



THE HACKETT CENTER
FOR MENTAL HEALTH
TRAUMA AND GRIEF CENTER

**Guidelines for Parents and Caregivers:
Helping Bereaved Youth after the Death of a Loved One**

How do children of different ages make sense of death?

Toddlers/Preschoolers (2-5 year-olds)

Very young children often experience a sense of physical “gone-ness.” They believe death is reversible and may ask questions such as, “When is Mommy coming back?” They struggle with understanding a body’s lack of functioning (e.g., “How will Daddy be able to eat if he’s under the ground?”). They often play out aspects of death to work through their loss (e.g. use dolls to act out how their loved one died), which can be helpful in understanding how they are thinking and feeling about the death.

Young School-Aged Children (6-9 year-olds)

Young school-aged children often begin to struggle with concepts of body versus spirit. They often see death as something tangible, physical, and sometimes frightening such as a grim reaper or a skeleton. They may worry about the safety and well-being of surviving caregivers, such as “If this can happen to Dad, will it also happen to Mom?” As a result, children may demonstrate increased separation anxiety in relation to their surviving caregivers.

Older School-Aged Children (10-12 year-olds)

Older school-aged children are better able to understand the concept of body versus spirit. They often believe that their own actions caused or contributed to the death and may experience feelings of guilt or shame. Because this age group has a deeper understanding of the permanency of death, they are also more likely to understand that the deceased person is not coming back and experience greater separation distress as a result.

Adolescents (13-18 year-olds)

Bereaved adolescents may struggle with deeper personal and identity-related questions, such as “Why me?” and “How will I get through life without this person?” Adolescents may also feel a greater sense of responsibility to take on roles that were once held by the deceased person. Adolescents’ greater maturity, insight, and sense of responsibility may actually add to a greater risk for developing psychiatric symptoms following the death, given their deeper understanding of the permanence of death and increased ability to reflect on how the death may affect their future (e.g. “Will I still be able to go to college?” “Who will help me to make important decisions about my life?”). Bereaved adolescents are also at greater risk for engaging in “risky” behaviors, including drug and alcohol use. These behaviors are sometimes

a result of anger, a pessimistic outlook on the future, testing their own mortality, or (depending on their own spiritual or religious beliefs) wishing to be reunited with the deceased in an afterlife. Signs of risky behavior in a bereaved adolescent suggest the need for in-depth psychological assessment by a trained professional.

What are common fears/concerns children may experience after a death?

- Worries about their own safety or the safety of their caregivers
- Worries about finances
- Worries about who might fill the roles of the deceased
- Worries that talking about the deceased will upset surviving caregivers
- Worries that he/she may have caused or contributed to the death

How do we distinguish between “adaptive” versus “maladaptive” grief?

The field of childhood grief is still relatively new, and few research studies have focused on how children of different ages grieve over time. What we do know is that grief reactions can be influenced by a wide range of factors. These include the bereaved child’s: 1) developmental level; 2) previous life experiences; 3) relationship to deceased; 4) cultural background; 5) religious/spiritual beliefs; 6) family relationships; 7) social relationships with peers and adults; 8) physical environment; and 9) cause of death. This complexity can make it especially challenging to tell the difference between adaptive versus maladaptive grief.

We know that “adaptive” grief reactions can still be very intense, especially shortly following the death. Common grief reactions during this period include pining, yearning, sadness, and anger or protest over the loss. These reactions often go hand-in-hand with temporary decreases in functioning in one or more areas, such as a dip in academic performance, difficulties with peers, or moodiness and irritability at home.

Although often painful, adaptive grief reactions help bereaved children to face a number of grief-related tasks including accepting the reality of the death, maintaining a healthy connection to the deceased, and adjusting to a world in which the deceased person is no longer physically present. As bereaved children work through these tasks we often see a gradual decrease in painful reactions—including grief pangs, heartache, and sadness—to more pleasant reminiscing and memorializing over time. The intensity of children’s grief reactions typically decreases during the first 6 months following the death. We also know that the majority of bereaved children will eventually adjust to their “new normal” and will go on to lead healthy, happy, productive lives.

In contrast, maladaptive grief reactions are more likely to occur under “traumatic” circumstances. We are just beginning to learn what “traumatic” means to children in the context of the death of a loved one, but this usually involves exposure to violent, gruesome, or terrifying aspects of the death itself. Most studies of maladaptive grief in children have been conducted primarily on White, middle class samples. Consequently, very little is known about

specific maladaptive grief reactions, how those reactions may appear in children of different ages or cultures, and how they may change over time and across developmental periods.

Preliminary studies have identified potential risk factors that may put some children at greater risk for developing maladaptive grief. These include:

- Prior trauma exposure
- Exposure to distressing/traumatic circumstances of the death
- Prior mental health problems (e.g., depression and/or anxiety)
- Avoidant coping strategies (not wanting to talk about or think about the death)
- Impaired functioning in the surviving caregiver
- Poor communication between the surviving caregiver and the child
- Lack of social support
- Secondary adversities following the death (e.g., moving to new home, financial strain, intense conflict among surviving family members)

What is “positive parenting” in the context of a death?

