NCTSN The National Child Traumatic Stress Network

Childhood Traumatic Grief Educational Materials

From the National Child Traumatic Stress Network
Childhood Traumatic Grief Task Force
Educational Materials Subcommittee

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In-Depth General Information Guide to Childhood Traumatic Grief

Introduction

This guide presents an overview of childhood traumatic grief, a condition that can affect children's development, relationships, achievement, and later effectiveness in life if not treated or otherwise resolved. We begin by describing normal grief and the grieving process and then define psychological trauma and describe how traumatic experiences can affect children. We explain the differences between normal or uncomplicated grief and childhood traumatic grief. Finally, we present an understanding of what happens when a child experiences the death of another and reacts in ways that interfere with the intense normal course of grieving and present ongoing difficulties. The information will be useful for medical and psychological professionals, parents, caregivers, educators, and others working with children who are experiencing intense grief responses.

The child's perception, rather than the cause of death, plays the key role in determining the development of symptoms following the death of a significant person. Not every child develops traumatic grief after a death that happened in a particularly dramatic or threatening manner. On the other hand, some children may experience what most of us would consider an expected and normal death of another person as a traumatic event.

Because research and information about this special condition is still evolving, we do not yet know which children are most at risk for developing childhood traumatic grief. Signs that a child or adolescent is having difficulty coping with the death may be noticeable in the first few months, or may not be apparent until one or more years later. What we do know is that there are effective treatments for children experiencing childhood traumatic grief and that it is most important to recognize its signs and symptoms.

What Do We Mean by Grief?

Grief describes the intense emotional distress we have following a death. *Bereavement* refers to the state or fact of being bereaved, or having lost a loved one by death. *Mourning* refers to the encompassing family, social, and cultural rituals associated with bereavement. Thus, when you are bereaved, you feel grief, and mourn in special ways.

What Is the Typical Grieving Process?

There is no right or wrong way to grieve or "appropriate" length of time to experience grief following the death of a loved one. The process can vary from child to child and may change as the child grows older. Issues and questions may arise as children have new experiences and face new challenges that may remind them of an earlier loss. A toddler may have new questions about how his brother died when he reaches school age, a teenage son may miss his father when he learns how to drive, or a daughter may feel a new sense of longing on her wedding day for a mother who died when she was a preteen. With each new developmental challenge,

children are likely to experience their loss in new ways. Throughout their life, children continue to adjust to the loss and develop new ways of coping. Over time, it is helpful if children can relate to their loss in the following ways:

- Accept the reality and permanence of the death.
- Experience and cope with the painful emotional reactions to the death, such as sadness, anger, resentment, confusion, and guilt.
- Adjust to changes in their lives and identity that result from the death.
- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death.
- Maintain a continuing, healthy attachment to the person by reminiscing, remembering, modeling behaviors, and maintaining a memorial.
- Make meaning of the death, a process that can include beginning to understand why the person died and what significance the loss has for the living.
- Continue through the normal developmental stages of childhood and adolescence.

What Is Common Following a Death?

Any death can be difficult for a child, and certain reactions are common. Children's difficulties with grief vary according to a child's age, developmental level, previous life experiences, emotional health before the death, and family and social environment. An uncomplicated bereavement response may include the following:

- *Emotional reactions*: feeling sad, angry, anxious, numb, lonely, guilty, powerless, ashamed, insecure, and remorseful
- *Changes in behaviors*: lack of interest and participation in usual activities, diminished self-care, unpredictable or odd behaviors, angry or aggressive behaviors, irritability and conflict with others, impulsivity, regression to more childlike or infantile behaviors, changes in sleeping patterns (such as increased sleep), difficulty sleeping or not being able to sleep alone, changes in appetite resulting in weight gain or loss, and changes in overall physical health
- *Interpersonal interactions*: withdrawal, social isolation, peer difficulties, clinging, irritability, difficulty sharing memories, difficultly participating in group or athletic activities, and general lack of interest in others
- *Changes in thinking*: constant thoughts and memories about the loved one, persistent thoughts about the death, disbelief about the death and the finality of death, constant or intrusive thoughts about death, preoccupation with one's own or another loved one's physical health, difficulty making decisions, confusion, impaired memory and concentration, lowered self-esteem and self-confidence, disillusionment, thinking that the death was one's fault, and survivor guilt
- *Altered perceptions*: believing the deceased is still present, feeling the person's presence nearby or watching over the living, seeing the person's face in a crowd, smelling the person's perfume, hearing the person's voice, and experiencing vivid dreams about the person

