Helping Children Cope With Loss, Death, and Grief
Tips for Teachers and Parents

Schools and communities around the country will be impacted by the loss of life associated with the war in Iraq. The effects may be significant for some people because of their emotional closeness to the war and/or their concern over terrorism. How school personnel handle the resulting distress can help shape the immediate and longer-term grieving process for students, staff, and families. Children, in particular, will need the love and support of their teachers and parents to cope with their loss and reach constructive grief resolution.

Expressions of Grief
Talking to children about death must be geared to their developmental level, respectful of their cultural norms, and sensitive to their capacity to understand the situation. Children will be aware of the reactions of significant adults as they interpret and react to information about death and tragedy. In fact, for primary grade children adult reactions will play an especially important role in shaping their perceptions of the situation. The range of reactions that children display in response to the death of significant others may include:

- **Emotional shock** and at times an apparent lack of feelings, which serve to help the child detach from the pain of the moment;

- **Regressive (immature) behaviors**, such as needing to be rocked or held, difficulty separating from parents or significant others, needing to sleep in parent’s bed or an apparent difficulty completing tasks well within the child’s ability level;

- **Explosive emotions and acting out behavior** that reflect the child’s internal feelings of anger, terror, frustration and helplessness. Acting out may reflect insecurity and a way to seek control over a situation for which they have little or no control;

- **Asking the same questions over and over**, not because they do not understand the facts, but rather because the information is so hard to believe or accept. Repeated questions can help listeners determine if the child is responding to misinformation or the real trauma of the event.

Helping Children Cope
The following tips will help teachers, parents, and other caregivers support children who have experienced the loss of parents, friends, or loved ones. Some of these recommendations come from Dr. Alan Wolfelt, Director of the Center for Loss and Life Transition in Fort Collins, Colorado.

- **Allow children to be the teachers about their grief experiences**: Give children the opportunity to tell their story and be a good listener.

- **Don’t assume that every child in a certain age group understands death in the same way or with the same feelings**: All children are different and their view of the world is unique and shaped by different experiences. (Developmental information is provided below.)

- **Grieving is a process, not an event**: Parents and schools need to allow adequate time for each child to grieve in the manner that works for that child. Pressing children to resume “normal” activities without the chance to deal with their emotional pain may prompt additional problems or negative reactions.
• **Don't lie or tell half-truths to children about the tragic event:** Children are often bright and sensitive. They will see through false information and wonder why you do not trust them with the truth. Lies do not help the child through the healing process or help develop effective coping strategies for life's future tragedies or losses.

• **Help all children, regardless of age, to understand loss and death:** Give the child information at the level that he/she can understand. Allow the child to guide adults as to the need for more information or clarification of the information presented. Loss and death are both part of the cycle of life that children need to understand.

• **Encourage children to ask questions about loss and death:** Adults need to be less anxious about not knowing all the answers. Treat questions with respect and a willingness to help the child find his or her own answers.

• **Don't assume that children always grieve in an orderly or predictable way:** We all grieve in different ways and there is no one "correct" way for people to move through the grieving process.

• **Let children know that you really want to understand what they are feeling or what they need:** Sometimes children are upset but they cannot tell you what will be helpful. Giving them the time and encouragement to share their feelings with you may enable them to sort out their feelings.

• **Children will need long-lasting support:** The more losses the child or adolescent suffers, the more difficult it will be to recover. This is especially true if they have lost a parent who was their major source of support. Try to develop multiple supports for children who suffer significant losses.

• **Keep in mind that grief work is hard:** It is hard work for adults and hard for children as well.

• **Understand that grief work is complicated:** Deaths that result from a terrorist act or war can bring forth many issues that are difficult, if not impossible, to comprehend. Grieving may also be complicated by a need for vengeance or justice and by the lack of resolution of the current situation: the conflict may continue and the nation may still feel at risk. The sudden or violent nature of the death or the fact that some individuals may be considered missing rather than dead can further complicate the grieving process.

