

Loss, Bereavement and Trauma: Grief and Crisis Reactions in Children

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Introduction

OHPs 1- 5

By the time children reach school they will have experienced a wide variety of changes in their lives. Feelings of loss often accompany change and grief is a natural reaction to loss. In this sense children already know about loss and grief when they enter school for the first time. As they progress through school children, in increasing numbers, encounter the distress of parental separation and divorce. Twenty per cent will experience a parental divorce by the age of sixteen and fifty per cent will experience loss through family break-up before adulthood (Ward 1996). Some will have experienced bereavement through the death of a family member. The reality is that thousands of children every week suffer loss. Over 10,000 young people between the ages of ten and eighteen lose a parent each year through death alone. Every year approximately 15,000 deaths of children and young people under 20 years of age occur (Herbert 1996).

Thankfully, tragedies involving the deaths of children such as occurred in Denver or Dunblane are relatively rare. Yet, during the 1980's and 1990's in the UK there have been many large-scale disasters which have involved children directly or indirectly. As many teachers and psychologists know, small-scale critical incidents affecting schools are not uncommon (Houghton 1996; Jack, Munro & Oliver 1998). The death of a pupil through illness or accident can have a devastating effect on pupils and staff. The experience of being bullied is another example of a potentially traumatising event that can result in stress and grief reactions in children.

Many parents and teachers lack confidence in their ability to help children who have experienced loss and are uncertain about how best to help. In such circumstances there

is a real risk that children's grief reactions will be overlooked, misunderstood, go unrecognised, or at worst, be denied.

Though the process of mourning for a perceived loss appears to be universal in human beings, the outward expression of grief is unique to each individual. Children do not mourn in the same way as adults. They mourn more through their behaviours than their words. While acknowledging the importance of individual grief responses, it remains possible to identify a range of common feelings and behaviour in children experiencing loss. These common features make it possible to develop some general strategies for meeting the needs of grieving children.

The purpose of this paper and the related materials is to foster a greater awareness and understanding of the needs of children who have experienced loss or bereavement in those adults who have some responsibility for their care and education. It aims to do this by providing information and experiential exercises on the following topics:

- Different types of loss
- Bereavement and traumatic bereavement
- Grief and mourning in children
- The needs of grieving children
- Children's responses to critical incidents
- Caring for children in crisis: the role of carers and professionals.

The expected outcome is that participants will be more confident in their ability to recognise and meet the needs of children in their care directly, or, when appropriate, to refer them for specialist help.

Different Types of Loss

OHP 6 Exercise 1

Developmental

Experiencing loss is part of the human condition. Loss touches us all throughout life. As adults we may think of 'loss' in terms of critical life events such as death and divorce. Significant as they are they are not children's first experience of loss. From birth the process of change is an inevitable part of growing up and includes experiences of separation and loss. The work of Bowlby (1971, 1973) showed that infants as young as six months are capable of forming close attachments to their primary care-givers and exhibit grief reactions even to a brief separation from them. These *developmental* losses are common to all children and are negotiated more or less successfully depending on the unique circumstances of each child. Any distress associated with these losses will be short-lived for the majority, provided they have available to them the support of caring adults with whom they have a strong attachment. In the absence of such support, feelings of loss are less easily resolved and change is less readily accommodated.

Anticipated

Depending on their developmental stage children can be involved in the process of planning for change. Every time people make a change in their lives an element of loss is involved, though the nature of the loss may not be obvious. Where significant life changes are expected, children can share in events and take part in preparing themselves for the future.

A common event in the lives of many children is the birth of a new sibling. Other common events include starting school and moving house. These events can be anticipated and planned for in advance, even with very young children. With expected events there is time to acknowledge the loss aspect of the event and an opportunity for grieving to occur. Thus, the birth of a new sibling may be eagerly awaited, but unless the child is prepared for the loss aspect of this event (in all likelihood some loss of

attention from parents), the experience may become a source of stress rather than an opportunity for growth.

By allowing children to share in events, whether it is moving house or the terminal illness of a relative, children have time to work through the grief process. They also learn that those around them are aware of the importance of their feelings. Preparation for loss provides children with opportunities to develop helpful coping strategies for when the loss actually occurs.

Unexpected

Sudden and unexpected losses are much more difficult for children to cope with. They are often associated with crisis and traumatic events where there is a perceived threat to the child's sense of security or personal safety. In these situations a child may be thrown into a frightening world of grieving with few strategies to cope and a limited vocabulary to articulate feelings of loss. To make matters worse they may find their primary carers emotionally unavailable to them because many adults also have difficulty in coping following traumatic events.

The reactions and needs of children involved in situations of crises and sudden bereavement are different in certain aspects from children experiencing other forms of loss. Depending on the nature of the crisis many children will develop post-traumatic stress reaction, PTSR, which will be of short duration. A minority will go on to develop post-traumatic stress disorder, PTSD (Yule and Gold 1993).

Bereavement and Traumatic Bereavement

OHPs 7- 9

Bereavement is one of life's most stressful experiences, resulting in emotional disruption and a range of complex thoughts and feelings usually referred to as grief. Children also experience the feelings of distress and profound sorrow that bereaved adults describe, though not so readily expressed in words. Bereaved children *do* grieve though the expression of their grief may be different from adult grief (Raphael 1983). Children also

need to mourn and to do this they need adults to create the conditions in which they can mourn.