- *Physical reactions*

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In-Depth Information on Childhood Traumatic Grief for School Personnel

Introduction

This guide to childhood traumatic grief for school personnel builds on the "In-Depth General Information Guide to Childhood Traumatic Grief" and the "Brief Information on Childhood Traumatic Grief" and should be read in conjunction with them. Those guides provide essential material for understanding uncomplicated bereavement following a death, further background on childhood traumatic grief, and other reactions to trauma, and can be found at www.NCTSNet.org.

In this guide for school personnel we pay special attention to the reactions and symptoms school personnel might observe in children with traumatic grief. The guide provides some practical tips about how to identify and help these children in the classroom, their homes, and their community.

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected (for example, due to homicide, suicide, motor vehicle accident, natural disaster, war, or terrorism) or due to "natural" causes (such as cancer, heart attack, and so forth). Even if the manner of death does not appear to be sudden, shocking, or frightening to others, children who perceive the death in this way may develop childhood traumatic grief.

In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which the deceased died. A younger child may be afraid to sleep alone at night because of 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 how his father died in a terrible car accident. These children get "stuck" on the traumatic aspects of the death, and cannot proceed through the normal bereavement process. It is important to note that not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief. Many experience normal grief reactions. Additional research is needed to identify risk factors for developing childhood traumatic grief.

Basic Guidelines for School Personnel

This guide does not call for educators to take responsibility for providing therapy for children with traumatic grief. That task falls to qualified mental health professionals. School personnel, however, play important roles in observing children, understanding how to create a supportive school environment, and knowing when it is best to suggest referral to a professional.

Educators with knowledge of any student who has suffered from a traumatic experience should communicate this knowledge to the school principal and other appropriate school authorities. They should not attempt to be supportive of a student in isolation. There are important organizational, legal, and therapeutic reasons for sharing information among the applicable school authorities.

It is especially important to realize that it can be difficult for teachers, caregivers, and others to acknowledge or deal with traumatic events and death, and many of us naturally turn away from these experiences. School

personnel should monitor their own thoughts and feelings about the death and the child and family's experience and seek support from other staff when needed. They should be mindful of maintaining their own positive outside relationships and activities in order to enhance their sense of control and competence, which is of benefit to both the child and themselves.

Identifying Traumatic Grief in Students

Children at different developmental levels (for example, preschool, school age, and adolescent children) may react differently to a loved one's death that has been traumatic for them. However, there are some common signs and symptoms of traumatic grief that children may show at school. Teachers may observe the following:

Being overly preoccupied with how the loved one died
This preoccupation may involve repeated descriptions of details of the death to teachers or peers or repetitive drawings illustrating the means of death. For example, following the stabbing death of a loved one, a child might draw pictures of a bloody knife over and over again. The child may also repeatedly ask the same questions about aspects of the way the loved one died—for example, "What does it feel like to get stabbed?" The student may also speak excessively about death and dying in general without specifically focusing on the death of his or her loved one. These symptoms suggest that the child has not come to terms with how the person died, which can interfere with the resolution of the child's grief.

A preoccupation with or distressing thoughts and feelings about *how* a loved one died can interfere with important grief processes. For example, traumatically bereaved youths may avoid mourning rituals such as funerals or memorial services. They may shun conversations about the deceased that help survivors remember, reminisce, and learn more about the person that died. And they may avoid making life changes that reflect an acceptance of the permanence of the death, such as redecorating a bedroom that is no longer shared with a sibling who died.

Reliving or re-enacting the traumatic death through play and/or artwork
Following the homicide of his mother, a child might repeatedly run around with a stick while "shooting" other students during recess. The child may also re-enact the traumatic death—for example, a child whose father died in a car accident may use toy cars to re-create the details of the accident. This child may also incorporate themes of the event (violence, murder, fear, and so forth) into his or her play. Child's play incorporating themes of traumatic death tends to be repetitious, to culminate in the same tragic and unacceptable ending, and to generate feelings of irritability, frustration, or tiredness instead of enjoyment. The child may also report nightmares or upsetting memories of the death that interfere with daily activities.

