
Guidelines for Parents

Immediate and Ongoing Tasks

When a tragedy such as an earthquake or the attack on the World Trade Center occurs, parents become concerned, worried and are in shock. Children also become scared, confused and are in disbelief. They are likely to be worried about their future and most importantly, about their family and other significant people in their lives. Following are some guidelines for dealing with children in the days and weeks following a traumatic event:

- Determine your child's risk for problems. Those most at risk are children who have some personal experience with the tragedy; who may have been close to the area or have family or friends who have been hurt or killed, or who have had previous mental health problems.
- Provide reassurance. Children will be affected by a parent's mood and reaction. Calm parents encourage calm in their children. Parents can show children that they too are sad but should temper their own intense emotions.
- Keep in mind that children's reactions depend upon their age, personality and coping style. Some children want to talk about the details, some are quiet and concerned, some may show an increase in their activity level, and some may prefer to get along with business as usual.
- Don't be afraid to talk about the tragedy. Start by finding out what the children already know and have seen. Listening to the children and answering their questions helps them deal with issues in their own way. Children are likely to be concerned about things of immediate importance, such as "Is school safe?" and "Can we still go visit Grandma at Thanksgiving?"
- Be truthful and honest in answers, using language the child can understand. Hiding information causes children to feel confused, reluctant to turn to adults for help and mistrustful of other information.
- Reassure the children of their safety and assure them that you and many others are working to make sure they are safe. Reassure them about practical issues in their own lives such as "Mom will still take you to school" and "The police and firefighters are putting out fires so we are safe."
- Have more than one conversation. A child's understanding and questions about difficult situations change over time. Be available and look for teachable moments for further exploration.
- Allow and encourage expression in private ways, such as through journals or art.
- Maintain as much of a usual routine as possible. Familiarity is comforting to children and provides a sense of normalcy.
- Monitor exposure to media and limit access if necessary. Repeated viewing by young children can be confusing, causing them to believe that events are reoccurring. For older children overexposure can be overwhelming and leave them feeling helpless.
- Expect variations in a child's mood. Different reactions may occur as time passes and new events occur. The situation takes on new meaning as aspects of life may change for the short-term or forever.
- It is common for children to be more clingy, to be concerned about separation and to feel the need to be in close proximity to parents or even want to sleep with them. Consider how your own anxiety might be

contributing to a child's fears. If sleeping together is allowed for the short term, it is helpful to return to normal bedtime routines as soon as possible.

- Working parents should make arrangements so that the child is not left alone after school during the time of the crisis.
- Be mindful of how issues are discussed with and near children. Prejudice and violence should not be encouraged as ways to solve problems. Seeking to place blame or to exact revenge does not repair hurt feelings or sadness.
- Realize that children who have had difficulty before the crisis may show a re-emergence of their problems either temporarily or over time.
- Realize that children may be more vulnerable if other stresses, such as divorce or financial problems, were occurring in the family prior to the crisis. They may need extra support and reassurance to feel in control.
- Attend to the children's and family's basic physical and mental health needs; eating, sleeping and participating in enjoyable activities are necessary and beneficial.
- Facilitate collecting of keepsakes and mementos.
- Support a child's preference for public and private participation in memorial rituals, activities, services and activities seeking donations of time and money.
- Stay involved in the children's lives and monitor their adjustment over time. If you are concerned about your child, issues should be explored further with a counselor or mental health professional.
- Use available community, school, social and religious support networks and services.

Children, Trauma and Death

Age Guide to How Children React, What They Know, What to Say

Children and teens are affected by trauma and death in particular ways.

Their reactions and symptoms can be expressed through:

- * behavior
- * emotions
- * physical reactions
- * thoughts

Not all children exhibit all symptoms and their reactions may change over the first days or weeks after a crisis. Some symptoms of distress and grief are short-lived, whereas others linger or even occur months or years after a trauma or death.

Although they may take different forms, stress reactions in children at any age can typically include:

- * worry and anxiety about people or events
- * re-experiencing of images of the traumatic event or recurring thoughts, sensations, talk or play related to the event
- * arousal or heightened sensitivity to sights, sounds, smells and exaggerated responses or difficulty with usual activities
- * avoidance of reminders, thoughts and feelings related to the event or the death
- * searching for reminders of loved ones

Posttraumatic stress is the most common problem for children following a trauma, but they may also develop depression or anxiety disorders. Bereaved children may also have some of the same symptoms as children who have experienced a trauma, but the source of the problems and course of the symptoms may be quite different. Further, if a death has been traumatic, a child may exhibit signs typical of both trauma and grief.