The terms bereavement, grief and mourning are in common use but are sometimes used differently. For this reason it may be helpful to clarify the meaning of these terms as they are used here:

- **Bereavement:** the loss of someone or something precious
- **Traumatic bereavement:** the loss of someone precious in circumstances which threaten to overwhelm usual ways of coping
- **Grief:** the thoughts and feelings we have when someone close to us dies
- **Mourning:** the process by which we express our grief.

According to Wolfelt there is an important distinction between grief and mourning, a distinction that is vital to recognise when working with bereaved children. He describes grief as “the internal meaning given to the experience of bereavement.” Mourning means “taking the internal experience of grief and expressing it outside oneself” (Wolfelt 1996, p15).

The manner in which children react to death is determined by many factors, including their age and understanding of death, their prior relationship with the dead person, the circumstances of the death, the ability of the parent(s) to deal with their own grief and the availability of support from the wider social network (Black 1993a). According to Black, reactions to loss are universal, though the cultural and religious beliefs and practices of the individuals affected will influence the expression of grief. For this reason those working with the bereaved should be sensitive to such beliefs and customs.

The death of a loved one is a severe loss to a child but does not always result in trauma. The circumstances of the death and the child’s actual experience of the death must be understood in order to assess whether or not a child has experienced trauma as well as loss. When death occurs in traumatic circumstances such as a large-scale disaster or through personal violence such as murder, a child is at greater risk of being traumatised. The interplay of grief and trauma is a complex process that is not yet fully understood. Some writers believe that traumatic reactions following bereavement can interfere and

inhibit grieving (Black 1996b). Dyregrov (1996) recommends that interventions to help the child should aim to deal with the trauma before addressing grief issues.

Though there is not yet sufficient evidence to be clear about the interplay between trauma and grief, there is no doubt that children who experience the traumatic loss of a loved one are at greater risk of developing traumatic stress reactions and complicated grief responses, including the possibility of a delayed grief response. In situations where death or injury occurs in traumatic circumstances children's natural family and community supports, including teachers and extended family, may be unable to provide the emotional support needed because they too have been traumatised. Sudden, catastrophic events have the effect of overwhelming the usual coping strategies of adults and children and in doing so leave affected children especially vulnerable (Pynoos 1992).

There is no clear evidence on the prevalence of post-traumatic stress disorder, PTSD, in children following critical incident trauma. Prevalence rates seem to vary widely depending on the nature of and proximity to the incident. Most studies refer to children exposed to natural disasters such as floods, earthquakes or hurricanes. In a study of primary children exposed to sniper attack where pupils died, 40% of those exposed reported moderate to severe PTSD (Pynoos, Frederick and Nader 1987). Other studies provide evidence to confirm that some children do develop PTSD and other traumatic reactions following critical incidents involving traumatic bereavement (Nader et al 1991, Yule and Gold 1993).

Grief and Mourning in Children

OHPs 10- 12 Handout 1 Exercise 2

There are different opinions as to when children develop the capacity to grieve. Many writers on the subject now think that a child's capacity to grieve exists very early in life and may pre-date a realistic concept of death. According to Worden (1996) a key component in children's grief is their emotional reaction to separation. From birth until

the age of two children do not have a concept of death but they do experience the pain of separation. Gradually, as they progress through different developmental stages they come to understand the finality and inevitability of death along with a growing appreciation of the long-term consequences of loss. Their understanding of death is linked to their level of cognitive and emotional development. For this reason bereaved children need age appropriate care and explanations.

Wolfelt (op cit) describes some common myths relating to grief in children, including the belief in many adults that a child's grief is of short duration and that there is a predictable and orderly stage-like progression to their grief and mourning. He makes the point that children respond to grief in many different ways and that they must be allowed to mourn in a way which is appropriate for them. There is no set formula to describe the mourning process just as there is no fixed 'grieve by' date. Bereaved children can experience major emotional, physical, spiritual and behavioural changes. These changes are often the signs of underlying grief needs and provide the important clues as to how adults can best support them.

In situations when a death is anticipated, children's reactions will depend on the extent to which they have been prepared for the death. If they have time to prepare mentally for the death and have had the opportunity to say farewell, then they are likely to experience a less intense reaction than when the death is sudden. Even with time for preparation most deaths will cause certain common grief reactions, which will be experienced by most grieving children, if only briefly.

Immediate grief reactions

Dyregrov (1991) describes the most common immediate reactions as *shock and disbelief, dismay and protest, apathy, continuation of usual activities*.

Children often respond with disbelief when they learn of the death of someone close to them. In their words and behaviour they may refuse to accept the fact of the death as if by denying that something terrible has happened they can keep their grief at a safe distance. The sense of emotional shock they feel is made up of a variety of emotions including numbness, denial and disbelief. Adults can misunderstand such reactions believing that they reveal an apparent lack of feeling or indifference to the death. But

these reactions need to be understood for what they are, a protective mechanism intended to enable the child to cope with the loss at their own pace and in their own time. Continuing with ordinary, usual activities is often the child's attempt to make their world feel safe and secure again.

Some children respond to loss with immediate despair and protest against the loss until they are emotionally exhausted.

These initial grief reactions are typically most intense during the first few weeks and months following the loss. A recurrence of these same reactions after this time is not uncommon, particularly on the anniversary of the death or other occasions such as birthdays, Christmas, or when visiting a place associated with a special memory of the person who has died.

Usual grief reactions

Following on from the immediate grief reactions children may display a whole range of grief responses. Some of the most common physical, emotional and behavioural responses are:

Physical: *tiredness, disturbed sleeping pattern, lack of appetite or excessive appetite, tightness in the throat, headaches, stomach pain, difficulty concentrating.*

The aches and pains that a child may complain of *following* a bereavement are normal and are usually temporary. Adults need to reassure the grieving child that they *are* temporary and in doing this lessen the child's concern about his or her personal well being. They also need to recognise that children move in and out of grief.