Showing signs of emotional and/or behavioral distress when reminded of the loss
Children may experience distress when cues in their environment remind them of the loss. These reminders may be difficult to predict and can range from seemingly insignificant events to more traumatic reminders—for example, a student whose brother died of leukemia begins to cry and complains of his heart pounding during a science-class lecture on cancer. This stress reaction may be caused by physical reminders—for example, following the death of her father in a car accident, a child becomes withdrawn and tearful when classmates playing with toy cars crash them together. It may also be triggered by thoughts—after hearing another child talk about his mother, for instance, a child begins to think about his recently deceased mother's death and angrily throws his books off his desk.

Children may also become intolerant of these reminders. For example, a student who lost his father in a car accident begins to persecute the only boy in his classroom whose father drops him off at school. Children may also show signs of increased aggression for various psychological reasons, such as contending with perceptions of danger and increased vulnerability or acting out on revenge fantasies.

Because teachers and other observers may not always see or connect the cues that remind the child of the traumatic death, it may appear that such outbursts are coming out of nowhere. This is especially true if the distressing cues are internal or otherwise subtle, such as thoughts or dreams about the lost loved one

or the arrival of the anniversary of a loved one's death. Unfortunately, traumatically bereaved children may be disciplined at school, and their inappropriate behavior may be confused with acting out rather than recognized as a sign of unresolved grief.

Attempting to avoid physical reminders of the traumatic death, such as activities, places, or people related to the death
Students may avoid situations they fear will provoke painful or uncomfortable thoughts or feelings about the death. A student whose best friend died in a fire, for example, may refuse to walk by his friend's former locker at school. Children may try to avoid conversations and/or thoughts about the loss, as well. For example, a child might throw a tantrum when another student asks him about his grandmother's death.

Withdrawing from important aspects of their environment
Children may lose interest or stop participating in activities they previously enjoyed. For example, following the death of his father, a child who was a very gifted baseball player might quit the team. Or they may show less willingness to interact with other people, including family, important adults (such as teachers), friends, and classmates. This withdrawal may be at least partly due to a sense of distrust in others, an attempt to avoid reminders of the traumatic death or of the loss in general, or to guilt. For example, youths who suffered the traumatic death of a friend may avoid other friends of the deceased or may avoid activities in which the deceased formerly participated. They may also withdraw in an attempt to avoid intrusive questions by peers about the traumatic loss. These behaviors may create additional adversities in the form of loneliness, peer rejection, and the loss of developmental opportunities.

Showing signs of emotional constriction
Children may seem unable to experience either negative or positive emotions. This can result in the child appearing "numb" or "flat." For example, a student that used to laugh and smile frequently at recess now goes through recess with a blank expression. This seeming lack of emotion can be seen as a form of avoidance that the child uses to protect him- or herself from feelings that seem overwhelming.

Being excessively "jumpy" or being easily startled
A child whose father died in a hunting accident might jump up and scream when a student behind him drops a book. He or she may also seem to be constantly on the alert or on edge. This exaggerated startle response may unfortunately lead to additional social adversities for the child in the form of teasing by insensitive or uninformed peers—for example, fellow students who find amusement by clapping their hands behind his head and watching him jump. These children may show other signs of being overaroused, including increased activity levels, inability to settle down, and difficulty sleeping.

Showing signs of a loss of a sense of purpose and meaning to one's life
A traumatized child may show disinterest in previously valued goals or activities or may engage in increased risk-taking (for example, not wearing seatbelts or motorbike helmets, or engaging in drug abuse or sexually precocious behavior), because "it doesn't matter anymore," "I deserve it," or for other reasons that may or may not be related to the death.

