

Guidelines for Working with Grieving Children

If a child has been a victim of or a witness to a crime, it is very important that the child know you are supporting him or her. The child should know that:

1. You are sorry about what happened;
2. They did the right thing by telling you about it or sharing their feelings about the incident with you (and you are glad they did);
3. The incident was not their fault and they share no responsibility for the criminal acts that occurred; and
4. The child will now be safe.

If the child expresses fear, anger, behavior problems or other anxieties relating to the crime or court process, contact your victim witness advocate or a child trauma specialist for assistance in meeting their longer-term needs. Don't try to minimize your child's anxieties or talk them out of them. Don't exaggerate the problem either. Reflect their feelings back to them and encourage them to express their fears to you.

The following suggestions were developed to help you in assisting traumatized children:

1. Do not avoid the subject of personal loss (death) in discussions.
2. Do not discourage the intense emotions of grief. Anger, tears, guilt, despair and protest are normal reactions of family disorganization. Accept the emotional reactions of people who hurt and who grieve in their own way.
3. Encourage the child to talk, to doubt, question and share differences of opinion. Respect the child's unique personality. In the end each person must discern the meanings to the questions of life and death.
4. Tell children the truth and provide accurate information. Avoid fairy tales, half-truths and embellishments. Honesty is the best and only policy.
5. Listen.
6. Respect the child's privacy.
7. Share your feelings with the child.
8. Provide play or reading opportunities. Good books include: *Take Time to Relax* by Nancy Carlson, *The Tree that Survived the Winter* by Mary Fahy, *There's Something in My Attic* by Mercer Maye, *I Hear a Noise* by Diane Goode and the *Knight Who Was Afraid of the Dark* by Barbara Shook Hazen.
9. Be there for them and give them hugs and reassuring contact.
10. Look at family pictures together.
11. Encourage children to tell stories about the deceased loved one.
12. Encourage children to write about the event.

13. Ask children to draw (the event, the funeral, their friend, etc.) what they think death is, and have them describe drawings.
14. Visit the grave with the child.

Remember the process of adjustment to death is much longer than the funeral. The height of depression may come many months after the death. Grief may be expressed in poor grades, lack of attention, daydreaming and hostility.

Childrens' Reactions to Trauma

Caregivers can provide much-needed comfort and security to children affected by trauma. Many of their reactions will stem from the event, their history of crisis, their age and developmental stage, their support system and their perception of the event.

Preschool children

Reactions: Shorter attention spans, confusion, loss of appetite, overeating, bowel/bladder problems, sleeping disturbance, nervousness, anxiety, fearful reminders, clinging, disobedience, thumb sucking, bedwetting, re-enacting trauma.

Need: To establish safety and security and self-control.

Response: Provide physical comforts, assure and provide adult protection, let the child sleep where he/she feels safe, clarify the event, misconceptions and misunderstandings and, most importantly, stay calm.

Time: Caregivers providing psychological first aid to pre-school/kindergarten age children, should not spend more than 15 to 20 minutes at a time working with the child.

Elementary school children

Reactions: Confusion, inability to concentrate, headaches, stomachaches, vision problems, itching, sleep disturbances

Need: To relieve guilt, to reestablish productivity, to feel safe and to build self-esteem.

Response: Encourage children to talk about their feelings, validate their reactions, reinforce age-appropriate behavior, provide structure, clarify misconceptions and provide opportunities for the child to succeed and feel good.

Time: Crisis response strategies should not take longer than 30 minutes to an hour for each session.

Junior/Senior high children

Reactions: Problems concentrating, headaches, skin rashes, loss of appetite, depression, anxiety, withdraws, antisocial behavior, abuses drugs, alcohol, survivor guilt.

Need: Reassure about normalcy, understand direction in life and meaning of event, help with stress reduction, prepare for additional reactions, clarify information.

Response: Encourage discussion, validate reactions, provide opportunity for positive action, provide guidance and future contact, provide opportunity to conceptualize the incident and reactions to situations.

Sources: *School Crisis Management*, Kendall Johnson, Ph.D., Hunter House, 1993. Jayne Crisp, Association of Traumatic Stress Specialists, 2001. 1998