Emotional: *anxiety, fear, guilt, shame, sadness, longing, anger, and relief*

Anxiety and fear are very common reactions in children following the death of a loved one and these feelings can take many forms. Young children may become more clinging and demanding. They may react adversely to separations. Older children often express their fears and anxieties less directly by seeking reassurance about practical aspects of daily living following the bereavement. They might ask questions that related

to their primary care needs: will there be enough money? will we need to move house? and so on.

Feelings of guilt and shame can occur in children of all ages but for different reasons, following bereavement. Young children may have difficulty understanding cause-effect relationships and might mistakenly believe that they caused the death of someone because they were angry with them or misbehaved before the person died. This irrational belief can even occur in older children who might *understand* that their belief is irrational yet still *feel* it to be true.

Sadness and longing are dimensions of grief, which are especially difficult for children. Both feelings appear in different ways. Sadness can be expressed through crying, withdrawal from others or the inability to experience fun. Some children may attempt to hide their sadness so as not to make the adults around them sad. Or, if the child is not in an environment conducive to recognising and acknowledging sadness and loss, they will sometimes feel unable to express such feelings. The result, typically, is increased anxiety and a sense of being physically and emotionally drained.

Longing for the one who has died may be expressed via searching for the lost one, pre-occupation with memories or feeling the dead person's presence. Small children will actually look for the dead person. This searching behaviour can also be expressed through the child's expectation of meeting him or her. Such behaviour, as with the pre-occupation with memories and feeling the presence of the dead person, are all ways of attempting to keep close to the person who has died.

A growing sense of loss and emptiness often accompanies sadness and longing, though their effects might not be fully felt until many months after the bereavement. The pain and distress of these feelings are linked to the growing realisation that the dead person is not coming back.

The expression of anger and even stronger feelings of hate and rage in bereaved children can be very upsetting to adults, particularly because they are often uncertain how to respond. Such powerful feelings can be directed toward anyone available and even towards the dead person. Bereaved children who deny or suppress such feelings

will turn their anger inward and the consequences will be low self-esteem, guilt, physical ailments and feelings of depression. The challenge for caring adults is to be alert to such emotions and to provide a supportive environment where the child can express these feelings safely.

There will be times when bereaved children will, very appropriately, experience a sense of relief when someone in their life dies. An example might be when a loved one is suffering from a painful, debilitating illness. Death can bring relief from suffering. Adults can help children realise that such relief is a normal response for a bereaved child.

Behavioural: *acting out behaviour, regression, social isolation, pseudo-maturity, disorganisation, school problems.*

Acting out behaviour in bereaved children is often an indirect cry for help. The feeling underlying such behaviour appears to be anger and, depending on the developmental level of the child can be expressed through temper tantrums, defiance, aggression towards others or under-achievement in school. Bereaved children may act out because they feel insecure, fear abandonment, seek punishment for imagined misdeeds against the deceased or seek rejection as a way of protecting themselves against future losses.

For the adults faced with the daunting task of dealing with acting out behaviour it is important to understand the underlying purpose of the behaviour and essential that they set appropriate limits.

Regressive behaviours in children are usually temporary. Faced with the stress of grief, children seek the sense of safety and security they felt earlier in life. Common regressive behaviours in younger bereaved children are: over-dependence on a parent or carer, desire to sleep with a parent, bedwetting and clinging behaviour. Children at all ages can show different forms of regression. Adolescents, in their own way, can become over-dependent or clingy. A common fear underlying regressive behaviour may be a fear of losing the remaining parent or carer.

Some children will withdraw from established relationships and as a consequence become socially isolated. This situation can arise because they fear embarrassing

questions about the death or hurtful comments from peers. They might also be afraid of crying or losing control in front of friends. When in grief, children and young people are particularly vulnerable to the comments of others.

Pseudo-maturity in bereaved children is evident when they try to grow up very quickly, often in an effort to replace a dead parent or older sibling. It can occur for a variety of reasons. Well-meaning adults sometimes encourage this inappropriate attempt at maturity through comments about being the 'man of the house' or being like a 'mother'. When children take on parental roles they may be doing so as a way of symbolically keeping the dead parent alive or they may be trying to protect themselves from a sense of helplessness.

Regardless of the reasons behind pseudo-mature behaviour, it is unhelpful to the child because it prevents them from facing their grief in a manner which is appropriate to their age and developmental level. In fact, it often displaces grief, because energy becomes focused on the task of taking on the new roles instead of dealing with important normal thoughts and feelings.

Genuine signs of maturity and personal growth may also occur in children following a major loss. Problems in school are often evident in bereaved children though not always. Some are able to function normally in school and perceive the school as a place where they can have a break from grieving. But, given the amount of time children spend in school it is hardly surprising to find that the bereaved child shows some changes in that settings also. Common difficulties are slower thinking, lack of concentration, lack of energy and signs of disorganisation. The overall effect may be a decline in school performance with resulting loss of confidence and self-esteem.

The Harvard Child Bereavement Study (Worden 1996) found that children's reactions to the death of a parent varied in terms of intensity and duration. The researchers identified six major categories of mediating factors contributing to the specific grief reactions of a given child.

Mediating factors: circumstances of the death; prior relationship with the deceased; functioning of the surviving parent; support from peers and others outside the family;

family factors such as size, coping style, solvency and structure; social support; individual child characteristics including age, gender, self-perception and understanding of death.