What School Personnel Can Do to Help a Student with Traumatic Grief

Teachers and other school personnel play significant roles in the everyday lives of children and adolescents and can create a positive recovery environment for a child. Following are suggestions that school personnel can take to support both the short- and long-term recovery of youths experiencing traumatic grief. Again, these should be carried out with full knowledge of, and coordination with, the school principal and other school authorities. A teacher works best when aware of important factors related to the student, the loss, the family, or the home, so that well-intentioned efforts help rather than further distress the child.

Listen and be available
A bereaved child might express a need to talk, often simply by starting to talk. A teacher can be most helpful by listening calmly to a student's confusing feelings, worries, daydreams, or academic

problems. Conversely, some traumatized children may talk to you about things unrelated to the death in an effort to take a break from the ongoing work of grieving or to reassure themselves that they have a valued part of their lives that has not "died" or been heavily tainted by the death. Listen to this "unrelated" talk just as calmly.

If the student chooses to bring up the subject of the death, nonjudgmentally accept his or her feelings (including anger, frustration, and resentment) and provide a listening ear. You might simply respond, "This must be very hard for you." If necessary, reassure the student that it's normal and to be expected to have a rough time following the death of a loved one. However, don't force or overencourage a child to talk about the death if he or she does not want to. Forcing a child to talk about it can be more harmful than helpful. Some children need a great deal of time before they can talk about the death, and they may not choose their relationship with you as the forum in which to do their active grief work, and that's OK.

If asked about death or trauma, respond in a calm manner using simple and direct language. Don't excessively soften the information you give to the child. For example, use the term *died* rather than *went away* or *went to sleep*. Euphemistic explanations needlessly confuse children and make it more difficult for them to come to terms with the permanency of the death and its consequent life changes.

Keep in mind the child's individual situation and adjust explanations or investigate topics on your own in order to feel more at ease when talking to a child. For example, a child who is a refugee may be faced with very different challenges than a child who witnessed a parent's suicide.

Remember that as a teacher you provide a stable, comforting environment simply by going about your business, listening, and allowing students to be near you. This environment may help students more than the sophistication of an answer to their questions.

Answer a child's questions
As children try to make sense of the death of their loved one, they may ask adults relatively shocking questions, including questions that focus on gory or gruesome details. Remember that it's OK to tell them that you don't know the answer to a question they have asked. Don't provide children with gory details of death. Such details are best left to mental health professionals who have specialized training in helping children to process the distressing aspects of the death.

Prepare for angry or aggressive outbursts. Such outbursts are often seen in children following a traumatic death. Try to take a child aside and give him or her time to calm down before he or she acts out. Don't be punitive, but when outbursts do occur, address acting-out behaviors involving aggressive or self-destructive activities quickly and firmly. Talk to the child later in private and help him or her label what's going on or at least to acknowledge that the outburst is atypical. ("This isn't like you. I wonder if there are some things going on.") It is against the child's best interests to be allowed to engage in self-destructive or self-defeating behaviors. Even grieving children need caring discipline. Seek guidance from a school counselor, social worker, or psychologist when you have questions about discipline.

Create a supportive school environment
Be aware of your own personal attitudes and assumptions relating to children with traumatic grief. In particular, be careful not to assume that poor academic performance is necessarily the result of insufficient effort, lack of discipline or commitment, or the result of low intelligence. Be aware that bereaved and/or traumatized children and adolescents commonly report experiencing academic difficulties, often stemming from difficulties with attention, concentration, and memory. Convey the impression that these things can be worked through with patience, perseverance, and good humor.

Maintain normal school routines as much as possible. A child with traumatic grief can feel that life is chaotic and out of his or her control. It is extremely beneficial for the child to have a predictable class schedule and routine. The child may also need extra reassurance and explanation if there is a change. Let

the child know there are people available at the school to help and to talk with if he or she wants to. As his classroom teacher, you need to let him or her know of your availability during lunch hours, study hours, or before and after school to assist with academic work. Invite students to these times.

Modify teaching strategies
Balance normal school expectations with flexibility. It may be a good idea to avoid or postpone large tests or projects that require extensive energy and concentration for a while following the death. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death—so that you can be supportive and perhaps rearrange or modify class assignments or work for a short time.