• **Be aware of your own need to grieve:** Focusing on the children in your care is important, but not at the expense of your emotional needs. Adults who have lost a loved one will be far more able to help children work through their grief if they get help themselves. For some families, it may be important to seek family grief counseling, as well as individual sources of support.

**Developmental Phases in Understanding Death**
It is important to recognize that all children are unique in their understanding of death and dying. This understanding depends on their developmental level, cognitive skills, personality characteristics, religious or spiritual beliefs, teachings by parents and significant others, input from the media, and previous experiences with death. Nonetheless, there are some general considerations that will be helpful in understanding how children and adolescents experience and deal with death.

• **Infants and Toddlers:** The youngest children may perceive that adults are sad, but have no real understanding of the meaning or significance of death.

• **Preschoolers:** Young children may deny death as a formal event and may see death as reversible. They may interpret death as a separation, not a permanent condition. Preschool and even early elementary children may link certain events and magical thinking with the causes of death. For instance, as a result of the World Trade Center disaster, some children may imagine that going into tall buildings may cause someone's death.
• **Early Elementary School:** Children at this age (approximately 5-9) start to comprehend the finality of death. They begin to understand that certain circumstances may result in death. They can see that, if large planes crash into buildings, people in the planes and buildings will be killed. In case of war images, young children may not be able to differentiate between what they see on television, and what might happen in their own neighborhood. However, they may over-generalize, particularly at ages 5-6—if jet planes don’t fly, then people don’t die. At this age, death is perceived as something that happens to others, not to oneself or one’s family.

• **Middle School:** Children at this level have the cognitive understanding to comprehend death as a final event that results in the cessation of all bodily functions. They may not fully grasp the abstract concepts discussed by adults or on the TV news but are likely to be guided in their thinking by a concrete understanding of justice. They may experience a variety of feelings and emotions, and their expressions may include acting out or self-injurious behaviors as a means of coping with their anger, vengeance and despair.

• **High School:** Most teens will fully grasp the meaning of death in circumstances such as an automobile accident, illness and even the World Trade Center or Pentagon disasters. They may seek out friends and family for comfort or they may withdraw to deal with their grief. Teens (as well as some younger children) with a history of depression, suicidal behavior and chemical dependency are at particular risk for prolonged and serious grief reactions and may need more careful attention from home and school during these difficult times.

**Tips for Children and Teens with Grieving Friends and Classmates**

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Following are some suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss.

• Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under “helping children cope.”

• Seeing their classmates’ reactions to loss may bring about some fears of losing their own parents or siblings, particularly for students who have family in the military or other risk related professions. Children need reassurance from caregivers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.

• Children (and many adults) need help in communicating condolence or comfort messages. Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much. Let me know if I can help you with your paper route....”) and what to expect (see “expressions of grief” above).

• Help children anticipate some changes in friends’ behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.

• Explain to children that their “regular” friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.

• Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings,
helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.

- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.

- Parents and teachers need to be alert to children in their care who may be reacting to a friend’s loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

**Resources for Grieving and Traumatized Children**

At times of severe stress, such as the trauma of war or terrorist attacks, both children and adults need extra support. Children who are physically and emotionally closest to this tragedy may very well experience the most dramatic feelings of fear, anxiety and loss. They may have personally lost a loved one or know of friends and schoolmates who have been devastated by these treacherous acts. Adults need to carefully observe these children for signs of traumatic stress, depression or even suicidal thinking, and seek professional help when necessary.

Resources to help you identify symptoms of severe stress and grief reactions are available at the National Association of School Psychologist’s website—[www.nasponline.org](http://www.nasponline.org). See also:

**For Caregivers**
- Mister Rogers Website: [www.misterrogers.org](http://www.misterrogers.org) (see booklet on Grieving for children 4-10 years)
- Helping Children Cope With Death, The Dougy Center for Grieving Children, [www.dougy.org](http://www.dougy.org)

**For Children**

*Adapted from material first posted on the NASP website after September 11, 2001.*

*NASP has made these materials available free of charge to the public in order to promote the ability of children and youth to cope with traumatic or unsettling times. The materials may be adapted, reproduced, reprinted, or linked to websites without specific permission. However, the integrity of the content must be maintained and NASP must be given proper credit.*

How to Help a Grieving Child

These lessons have been adapted from the book *35 Ways to Help a Grieving Child*. To order a copy of the book, visit our online bookstore or contact The Dougy Center, 503-775-5683.