The Mourning Process in Bereaved Children

OHP 13 Handout 2

In his account of the Harvard Child Bereavement Study, William Worden describes the mourning process in children. He defines mourning as the process of adaptation to loss and considers what this process looks like in children. Borrowing from developmental psychology he describes the process in terms of four distinct tasks. Overall adaptation to the loss requires some degree of resolution to each of these tasks. The tasks do not have to be accomplished in any specific order and, according to Worden, each one can be reviewed and reconsidered at any time.

The four tasks are:

1. **To accept the reality of the loss.** Children, like adults must believe that the deceased will not return to life before they can deal with the emotional impact of the loss.
2. **To experience the pain of the loss.** Numerous feelings associated with the loss need to be recognised and expressed in acceptable ways.
3. **To adjust to an environment in which the deceased is missing.** The nature of the adjustment will be determined by the roles and relationships that the deceased person played in the life of the child.
4. **To relocate the deceased within one's life and to find ways of remembering the person.** The task facing the bereaved child is not to give up the relationship with the

deceased but to find a new and appropriate place for the dead in his or her emotional life.

These tasks of mourning face bereaved adults and children. Young and Black (1997) consider that each task presents additional risks for children arising mainly from incomplete concepts of death, lack of appropriate information from adults, a more limited capacity to tolerate emotional pain and their dependency on adults, who may also be affected by their own grief.

There is a wide range of normal responses to the death of a loved one. Most (but not all) children manage the tasks of mourning in a healthy way. In the Harvard Child Bereavement Study, during the first two years after the death of a parent, a significant minority of children - one third - was found to be at some degree of risk of developing high levels of emotional and behavioural problems.

The Needs of Grieving Children

OHP 14 Exercise 3

Just as there are some common features to the mourning process there are some common grief needs that children may encounter. Each child's needs will be determined by their unique circumstances, including their levels of understanding and ability.

Common grief needs: reassurance, open and honest communication, recognition of grief, sharing grief, to say goodbye, a break in grieving.

Hallam and Vine (1996), Monahon (1993), Dyregrov (1996) and Wolfelt (1996) provide a full account of children's grief needs. All these writers agree on the importance of these needs being met if children are to make a healthy adaptation to their loss.

Reassurance is vital to children who have experienced loss through separation, divorce or bereavement. They will need reassurance about the basics of life, such as where they will live and who will care for them. For those affected by separation or divorce they need to know that they are loved and valued by both parents. Bereaved children need reassurance that the remaining significant adults are safe. Where there has been a death through illness children need to know that they will not die from catching the disease. When children harbour guilt feelings linked to the death of a loved one they will need reassurance that their feelings did not cause the death. In all cases of loss children need the reassurance provided by being in a stable environment.

The need for open and honest communication is linked to the need for reassurance. Loss and death can be explained truthfully and gently by giving age appropriate explanations and by using age appropriate language. To do otherwise usually confuses children, and may deny them the opportunity of validating their own feelings. By acknowledging that death is unfair and makes people very sad, adults can help children acknowledge their own feelings.

Unfortunately, many adults withhold information or deflect children's questions in an attempt to protect themselves from painful feelings while claiming that they wish to protect children from distress. The effect of this is to disregard the child's grief. Adults and carers must recognise children's ability to mourn, even if this means having to share in the pain of grief.

Sharing grief may mean that children have to talk about their loss. Not all children can express their feelings in words and for very young children it might be unrealistic to expect them to do so. Some children may have genuine difficulty in expressing their feelings in words or they may wish to protect the adults around them from the pain of the loss. Children, especially young children, express their feelings through their play and behaviours. Many children can more readily express their feelings through artwork, drama or a variety of physical activities. Significant adults, such as parents, carers and teachers, can create a reassuring environment where it is safe to talk or can create opportunities for children to express themselves in non-verbal ways. A minority of children may become stuck in grief and may require some special help to work through their feelings.

Providing children with opportunities to say goodbye in situations of anticipated loss gives them the time to work through parting and helps them accept the loss. When the loss is unexpected, saying goodbye may have to be expressed in a symbolic way. Often, adults try to spare children the pain of saying goodbye. Yet, it can be an opportunity for children to say the things they want to say, to plan ways of remembering and to begin grieving. Adults can help by listening to children and help them find appropriate ways of saying goodbye to a loved one, perhaps through a letter or poem or a symbolic act.

All children need and deserve a break from grief because it can be a long and tiring process. This applies to all children who have experienced a major loss not just the bereaved. Many children feel guilty about having fun especially if others around them are sad. They may feel they are betraying the person they were mourning. A way of helping children overcome such worries is to help them realise that is acceptable to get rid of sad feelings and to make room for happy ones.

The findings of the Harvard Child Bereavement Study identified that most bereaved children in the study did not need special counselling. However, a third of the children in the study did exhibit emotional and behavioural problems sufficient to warrant some form of counselling intervention during the first two years of bereavement. This study and others has shown that the provision of *nurturance, continuity and support* are key elements in the process of healthy adaptation to loss.

Children's Responses to Critical Incidents

OHPs 15- 18 Exercises 4, 5, 6 Handout 3

Critical incidents are often sudden, dramatic events that cause shock in the individuals involved in them. There is no such thing as a typical reaction to a critical incident or traumatic event. Children react to trauma in different ways. Some of these reactions may appear immediately, but others may not show themselves for weeks, even months.