Use teaching strategies to promote concentration, retention, and recall and to increase a sense of predictability, control, and performance. Possibilities include:

- Maintain predictable and consistent school structures: for example, consistently enforced rules of conduct, regularly scheduled activities, standard formats for assignments, and clear, consistent expectations for and use of homework. (For example, do not collect homework for grading one day, have students exchange homework for grading the next, and simply check it off as complete on the third.)

- Use teaching strategies that aid organization and concentration. These could include scaffolding, mapping, or outlining presentations or assignments at their beginning and following through with these plans in an orderly fashion. It can be helpful to package new material into small, manageable segments and explicitly to link new material with previously learned material, rather than assuming that the student will make the connection.

- Supportively cue or prompt students who "go blank." Draw them back into the discussion or project at hand, but be sensitive to students who may be struggling with feelings of alienation or defectiveness or who become embarrassed easily.

- Organize activities in which children can actively participate without being put on the spot. Being called on to make an oral presentation or in any way to be the center of attention can be difficult for some children who have experienced a loss. They might participate better by providing a drawing or other material to a project that they can do at their own speed and outside of the limelight.

- Monitor students' performance regularly to ensure they don't fall behind. Students who were struggling before a death may be at greatest risk. In particular, students who were marginal performers due to a mental disorder, learning disability, or other cause before a traumatic event are more likely than strong performers to have severe declines in academic performance after a traumatic event.

- Collaborate with parents, and perhaps other professionals, to promote learning at home: arranging for tutors, encouraging parents to buy helpful word-processing programs or "go at your own pace" tutorial software, and so on. Monitor the student's problems and his or her progress.

Support families
Build a relationship of trust with the student's family. On the personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family's trust.

Organizationally, it is most helpful for the school or school district to designate a specific representative to serve as a liaison between the school and the traumatically bereaved child's family. If the child already happens to be receiving services from the local Department of Social Services or other agency, he or she may have a case manager who can help serve in this capacity. A direct representative from the school, however, is especially helpful. This person can coordinate the relationship among the teacher, principal,

guidance counselor, other appropriate school personnel, the family, and the child and keep everyone involved abreast of information, progress, and challenges. This will benefit both the school and the child. The representative could do the following:

- Sensitively inquire about the specific and ongoing needs of the family, facilitate the integration of the child back into the school, and discuss what information is to be shared with the school and how it is to be shared. Examples of areas to address include: "What do you want the teachers to know about your experience?" "What do you want the students to know?" "How can the students in your class(es) be most helpful as you return to school and get on with your life?"

- Discuss with school personnel and the family the need for a support team. This support team could be made up of school teachers who work directly with the child, a school administrator, the school counselor, the school nurse, and other mentors who form part of the child's social network (for example, a sports coach or club advisor). The goal is to aid the child's reintegration into school, which includes helping to coordinate transitions from grade to grade, communicating important information about the child's experience, and advising school personnel about potentially difficult times that might lay ahead—for example, the anniversary of a death, Fathers Day, and so forth.

- Link students and families with community resources as needed. There are often important policy issues connected to linking students with nonschool services, and school administrators should be consulted before suggestions are made.

- If it's appropriate, and only with the permission of the family, contact the parents of the other children in the classroom and/or school to communicate the wishes of the bereaved child and his or her family regarding how to best support the reintegration of the child into the school community. The family may have requests about how they want their loss acknowledged in public—especially if the manner of the death is widely known—and the child's school could be an effective avenue for communicating such requests. But schools should not undertake this kind of activity without the full knowledge of and permission and input from the family.

- Communicate and coordinate directly with the student's caregivers about his or her behavior and adjustment in the classroom. Children, especially distressed children, may act differently at home and at school. These differences may be due to a variety of reasons, including the presence or absence of reminders, the children's perception that the school is a safe outlet where they can express their pent-up feelings, or the children's ability to suppress or hide distress at home to shield other family members.

- Help other students understand that a child with traumatic grief may be distracted and could become irritable, jumpy, and less interested in playing or joking around than previously. Let them know that if the child brings up the topic of the loss it is OK to talk with him or her about it, and that fellow students should listen respectfully. Otherwise, they should show consideration for the student's privacy and simply go out of their way to be a good friend. Inform the other children that the death is a totally out-of-bounds topic for teasing, whispering behind the back, asking nosy questions, or in any way making the child feel different or not as good as everyone else.