Children's fears, anger, sadness and guilt about a traumatic event or death can vary according to their:

- * experience of the event
- * ability to understand the situation
- * gender
- * functioning prior to the event
- * worry about others' physical and emotional well being
- * desire to protect those who are living
- * changes in roles and expectations
- * reactions to changes in home life
- * feelings of being different, alone, isolated
- * sense of injustice
- * concern about being taken care of and about the future

Following, according to age, are:

- * some of the more common reactions children have to both trauma and death
- * descriptions of what children know and feel about death
- * suggestions for what to say and do

When the reactions interfere with everyday activities at school, at home and with friends, and with age-appropriate development, outside guidance and assistance can be beneficial.

INFANTS AND TODDLERS: BEFORE AGE 3

Common reactions to trauma and death

- * crying
- * searching for parents/caregivers
- * clinging
- * change in sleep and eating habits
- * regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- * repetitive play or talk

What they know and feel about death

- * little understanding of the cause or finality
- * react to separation
- * respond to changes in their immediate world, curious about where things go, as in peekaboo, if something is not visible it does not exist

What to say and do

- Offer simple explanations for injury: "When someone has a heart attack it means blood got stuck going to the heart like when cars are in a traffic jam; doctors can clear up the traffic jam in the heart."
- Relate information to the child's own world: "Daddy goes to the doctor to help his leg feel better like you went to Mommy when you fell."
- Describe things in terms of the senses and everyday activities: eating, sleeping, smelling, listening, running, talking, singing and laughing.
- Use analogies to similar situations or experiences such as injury or death of pets or changes in flowers in the garden.
- Expect repeated questions, as if information has never been heard before.
- Reassure children that they will be cared for.
- Explain that adults are always around to care for children until they get old enough to take care of themselves.
- Maintain routines as much as possible.
- Soothe and comfort in familiar ways by rocking, cuddling and singing/playing songs.

- Maintain limits.
- Involve them in play.
- Use picture and story books to explain concepts on their level.

PRESCHOOLERS AND YOUNG CHILDREN: 3-5 YEAR OLDS

Common reactions to trauma and death

- * separation fears (e.g. from parents/loved ones)
- * clinging
- * tantrums, irritable outbursts
- * fighting
- * crying
- * withdrawal
- * regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- * sleep difficulty (e.g. nightmares, difficulty sleeping alone)
- * increased usual fears (e.g. the dark, monsters)
- * magical thinking, believing the person will reappear
- * acting and talking as if the person is not sick or is still alive

What they know and feel about death

- * focus on concrete details
- * personalize the experience; believe they may have caused it
- * seek control
- * believe that death is punishment
- * equate death with things that are still and life with things that move
- * inability to manage time and finality
- * believe death is reversible
- * believe the dead person still has living qualities

What to say and do

- Monitor adult conversations around children.
- Correct misinformation and fantasies.
- Give honest and clear answers; use simple explanations about causes of the event or death; "some people do harmful things," "when people die we can't see them anymore but we can look at pictures and remember them."

- Relate similar experiences: "When you hurt your foot, you skipped T-ball practice for 3 days until you felt better; Mommy got hurt when she fell on the street and had to go to the hospital for 3 days."
- Make clear distinctions between a child's experience and that of a parent: "When you got an ear infection the doctor had one right medicine to make you better fast, but the doctors have a lot of different medicines to try to make Daddy better so it will take longer."
- Use real vocabulary for the trauma or death, avoid euphemisms.
- Use concrete terms to describe places and situations (e.g. "IVs are like straws to give medicine").
- Help label emotional reactions and feelings.
- Reinforce the fact that the child is not at fault; that thoughts, words, behaviors don't make people get hurt or die.
- Reinforce the fact that disasters and death are not forms of punishment.
- Accept fluctuations in mood.
- Accept regressed behavior, but help the child regain control.
- Provide limits for inappropriate behavior (e.g. "You can't stay up until 11 o'clock tonight, but I'll sit next to you until you fall asleep.>").
- Establish consistent, secure, stable care-taking.
- Allow participation and choice, as desired by the child, for hospital or funeral/memorial-related activities.
- Expect repetition of questions.
- Expect that they may think someone who has died will come back.
- Tell stories and show pictures of the person who died to create connections and solidify memories.
- Allow for fun and release activities.
- Look for and encourage expression of feelings in play, art.
- Use outside resources such as books.