Whether immediate or delayed, the signs of trauma-related stress include a wide range of observable reactions and behaviours. Few children will exhibit all of these signs and some will show none of them. Most will reveal signs of their distress through one or more behaviours or reactions. These signs are not unique to traumatised children. They are variations of the common responses of children undergoing any serious stress. When the signs of traumatic stress appear immediately, the adults caring for the child will more readily acknowledge their significance. Reactions that occur gradually over time or arise long after the actual trauma may not be so easily recognised by adults as signs of psychological distress associated with the traumatic event. In such circumstances the significance and meaning of the child's behaviour may be misunderstood.

Adults responsible for the care and education of children and young people need to be aware of the range of responses children may show after a critical incident. Pynoos & Nader (1988) and Wraith (1995) classify responses in the following way:

1. **Re-experiencing responses.** These may include intrusive recollections, traumatic dreams, repetitive talking and play, re-enactment behaviour, distress stimulated by traumatic reminders.
2. **Psychological numbing and avoidance.** This can be evident through avoidance of thoughts, feelings, locations or situations associated with the trauma; reduced interest in usual activities; restricted emotional range; memory disturbance; loss of acquired skills; regressive behaviour; new fears – those of being alone, feeling detached, feeling strange or having a sense of a foreshortened future.
3. **Increased arousal.** This can be reflected in irritability, anger, sleep disturbance, hyper-vigilance, exaggerated startle response, hyperactivity, difficulty with concentration, autonomic responses to traumatic reminders.

Any of these responses may appear in a child of any age, at any time from the moment of the trauma. They may last indefinitely if not treated. If they persist beyond a period of a month after the traumatic event, they meet criteria for consideration of PTSD (DSM – IV, American Psychiatric Association, 1994).

The differential effect of trauma at different developmental stages is the subject of a great deal of research at present. Our understanding of the interplay of developmental processes and traumatic stress is far from clear, though there is an increasing recognition that the diagnosis of PTSD in children is not so easily established as in adults. Children develop more complex reactions and co-morbidities such as depression, separation anxiety and complicated grief. A significant problem in much of the literature on trauma-related stress in children has been the failure to differentiate between post-traumatic stress symptoms and grief reactions, and to consider the interactions of childhood development with traumatic stress (Pynoos, Steinberg & Wraith, 1995).

Wraith (1995) describes *age-specific responses*, which must be taken into account when developing post-incident programmes for children. These are in addition to the responses already described:

Pre-verbal – pre-five children may demonstrate through their play or fears, long-lasting perceptual memories of the incident, increased attachment behaviour, regressed behaviour, decreased verbalisation, cognitive confusion.

School age children may respond with any of the above but more frequently reveal their distress through aggression, withdrawal, recklessness, erratic behaviour, retelling their story, repetitive play.

Adolescents may also respond with any of the above but are more at risk of moving prematurely into pseudo-adult behaviours resulting in withdrawal from school, early marriage, substance abuse, precocious sexual behaviour, delinquency.

Any form of post-incident intervention must take into account these age-specific responses. Furthermore, the focus should not be solely on the individual child. In critical incidents involving children, particularly young children, adults are usually present. Whether parents, carers or teachers, adults too are at risk of being traumatised. For this reason intervention programmes should be designed to take account of adult reactions following a critical incident.

Caring for Children in Crisis: the Role of Carers and Professionals

OHPs 19- 20 Handout 4

When children experience trauma their sense of emotional safety is disrupted. Whether this is long lasting or temporary will depend on the nature of the event, individual child factors and the impact of the trauma on children's family and community support systems. The immediate effects of the emotional disruption are a sense of personal vulnerability, fears for present safety and worries about personal responsibility. Following trauma, it is not just bad dreams that are scary; real life becomes frightening too. Faced with this new view of the world, children look first and foremost to their parents and trusted adults for reassurance and support. They seek signs of security and normality from daily routines, as if to confirm that the world is safe and predictable after all. Most of all, children look for signs that nothing has changed in the important relationships of their lives, that is, with parents, carers and other trusted adults. Re-establishing their sense of emotional safety is a vital step in the process of recovery.

Ideally, the most important helpers in the recovery process are parents or carers. Schools and teachers can also play a crucial role, given the significance of school in the daily lives of most children.

Parents, carers and teachers must keep in mind the research findings that indicate children under-report their level of disturbance to significant adults (Udwin 1993, Thabet & Vostanis 1999).

Monahon suggests that the following points should be kept in mind by adults who play an important part in the care and education of children affected by trauma (Monahon, 1993, pp127-128).

Traumatised children :

- need and respond to lots of reassurance and comforting

- find comfort in the continuation of regular routines and rules
- are vulnerable to the impact of their trauma on the people they love and trust
- need gentle help to correct any distortions and misunderstandings about the trauma
- need protected from further fright and unnecessary separations
- need trusted adults to hear and accept their fears and repetitious telling of the event
- need adults to listen to and accept their very strong feelings and vivid memories
- need opportunities to express their feelings in non-verbal ways
- need adults to monitor their play and behaviour at home and other key settings
- need adults to give them messages that strengthen and support them

Adults also need to be aware that traumatised children can evoke in them powerful feelings of distress, arising from empathic understanding and, possibly, memories of their own childhood trauma.

For a variety of reasons parents, carers and other trusted adults may not be emotionally available to their children. They may have been overwhelmed by the trauma or be caught up in their own recovery process. Some children may feel unable to communicate their fears to them or may wish to spare them distress. In such circumstances professional help for these children may be necessary.

