Childhood Traumatic Grief

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Definition

- £ A condition believed to develop in some children following the traumatic death of a significant person in their lives
- £ Symptoms resemble those seen in PTSD, particularly avoidance of reminders of aspects of the death and/or the person who died
- £ May experience intense longing for the person who died

- £ Children get stuck on the traumatic aspects
- £ Avoid memories of deceased because they trigger memories of the traumatic event
- £ Cannot complete the regular tasks of grieving

Uncomplicated Grief

- £ Accepts of reality and permanence of death
- £ Experiences and copes with difficult emotional reactions
- £ Adjusts to changes in their lives and changes to their identity that result from the death
- £ Develop new relationships or strengthens existing ones

Uncomplicated Grief (cont.)

- £ Maintains a continuing healthy attachment to the deceased person through remembrance activities
- £ Finds some meaning in the death and learns about life or oneself
- £ Continues through normal developmental stages

Childhood Traumatic Grief

- £ Difficulty or unwillingness to accept that the person has died due to associations of the death with the traumatic circumstances
- £ Intense or distressing feelings that are triggered by reminders which leads to avoidance or lack of feeling

Childhood Traumatic Grief (cont.)

- £ Changes that lead to unpleasant reminders of the way the person died; possible over identification with the person who died, feeling overly responsible
- £ Feelings such as guilt, anger, or revenge interfering with the formulation of new relationships

Childhood Traumatic Grief (cont.)

- £ Difficulty or avoidance of positive memories because they are linked to horrible images or upsetting thoughts
- £ Inability or resistance to moving past the terrifying, unpleasant aspects of the death; negative feelings about themselves related to the death of the person
- £ Emotional reactions and resulting behavior (withdrawal, anger, distrust) interferes with ability to engage in age-appropriate activities

Sequence of Treatment

- £ Initially, same sequence as TF-CBT, but with adaptations
- £ Grief-focused work based on typical tasks of bereavement following completion of components
- £ No set time limit for completing the grief work. In general, the components can be covered in 6-8 weeks for the child with 6-8 companion sessions for the caregiver

Psycho-education

- £ Trauma specific information should be related to the cause of death (I.e. motor vehicle accidents, deaths in the community due to domestic violence)
- £ Goal is to understand that they are not alone
- £ Parent education will need to help the caregiver to understand symptoms in the child

Clinical Considerations

- £ If certain type of death is common, it may be normalized by adults and they may not recognize the impact it has on the child
- £ Depending on the cause of death, it may be important to address intentionality

Parent Training

- £ Similar to TF-CBT, however child may have even more,or different triggers because of the closeness to the person lost
- £ Solutions to externalizing behaviors have to be created within the context of the traumatic behavior (i.e.- helping a parent set up a plan for a child to sleep better at night)

Relaxation

- £ Stress management can become complicated due to traumatic grief- things that were soothing before may be trauma reminders
- £ "Safe" places may no longer feel safe
- £ Thought interruption techniques- use neutral scenes rather than pictures of deceased or memories of happy times together with the deceased

Affective Emotion and Regulation

- £ If numbing is particularly a problem, use third person examples initially
- £ Pictures may be helpful

Cognitive Coping

- £ Very little modification

Trauma Narrative

- Similar to TF-CBT
- When starting off with general information, be aware that many generic questions can be trauma reminders (ie- “Who is in your family?” or “What is your favorite activity?”)
- Potential “safe” topics may include school, friends, activities, sports, hobbies, etc.

Trauma Narrative (cont.)

- Next move on to the context of the death (ie- “What was the day like?), then to talk about facts of what happened, and ending with sensory details and child’s thoughts, feelings, and worst moments.
- May need special assistance during trauma narrative (ie body not recovered) to help them have a realistic understanding of what happened

Trauma Narrative (cont.)

- Can be helpful to explore intentionality of what happened and to ask about rescue or revenge fantasies (If you had special powers and could change what happened, what would you have done to make it turn out differently?)
- Help the child understand that no one can change the past or reverse events that have already happened

Trauma Narrative (cont.)

- £ Explain that people can change their own thoughts, feelings, and behaviors and can influence the present and the future by their actions- the message to convey is that although what happened in the past can't be changed, people can do good in response to the bad things that have happened

Trauma Narrative (cont.)

- £ Encourage child to conclude the trauma narrative with sections themed around positive outcomes (ie- "My Future," "A Happy Ending," or "What I'd Like to Tell Children About Hope")

Trauma Narrative (cont.)

