

# **Center for Family Services, Inc.**

**Vision, Hope and Strength for a Better Life**

**Trauma and Loss Counseling Services for Children, Teens, Adults and Families**

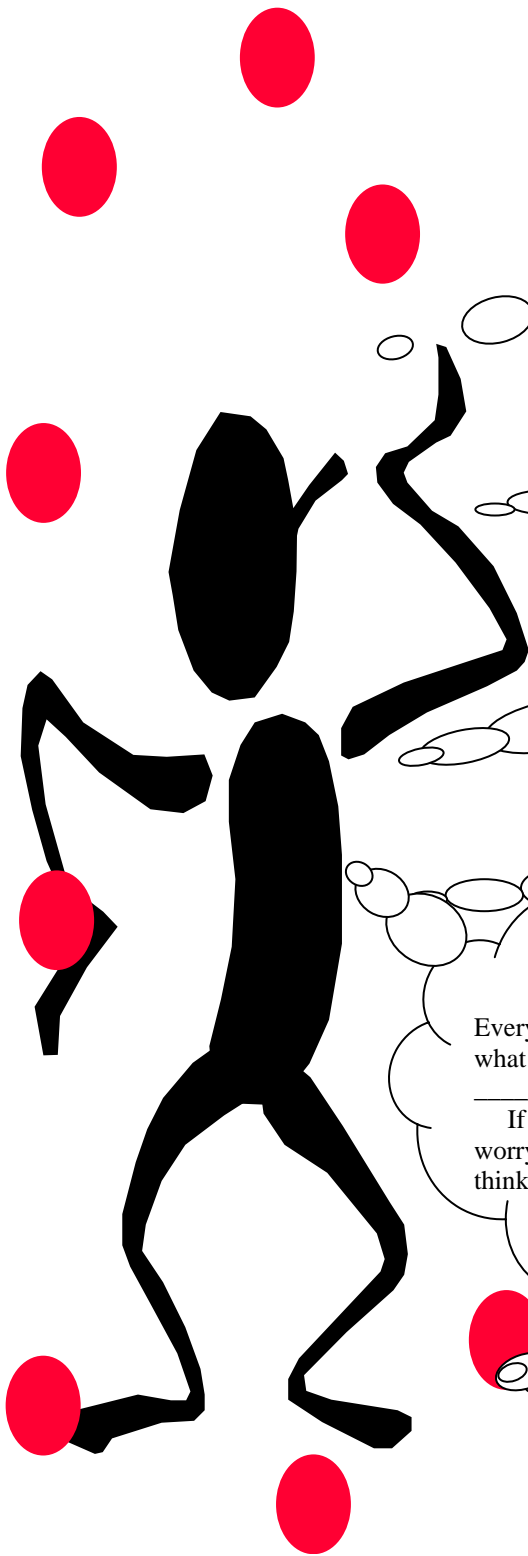
**For more information or to schedule an appointment contact the Access Line at  
1-877-9-ACCESS**



**What Parents can do to Help Children who  
experience grief, loss and trauma.**

**Supported by Gloucester County United Way**

# Parents Reactions to Loss and Trauma



## Anxiety

I have to be strong  
My child is scarred for life  
I can't stop worrying  
This is too horrible to talk about  
I can't stop thinking about it  
I feel unsafe  
I don't know what I am going to do

## Guilt

If only I would have said/done  
It was my fault

## Fear

I'm afraid it is going to happen again  
I don't think I can handle this  
I can't let myself think about it  
I can't sleep at night

## Powerlessness, Helplessness

I don't know if I can trust anyone  
I should have protected my child  
I am afraid of the future  
I can't afford to be wrong

## Worry

Every time I think about  
what happened, I worry that

---

If anyone knows I'm  
worrying like this, they'll  
think I'm overreacting

## Sadness

I shouldn't feel this way  
Nothing is enjoyable right now

## Anger

I feel rage toward what has  
happened  
This should have never  
happened

## Denial

My child doesn't need to  
know what happened

My child is too young to be  
affected by this

The sooner we forget about it  
the better

# Parent's Stress Management Shield

<b>Relaxation Techniques</b>	<b>Stress Management Plans Coping with my Emotions</b>
<b>Self Care Reminders</b>	

## Breathing

1. Close your eyes, breathe deeply and regularly, and observe your breath as it flows in and out of your body. Give your full attention to the breath as it comes in, and full attention to the breath as it goes out. Whenever you find your attention wandering away from your breath, gently pull it back to the rising and falling of the breath.
2. Inhale through your nose slowly and deeply, feeling the lower chest and abdomen inflate like a balloon. Hold for five seconds. Exhale deeply, deflating the lower chest and abdomen like a balloon. Hold for five seconds.
3. Do these three or four times, and then allow your breathing to return to a normal rhythm. You will begin to feel a change come over your entire body. Gradually you will become less aware of your breathing, but not captured in your stream of thoughts. You will become more centered inward. You will just "be there."