**Answer the questions they ask. Even the hard ones.**

Kids learn by asking questions. When they ask questions about a death, it’s usually a sign that they’re curious about something they don’t understand. As an adult, a couple of the most important things you can do for children is to let them know that all questions are okay to ask, and to answer questions truthfully. Be sensitive to their age and the language they use. No child wants to hear a clinical, adult-sounding answer to their question, but they don’t want to be lied to either. Often the hardest time to be direct is right after a death. When a child asks what happened, use concrete words such as “died” or “killed” instead of vague terms like “passed away.” A young child who hears his mother say, “Dad passed away” or, “I lost my husband,” may be expecting that his father will return or simply needs to be found.

**Give the child choices whenever possible.**

Children appreciate having choices as much as adults do. They have opinions, and feel valued when allowed to choose. And they don’t like to be left out. For example, it is a meaningful and important experience for children to have the opportunity to say goodbye to the person who died in a way that feels right to them. They can be included in the selection of a casket, clothing, flowers and the service itself. Some children may also want to speak or write something to be included in the service, or participate in some other way.

After a death, having choices allows children to grieve a death in the way that is right for them. Sometimes children in the same family will choose differently. For example, one child may want pictures and memorabilia of the person who died, while another may feel uncomfortable with too many reminders around. If you are a parent, ask your child what feels right to them. Don’t assume that what holds true for one child will be the same for another.

**Talk about and remember the person who died.**

"My daddy tickled me. He danced with me. He read to me." Sarah, 9
Remembering the person who died is part of the healing process. One way to remember is simply to talk about the person who died. It's okay to use his/her name and to share what you remember. You might say, "Your dad really liked this song," or "Your mom was the best pie maker I know."

Bringing up the name of the person who died is one way to give the child permission to share his or her feelings about the deceased. It reminds the child that it is not "taboo" to talk about the deceased. Sharing a memory has a similar effect. It also reminds the child that the person who died will continue to "live on" and impact the lives of those left behind.

Children also like to have keepsakes of the person who died, such as objects which hold an emotional or relational significance. When his father died of a heart attack, Jeremy, 12, asked if he could have his Dad's work boots. Although they were old, worn out and too big for his feet, they served as a memory of all the times his father had taken him to the construction site where he worked. Tom, 16, wanted to keep his dad's flannel shirt, which he wore on father-son fishing trips. Now Tom wears it when he goes fishing.

Recognizing that each person grieves in his own way is essential to the healing process for a family. Listen to children talk about their feelings and watch their behavior, and you will help clarify and affirm these natural differences.

Respect Differences in Grieving Styles

Several months after her Dad died of a heart attack, 7-year-old Jenny told her peers in a grief support group, "I have lots of tears inside, but I can't get them out as easy as my Mom." Children often grieve differently from their parents and siblings. Some children want to talk about the death, while others want to be left alone. Some like to stay busy and others withdraw from all activities and stay home. Younger children may be clingy, whereas teens may prefer to spend time on their own or with peers. Recognizing and respecting that each child grieves in his or her own way is essential to the healing process for a family. Listen to children talk about their feelings and watch their behavior, and you will help clarify and affirm these natural differences.

Listen without Judgment

One of the most helpful and healing things we can do for a child is to listen to his or her experiences without jumping into judge, evaluate or fix. Well-meaning adults often try to comfort a child with phrases such as, "I know just how you feel," or, worse, advice such as "get over it" or "move on." While our intentions to soothe a grieving child are correct, using such responses negate the child's own experiences and feelings. If a child says, "I miss my Dad who died," simply reflect back what you've heard, using their words, so they know that they're being listened to. Use open-ended questions such as "What's that been like?" or "How is that?"; children are more likely to share their feelings without pressure to respond in a certain way. This is just one way we can validate their experiences and emotions, helping them regain a sense of safety, balance and control.
Hold a Memorial Service and Allow for Saying Goodbye

Allowing children and teens to say goodbye to the person who died is important in beginning the grieving process. A service enables children and teens to see how valued and important the person was to others and know that grieving the loss is okay. Before the service, let children know what is going to happen, who will be there, where and when it takes place and why it's important. Children who are prepared with this information are able to make the choice about attending the funeral. Should they choose not to participate, invite them to create their own commemorative ritual or activity for saying goodbye—planting a flower or tree, holding a candle-lighting ceremony.

