Understanding and responding to the impact of sudden and traumatic death for children, young people and their families.

Leanne Jones

Ground rules

- Confidentiality
- Mutual respect
- Honesty
- Participation
- Timekeeping
- Mobile phones
- Enjoy!

Who we are and what we do

Helpline: 0800 02 888 40

Email: enquiries@childbereavementuk.org

Our website

www.childbereavementuk.org
Supporting bereaved pupils schools online learning programme

For teachers, head teachers and support staff to meet the needs of grieving families and their children.

- only takes one hour to complete
- real life film clips from pupils
- practical guidance and information
- unlimited users per school.

Please visit: www.elearningschools.co.uk
to view short film about the programme and to purchase online or email elearning@childbereavementuk.org

Award-winning publications and resources

WHAT IS GRIEF?........
Children's experience of bereavement

- Loss of the living as well as the dead
- Adults can seek support, children are left with what is given to them
- Act out feelings rather than speak them
- Revisit their grief at each life stage

How children make sense of what has happened will depend on a number of factors, including their stage of development

Up to 6 months

Concepts:
- Withdrawal of care and nourishment from a familiar person
- Emotional withdrawal of carer

Likely feelings and behaviours:
- Abandonment
- Insecurity
- Anger
- Cries in protest
- Disrupted sleep and feeding routine

6 months – 2 years

Concepts:
- Developing ‘object constancy awareness’
- Begins to have mental image of person when absent and can ‘miss’ them

Likely feelings and behaviour:
- Protest and distress
- Withdrawal
- Separation anxiety
- No interest in food or toys
- Searching behaviour

2 – 5 years

Concepts:
- Establishing that he/she is a separate person
- Interested in the idea of death in birds, animals etc
- Understands that death is a part of natural order
- Concrete thinking

Likely feelings and behaviour:
- Expectations of return
- Constant questions
- Anxieties - physical needs, fear of the dark
- Toilet regression
- Separation anxiety

5 – 8 years

Concepts:
- Magical thinking
- Developing ‘conscience’ so can feel guilt
- May think independent events at time of death ‘caused’ it
- Fuller understanding of concept of death

Likely feelings and behaviour:
- Fear death of others
- Especially ‘good’ or ‘bad’
- Compulsively caring
- Cover up sadness by behaving as if nothing happened
- ‘Is big now’ and fears behaving in an infantile way
### 8 – 12 years

**Concepts:**
- Begins to have an adult concept of death as permanent separation
- Develops fear/understanding of own mortality, especially in case of sibling death
- Can imagine how the death will alter his/her future

**Likely feelings and behaviour:**
- Will display many symptoms of adult grief, but expressed in childish ways
- May develop anxiety about their own health for fear they may die too
- Preoccupied at school and social withdrawal

---

### 12 + years

**Concepts:**
- Puberty – time of great change
- Feelings of ambivalence – separation/dependency
- Moving from familial ties to increased involvement with peers
- Becoming aware of issues of life, death and meaning of life

**Likely feelings and behaviour:**
- Similar to those of adults but have strong inhibitions about expressing them
- May lead to apathy, withdrawal, depression
- May express anger in anti-social ways e.g. stealing
- May take grief outside family

---

**Situational stress factors**
- Witnessing or hearing the death
- Manner of death
- Circumstances surrounding the death
- The police investigation
- Involvement of the media
- Conflict between relatives
- Powerlessness
- Thought of person dying alone and in pain
- Cultural and spiritual factors

---

**What Bereaved Children Need**

- To understand the reality of what has happened
- To experience the pain of grief
- Opportunities to communicate and express their feelings
- Help to adjust to life without the dead person

---

**A Dual Process Model of Coping with Bereavement**

- Based on Worden’s Tasks of Mourning
- Denial/avoidance
- Intrusion of grief
- Grief work
- Breaking bonds/loss
- Denial/avoidance of restoration changes
- Attending to life changes
- Doing new things
- Distraction from grief
- New roles/identity relationship
- Everyday Life Experience

---

**Circumstances of death/dying**

- Relationship with person who died
- Factors affecting the grieving process
- The individual, personality, background
- “Recovery” environment
Trauma and the grieving process

Any situation resulting in an overwhelming sense of vulnerability and/or lack of control

Solomon 1996

Maintenance Cycle of Avoidance

- Memory not processed
- Memory or thought suppressed or avoided
- Intrusions eg. memories, images, dreams, thoughts
- Original fear, horror, helplessness

Trauma obstructs the grieving process (1)

- For various reasons, grieving often requires talking about the death and reminiscing about the person’s life
- But trauma leads to vivid, sharp, frightening memories of the death that take precedence over the softer, sadder memories of the person
- It is difficult to imagine how someone can begin to grieve their loss until they have processed enough of the event of the death
Trauma obstructs the grieving process (2)

- Many people process traumatic experiences spontaneously by bringing the event to mind
- Most do so with the help of those around them; some need help from others

What tends to help?

- Saying goodbye
- Safety & stability
- Knowledge and information
- Expressing emotions
- Good attachment
- Social support
- Meaning making
- Continuing bond

What’s so bad and what makes it less so?