# Grief Reactions



Feelings	Physical	Thoughts
<ul style="list-style-type: none"> <li>• Sadness</li> <li>• Depression</li> <li>• Anger: I'm really mad she died</li> <li>• Guilt: I could have done something</li> <li>• Fear: Is this going to happen again.</li> <li>• Disbelief: I can't believe it happened</li> <li>• Anxiety</li> <li>• Loneliness</li> <li>• Fatigue</li> <li>• Helplessness</li> <li>• Shock</li> <li>• Relief</li> <li>• Numbness</li> </ul>	<ul style="list-style-type: none"> <li>• Hollowness</li> <li>• Tightness in chest</li> <li>• Tightness in throat</li> <li>• Oversensitive to noise</li> <li>• Sense that nothing seems real</li> <li>• Breathlessness</li> <li>• Headaches</li> <li>• Lack of Energy</li> <li>• Dry mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Disbelief</li> <li>• Confusion: This doesn't make sense</li> <li>• Preoccupation</li> <li>• Sense of presence</li> <li>• Hallucinations</li> <li>• Don't Talk: If I don't talk about it, it will go away.</li> <li>• Blame: If it weren't for, this would never happen</li> </ul>
Behaviors	At the Memorial Service and Funeral	
<ul style="list-style-type: none"> <li>• Sleep Problems</li> <li>• Appetite Disturbance</li> <li>• Forgetful</li> <li>• Social withdrawal</li> <li>• Dreams of deceased</li> <li>• Avoiding reminders of deceased</li> <li>• Trouble concentrating in school</li> <li>• Restless/Overactive</li> <li>• Crying</li> <li>• Visiting places/carrying objects that remind survivor of deceased</li> <li>• Treasuring objects</li> <li>• Wanting to be left alone</li> <li>• Arguing with friends or family</li> </ul>	<p><b>Shaky:</b> We sometimes feel shaky inside, our hearts pound, we sweat.</p> <p><b>Worry:</b> We worry about what to say, or worry that we cannot seem to say anything, or that we may say something wrong.</p> <p><b>Confused:</b> We are confused about what is happening</p> <p><b>Mad:</b> We sometimes are mad with how others are acting or do not understand why they are acting like they are.</p> <p><b>If we chose to stand before the casket:</b> (Please let students know that they do not have to go up to the casket) Sometimes at the casket it can seem as if the person who died is breathing. This is not real. It is hard to believe our friend is dead.</p> <p><b>Wish we were someplace else:</b> sometimes when we are at the service we wish we were someplace else.</p>	

You may already have experienced some of these reactions or you may experience them weeks, even months from now. They are normal reactions so do not be alarmed. **However, it will help if you can talk to someone about them.** For more information on counseling services, contact Center for Family Services' Access Line at 1-877-9-ACCESS

# **Child Development and its Relationship to Grief and Loss**

## **What can Parents Do To Help?**

Reference: Myers, D. (1986) Psychology, New York, Worth Publishers

### **Birth - 3 years      General Concepts of Development**

- World is experienced through his/her senses
- Attachment is developing – experiences some stranger anxiety
- Language, motor, cognitive, social/emotional development is critical
- Trust vs. Mistrust is developing

#### **Concepts of Death**

- Has no concept of death
- Sense that something has changed if main caregiver is no longer present
- Able to sense a caregiver's emotional distress

#### **Grief Issues**

- May respond to death with irritability, change in sleep, eating and play patterns
- May regress
- May search for caregiver
- May be very attached to remaining caregiver and fear separation

#### **What Can You Do to Help?**

- Provide nurturing, love and physical closeness (hold and snuggle child, coo and sing with them sitting on your lap)
- Language holds a special appeal for children this age; they love to hear familiar voices repeating familiar words and phrases
- Maintain a schedule/routine – Feeding times, play times, storytelling times, singing and holding should continue without interruption.
- Take photos of deceased so that the child will be able to look at them at a later date if needed
- Take child to a portion of funeral or service
- Use appropriate vocabulary for age ("Mommy is dead, she is not coming back.")
- Answer questions
- Model/Encourage appropriate expression of feelings and memory sharing
- Keep a journal for child of important events, ceremonies, newspaper clippings and stories