Take a Break

Children grieve in cycles. For example, they may be more inclined to play and divert their focus from the death when the death is recent and parents are grieving intensely. More than adults, children need time to take a break from grief. It is important to know that it's okay to take a break. Having fun or laughing is not disrespectful to the person who died; this is a vital part of grieving, too.
After exposure to trauma, such as violence, death, accidents, or natural disasters, children are likely to show signs of stress. These reactions are normal and usually will not last long. Whether a child was involved directly, through proximity, or a parent’s involvement, or was a second-hand witness via the media, friends or family, they are likely to exhibit some of the following symptoms:

Indicators of Emotional Overload in Children

- Regression: returning to earlier behaviors that had been outgrown.
- Nightmares and night terrors
- Clinging to parents, fear of strangers
- Outbursts and tantrums; irritability
- “Fragile” feelings: hurt easily, quicker than usual to cry
- Nervous behavior, worry
- Withdrawal and isolation
- Suppression of emotion
- Physical complaints: headaches, stomach aches
- Changes in eating or sleeping behavior
- Bedwetting or thumbsucking
- Excessive fear of darkness, separation, or being alone

Helping your Child with Emotional Trauma

- Provide reassurance that the child is safe and you are together and will protect him or her.
- Hold, hug, or touch your child often.
- Explore your child’s perceptions of the event. Correct misinterpretations and answer questions.
- Be honest and give accurate information but don’t give more information than your child wants. Give information he or she can understand.
- Be more tolerant of unusual behavior.
- Spend extra time with your child at bedtime.
- Help your child to identify, label and express feelings. Let your child know these feelings are normal and that you’ll help with them. Model honesty about feelings by describing your own, at a level that is comfortable for the child.
- Watch for, and correct self-blame by your child. Children tend to blame themselves for all that happens around them. Make sure your child understands that what happened was not his or her fault.
- Allow your child to mourn or grieve over their loss, whether it is a toy, their home, etc.

If symptoms do not decrease over a few weeks, or if your child was exposed to actual or potential violence, loss or serious injury, consider consulting a mental health professional who is specially trained in working with children.
CHILDREN’S RESPONSES TO TRAUMA
(Pre-school through Second Grade)

Symptomatic Response

1. Helplessness and passivity
2. Generalized fear
3. Cognitive confusion (e.g., do not understand that the danger is over)
4. Difficulty identifying what is bothering them
5. Lack of verbalization - selective mutism, repetitive nonverbal traumatic play, unvoiced questions.
6. Attributing magical qualities to traumatic reminders
7. Sleep disturbances (night terrors and nightmares; fear of being alone, especially at night)
8. Anxious attachment (clinging, not wanting to be away from parent, worrying when parent is coming back, etc.)
9. Regressive symptoms (thumb sucking, enuresis, regressive speech)
10. Anxieties related to incomplete understanding about death; fantasies of “fixing up” the dead: expectations that a dead person will return, e.g., an assailant.

First Aid

1. Provide support, comfort, food, opportunity to play or draw
2. Re-establish adult protective shield
3. Give repeated concrete clarifications for anticipated confusions
4. Provide emotional labels for common reactions
5. Help to verbalize general feelings and complaints (so they will not feel alone with their feelings)
6. Separate what happened from physical reminders (e.g., a house, monkeybars, parking lot)
7. Encourage them to let their parents and teachers know
8. Provide consistent caretaking (e.g., assurance of being picked up from school, knowledge of caretaker’s whereabouts)
9. Give explanations about the physical reality of death