- In accordance with the student's and family's wishes, consider creating service opportunities in which students feel useful and competent by contributing, voluntarily and meaningfully, to their school, families, and community. This can help to reverse the bereaved student's perception that he or she is needy, incompetent, helpless, and/or dependent.

Make referrals

Consider making referrals to a mental health professional as appropriate. Traumatic deaths impose many difficult challenges on the bereaved child, the family, and those around them, and teachers should not be expected to bear the burden of fully addressing these difficulties. Furthermore, teachers

are not trained for these kinds of interventions and should recognize their limits and the need to bring in someone with mental health and/or counseling expertise. Keep in mind that any referrals must be made only after consultation with the school administration. There are school policies to follow when making a referral, and, except under some circumstances in some states, they involve parental consent as well as school procedure. Listed here are indicators that suggest a referral to a qualified professional for evaluation and services may be warranted:

- Poor academic performance: The child is unable to adequately participate in classroom assignments and activities (compared to their functioning before the death). This may include signs of continued inability to concentrate on schoolwork.

- Persistent emotional distress: The child continues to show significant difficulty regulating emotions (for example, repeated episodes of crying, irritability, or fits of rage), especially in relation to reminders of the death or ongoing absence of the deceased.

- Signs that the student is depressed, withdrawn, and noncommunicative: These may include signs of lethargy, negative mood, disruptions in appetite, loss of interest in valued activities, significant changes in weight, poor personal hygiene, decreased interaction with peers, family, and/or adults, and so forth.

- Expressed thoughts of suicide or homicide, or signs that the student is intentionally hurting him- or herself (for example, a child cutting himself): These behaviors should be taken seriously and reported to the child's parents and appropriate school personnel immediately.

- Increase in antisocial or delinquent behavior: Truancy, aggression, stealing, lying, verbal threats, drug/alcohol use, or other behaviors that place youths or others around them at increased risk of harm are indicators that a referral is needed.

For More Information

Effective treatments are available for childhood traumatic grief, and children can return to their normal functioning. If possible, the student and his or her family should be referred to a professional who has considerable experience working with children and adolescents and with the issues of grief and trauma. Additional information about childhood traumatic grief and where to turn for help is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or at www.NCTSNet.org.

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Brief Information on Childhood Traumatic Grief for School Personnel

This information sheet summarizes material found in the "In-Depth General Information Guide to Childhood Traumatic Grief" and "In-Depth Information on Childhood Traumatic Grief for School Personnel," available at www.NCTSNet.org.

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children who develop childhood traumatic grief reactions experience the cause of that death as horrifying or terrifying, whether the death was unexpected or due to natural causes. Even if the manner of death is not objectively sudden, shocking, or frightening to others, children who perceive the death this way may develop childhood traumatic grief.

For some children and adolescents, responses to traumatic events can have a profound effect on the way they see themselves and their world. They may experience important and long-lasting changes in their ability to trust others, their sense of personal safety, their effectiveness in navigating life challenges, and their belief that there is justice or fairness in life.

It's important to keep in mind that many children who encounter a shocking or horrific death of another person will recover naturally and not develop ongoing difficulties, while other children may experience such difficulties. Every child is different in his or her reactions to a traumatic loss.

Identifying Traumatic Grief in Students

Children at different developmental levels may react differently to a loved one's traumatic death. But there are some common signs and symptoms of traumatic grief that children might show at school. Teachers may observe the following in the student:

- Being overly preoccupied with how the loved one died
- Reliving or re-enacting the traumatic death through play, activities, and/or artwork
- Showing signs of emotional and/or behavioral distress when reminded of the loss
- Attempting to avoid physical reminders of the traumatic death, such as activities, places, or people related to the death
- Withdrawing from important aspects of their environment
- Showing signs of emotional constriction or "numbing"
- Being excessively jumpy or being easily startled
- Showing signs of a lack of purpose and meaning to one's life

How School Personnel Can Help a Student with Traumatic Grief

Inform others and coordinate services
Inform school administration and school counselors/psychologists about your concerns regarding the student. Your school district or state may have specific policies or laws about dealing with emotional issues with children. If you feel a student could benefit from the help of a mental health professional, work within your school's guidelines and with your administration to suggest a referral.