EARLY SCHOOL-AGE CHILDREN: 6-9 YEAR OLDS

Common reactions to trauma and death

- * anger, fighting, bullying
- * denial
- * irritability
- * self-blame
- * fluctuating moods
- * fear of separation, being alone, or events recurring
- * withdrawal
- * regression to earlier behavior
- * physical complaints (e.g. stomachaches, headaches)
- * school problems (e.g. avoidance, academic difficulty, difficulty concentrating)

What they know and feel about death

- * fascination with details
- * increased vocabulary and understanding of concepts for germs, contagion, etc.
- * increased understanding of personal health and safety
- * personification of death; belief in boogeyman
- * incongruent/mismatch between emotions and understanding of death
- * belief in power of own thoughts to cause death
- * "perfect child" (to correct or prevent death) or "bad child" syndrome (being bad as punishment for past death and anticipation of future punishment)
- * wish to be reunited with deceased

What to say and do

- Provide clear and honest information, describing what you know and even admitting that no one knows the answer to certain questions, such as why the incident happened.
- Find out what a child already thinks and knows and ask the child questions rather than make assumptions about the child's needs.
- Be concrete rather than vague; use simple diagrams and pictures to explain such things as the body and injuries.
- Describe the event and/or death accurately.
- Prepare the child for anticipated changes such as a need to attend a new school, destruction of a playground, and talk about what it will mean for the child.
- Prepare the child for changes in routines or in the household functioning; let the child know about different car pool arrangements or if Daddy will be out of work for a few months. Explain it will be nice to be together more but they may not eat as many dinners out.
- Encourage communication of unpleasant, confusing feelings.
- Validate and normalize reactions and difficulties in school, with peers, with family.
- Allow for repetitive questions and a search for answers.

- Be sensitive to clues of child's self-blame and correct myths and misunderstandings.
- Monitor changes in other areas of life: academic, social, sports.
- Cooperate with adults in the child's larger network who will be affected by and can help with changes in the child's life (e.g. teachers, coaches, friends' parents).
- Encourage participation in memorial-related activities according to child's wishes and timetable; find out if, how and when a child wants to contribute to the situation. Ask at different intervals as situations and feelings change. Give them permission to withdraw and re-enter family events as they need.
- Use calendars & charts to visually describe, predict and plan for normal events.
- Encourage involvement in typical and familiar age appropriate recreational and social activities.
- Encourage expression of feelings: verbally, in play or in art, in private, with parents or peers.
- Help children in dealing with others. Discuss preferences regarding desires to keep things private, practice what to say when explaining the situation.
- Use outside resources, such as books, for explanations of information and feelings.

**MIDDLE SCHOOL-AGE CHILDREN:
9-12 YEAR OLDS**

Common reactions to trauma and death

- * crying
- * longing for someone who has died
- * aggression, irritability, bullying
- * resentment
- * sadness, isolation, withdrawal
- * fears, anxiety, panic
- * suppressed emotions, denial, avoidance
- * self-blame, guilt
- * sleep disturbance
- * concern about physical health and physical complaints
- * academic problems or decline, school refusal, memory problems
- * repetitive thoughts or talk with peers
- * "hysterical" expressions of concern and need to help

What they know and feel about death

- * mature understanding of death: its permanence, irreversibility, inevitability, universality and nonfunctioning of the body
- * adult-like responses (e.g. sadness, anger)
- * exaggerated attempts to protect/help caregivers and family members
- * sense of responsibility to family conflicts with desire to continue social involvement
- * feelings go underground
- * feeling different than others who have not experienced a death

What to say and do

- Engage in more specific discussions about the cause of the event or death and invite questions. Allow the child to express his or her personal story of events.
- Look for opportunities to address feelings when the child is ready or as different situations arise. Let children choose their own pace.
- Support and accept expression of all types of feelings.
- Educate children about common reactions (anger, sadness etc.) and the risks involved in avoiding difficult feelings.
- Offer and seek various people and outlets for expression; some children feel uncomfortable expressing strong emotions to their parents for fear of upsetting or hurting them.
- Discuss changes that will occur in the household; ask for input when negotiating new ways of handling situations. Avoid unnecessary changes.
- Encourage discussion about managing new responsibilities.
- Ask children how and what they want to say to others (e.g. friends, teachers).
- Accept help from others.
- Encourage and allow involvement in outside activities.
- Encourage memorialization of someone who died in ways that are personally meaningful.
- Share aspects of one's own response and ways of coping.