Dyregrov (1996) suggests that an important element in the response by professionals is the provision of psycho-education. This process of information sharing and discussion can help ensure that professional intervention by a psychologist or other mental health professional is appropriate. For the majority of children involved in a critical event the posttraumatic stress reactions will be of short duration. Adults responsible for the care and education of children need to be informed about the effects of trauma, to learn how they can help and also to avoid premature or inappropriate referrals to mental health services. Yule and Canterbury (1994) make the point that the first time children talk with their teacher about loss and death should not be in the aftermath of a traumatic incident. Raphael (1989) and the work of the Dunblane Support Centre (1997) suggest that interventions by the caring professions are most effective when they harness the positive aspects of existing support systems. Family and community cohesiveness often facilitates effective caring for children involved in trauma. Interventions by professional

agencies need to be based on an understanding of the potential of individuals and communities for self-recovery.

In the immediate aftermath of a critical incident involving children, some form of psychological debriefing may be appropriate. Wraith (1995) points out that the model of Critical Incident Stress Debriefing developed by Mitchell (1983) and Mitchell & Everly (1995) was prepared for use with adult emergency service personnel. This model has been deployed with children but to date the effectiveness of CISD with children has not been evaluated. Wraith distinguishes between debriefing as a concept and as a technique. In her view the debriefing process as a concept may be appropriate when it is adapted to specific developmental stages and in response to individual needs. As a technique it can be useful, provided it is adapted to the developmental needs of each child, taking into account psychological, emotional, cognitive, social, family and vulnerability factors.

She proposes a phased model of debriefing including 'psychological first aid' and clinical debriefing. The model she describes fits comfortably into the existing practice of educational psychologists in this country in their work with schools.

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Children's Experience of Loss

- **20% will experience a parental divorce by age sixteen**
- **50% will experience loss through family break-up before adulthood**
- **10,000 young people between the ages of ten and eighteen lose a parent each year through death alone**
- **15,000 deaths of children and young people under twenty occur each year**

Major Incidents in the UK

King's Cross Fire	1987
Hungerford	1987
Enniskillen	1987
Herald of Free Enterprise	1987
Jupiter	1988
Lockerbie	1988
Piper Alpha	1988
Marchioness	1989
Hillsborough	1989
Dunblane	1996
Omagh	1998

Critical Incidents

Critical Incidents involving schoolchildren : the response from school psychological services (Houghton 1996)

A survey of EP involvement in school-related critical incidents in England, Wales & NI.

Key findings were :

- 65% of services had involvement in child-related critical incidents within the previous three years
- types of incident included RTA, witnessing death or murder, discovering suicides, abuse, arson attacks
- initiators of EP involvement were :

<i>schools</i>	<i>59%</i>
<i>LEA</i>	<i>20%</i>
<i>psychologist</i>	<i>12%</i>
<i>parents</i>	<i>7%</i>
<i>social services</i>	<i>2%</i>

Critical Incidents

A Survey of Headteachers in Fife (1996)

- **194 questionnaires issued**
- **168 questionnaires returned**
- **68 schools reported traumatic incidents in the previous year**

Nature of traumatic incidents reported included :

- **deaths, of pupils, staff, members of the wider community**
- **non-fatal accident or illness**
- **threat to safety/well-being of school community**
- **physical damage to school**
- **pupils involved in personal safety issues**

AIMS

The purpose of this paper and the related materials is to foster a greater awareness and understanding of the needs of children who have experienced loss or bereavement in those adults who have some responsibility for their care and education. It aims to do this by providing information and experiential exercises on the following topics:

- Different types of loss**
- Bereavement and traumatic bereavement**
- Grief and mourning in children**
- The needs of grieving children**
- Children's responses to critical incidents**
- Caring for children in crisis: the role of carers and professionals**

Different Types of Loss

- **Developmental**
- **Anticipated**
- **Unexpected**

Bereavement, Grief and Mourning

- **Bereavement**: the loss of someone or something precious
- **Traumatic bereavement**: the loss of someone precious in circumstances which threaten to overwhelm usual ways of coping
- **Grief**: the thoughts and feelings we have when someone close to us dies
- **Mourning**: the process by which we express our grief

Trauma and Grief

The death of a loved one is a severe loss to a child but does not always result in trauma.

- The circumstances of the death and the child's actual experience of the death must be understood.**
- When death occurs in traumatic circumstances such as large-scale disaster or through personal violence the child is at greater risk of being traumatised**

Children and PTSD

During the past ten years there have been changes in our views about PTSD in general and in particular in our understanding of children's responses to trauma :

- *Garnezy & Rutter (1985)* concluded that any disturbances experienced by children as a result of trauma were relatively short-lived. This supported the then current view that there was no need for a diagnosis of PTSD in children
- 10 years later the work of *Yule et al, Black and Terr* refuted this
- DSM-1V now states :

'PTSD can occur at any age, including childhood'
- DSM-1V also recognises that a person could be exposed to the event not only through direct experience or being a witness, but also through learning about relatives or friends who had been involved in such an event

Immediate Grief Reactions

Dyregrov (1991) describes the most common immediate reactions as :

- **shock and disbelief**
- **dismay and protest**
- **apathy**
- **continuation of usual activities**

Usual Grief Reactions

Physical:

tiredness, disturbed sleeping pattern, lack of appetite or excessive appetite, tightness in the throat, headaches, stomach pain, difficulty concentrating.

Emotional:

anxiety, fear, guilt, shame, sadness, longing, anger, relief.

Behavioural :

acting out behaviour, regression, social isolation, pseudo-maturity, disorganisation, school problems.