### **3 - 6 years      General Concepts of Development**

- Egocentric
- Focuses on one thing at a time
- Inanimate things can be alive
- Magical Thinking – Child believes that just thinking about something can make it happen
- Continues to learn about the world through senses
- Play is critical to development
- Time is reversible, may be able to recall some very memorable past events
- Continues to develop trust

**3-6  
years**

### **Concept of Death**

- May have concept of death, depending upon the experience
- Death may be caused by thoughts or feelings (Magical Thinking)
- May be interested in physical and biological aspects of death and the dead body
- May think death is like sleep
- Senses caregiver's emotional distress

### **Grief Issues**

- May appear fine
- May respond to death with irritability, change in sleep, eating and play patterns
- May regress
- May be concerned with who will be caregiver
- May show feelings, thoughts through play because he may not have the vocabulary to explain self
- May be very attached to remaining caregiver and fear separation
- May ask questions repeatedly
- Very curious
- Physical reactions and acting out behaviors

### **What can you do to help?**

- Answer questions
- Maintain a schedule
- Take photos of deceased so that child will be able to look at them at a later date if needed
- Take child to a portion of the funeral/service
- Use appropriate vocabulary for age
- Provide play opportunities
- Model/encourage appropriate expression of feelings and memory sharing
- Keep a journal for child if important events, ceremonies, newspaper clippings and stories

**7 - 12  
years**

### **General Concepts of Development**

- Egocentric
- Beginning to understand cause and effect
- Concrete-operational: understands concrete concepts
- Magical Thinking – Believes that just thinking about something can make it happen (This is lessening)
- Continues to learn about world through senses
- Play is critical to development
- Peer relationships are becoming very important
- Self esteem is developing

### **Concept of Death**

- Death is sometimes thought of as ghosts
- Beginning to understand the finality of death
- May be interested in physical and biological aspects of death
- May feel that he caused death

## **7-12 yrs. Grief Issues**

- May appear fine
- May respond to death with irritability, change in sleep, eating and play patterns
- May regress
- May be concerned with who will be the caregiver
- May feel a stigma at school or around peers
- May be very attached to remaining caregiver and fear separation
- May be concerned about future of self and others
- Very curious
- Physical reactions and acting out behaviors

### **What can you do to help?**

- Answer questions
- Maintain a schedule
- Take child to funeral or service if he chooses
- Include child in funeral/service
- Use appropriate vocabulary for age
- Be honest and factual
- Provide play opportunities
- Model/encourage appropriate expression of feelings and memory sharing
- Keep a journal for child of important events, ceremonies, newspaper clippings and stories
- Keep in contact with school

## **Teen Years**

### **General Concepts of Development**

- Formal operational: thinks abstractly, like an adult
- Egocentric
- Magical thinking – believes that just thinking about something can make it happen (this is minimal)
- Attempting to find a balance in terms of independence and dependence of caregiver
- Peer relationships are very important
- Self esteem is developing
- Searching for identity

### **Concept of Death**

- Death is final, an end to physical life
- Realization of own mortality and thinks about the meaning of life
- May be interested in physical and biological aspects of death
- May feel that he caused death
- Understands future and what loss will mean

### **Grief Issues**

- May appear fine
- May respond to death with irritability, change in sleep, eating, school and social behaviors
- May be concerned with who will be caregiver
- May feel stigma at school or around peers
- May be attached to remaining caregiver/family
- May be concerned about the future of self or others
- May attempt to take on role of deceased
- Struggles with needing support and not wanting it

### **What can you do to help?**

- Answer questions
- Maintain a schedule
- Talk adolescent to funeral or service if he chooses
- Include adolescent in funeral/service
- Be available when teen wants to talk
- Be honest and factual
- Reduce expectations
- Model/encourage appropriate expression of feelings and memory sharing
- Keep a journal for adolescent of important events, ceremonies, newspaper clippings and stories
- Keep in contact with school
- Start a family communication journal

Taken from the National Institute for Trauma and Loss in Children



## Child's Reactions / Child's Needs

### Reactions

### NEEDS

Anxiety

**Security**

Guilt

**Reassurance**

Terror/ Fearfulness

**Adult protection, acknowledgement, patience, simplification of tasks**

Constantly worried that something else will happen (hypervigilance)