Parenting children in the aftermath of the death of a loved one can be very challenging for a number of reasons. These include:

- Dealing with the emotional impact of the death and its consequences
- Logistical, practical, and financial struggles
- Confusion about how to talk to children about death
- Taking on a new identity as a single parent

Despite these challenges, research has found that “positive parenting” practices are associated with fewer symptoms of maladaptive grief in children. Specific positive parenting behaviors include: 1) parental warmth; 2) hugging or other expressions of physical affection; 3) smiling; 4) making appropriate jokes; 5) engagement and enthusiasm about what child is sharing; 6) enjoying being with child; 7) making and maintaining good eye contact. These behaviors suggest a common theme: It’s not so much *what* parents say to their child – it’s about *how* they say it. These simple behaviors often convey the message that the parent is there for the child, available and willing to listen.

How can parents facilitate adaptive grief in their children?

1. Keep the door open to two-way communication:

Children often worry that they may make their caregiver sad or upset if they talk about the death. For this reason, it is important for caregivers to convey the message that they actually want to hear what their children have to say but are not pushing them to talk if the children don’t feel ready. For example, you might say:

- “If you ever have any questions about _____’s death, including what was happening the day he/she died, or if you are feeling down and missing _____, I want you to know that I am here for you whenever you need me.”

2. Know that it's ok to be sad in front of your children:

It is important for children to see that their parent is human too. By allowing your child to see you sad or even crying, it sends the message that it is ok and normal to be sad, and that crying is a natural reaction to missing someone you love. If you become upset in front of your child, you might say:

- “Sometimes I may get upset when we talk about _____ because I really miss him. But it is normal to feel sad and cry when someone you care about dies. The more we share and are open with each other about how we are feeling, the better we'll feel as time goes on.”

On the other hand, having bouts of uncontrollable crying as a parent, or finding yourself unable to carry out your daily work or family responsibilities, are signs that you may need extra support.

3. Be honest:

In our experience, bereaved children are almost always aware of a parent's attempts to hide important information about a death. Although caregivers usually have the best of intentions in choosing to hide information—such as specific facts about how the person died—this can have unintended negative consequences. These consequences are especially likely to arise when the child is left to “fill in the blanks” by relying on their imaginations, or when they begin to feel as if they can't trust their caregiver. Hiding information is more likely to foster anger/resentment toward the caregiver and shut down lines of communication. In contrast, providing *age-appropriate* information about the death of a loved one is an important part of facilitating adaptive grief. It is often best to start with just simple facts about the circumstances of death and then ask the child what questions he/she might have. For example, you might say:

- “I will always be open and honest with you. If you have questions about how _____ died, I will do my best to answer them honestly, and I will give you as much information as you need.”

4. Meet children where they are at:

Bereaved children can express a wide range of reactions. Some children want to talk a lot about the death, and others may not want to talk at all. Some kids may be extremely sad and tearful, and others may not show much emotion. When considering how your child grieves, keep in mind that there is no “right” or “wrong” way to grieve. Our research shows that the three most helpful parenting practices are: 1) answer your child's questions about the death *when they are ready*; 2) validate their concerns and emotions; and 3) be fully present when they need you. For example, you might say:

- “I didn't know you were feeling this way. I'm happy you felt comfortable sharing that with me, and I'm so proud that you did.”
- “What you are (feeling/thinking/wondering) is normal and okay—grief can be complicated and confusing.”
- “(if true) I've also felt/thought wondered about the same thing.”
- “We may sometimes grieve in different ways, but we are all in this together.”

- “I know how difficult this has been for you. I promise to do my best to be there for you.”

5. Ask for advice/make them their own grief expert:

Sometimes the best way to support your child is to directly ask them how you can best support them during difficult times. Some children may want to share happy memories, while others may want to learn more about the death, and still others may just want physical affection. For example, you could say:

- “It would be very helpful for me to know what the best way is to help you when you come to me. If you come to me and tell me that you’re sad and just want a hug, then I’ll know not to ask for more details.”

6. Provide opportunities to memorialize and feel connected to the deceased:

Sharing stories about the deceased, looking at pictures, or doing an activity to honor their memory, are wonderful ways for the child to express their feelings and feel connected to their loved one. For example, you might say:

- “Is there anything you would like to do on (the day _____ died/ their birthday/special holidays?) to help remember them?”
- “There is a special walk to support _____. Would you be interested in walking in honor of _____? If not, that is okay too.”

If the child is interested in doing something to memorialize the deceased person but has trouble thinking of a good idea, you as a caregiver can provide options (or think of your own):

- “He/she really loved apple pie. Maybe we can make one for the holidays and share it together.”
- “He/she always played basketball. Would it be fun to start learning how to play? Is that something you might want to try?”
- “I’ve been going through some of _____’s things. Is there anything of his/hers you’d like to keep for yourself? You can put it out where you can see it every day, or you can put it in a safe place where you can bring it out when you want to.”