Grief Reactions : Mediating Factors

- **circumstances of the death**
- **prior relationship with the deceased**
- **functioning of the surviving parent**
- **support from peers and others outside the family**
- **family factors such as size, coping style, solvency and structure, social support**
- **individual child characteristics including age, gender, self-perception and understanding of death**

The Tasks of Mourning

The 4 tasks are:

- **To accept the reality of the loss**
- **To experience the pain of the loss**
- **To adjust to an environment in which the deceased is missing**
- **To relocate the deceased within one's life and to find ways of remembering the person**

The Needs of Grieving Children

Common grief needs:

- **reassurance**
- **open and honest communication**
- **recognition of grief**
- **sharing grief**
- **to say goodbye**
- **a break in grieving**

Critical Incident

A sudden, unexpected event that is distressing to pupils and/or staff, it may involve violence against members of the school, a serious accident or the sudden death of a child or a teacher (all the more traumatic if witnessed by others), or it could be that the school is subjected to major vandalism such as an arson attack.

Houghton (1996)

Potentially Traumatizing Events

There are many events can be described as a critical incident:

- **Death**
- **Accidents**
- **Threat to or loss of life**
- **Loss of home through fire or flood**
- **Violent or serious assault**
- **Serious threat to or loss of livelihood**

Children's Responses to Critical Incidents

Adults responsible for the care and education of children and young people need to be aware of the range of responses children may show after a critical incident:

1. ***Re-experiencing responses:*** may include, intrusive recollections; traumatic dreams; repetitive talking and play; re-enactment behaviour; distress stimulated by traumatic reminders.
2. ***Psychological numbing and avoidance:*** evident through avoidance of, thoughts, feelings, locations or situations associated with the trauma; reduced interest in usual activities; restricted emotional range; memory disturbance; loss of acquired skills; regressive behaviour; new fears – of being alone, feeling detached, feeling strange or having a sense of a foreshortened future.
3. ***Increased arousal:*** reflected in, irritability; anger; sleep disturbance; hyper-vigilance; exaggerated startle response; hyperactivity; difficulty with concentration; autonomic responses to traumatic reminders.

Children's Responses to Critical Incidents

Age Specific Responses

Pre-verbal / pre-five children:

may demonstrate through play or fears, long-lasting perceptual memories of the incident; increased attachment behaviour; regressed behaviour; decreased verbalisation; cognitive confusion.

School age children:

may respond with any of the above but more frequently reveal their distress through; aggression; withdrawal; recklessness; erratic behaviour; retelling their story; repetitive play.

Adolescents:

may also respond with any of the above but are more at risk of moving into pseudo-adult behaviours, prematurely, resulting in withdrawal from school; early marriage; substance abuse; precocious sexual behaviour; delinquency.

Caring for Children in Crisis

When children experience trauma their sense of emotional safety is disrupted.

The immediate effects of the emotional disruption are:

- **A sense of personal vulnerability**
- **Fears for present safety**
- **Worries about personal responsibility**

Lessons Learned From Major Incidents

- **High percentage experience PTSR, for the majority this is short-lived**
- **Significant minority develop social/psychological problems**
- **Most people do not seek help after a traumatic event**
- **Children under-report their level of distress**
- **Practical support is crucial to the establishment of trust and credibility**
- **Flexibility and responsiveness are essential**
- **Community responses should be supported and facilitated**
- **Repercussions are long-lasting**
- **Support workers need support too**
- **Pre-planning and training are helpful**
- **Listening and counselling skills are necessary and valued**
- **Effective treatments for PTSD are available**

Handout 1 - The Development of the Concept of Death

0 - 2 years

- No concept of death
- Experience is of separation

2 – 5 years

- Death viewed as temporary, reversible, like sleep
- Dead people still have feelings and body functions
- Death may be avoidable
- Thoughts, feelings, wishes can have causal effects

5 – 9 years

- 60% of 5yr olds have an almost complete concept of death
- 7yr olds understand death as irreversible, final permanent and universal, but may resist this as a possibility for themselves they begin to fear death because it may happen to a loved one
- Most 8yr olds have a fully developed concept of death
- They understand external causes and internal processes of death
- Empathic responses are evident
- They may link death to punishment or may blame themselves

10 - Adolescence

- Concept of death becomes more abstract and there is an understanding of the long-term consequences of loss
- There is a developing understanding of the personal implications of death
- Issues of justice, injustice and fate arise

HANDOUT 2 TASKS OF MOURNING

William Worden has identified the following tasks of mourning:

Task I: *Acceptance of the Reality of the Loss*

Apathy and inability to feel is not unusual during the early phase of grief. Informing others and repeating the details of the death begin this task. Reviewing the body and funeral rituals help. Searching behaviour and visiting the place of death or burial is common.

Task II: *Experiencing the Pain of Grief*

Grief is the natural reaction to loss and mourning is the cure for grief. Numerous feelings need to be recognised and expressed in acceptable ways. It is difficult to grieve without support so the bereaved need to find someone willing to listen and accept their feelings. They need to find the courage to feel the pain and trust in themselves that they will not only survive the loss and pain but gain personal growth and strength.

Task III: *Acceptance of the Environment without the Deceased*

Learning to live alone and develop new skills for daily living increases the self-esteem of the widowed. In the beginning reminders of the one who died bring only pain and are avoided. Coping with loneliness and stress, completing financial tasks, raising a family, developing new traditions, maintaining some structure, and fulfilling the demands of work and home takes time and effort.