- £ Cognitive Processing- Look for the theme of "responsibility"
- £ If the body was not recovered or disfigured, therapists may need to discuss what happens to bodies in these circumstances
- £ May be useful to use mental imagery or drawing to help the child "put the body back together"
- £ May be helpful to see the death certificate

Trauma Narrative (cont.)

- If the person died quickly and with little or no pain, then help the child to understand this
- But in cases where the child's perception of pain and suffering could be true, offer alternative ways of thinking about the final moments

In Vivo Exposure

- Depending on the circumstances of the death, this component may play a much bigger role in Childhood Traumatic Grief (CTG), but the principles are the same

Conjoint Sessions

- If it is with a spouse/significant other of the deceased, they may be dealing with their own grief, their caregiver role may have altered dramatically. Financially, the family may be drastically different. If it was the death of a child, it may impair their ability to be available to surviving children

Enhancing Safety

- Depending on the circumstances of the death, there might be very real safety issues and there might have to be multiple parts of the safety plan

Grief Psychoeducation

- Read a developmentally appropriate book on death to prepare the child- Goodbye Mousie, When Dinasaurs Die, What on Earth do You Do When Someone Dies, etc.- gradual exposure to death and grief
- Play a grief game- The Goodbye Game, The Grief Game, etc.

Grief Psychoeducation

- Ask the child to draw a picture of what they think happens after someone dies, or ask them what they think happens (if the child is older)

Grief Psychoeducation- Caregiver

- £ Determine the caregiver's familial, religious, and cultural beliefs about death, mourning, and grieving
- £ Determine the caregiver's perception of the child's beliefs (absence of emotion may be misperceived as not caring rather than shock, PTSD, developmental lack of understanding about the concept of death, or a child's attempt to shield the caregiver from their feelings

Grief Psychoeducation- Caregiver

- £ Assisting the caregiver in resolving personal emotional distress will aide in the child's response to treatment
- £ Teach parent about "normal" grieving
- £ Refer to websites in this area: www.compassionatefriends.com; www.dougy.org; www.centerforloss.com; www.genesis-resources.com

Clinical Considerations

- £ Sharing your own personal loss histories
- £ Answering religiously oriented questions

Grieving and Ambivalent Feelings

- £ Goal: help the child identify different aspects of the past relationship with the deceased and address how the person's death affects them in the future

Identifying Things That Will Be Missed

- £ Things that I miss
- £ Places I miss going to
- £ Special activities that I will miss
- £ Anticipating things that will be missed

Grieving and Ambivalent Feelings (cont.)

- £ Explore special aspects of that person, including things that are no longer present or possible- may be done by writing, drawing, making a collage, writing a poem or song, etc.
- £ Clinician should highlight that these things are part of a child's memory and available at any time

Grieving and Ambivalent Feelings (cont.)

- £ Look toward the future- make a list of potentially difficult events (holidays, birthdays, etc.), ongoing events (going swimming in the summer) and potential future events (ie- graduation). There may be future events without the deceased that a child will perceive as positive.

Grieving and Ambivalent Feelings (cont.)

- £ Resolve Ambivalent Feelings
- £ Even when they had a loving relationship, there are inevitable disagreements or arguments
- £ Child may feel left or abandoned
- £ May be regrets- empty chair technique
- £ May write a letter to the deceased
- £ Best friend role-play

Preserving Positive Memories- Goals

- £ Remember shared meaningful activities and happy times with the person who died
- £ Re-experience the joy of those times
- £ Understand they are allowed to feel happy again

Preserving Positive Memories- Techniques

- £ Create a positive memory keepsake (through a memory book, an anagram, a memory box, etc.)
- £ Involve others- acquire memories and learn more about the person who died
- £ Share memories with caregiver. Both child and caregiver should know that they can take a piece out and look at it or add to it as needed

Preserving Positive Memories- Techniques (cont.)

- £ Hold a memorial service- a more personal memorial service can be done at home or in a therapy session. Can be planned alone or with the caregiver. Can establish rituals to help remember the person
- £ Talk to a child about feeling guilty about being happy

Preserving Positive Memories- Techniques (cont.)

- £ Use homework assignments- gathering memorabilia and remembrances, but be aware of cultural and family considerations. If you don't know- ask.

Clinical Challenges

- £ Ongoing sadness should be normalized
- £ If cherished memories were destroyed, the child can ask others to create poems, stories, get pictures, videos for their project
- £ If more than one person has died, there may be multiple challenges to be addressed, including sense of safety, identity, culture and hope.