Answer a child's questions
Let the child know that you are available to talk about the death if he or she wants to. When talking to these children, accept their feelings (even anger), listen carefully, and remind them that it's normal to experience emotional and behavioral difficulties following the death of a loved one. Do not force a child to talk about the death if he or she doesn't want to. This may be more harmful than helpful for the child.

Create a supportive school environment
Maintain normal school routines as much as possible. A child with traumatic grief can feel life is chaotic and out of his or her control. It's beneficial for the child to have a predictable class schedule and format. The child may also need extra reassurance and explanation if there is a change. Staff should look for opportunities to help classmates who are struggling with how best to help and understand a student with traumatic grief.

Raise the awareness of school staff and personnel
Teachers and school staff may misinterpret changes in children's behaviors and school performance when they are experiencing childhood traumatic grief. Although it is always a priority to protect and respect a child's privacy, whenever possible it may be helpful to work with school staff who have contact with the child to make sure they know that the child has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, the school staff can work together to ensure that children get the support and understanding they need.

Modify teaching strategies
Balance normal school expectations with flexibility. You might avoid or postpone large tests or projects that require extensive energy and concentration for a while following the death. Be sensitive when the student is experiencing difficult times—for example, on the anniversary of a death—so that you can be supportive and perhaps rearrange or modify class assignments or work. Use teaching strategies that promote concentration, retention, and recall and that increase a sense of predictability, control, and performance.

Support families
Build a relationship of trust with the student's family. On the personal level, be reliable, friendly, consistently caring, and predictable in your actions. Keep your word, and never betray the family's trust. It can be helpful for the school or district to designate a liaison who can coordinate the relationship among the teacher, principal, guidance counselor, other appropriate school personnel, the family, and the child.

Make referrals
Consider referral to a mental health professional. Traumatic grief can be very difficult to resolve, and professional help is often needed. If possible, the student and his/her family should be referred to a professional who has considerable experience working with children and adolescents and with the issues of grief and trauma.

For more information
Additional information about childhood traumatic grief and where to turn for help is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or at www.NCTSNet.org.

NCTSN The National Child Traumatic Stress Network

Information for the Media on Childhood Traumatic Grief

Introduction

This guide to childhood traumatic grief for media representatives builds on the "In-Depth General Information Guide to Childhood Traumatic Grief" and "Brief Information on Childhood Traumatic Grief" and should be read in conjunction with them. Those guides provide essential material for understanding uncomplicated bereavement following a death, further background on childhood traumatic grief, and other reactions to trauma, and can be found at www.NCTSNet.org.

Viewing of media coverage about traumatic events can create stress in children and put them at risk for childhood traumatic grief. Studies have also shown the incidence of serious mental health problems, such as Post-traumatic Stress Disorder, can increase when children view explicit media accounts.

The news media have a tremendous responsibility in reporting traumatic events that cause death. Journalists and reporters can provide a service to children and families in helping them understand difficult situations and how to cope in the aftermath. They have an opportunity to be especially sensitive to the needs and concerns of children and teens who may be involved in the event and who are media consumers.

The media can also be a powerful tool for providing information and increasing access to resources in the community. This information guide has been developed to help members of the media be more informed about the impact of trauma on children and better understand the potential consequences of repeated exposure to traumatic events. By being better informed, media coverage of traumatic events can provide a public service and mitigate the potential negative impact of exposure on children.

What Is Childhood Traumatic Grief?

Childhood traumatic grief is a condition that some children develop after the death of a close friend or family member. Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was sudden and unexpected (for example, due to homicide, suicide, motor vehicle accident, drug overdose, natural disaster, war, terrorism, and so on) or due to natural causes (cancer, heart attack, and so forth). Even if the manner of death does not appear to others to be sudden, shocking, or frightening, children who perceive the death in this way may develop childhood traumatic grief.