**Structure, consistency, facts, information, simplification of tasks**

Helplessness

**Physical nurturing, simplification of tasks and expectations**

Chaotic or out of control feelings and emotions

**Calm, peaceful environment**

Fatigue

**Sleep, predictability, calmness**

Repetitive telling of the story or reenactment in play of incident

**Someone to listen**

Fear of being alone (difficulty leaving parent or letting parent leave)

**Safety and conviction that self and others will be safe**

Confusion, forgetfulness, inability to concentrate

**Simplification of tasks, repetition, structure, patience. Teachers and counselors may need to be made aware of this inability to concentrate.**

Worry about something else happening to him/herself

**Reassurance, sense of safety**

## **The Three C's to Helping Children**

### **Taken from the National Institute for Trauma and Loss in Children**

The following are suggestions for parents to help themselves and their children in difficult times. Focus on the Three C's

#### **1. Comfort:**

- Share meals and provide more comfort foods than usual. (Comfort food makes you feel better when you're feeling bad. Most often it is associated with childhood memories - the special food or treat that your Mother or Grandma gave you when you weren't feeling well.)
- Plan family time – game night, exercise
- Work on a project
- Enjoy laughter
- Reach out to your network of family and friends
- Engage in activities that are fun, relaxing and pleasant

#### **2. Conversation**

- Offer reassurance
- Ask thoughtful questions
- Listen carefully
- Share your beliefs and values

#### **3. Commitment**

- Set a good example, be calm, do not present your child with your own fears
- Participate in school and community activities
- Help your neighbors (do chores or small errands)
- Reach out supportively to friends and family
- Be optimistic

## **How to Help Your Child Conquer His or Her Fears**

Taken from the National Institute for Trauma and Loss in Children

### **When Your Child Has Been Exposed to a Trauma**

What should you do when your child has been exposed to a traumatic situation? Don't automatically assume that your child is experiencing what you, as an adult, are experiencing. Children experience trauma differently than adults. A child's age and developmental level often determines how they perceive the traumatic incident.

Many parents "have a talk" with their child about the traumatic incident. Although talking with your child is important, you won't know what your child is experiencing unless you listen.

Ask your child these questions. Listen carefully to your child's responses. You may find that your child has been impacted by the trauma in ways you never thought possible.

#### **Ask Your Child . . .**

- *What worries you the most now?*
- *What upsets you the most now?*
- *What is the worst part, the hardest part for you now?*
- *What helps you feel a little better?*
- *What helps you feel a little safer?*
- *Do you have any questions about what has happened or anything anyone has said?*

## **What Can You Do?**

Reassure your child or teen that he or she is safe, and that you are also okay by doing the following:

- Listen!
- Maintain routines.
- Turn the television off or allow your child to only watch shows that aren't covering the incident. (Adolescents may need to watch because, like adults, they have a need to know. Keep it to a minimum – no more than a half-hour and be sure to discuss what your child saw and heard by asking questions and listen carefully to his responses and opinions.)
- Do not criticize any regressive behaviors, such as a child's need for comfort food. Allow your child to be sad or afraid. Reassure your child that you will be there to take care of him. Tell your child that the sadness, hurt, or fear that he may feel now will change in time.
- Encourage your child to exercise some sense of control for the next few days by letting him make decisions about what he wants to eat, and wear.
- Spend time together. This means together, not you in one part of the house while your child is in another part of the house.
- Encourage your child to engage in physical activities as well as activities that let him feel better. (Your school is likely involving students in activities to help survivors. Join them.)
- In the event of terrorism, explain that it is normal to feel sad or worried but the United States is a strong country and officials are working hard to keep everyone safe.
- When needed, help separate fact from fiction. Fiction tends to escalate one's fears.
- Do not speculate or exaggerate

## **When to Look for Help**

1. If a child is physically hurting him/herself or others
2. If a child's reactions have gone on for 2- 3 months with no change
3. If a child shows several of the behaviors listed below:
  - a. Sleep troubles, fear of falling asleep
  - b. Headaches, stomachaches
  - c. Increased aggressive behavior
  - d. A VERY high activity level
  - e. Constant worry about danger
  - f. Loss of skills learned earlier
  - g. Withdrawing from friends and activities
  - h. Not showing feelings about anything
  - i. Worrying a lot about the safety of loved ones
  - j. Having trouble concentrating
  - k. Repetitive play about the loss or trauma