7. Attempt to keep a regular schedule:

Although it may be hard to go back to the same schedule you had before, keeping a regular schedule often helps to provide the child with a sense of order, predictability, and control. Following a regular schedule also helps children to recognize that although part of life is unpredictable, they can still rely on certain things to remain the same. Keeping a regular routine and schedule also allows children to confront and process daily *loss reminders* that remind the child that the deceased person is physically gone. Confronting, accepting, and learning to live with these “empty situations” (such as not having the person there to talk to or to help with their homework) is an important part of grieving in helpful and adaptive ways.

8. Take care of yourself:

Parents are often so worried about caring for their children after a death that they forget to care for themselves. As a parent or other caregiver, you are an instrumental part of helping

your child to grieve in adaptive ways. Getting the care you may need is just as critical as caring for your child. It not only will help to ensure that you will be ready and able to help your child, but also is an opportunity for you to model good self-care—including asking for help if you need it.

“Red flag” behaviors to look for

- Reunification fantasies are common among bereaved children, but can in some cases reflect suicidal thoughts:
 - “I wish it was me who had died, instead of _____.”
 - “I daydream about dying so that I could be with _____.”
- Excessive preoccupation with death and dying, including the way in which the loved one died:
 - “I worry a lot that I’ll probably die in the same way as _____ died.”
- Mentioning (even in passing) a wish to die, or a wish to harm themselves or others.
- Other “high risk” behaviors—the child:
 - is unable to keep up with daily tasks, is missing school, is unable to complete assignments, etc.
 - continues to show significant signs of depression (tearfulness, lethargy, withdrawal, appetite and sleep changes) after 6 months have passed since the death
 - engages in dangerous and/or risk-taking behaviors (drug use, drunk driving, stealing, etc.)
 - refuses to acknowledge the reality of the death or appears numb or “in another world” when the topic comes up

The presence of one or more of these behaviors suggests the need for an assessment by a trained professional, who can evaluate whether specialized care is needed.

References

Alvis, L., Dodd, C., Oosterhoff, B., Hill, R., Rolon-Arroyo, B., Logsdon, T., Layne, C., & Kaplow, J. B. (in press). Caregiver behaviors and childhood maladaptive grief: Initial validation of the Grief Facilitation Inventory. *Death Studies*.

Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology, Research and Practice*, 39(2), 113–121.

Kaplow, J.B., Howell, K.H. & Layne, C.M. (2014). Do circumstances of the death matter? Identifying socioenvironmental risks for grief-related psychopathology in bereaved youth. *Journal of Traumatic Stress*, 27(1), 42-49.

Kaplow, J.B., Layne, C.M., & Pynoos, R.S. (2014). Parental grief facilitation: How parents can help their bereaved children during the holidays. *Traumatic Stress Points*.

Kaplow, J.B., Layne, C.M., Pynoos, R.S., Cohen, J., & Lieberman, A. (2012). DSM-V diagnostic criteria for bereavement-related disorders in children and adolescents: Developmental considerations. *Psychiatry*, 75(3), 242-265.

Sandler, I. N., Wolchik, S. A., Ayers, T. S., Tein, J. Y., & Luecken, L. (2013). Family Bereavement Program (FBP) approach to promoting resilience following the death of a parent. *Family Science*, 4(1), 87-94.

Shapiro, D., Howell, K., & Kaplow, J. (2014). Associations among mother-child communication quality, childhood maladaptive grief, and depressive symptoms. *Death Studies*, 38(3), 172-178.

Wardecker, B. M., Kaplow, J. B., Layne, C. M., & Edelstein, R. S. (2017). Caregivers' positive emotional expression and children's psychological functioning after parental loss. *Journal of Child and Family Studies*, 26(12), 3490-3501.

Recommended readings for bereaved children

Brown, L.K., & Brown, M. (1996). *When Dinosaurs Die*. New York, NY: Little Brown Books for Young Readers.

Kaplow, J. & Pincus, D. (2007). *Samantha Jane's Missing Smile: A Story About Coping With the Loss of a Parent*. Washington, DC: Magination Press.

Karst, P. (2000). *The Invisible String*. Camarillo, CA: DeVorss and Company.

Aronson, M. & Carus, M. (2002). *911, The Book of Help*. Cricket Books. Creech, S. (2003)

Love That Dog. Clive, IA: Perfection Learning.

Recommended readings for bereaved parents

Deits, B. (2008). *Life after Loss: A Practical Guide to Renewing Your Life After Experiencing Major Loss*. Cambridge, MA: Da Capo Press.

Hickman, M.W. (2009). *Healing After Loss (Daily Meditations)*. New York, NY: HarperCollins Publishers.

Kubler-Ross, E. (2005). *On Grief and Grieving: Finding the Meaning of Grief through the Five Stages of Loss*. New York, NY: Simon and Schuster Digital Sales Inc.

Rasmussen, C. (2013). *Second Firsts: Live, Laugh, and Love Again*. Carlsbad, CA: Hay House.

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