- Either consider young people that you have worked with, or consider murder, suicide or other traumatic deaths In what ways can a traumatic death impinge on each of the things that help after a bereavement?

- What can be done (by whom) to minimise the impact of a traumatic bereavement and enhance each of the things that help?

What are the challenges?....

- CYP
- FAMILY/FRIENDS
- OTHER PROFESSIONALS
- US

Telling a child that a close family member or friend has died can be one of the most difficult things to do

Children can only cope with what they know

Wolfelt 1996
Adults are often reluctant to share open and honest information with children.

When death occurs, children are often given inadequate, incorrect explanations or are told half-truths.

Breaking Bad News Skills...

- Take direction from the parents or children – ask what they need from you right now
- Allow time for questions
- Offer practical help in mobilising sources of support

Before breaking bad news think about:

- Who is going to tell them
- Where are they going to tell them
- What are they going to tell them
- How are they going to tell them
- What words are they going to use

What do I say?

Aim: to give enough accurate information in an understandable manner, so that the child can answer ‘how’ and ‘why’ in a way that makes sense

How do I talk to a child about death?

- Be honest
- As soon as possible: or may undermine confidence in adult
- In chunks, not all the information at once
- Begin talking to the child about what he experienced or noticed
- Use the adult reality, facts and words as simply as possible: use the word ‘dead’, not ‘asleep’ or ‘lost’

How do I talk to a child about death?

- Give child permission to figure out what has happened
- Answer questions accurately
- Watch out for the child’s tendency to blame himself
- Give clear message it was not his fault
- Encourage child to remember and talk about the person who has died, to strengthen positive memories
### What can we do to help?

- Understanding, love and sensitivity
- To be involved
- Honesty
- Information
- Opportunity to express feelings
- To revisit their grief as they become older

### Repairing sense of safety and stability

- Basic needs must be met first
- Help carers to re-establish routines
- Help carers to mobilise their own support systems
- Teach emotional regulation skills (e.g. Relaxation)
- Provide lots of “ordinary”, even though it seems like they need lots of “special”

### Up to 6 months

**Ways of helping:**

- A surrogate carer must maintain basic care and ‘holding’ to give continued sense of security
- Maintain routines

### 6 months – 2 years

**Ways of helping:**

- Maintenance of daily routine
- Warmth and cuddling from other adults, reassurance

### 2 – 5 years

**Ways of helping:**

- Gently repeat the fact that dead person will not return
- Maintain daily routines
- Be patient with ‘accidents’
- Answer his/her many questions honestly
- Do not protect him/her “because he/she doesn’t understand”
- Ensure boundaries are maintained

### 5 – 8 years

**Ways of helping:**

- Give matter-of-fact information about manner of death and demonstrate the child was in no way responsible
- Opportunities for child to talk or share using a variety of means
8 – 12 years
Ways of helping:
- Offer reassurance about child’s own health
- Teachers especially important as support
- Opportunities to share grief in a variety of ways
- Ensure boundaries

12 + years
Ways of helping:
- Ensure boundaries
- Beware of loading adult responsibilities on an adolescent
- Support outside the family can be important

Identifying those at most risk
- Study showing some children more at risk than others and suggesting that adolescents may be at particular risk (Birenbaum 1999)
- Traumatic nature of the death (Smith 1999)
- Siblings of victims of homicide (Freeman et al 1996)

Common reactions after a frightening event
- Nightmares
- Memories or pictures of the event unexpectedly popping into the mind
- Feeling as if it is actually happening again
- Playing or drawing about the event time and time again
- Not wanting to think or talk about the event
- Avoiding anything that might remind them of the event

Not being able to concentrate
Not being able to sleep
Being more jumpy and being on the look out for danger
Becoming more clingy with parents or carers
Physical complaints such as stomach aches or headaches
Temporarily losing abilities (e.g. independent sleeping, toileting)
Problems at school (Trickey et al 2009)

When to seek more help
Many children feel upset for a few weeks after a frightening event. But over time most become happier and more confident again.

If you are worried that a child is very distressed, or continues to be distressed after a month or so, suggest that the family seek further help from the GP. (Trickey et al 2009)
Concerning behaviours
- Active self-harming behaviour
- Very low mood and withdrawal
- Suicidal thoughts
- Persistent and intrusive ‘flashbacks’
- Persistent anxiety levels that impact on functioning/day to day life

Resilience
- Is promoted by:
  - Temperament
  - Scholastic competence
  - Self-esteem
  - Supportive relationships
  - Communication
  - Ability to share
  - Familial emotional support

The Guiding Principles
- Young people need, want and deserve honesty, truth and choices.
- You can not “fix it”.
- Grief is a normal, healthy, response to loss

Looking After Yourself
based on Atle Dyregrov “Grief in Children”
“Caring for bereaved children can be more stressful than caring for bereaved adults”
- Be prepared to be emotionally affected
- Talk to friends and colleagues, share experiences
- Remember your professional boundaries
- To be of help to the child, you need to take care of yourself

How to do this
- Accept your need for support, both practical and emotional
- Be aware of what support is available to you
- Establish who is going to provide this
- Take responsibility for asking for what you need

Our website
www.childbereavementuk.org
Helpline: 0800 02 888 40

Email: enquiries@childbereavementuk.org