is apathetic, cynical, and underachieving. Mood swings are common in adolescence and in all likelihood this will be intensified by the loss. The adolescent may also develop low self-esteem.

Often adolescents seek emotional support more readily from peers than adults and age appropriate support groups can be very helpful.

May have difficulty focusing and concentrating on studies or may become lost in intellectual pursuits such as reading, and computer related activities.

Needs of grieving and traumatized children at all age levels:

Patience, love, and permission to grieve.

Age appropriate ways to release anger and pain.

Honest, clear information and direct answers to questions.

Support and help in finding ways to go on with life.

Normal family activities that are not centered on processing the loss and trauma.

Time to play, be with friends, and just be a kid.

Common initial responses of children and adolescents to death:

Denial, disbelief, shock, numbness, fear, sense of betrayal, apathy

Physical symptoms such as stomachaches and headaches are common

Hostility toward surviving family members or health care providers

Assuming mannerisms of the deceased or symptoms of the deceased person's illness

Regressive behaviors such as bed wetting, baby talk, anxiety, fear of sleeping or of being alone, and even terror are common responses if the person who died is a primary attachment figure for the child or if the death involved trauma.

Fear of death, phobias, compulsive behaviors

If the above responses and the following symptoms persist for longer than a few weeks, assessment by a professional counselor with expertise in grief and loss needs to be pursued:

Feelings of worthlessness, guilt, self blame

Loss of interest in appearance

Withdrawal from friends/family

School difficulties, (this could present as failing grades, difficulty concentrating and following directions, or over-achievement and perfectionism)

Use of drugs and/or alcohol

Ongoing difficulty sleeping, (difficulty falling asleep, sleeping too much or too little)

Changes in appetite, (eating too much or too little)

Accidents or developing symptoms of the deceased person's illness—both may indicate an unconscious hope for reunion

Depression, apathy, and moodiness

Hyperactivity, aggression, oppositional behavior, destructive or risk taking behaviors

Anxiety which limits the child's ability to function such as school phobia, fear of further loss, fear that he or she will also die

Thinking about, talking about, or planning suicide—these symptoms always require assessment by a professional counselor

Obsessing about death or aspects of the trauma such as fire, accidents, etc.

OF SPECIAL NOTE:

Younger children are more likely to express their grief through play and other creative activities than by directly talking about their feelings of loss.

Helping the child to make a memory book can be a helpful way to process the loss both cognitively and emotionally. The creation of a memory book can help in the process of letting go, bringing closure, and at the same time reassures the child that the loved person will not be forgotten. Some things to include: photographs, special moments shared, obituary and funeral notices and cards, noting what the child will miss most, what they will miss least, what made them laugh, cry, sad, mad, and anything else that the child wishes to include. The creation of a memory preserves the childhood memories from the perspective of the child at the developmental stage when the loss occurred.

Allow the child to choose special mementos that belonged to the person who died—something special to treasure, to hold, and to help them remember.

Reassure the child that the body does not feel and that the body does not need to breathe after death (small children have difficulty conceptualizing death and may have fears around burial and cremation causing the person suffering). The child needs to know that the dead person no longer needs their body.

The child may develop fears about the possibility of their own death or the death of another loved one. Seek counseling if this does not resolve with reassurance from caregivers.

Sharing your own feelings normalizes and validates the child's feelings as normal.

Reliability, a reasonable and predictable routine and appropriate boundaries and structure help children to feel safe and to gradually move back into life.

Age specific grief support groups can be very helpful in decreasing the sense of isolation, aloneness, and difference often experienced by grieving children.

Remember that the consistent, loving, supportive presence of someone that the child can depend on over time is the most essential grief intervention.