

Talking to Children about Grief

Grieving is a healthy and natural healing process. The grief process may look different for children based upon their stage of development.

Younger children may not understand the permanence of death. They might expect the deceased to return and are more likely to have mystical or spiritual concepts of death. Elementary age children begin to understand the permanence of death. They may be curious and are more likely to ask questions. Questions may be focused around physical or scientific elements of death. Adolescent children understand the permanence of death and may experience stronger emotions than younger children. It's common for children to experience waves of grief. At times they may seem unaffected and other times they may experience strong emotions.

Signs Your	Child May	y Be Ex	periencing	Grief
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 Mood changes including sadness, Asking questions about death anger, guilt or irritability and what happens after you die O Changes to sleep and/or appetite O Difficulty in school O Reverting to behaviors displayed Withdrawal from social activities at younger ages Physical complaints Clinginess (stomachache, headache, fatigue) O Difficulty making decisions about the future Impulsive behaviors Worrying about their own death Emotional withdrawal and/or loss of interest or the death of loved ones in daily activities

Tips for Talking with Your Child About Grief

O Be reassuring.

O Take your time. Don't judge or measure Let your child know that experiencing your reactions by those of others. grief is normal. Be honest and open. O Consider talking with your children separately if you have more than one. O Use simple language. O Avoid euphemisms. O Allow children to talk and share their feelings. Allow yourself time to grieve as well as giving Share your feelings. yourself breaks from the grieving process.

Trauma Response vs Grief Response

- O There is an overlap in the signs of grief and trauma. Trauma responses tend to be of greater intensity and persistence.
- O In typical grief, children will frequently have random questions and then go back to whatever they were doing. In trauma, there may be repetitive play (in younger children) of traumatic themes. In older children, they may become obsessive and ask repetitive questions or have an obsessive desire to read or view sad stories. Moods tend to be persistently sad or irritable.
- O The opposite reaction of wanting to completely avoid things that remind them of the trauma is also possible.
- O Anxiety to the point of panic—manifesting in shortness of breath, crying and meltdowns in response to trauma triggers.
- O Physical responses may be so intense that the child is unable to carry out normal activities.
- O Sleep disturbances with frequent nightmares. Occasional bad dreams and nightmares are normal, but if the intensity is severe enough that sleep is regularly interrupted, it is likely a trauma response.
- O If any of these trauma symptoms persist beyond a month, speak to a mental health professional.