Task IV: *Withdrawal of Emotional Energy from the Deceased and Re-Investing in other Relationships*

In the early phases of grief it is common for the bereaved to avoid or pull away from other relationships. Only after working through the first three tasks does one feel released and ready to nurture old relationships and develop healthy new ones.

Black and Young consider that each task presents additional risks for Children:

Adjusting to the reality of the loss is complicated by children's incomplete concepts related to dying and death, which often give rise to false beliefs and unrealistic fears. This lack of understanding is further compounded by the lack of accurate, age-appropriate information given by adults - often with a spurious rationale of 'protecting' them from the truth.

Likewise, children have a more limited capacity to experience and tolerate pain affects. Their sadness often occurs in brief bursts, perhaps while playing, and often goes unrecognised by others.

Due to their dependency, children are reliant on others to care for them and to help them adjust to their new circumstances. Children adjusting to the physical absence of a dead parent may have to manage the emotional absence of a surviving parent consumed in their own grief.

Psychological autonomy develops throughout childhood, and young children particularly are not so able to separate their own identity from those close to them. This complicates the task of finding a new identity, because their hopes and aspirations for the future are still tied up with the deceased.

FROM: *Grief. A Natural Reaction to Loss* by Marge Eaton Heegard and *Bereavement Counselling* by Bill Young and Dora Black

Children's Responses to Critical Incidents

Children react to trauma in different ways.

- **Some of these reactions may appear immediately, but others may not show themselves for weeks even months, later.**
- **Whether immediate or delayed, the signs of trauma-related stress include a wide range of observable reactions and behaviours.**
- **Few children will exhibit all of these signs and some will show none of them.**
- **These signs are not unique to traumatised children.**
- **When the signs of traumatic stress appear immediately the adults caring for the child will more readily acknowledge their significance.**
- **Reactions that occur gradually over time or arise long after the actual trauma may not be so easily recognised by adults as signs of psychological distress associated with the traumatic event.**

Caring for Children in Crisis

The following points should be kept in mind by adults who play an important part in the care and education of children affected by trauma (Monahon, 1993).

Traumatized children

- need and respond to lots of reassurance and comforting**
- find comfort in the continuation of regular routines and rules**
- are vulnerable to the impact of their trauma on the people they love and trust**
- need gentle help to correct any distortions and misunderstandings about the trauma**
- need protected from further fright and unnecessary separations**

Caring for Children in Crisis

Traumatised children (cont.)

- **need trusted adults to hear and accept their fears and repetitious telling of the event**
- **need adults to listen to and accept their very strong feelings and vivid memories**
- **need opportunities to express their feelings in non-verbal ways**
- **need adults to monitor their play and behaviour at home and other key settings**
- **need adults to give them messages that strengthen and support them.**

Exercise 1

Different Types of Loss

Experiencing loss is part of the human condition. Loss touches us all throughout life.

We can think of loss in terms of :-

- Developmental Change eg. short separations from main carer
- Anticipated Change eg. attending school
- Unexpected Change eg. illness of a family member

Task: Identifying types of loss.

In pairs :

A. Discuss some of the *developmental* changes you would expect a 3 year old child to have experienced.

B. Discuss some of the *anticipated* changes in the lives of 5-10 year olds

C. From your own experience list some of the *unexpected* events that have happened to children and young people in your care.

Developmental: _____

Anticipated: _____

Unexpected: _____

Exercise 2

Grief Reactions in Children

A family of two children is suddenly bereaved following a road traffic accident in which their mother is killed. The remaining family members consist of James, 7, Ellen, 15, and their father.

With reference to the handout “the development of the concept of death” and by drawing on your own experience of working with children complete the following task **in pairs**:

- A. Discuss some of the grief reactions you might expect to see in the children in the days and weeks following their loss.**
- B. Identify some of the factors that might influence their response to the death of their mother.**
- C. What changes might you expect to observe in the children at home and school 9-12 months later?**

Exercise 3 The Needs of Grieving Children

Just as there are some common features to the mourning process there are some common grief needs that children may encounter. Consider the following example :-

A family of two children is suddenly bereaved following a road traffic accident in which their mother is killed. The remaining family members consist of James, 7, Ellen, 15, and their father.

Each child's need will be determined by their unique circumstances including level of understanding and ability.

Task : Briefly, outline what you consider to be the common grief needs of the children and list the individual needs of each child.

Common Grief Needs _____

James _____

Ellen _____

Exercise 4

Critical Incidents

Critical Incidents affect individuals and communities. Some events may be personal to the individual others may have an impact on a community.

Working in pairs : from your own experience of working with children make a list of what you consider to be potentially traumatising events for children.

INDIVIDUAL

COMMUNITY

Exercise 5

Inventory of Experience of Trauma-related Work

Task : Create an inventory of your experience of working with trauma.

1. Working in pairs, spend about ___ minutes creating an inventory of your experiences of helping children, adults, families or a community cope with trauma.
2. Spend ___ minutes listing the type of support you offered or provided.
3. Spend ___ minutes listing the skills you used to help those affected.

Experiences:

Types of Support:

Skills:

Exercise 6

Children's Responses to Critical Incidents

You have just taken over a class at the start of the new session. The previous class teacher advised you about the personal circumstances of one particular pupil who had experienced the sudden bereavement of her younger brother during the summer holidays.

You quickly become aware of signs of stress in the pupil eg. daydreaming, repeated telling of the details of her brother's death, regressed behaviour.

Task - in pairs, discuss:

What steps can you take to support this pupil in school?

What difficulties do you anticipate in helping the pupil?

What supports can you access outwith the school :-

For the pupil?

For yourself?