Robert S. Pynoos, Kathi Nader, “Children Exposed to Community Violence”
<table>
<thead>
<tr>
<th>Symptomatic Response</th>
<th>First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Preoccupation with their own actions during the event: issues of responsibility and guilt</td>
<td></td>
</tr>
<tr>
<td>2. Specific fears, triggered by traumatic reminders or by being alone</td>
<td></td>
</tr>
<tr>
<td>3. Retelling and replaying of the event (traumatic play): cognitive distortions and obsessive detailing</td>
<td></td>
</tr>
<tr>
<td>4. Fear of being overwhelmed by their feelings (of crying, of being angry)</td>
<td></td>
</tr>
<tr>
<td>5. Impaired concentration and learning</td>
<td></td>
</tr>
<tr>
<td>6. Sleep disturbances (bad dreams, fear of sleeping alone)</td>
<td></td>
</tr>
<tr>
<td>7. Concerns about their own and others’ safety, e.g., worry about siblings</td>
<td></td>
</tr>
<tr>
<td>8. Altered and inconsistent behavior, (e.g., usually aggressive or reckless behavior, inhibitions)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Help to express their secretive imaginings about the event</td>
</tr>
<tr>
<td>2. Help to identify and articulate traumatic reminders and anxieties: encourage them not to generalize</td>
</tr>
<tr>
<td>3. Permit them to talk and act it out: address distortions and acknowledge normality of feelings and reactions</td>
</tr>
<tr>
<td>4. Encourage to express fear, anger, sadness, etc. in your supportive presence in order to prevent feeling overwhelmed</td>
</tr>
<tr>
<td>5. Encourage to let their parents and teachers know when thoughts and feelings interfere with learning</td>
</tr>
<tr>
<td>6. Support them in reporting dreams: provide information about why we have bad dreams</td>
</tr>
<tr>
<td>7. Help to share worries: reassure with realistic information</td>
</tr>
<tr>
<td>8. Help to cope with the challenge to their own impulse control (e.g., acknowledge, “It must be hard to feel so angry.”)</td>
</tr>
</tbody>
</table>

Robert S. Pynoos, Kathi Nader, “Children Exposed to Community Violence”
CHILDREN’S RESPONSES TO TRAUMA
Adolescents (Sixth Grade and Up)

Symptomatic Response

1. Detachment, shame, and guilt (similar to an adult response)

2. Self-consciousness about their fears, sense of vulnerability, and other emotional responses: fear of being labeled abnormal

3. Post-traumatic acting out e.g., drug use, delinquent behavior sexual acting-out

4. Life threatening re-enactment: self-destructive or accident-prone behavior

5. Abrupt shifts in interpersonal relationships

6. Desires and plans to take revenge

7. Radical changes in life attitudes, which influence identity formation

8. Premature entrance into adulthood (e.g., leaving school or getting married), or reluctance to leave home

9. Somatic complaints

10. Close monitoring of parent’s responses and recovery; hesitation to disturb parent with own anxieties

First Aid

1. Encourage discussion of the event, feelings about it, and realistic expectations of what a could have been done

2. Help them understand the adult nature of these feelings: encourage peer understanding and support

3. Help to understand the acting out behavior as an effort to numb their responses to, or to voice their anger over the event.

4. Address the impulse toward reckless behavior in the acute aftermath; link it to the challenge to impulse control associated with violence

5. Discuss the expectable strain on relationships with family and peers

6. Elicit their actual plans of revenge: address the realistic consequences of these actions: encourage constructive alternatives that lessen the traumatic sense of helplessness

7. Link attitude changes to event’s impact

8. Encourage postponing radical decisions, in order to allow time to work through their responses to the event and to grieve

9. Help to identify the physical sensations they felt during the event

10. Offer to meet with children and parent(s), to help children let parents know how they are feeling

Adolescents (Sixth Grade and Up) cont.
11. Concern for other victims and their families

12. Feeling disturbed, confused, and frightened by their grief responses: fear of ghosts

11. Encourage constructive activities on behalf of the injured and deceased

12. Help to retain positive memories as they work through the more intrusive traumatic memories

Robert S. Pynoos, Kathi Nader, “Children Exposed to Community Violence”
Children and Trauma: What You Can Do To Help

Mary Margaret Kerr

Introduction

We say that a person has experienced or witnessed a trauma when they have been exposed--firsthand or indirectly--to an unexpected event that seriously threatened, injured, or killed someone. The four key elements of a trauma are: unpredictability, helplessness, fear, and horror (American Psychiatric Association, Diagnostic and Statistical Manual IV, 1994, p. 431).