**EARLY TEENS AND ADOLESCENTS:
13-18 YEAR OLDS**

Common reactions to trauma and death

- * numbing, re-experiencing
- * avoidance of feelings

- * resentment, loss of trust
- * guilt, shame
- * depression, suicidal thoughts
- * distancing, withdrawal, panic
- * mood swings, irritability
- * anxiety, panic, dissociation
- * anger
- * self-involvement
- * exaggerated euphoria
- * acting out (engaging in risky, antisocial, or illegal behavior)
- * substance use
- * fear of similar events, illness, death, the future
- * appetite and sleep changes
- * physical complaints or changes
- * academic decline, school refusal

What they know and feel about death

- * adult grief reactions of sadness and depression
- * feeling pressured to be responsible and engage in adult behavior
- * fear of expressing strong emotions; anxiety over being overwhelmed, embarrassment
- * change in sense of identity, purpose of life
- * thoughts about the future; personal mortality & events without significant people

What to say and do

- Keep adolescents involved with family activities related to the trauma or death but use care when requiring participation over a long period of time.
- Resist expecting or assigning adult responsibilities.
- Discuss changes in the family and work together to develop solutions to problems.
- Be cautious about any changes the teen might want to make during the trauma or immediately following a death.
- Consider how the event or death may be influencing usual difficult adolescent behavior and address it directly.
- Educate the teen about potential risks of acting out behavior.
- Be sensitive to clues of increased risk-taking or illegal activity.

- Expect variability in moods and behavior.
- Expect the reactive tendency to become either overly close or distant.
- Accept and encourage a teen's confiding in someone outside the family for support.
- Allow for development of normal independent behavior.
- Maintain limits, consistency and a sense of stability.
- Be reasonably flexible with rules, academic and behavioral expectations.

Factors Affecting Adjustment to Trauma and Death

A variety of factors influence a child's adjustment. These include:

- * **Physical and emotional functioning of the adults/parents.** Children react to their parents' responses, and reactions of other significant adults in their life. If a parent is overwhelmed by worry following a trauma, or grief and sadness following a death, the child may be frightened by such intense emotion. Likewise, a parent who is in denial may confuse or limit a child's own expression of feelings. In addition, a child may be affected by a parent's physical or emotional availability.
- * **Child's personality and temperament.** Children have their own style of functioning and coping and at a time of crisis certain characteristics can be exaggerated and certain resources called upon. A cautious or anxious child may be more fearful for a time, and a child who is practical may set about quickly re-establishing a routine.
- * **Pre-existing risk factors such as prior mental illness, learning or social problems.** Children with other problems may be more challenged in their ability to cope with a loss. They may have difficulty understanding or managing the changes in their life or they may have poor social skills or strained social relationships with peers, which make it more difficult for them to benefit from supportive friendships.
- * **Family structure, functioning and relationship.** All families have a particular style for functioning and relating. Those that have an open system of communication and a strong structure will provide comfort and assurance for children. Strained relationships, fighting, pre-existing resentments or conflicts may interfere with the ability of family members to support each other.

* **Type of death if the trauma involved loss of life.**

When the death follows a prolonged illness or is anticipated, the family has the opportunity to prepare, and be involved in the dying process and perhaps put preventive mental health measures in place. The shock of a traumatic or sudden death can make it more difficult to comprehend and acknowledge resulting in different emotions. Certain causes of death, such as suicide, homicide, AIDS or drug-overdose may still carry shame and embarrassment further complicating grief and mourning.

* **In the event of death, quality of the prior relationship with the individual.** The type of relationship shared between two people prior to a death affects how the loss is felt and the emotional recovery. Siblings who fought, in a normal fashion, may feel the loss of a playmate when a sibling dies but may also feel regret and blame. Likewise, a rebellious teen may feel guilty for harsh words said to a parent in a moment of anger.

* **Demographic characteristics of the child and family such as age and socioeconomic status.**

Children's ability to understand the full meaning of a trauma or death is limited by their age and cognitive ability. Families may also be more or less limited in their ability to access help for immediate and long-term needs.

* **Concurrent life stressors such as financial problems, difficult living situations, divorce or illness.**

Other stresses can make adjustment to traumatic events and death more complex and leave the child and family feeling overwhelmed or lacking energy. Certain situations, such as a divorce or illness of other family members, can also tax one's ability to cope and may add to a sense of futility or lack of security.

* **Support services, interventions and networks provided and available before, during and after the trauma or death.** Since children may feel unsafe after a traumatic event or feel that something is missing following a death, it is helpful to have familiar people available to provide comfort and reassurance. The child may turn to a relative, trusted counselor or someone else in the immediate network—a coach or religion teacher. Some children may find it difficult to establish a strong personal connection with someone new. However if they are unable to rely on existing supports, some children can be given immediate help if a particular individual is designated to fill the role.

Helping Children Cope with Death

We have come to realize that children have their own way of grieving after a death. A child must make short-term and long-term adjustments depending on how the situation impacts everyday life. If a parent has died, the surviving parent's ability to continue accustomed caretaking responsibilities also influences the child's bereavement process.