Clinical Challenges (cont.)

- £ If the child resists talking about happy times, evaluate the resistance. Is the child guilty? Does the child think it will not be acceptable to the caregiver? Have they thoroughly processed the traumatic aspects of the death?

Clinical Challenges (cont.)

- £ If the child has only unrealistic positive memories, they can be left alone as long as they do not interfere with a more realistic understanding of the child's relationship with the deceased and are not accompanied by feelings of guilt.

Clinical Challenges (cont.)

- Caregivers may have difficulty discussing positive memories. The focus of the session should be to separate the caregiver's ongoing work from doing what is best for the child. The caregiver can enlist other family or friends to help in the regard.

Redefining the Relationship

- Up to this point, the focus has primarily been on looking back on memories from the past. To move forward with grieving, the child must look at the present and towards the future

Redefining the Relationship- Goals

- To understand that the relationship with the deceased is part of the past even though the memories will continue
- To know that it is necessary and important to invest in new relationships

Techniques

£ Redefine the relationship with the person who died- help the child understand and separate things about the relationship that were in the past from things that are still available in the present (ie-balloon technique)

Techniques

£ Connecting to others- use cognitive coping strategies to address any unhealthy thoughts in order to reinvest in current relationships. A child can talk about present activities and identify positive and helpful characteristics of people who currently contribute to his/her life. Watch for cognitive distortions that are interfering with connecting

£ May use brick wall strategy to look at obstacles to connecting- prevents both pain and love from getting through

Techniques

£ Finding and letting others into your life- the goal is to let the child know it is OK to keep strong positive feelings for the person who died, and that doing things with others does not mean that the child is being disloyal- 1) talk about what the deceased might now want for the child, 2) compare this to a familiar process, like meeting and making new friends at school, 3) draw or list different jobs the deceased had and identify who might take over now- audition for roles

Techniques

- £ Personalizing and Integrating relationships- may need to integrate unrealized hopes that may have been lost or changed (ie- a child graduating who was planning on having a parent there may need to talk about who can fill that role or they may take or wear something of the deceased with them across the stage)

Clinical Challenges

- £ Child feels guilty
- £ The child does not want to get hurt again
- £ The caregiver makes a child feel guilty for "moving on"
- £ The child wants a new baby or caregiver to replace the person who died
- £ Redefining their identity with an extended family

Caregiver Sessions

- £ Help caregivers understand child's total development
- £ Help parent to encourage new relationships
- £ Being a single caregiver

Treatment Review

£ Goals- 1) assess the child and caregiver's progress, 2) review what was learned, 3) find meaning in the experience, 4) graduate from therapy

Treatment Review- Techniques

£ Assess progress based on both patient and caregiver's decrease in distressing reactions, ability to talk about the person who died, and adjustment to changes in their lives

Treatment Review- Techniques

£ Conduct 1-2 conjoint sessions. Should be planned and conducted similar to the conjoint sessions for the trauma narrative- 1) Meet individually with both the child and the caregiver first for 15 minutes to prepare them for the joint session; 2) Plan with the child what is to be shared; 3) Hold a memorial service or a ritual in the joint session (if that is what the child wants to do); 4) Prepare and practice with caregiver; 5) Focus on positive memories and praise the hard work by both

Treatment Review- Techniques

£ Make meaning- 1) ask the child a series of questions about the advice he/she might give to another child; 2) ask a child what has been learned- ie "It's important to let people help you." "It's OK to be happy." "You won't be sad forever." (If you hear a cognitive distortion, you may still need to work through it, even at this time)

Treatment Review- Techniques

£ Prepare for the future- discuss the "3 P's"- 1) predict- feelings of grief will happen at many times; 2) Plan- what the child can do when feeling sad or upset; 3) Permit- both child and caregiver should understand that they have permission to have grief-related feelings at any point in their lives

Treatment Review- Techniques

£ Termination- may bring back feelings associated with losing the relationship with the person who died. Feelings of abandonment and renewed sadness can be provoked. Present termination as a graduation and signal that the family is ready to spend time and energy on other life affirming activities

Treatment Review- Techniques

£ Might set up a booster session to be used if needed for 1-2 months after last session

Clinical Challenges

£ The sensitive issue of termination
£ When there are ongoing feelings of revenge or legal matters
£ When a caregiver or child needs continued treatment
£ Preparing caregivers for joint sessions
£ Helping the caregiver make meaning

Thank-you!

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