Understanding how these elements affect children and teens is our first step, so let's begin with unpredictability. Unpredictability means that the event caught the person by surprise. Being caught off guard and vulnerable is distressing. Reactions will depend on the event itself and the child or teen's direct exposure, temperament, previous experiences, maturity, knowledge, and supports. For example, young children often experience events as traumatic, because they do not yet have the information and experience to anticipate situations. Consequently, they may find a normal situation to be stressful because they have never previously experienced it. Consider the apprehension with which many children face injections, blood tests, or x-rays. Over time, most children overcome their fear, as these medical procedures become more familiar. Put another way, maturity prepares us for many situations that might otherwise surprise us. On the other hand, a disaster can initially overwhelm even the most mature child or teen, because it is too shocking for them to manage.

Helplessness is the partner of scary surprises. Trauma victims need to regain control; empowering them is one of our first goals. For example, pediatric nurses talk through procedures with their young patients and offer them choices whenever possible: "You can look or close your eyes. It is okay to cry. You can keep your stuffed animal with you, if you want. Would you rather have your medicine in a pill or syrup?"

Fear is a natural reaction to the horror a child experiences during a trauma. Again, each child will respond according to past experiences, age, cognitive abilities, and emotional maturity. It's important to remember that the experience of trauma is individual; what may terrify one child may be manageable for another. These disparities often confuse parents attempting to console siblings whose behavioral and emotional reactions require different supports.

Mental health specialists describe two stress-related "disorders": Acute Stress Reaction and Post-Traumatic Stress Disorder, or PTSD (American Psychiatric Association, Diagnostic and Statistical Manual-IV, 1994). While it is helpful to have a clear description of these two disorders, one should not "medicalize" a young person's reactions to stress. This could make individuals feel that something is wrong with them, or that they have somehow failed. On the other hand, identifying stress reactions is helpful to trauma victims, who often respond, "Oh, so I am not the only one who feels this way. That makes me feel better."

In summary, we suggest that you become familiar with the signs of acute stress reactions so that you can spot problems requiring specialized treatment or support. On the other hand, avoid giving children and teens the message that their responses are unusual or "sick." In the next section, you will learn more about common responses to trauma.
Typical Responses to Trauma
Those who experience trauma often have one or more emotional, physical, behavioral or cognitive reactions. Many of these reactions echo the essential elements of the traumatic experience, as you can see below.