For any type of death, grief is not one emotion; individuals express grief in individual ways, and the grieving process changes over one's lifetime. The relationship one has with the person who has died and feelings about the death also change over time. But, for both children and adults, there is no specific timetable for grief and no necessary and predictable stages to pass through. Unlike the adage, time does not magically heal all wounds.

Although attitudes are changing, death and illness are often treated as taboo subjects. Parents feel awkward answering their children's questions and most adults are scared at the thought of dying. Many still believe either that children will be irrevocably damaged by the truth or that they are resilient and just bounce back. The reality is that children do grieve and can be helped. The struggle between acting "normal" and having strong feelings is complicated but possible to manage.

THE MULTIPLE MEANING OF LOSS

The actual physical loss of a person who died is the primary loss. The meaning of the individual to the child will be felt in countless ways throughout the child's life. However, death is more than loss of a physical presence. Secondary losses or changes also impact the child in significant ways. These include:

- * **Loss and change of self:** Individuals are defined in many different ways. One's identity, self-confidence, sense and understanding of physical health, personality and role in the family can be changed by a death.
- * **Loss and change of security:** One's sense of emotional and physical safety is often shaken. A change in financial security and lifestyle may accompany the loss.
- * **Loss and change of meaning:** A restructuring and re-evaluation of goals and dreams are not uncommon. In addition, children and teens may re-examine and question their faith and even the desire to live and to regain a sense of joy.

Bereavement Coping Tasks

We know that children and teens, as well as adults, grieve in their own way, that feelings change over time and that the bereavement process goes on throughout life. Emotions ebb and flow as situations trigger new thoughts and ways of thinking about the person who has died and one's life without the person. Rather than believe in a set series of stages that one must pass through, the work of bereavement can be conceptualized as different tasks with which one must cope or resolve. The tasks of mourning for children are based on the tasks identified for adults as follows:

- **Adults need to accept the reality of the loss.**
Children need to understand the person has actually died: Understanding can involve believing the death has occurred, understanding the feelings about it and accepting the accompanying changes. For example, a child may need to accept that Dad doesn't braid hair as well as Mom or the family needed a new babysitter because Mom had to start working to earn money after Dad died.
- **Adults need to work through the pain of grief.**
Children must also cope with the pain of loss and are also faced with future occurrences of feelings related to loss: Experiencing rather than avoiding feelings is a necessary step. This allows the bereaved to manage and move beyond them. As children get older, their understanding and feelings about the person who died may change and these feelings must also be addressed. Unaddressed feelings at any time can lead to physical symptoms and emotional difficulties, or resurface later. For example, a child may need to tell his mother he will never be as good a baseball player as his older brother who just died.
- **Adults need to adjust to the environment in which the person is no longer there. Children are faced with the task of investing in new relationships and developing a new identity based on the loss:** Realization and understanding occur over time as a death shapes life in new ways. Children face everyday concrete changes in routine as well as changes in responsibilities and role. Coming to terms with the differences encourages active control rather than passive avoidance. Whereas a wife may need to take over the family finances, a teenage boy may need a part time job and may develop a strong bond with a coach as a male role model and guide.
- **Adults must be able to emotionally relocate the person who has died to be able to move on.**
Children accomplish this task by reevaluating the

relationship, keeping an internal sense of the person, and continuing with normal developmental tasks: Gradually as days and months pass, the intense emotional focus and feelings become less prominent as balance is restored in life and memories are reinforced. There is a re-investment of physical and emotional energy in other aspects of life. This can be seen when a young teen continues to forge strong peer relationships, when a family enjoys a Thanksgiving celebration with talk about happy memories of past holidays, and when children are comforted by realizing they have incorporated qualities of a parent who has died into their own personality or life.

Those individuals involved with students, parents and staff can prepare themselves by:

- knowing necessary information
- having accurate vocabulary
- determining the level of involvement preferred by the child and family
- knowing what help or resources are available and providing basic support
- understanding and addressing students' and parents' fears
- understanding one's own feelings
- being comfortable saying that there is no answer to certain questions
- considering the unique aspects of the school year (e.g. the start of the year when students and teachers are new to each other)
- addressing immediate and long-term academic concerns
- addressing social concerns
- planning ahead for future transitions in school

Adults can help children master different tasks by:

- being available
- providing reassurance about who will care for them
- providing a safe place for expression of feelings and acceptance of varied feelings
- offering a choice in activities, amount of participation and the time and place for expression of feelings
- giving honest answers
- addressing self blame
- reinstating routine and structure
- preparing, guiding and planning for adjustment to changes