In this condition, even happy thoughts and memories of the deceased person remind children of the traumatic way in which the deceased died. A younger child may be afraid to sleep alone at night because of 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 how his father died in a terrible car accident. These children get "stuck" on the traumatic aspects of the death, and cannot proceed through the normal bereavement process. It is important to note that not all children who lose a loved one in traumatic circumstances develop childhood traumatic grief. Many experience normal grief reactions. Additional research is needed to identify risk factors for developing childhood traumatic grief.

Guidance for Covering Tragic Traumatic Events

- Provide a warning about the graphic nature of radio or video content, with a specific warning explaining the potential impact on children.
- Limit the size, placement, quantity, and repetition over time of graphic illustrations and descriptions.
- Provide pictures of events and the aftermath only when they are relevant and illustrative of a specific aspect of a story, rather than as background.
- Limit the amount and type of news coverage during children's viewing hours.
- Limit or avoid promoting news of traumatic events with dramatic leads or front-page graphic images.
- Understand that in the immediate aftermath of traumatic exposure, an individual's judgment may be compromised.
- Traumatized children may want to tell their story, but it may not be in their best interests to be interviewed, and in some circumstances it can exacerbate their exposure to trauma.
- Have parental consent for any live or taped interview with a child or teen.
- Have a parent and/or mental health professional present when interviewing a child or teen.
- Respect a child's rights and need for privacy.
- Inform individuals ahead of time regarding upcoming reports of direct concern to them.
- Understand the impact of anniversary reporting and the potential for children to re-experience the frightening event.
- Provide assistance to journalists for coping with their own reactions.
- Seek consultation from a qualified trauma expert when questions arise about the impact of media coverage on children.

Guidance for What to Report

- Avoid sensationalizing an event with unconfirmed reports about who, what, when, where, or why or with speculation from untrained professionals.
- Seek out established spokespeople, such as a school principal, involved in the event and in a position to provide thorough and accurate information.
- Avoid eye witness accounts by those still in shock and numb from the experience or by those who are openly grieving.

- Understand that children are not appropriate candidates for interviews because they are unprepared, they interpret events from a personal point of view, and they can feel guilty for things said in haste.

- Understand that dramatic or repeated coverage of particular events and technical details can lead to contagion of anxiety or even copycat behavior as well as increased traumatic responses.

- Refrain from glorifying the act or the perpetrator by focusing on the story and not on the individual committing the act or the methods used.

- Describe efforts to prevent future occurrences, investigate the cause of the event, and report on safety measures that have been put in place.

- Put the event in perspective by explaining the unlikelihood of such tragedies occurring in everyday life.

- Provide stories of hope.

- Offer positive aspects of the story and progress in managing the trauma.

- Encourage parents to limit access to news by older children and prevent access by very young children.

- If children watch media coverage of tragic or traumatic events, encourage parents to watch with their children and use it as an opportunity to talk to their children about what is seen and heard.

- Provide helpful information about warning signs of problems and resources for assistance in the community.

- Provide information about what children and families can do to help others.

- Encourage parents to seek help when they feel overwhelmed or need answers.

- On anniversaries of significant events, limit replaying of original images. If coverage is necessary, report on stories of hope, helping, survival, and healing.

If you have further questions, or would like to talk with a professional trauma expert about the potential impact of trauma coverage on children. Additional information is available from the National Child Traumatic Stress Network at (310) 235-2633 and (919) 682-1552 or www.NCTSNet.org.

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Childhood Traumatic Grief
Reference and Resource List

Mental health professionals are encouraged to consult the following professional articles and resources to gain an understanding of childhood traumatic grief. Background information sheets about the condition, based on these materials, as well as assistance locating an appropriate mental health professional with expertise in childhood traumatic grief is available from the National Child Traumatic Stress Network (NCTSN) at (310)235-2633 or (919) 682-1552 or at www.NCTSNet.org.

Articles

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Manuals

Available from the National Child Traumatic Stress Network at (310) 235-2633 or (919) 682-1552 or www.NCTSNet.org:

Liebermann et al. (preschool treatment manual)
Cohen et al. (treatment manual)
Layne et al. (treatment manual)

Websites

National Center for PTSD, Managing Grief after Disaster.
www.ncptsd.org/facts/disasters/fs_grief_disaster.html

National Child Traumatic Stress Network
www.NCTSNet.org