<table>
<thead>
<tr>
<th>Shock and Surprise</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Upset with changes in routine</td>
<td></td>
</tr>
<tr>
<td>- Need to control what happens</td>
<td></td>
</tr>
<tr>
<td>- Wanting more frequent communications with parents</td>
<td></td>
</tr>
<tr>
<td>- Asking questions repeatedly to get information about what is about to happen</td>
<td></td>
</tr>
<tr>
<td>- Dependent on routines at school and at home</td>
<td></td>
</tr>
<tr>
<td>- Nervousness; hypervigilance (easily startled)</td>
<td></td>
</tr>
<tr>
<td>- Less willing to try unpredictable social situations or new experiences, including academic assignments and tests, sports competitions, public performances</td>
<td></td>
</tr>
<tr>
<td>- Moodiness</td>
<td></td>
</tr>
<tr>
<td>- Anger</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Helplessness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Irritable when not given choices or power in decisions</td>
<td></td>
</tr>
<tr>
<td>- &quot;Bossy&quot; with family and friends</td>
<td></td>
</tr>
<tr>
<td>- Critical of others; judgmental; argumentative</td>
<td></td>
</tr>
<tr>
<td>- Stubbornness; insistence on having own way</td>
<td></td>
</tr>
<tr>
<td>- Inflexibility; narrowed focus on self</td>
<td></td>
</tr>
<tr>
<td>- Showing off, risk-taking behaviors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fear</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Absentmindedness, inability to concentrate</td>
<td></td>
</tr>
<tr>
<td>- Poor appetite; nervous eating</td>
<td></td>
</tr>
<tr>
<td>- Frightened by: darkness, monsters, strangers, &quot;bad guys&quot;, reminders of the event</td>
<td></td>
</tr>
<tr>
<td>- Using alcohol and other drugs to calm one’s fears</td>
<td></td>
</tr>
<tr>
<td>- Anxious when separated from parents or caregivers</td>
<td></td>
</tr>
<tr>
<td>- Fearful of going to school</td>
<td></td>
</tr>
<tr>
<td>- Concerns about own health and that of loved ones</td>
<td></td>
</tr>
<tr>
<td>- Demanding reassurance and attention</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Horror</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Thoughts about death and dying</td>
<td></td>
</tr>
<tr>
<td>- Disbelief; “numb” feeling; in a daze</td>
<td></td>
</tr>
<tr>
<td>- Nightmares; difficulty falling asleep; other sleep disturbances</td>
<td></td>
</tr>
<tr>
<td>- Intrusive thoughts; preoccupation with the event</td>
<td></td>
</tr>
<tr>
<td>- Flashbacks</td>
<td></td>
</tr>
<tr>
<td>- Fascination with morbid details of the event</td>
<td></td>
</tr>
<tr>
<td>- Acting out aspects of the event in imaginative play</td>
<td></td>
</tr>
<tr>
<td>- Questioning repeatedly about the details of the event</td>
<td></td>
</tr>
<tr>
<td>- Making jokes about the event</td>
<td></td>
</tr>
<tr>
<td>- Sadness</td>
<td></td>
</tr>
</tbody>
</table>
Other signs of acute stress include general anxiety, guilt, withdrawal from others, and not wanting to engage in favorite activities (known as anhedonia).

**What You Can Do**

Parents, friends, teachers, and other caregivers really can help children and teens through a traumatic event, especially if they know a little about trauma and its effects. Using the four elements of the experience as our guide, we want to respond in such a way as to diminish these feelings of 1) shock and surprise, 2) helplessness, 3) fear, and 4) horror. Here are some suggestions to help children and adolescents cope with:

**Shock and Surprise**

- Plan daily activities ahead, telling the child when and how things will happen. “There will be a lot of grown-ups at our house. They are coming to tell us they feel sad, too. You should say hello to them, but then you can go back to playing video games.”
- Stick with as many routines as possible, including times when the child can play and relax. Don’t abandon normal school or household rules (e.g., bedtime, chores).
- If routines must change (e.g., change in babysitter, location, or transportation), explain why “I have to help the people who are looking for Daddy. That means that I am going to be home very late. You will stay at Aunt Jannelle’s. Uncle Frank will take you to your soccer practice after school. He knows to meet you at the school office.”
- Use familiar objects to ease the transition to new surroundings (e.g., stuffed animal, blanket, and toys). “What do you want to take with you to the hospital?”
- Anticipate any future surprises with the young person. “Our apartment is not going to look the same as before the crash. There will be a lot of dust and dirt. There will be broken windows and furniture. It might be scary at first to see it that way. But we will do it together. We may have to stay somewhere else until it is repaired.”
- Role-play how the child or teen can respond to others’ reactions. “Kids at school may say bad things about the accident. They may even blame kids from another country for causing it. Let’s figure out what you can say if that happens.”
- Identify visual and auditory signals that may cause the child to remember the incident. Help the child cope with these reminders. For example, school fire drills are likely to upset a teen traumatized by a fire. A child whose relative perished in a plane crash may be startled by the sound of planes overhead.
- Whether you are a parent or professional, show children that you are still in charge. Young people of all ages need to know there are competent adults taking care of them. If you are not able to compose yourself and take on your normal supervisory role, get another adult to step in.
- Be careful about sharing your own feelings of shock and surprise, especially with younger children. Identify private times when you can “debrief” with other adults.

**Helplessness**

- Give the child choices whenever you can. “Would you rather eat dinner now or in a little while?” “Do you want to go the funeral or stay here?” “Do you feel like talking now or would you rather play outside?” Asking, “How would you like for this to happen?” is a good question to ask a student returning to school or to the area near a disaster after a traumatic event.
√ Recognize bossiness and controlling behavior as a natural reaction. Teenagers may
be irritable and argumentative. As one crisis responder put it, "They have lost so
much. They need to win a few power struggles. Let them have the last word."

√ Watch for risk-taking behaviors such as driving carelessly, using alcohol and other
drugs, playing dangerously, trying "stunts." Young people may unconsciously feel a
need to prove that they are invincible and powerful.

Fear

√ Pay close attention to separations from parents and loved ones: going and coming
from school, parental departures for business travel, feeling lost in a large or
unfamiliar public place. Even teens may become distressed and irritable if a parent
is late picking them up or if they don't know their parents' whereabouts. Use
frequent communications to reassure children that they have not been abandoned.
√ Be prepared to offer supports as children revisit old fears. "Would you like to sleep
with the light on?" "You said that your tummy feels weird. Are you worried about
something?" "Thunder is just a noise. It doesn't mean there will be a flood."
√ Listen for children's explanations so that you can detect how they are reassuring
themselves. "No one would want to bomb our house, because none of the important
government people live here." If there is nothing harmful in their rationales, support
them.
√ Prepare children for common stress reactions to reduce their fears that they are
"losing it." Sleep and appetite changes, inability to concentrate, intrusive thoughts
and other common reactions can overwhelm and isolate a child. As appropriate, let
the child's peers know that these are common reactions and invite their assistance.
"When she gets quiet and starts to drift off and think about the accident, we just try
to get her talking again," said one helpful teen about her injured friend.
√ Imaginary play is helpful to children. Often children will re-enact a scary situation
and "rewrite the ending" so they feel less vulnerable. Angry children may vent their
rage on their stuffed animals or make-believe friends.
√ Factual information can bolster children's sense of well-being. "The reason Dad and
I have check-ups is so we can find out if we need to take medicine for anything. We
just had our check-ups and we are healthy." "The police would not let us go on this
road if they thought the building would fall."
√ Help children identify their own coping skills. "You always find a way to make your
little brother laugh. That is a good way to help him." "Playing baseball has always
helped you get your mind off big problems." "Talking seems to help you figure out
what to do when things are confusing and scary." "You have a special gift for
figuring out how other people might be feeling."

Horror

√ Don't feel that every question must be answered. When horrific events take place,
adults may feel they need to explain them. This is an undue burden. It is all right to
say something like, "We are not sure why this happened. But people are doing
everything to be sure it does not happen again."
√ Set limits on the details shared with children and teens, and limit their exposure to
media coverage of the event.
Remind children how rare catastrophes are. “Most people would never do something like this.” “A tornado is so unusual.”

Be hopeful, emphasizing opportunities to help others. Show children and teens how they can help in the aftermath. “Would you like to get some friends together to draw cards for the children in the hospital?” “We can have a car wash to raise money for relief efforts.”

Summary
Acute stress reactions are common among children and adolescents who have experienced or witnessed a horrible and sudden event that left them feeling helpless and fearful. Adults—even those never trained in crisis responding—can provide marvelous support to children as they start the path to recovery. While a few children and teens will require specialized help when symptoms do not diminish over time, most children find great comfort and strength in those adults closest to them.

1 Dr. Kerr is Associate Professor of Administrative and Policy Studies and Psychiatry, and Director of Outreach Services for STAR-Center, at the University of Pittsburgh. This Center, funded by the Commonwealth of Pennsylvania, has responded to crises such as the TWA 800 and USAir 427 crashes and the Oklahoma City bombing. To reach the Center, call 412-687-2495 or e-mail kerrmm@upmc.edu.

Copyright 2005 MMKerr. Permission is granted for duplication for non-commercial purposes.