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WAYS TO HELP YOUR CHILD THROUGH THIS DIFFICULT TIME

Handout for parents: R14

Children do not need to be taught how to grieve. They will do it naturally and in healthy ways if we allow them and if we provide a safe atmosphere, permission and example to do so.

- Listen carefully. Let them tell their story. Tell them that the reactions they are having are normal
- Pay extra attention, spend extra time with them, be more nurturing and comforting.
- Reassure them that they are safe
- Don't tell them that they are "lucky it wasn't worse". People are not consoled by such statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and help them
- Do not be surprised by changes in behaviour or personality. They will return to their usual selves in time
- Don't take their anger or other feelings personally. Help them to understand the relationship between anger and trauma. Help them find safe ways to express their feelings e.g. by drawing, exercise, or talking
- Help them to understand that defiance, aggression and risk behaviour is a way to avoid feeling the pain, hurt and or fear they are feeling
- When going out, let them know where you are going and when you will be back.
- If you are out for a long time telephone and reassure them
- Tolerate regressive behaviour such as nail biting, thumb sucking, or the need for a night light
- Share your own experience of being frightened of something and getting through it
- If they are feeling guilt or shame, emphasise that they did not choose for this to happen and that they are not to blame. Even if they were angry with the person who died, or had been mean to them, this did not make it happen
- Work with the school support services and other available services.

CHILDREN'S UNDERSTANDING AND REACTION TO DEATH ACCORDING TO AGE

Handout R8 (May be used with various groups and individuals)

Children's understanding and reaction to death will depend on their age and their developmental stage. The following are guides only as children will differ in their reactions and grasp of events for a range of reasons other than age alone.

Ages (0 – 2 years)

- Infants do not understand the meaning of death
- They may display anxiety when separated from a loved one
- They may appear upset, subdued and uninterested in their surroundings

Ages 2 – 5 years

- No understanding of the permanency of death
- May search for the missing person
- May feel responsible for the death in some way

- May become apathetic and depressed
- May regress to an earlier stage of development e.g. thumb sucking, bedwetting, tantrums or may become clingy
- May develop fears of going to sleep
- May worry that other loved ones may die

How you can help

- *Continuity of normal routine e.g. mealtimes and bedtime*
- *Offer physical comfort*
- *Explain the death in clear, simple language, using words like "dead" and "died"*
- *Do not use terms like "gone to sleep" or "passed away"*
- *You may need to repeat the same information again and again*
- *Permit them to ask questions and be consistent in your answers*
- *Reassure them that they had nothing to do with the death and of the well-being of other family members*

Ages 5 – 9 years

- Beginning to realise the permanency of death, but their idea of life after death is still vague
- May have concerns about how the deceased is feeling or what he/she is thinking in the grave
- May have a lot of questions about aspects of the death e.g. how the person died, what they looked like, the funeral, heaven, coffins
- The reaction of their peers is important, they may feel 'different' to them
- Their peers may be awkward about the death and avoid contact
- They may become the target of bullying

How you can help

- *Encourage the child to talk and cry about the deceased if they wish to, otherwise respect their silence*
- *Answer questions and provide as much factual information about the death as possible*
- *Reassure them that thinking and feeling ceases after death*
- *Be vigilant in relation to bullying.*

Ages 9 – 12 Years

- Understand the finality and universality of death
- Awareness of their own mortality and may worry about their own death
- May display psychosomatic symptoms i.e. physical complaints like tummy aches
- May wish to stay at home close to parents
- May display anger.

How you can help

- *Dispel fears about their own health or the health of other loved ones by offering reassurance*
- *Encourage them to go to school*
- *Allow them to express their anger, offering appropriate ways to do so*

Adolescents

- Fully understand the finality, universality and inevitability of death. Their experience of death is similar to adults
- May have a range of feelings: guilt, regret, anger, loneliness etc.
- Death adds to the already confused array of emotions experienced by adolescents
- May appear to not care about the death
- May seek support outside of the family.

How you can help

- *Offer them time to listen*
- *Allow them to express their grief in their own way*
- *Be prepared for mood swings.*

- *Don't feel left out if they seem to value their friends more than their parents*

If parents are grieving themselves, they may be emotionally unable to support their other children. In this instance, another supportive adult in the child's life, e.g. other family members, friends, neighbours may need to offer emotional support.

It should be remembered that for children with special educational needs, their understanding of what has happened will be in line with their developmental age.

STAGES OF GRIEF

Handout R9 (May be used with various groups and individuals)

Grief is a normal, healthy and predictable response to loss. Although there are distinct phases

in the grieving process, people go through these stages in different sequences and at different

paces. Generally the grieving process in adults is thought to take about two years, while with

children and adolescents it may be over a more extended time-frame with different issues

arising as they go through developmental milestones.

Denial, numbness, shock (up to 6 weeks)

- Death of the person may be denied
- Emerging feelings may be suppressed
- Refusal to talk about the death
- Bereaved keeps very busy to avoid thinking about the death
- Bereaved may show signs of confusion and forget everyday routines
- Children in shock may display either silent withdrawal or outbursts of crying

Acute grief/searching and longing for deceased (6 weeks to 4 months)

- Acute sadness – crying
- Physical pangs of pain including loss of appetite and disturbed sleep
- Emotional pain accompanied by dejection, hopelessness, lack of concentration
- Fears of life after death, nightmares, ghosts
- Disorganisation
- Strong guilt feelings and questioning of self and others, particularly in the case of a sudden death
- Feelings of anger at the departed for leaving them
- Bereaved may reject offers to comfort them

Adaptation to life without the deceased (6 months to 18 months)

- People begin to adjust to their lives without the person who is gone
- Sense of isolation
- Fearful of forgetting the deceased
- Less crying and irritability
- Exacerbation of existing personality problems. Children with low self-esteem may be at a greater risk of emotional/behavioural difficulties

Normalisation of life

- Getting on with life
- Returned sense of humour and play
- Able to participate emotionally in new relationships
- Changed relationship with the deceased – able to think of the deceased without pain
- Reduction in physical/emotional symptoms
- Less guilt.

HOW TO COPE WHEN SOMETHING TERRIBLE HAPPENS

Handout for Students: R10

- Reach out – people do care
- Talk to your friends, family and teachers - talking is the most healing medicine
- Remember you are normal and having normal reactions – don't label yourself as crazy or mad
- It is ok to cry
- It is ok to smile
- If your feelings and reactions seem different from those of your friends, remember everyone reacts differently
- When the stress level is high there is a temptation to try to numb the feelings with alcohol and drugs. This complicates the problems, rather than relieving them
- Some people find that writing or drawing is helpful. What about writing a note or letter to the family of the person who died or the person themselves?
- Spend time with people who have a positive influence on you
- Make as many daily decisions as possible. This will give you a feeling of control over your life, e.g. if someone asks you what you want to eat – answer them, even if you're not sure
- Recurring thoughts, dreams or flashbacks are normal – don't try to fight them – they'll decrease over time and become less painful
- Make a special effort to take care of yourself during this time. Try to get some extra sleep, eat nutritious foods and get some exercise, even if it is just a walk
- Sticking to your "normal" routine helps. Structure your time – keep busy
- Take time out – go for a walk or kick a football
- Provide some balance to the negative things that have gone on by doing something special or fun for yourself. Think about something that makes you feel good. Then make it happen – like going to the cinema, listening to music, calling a friend, etc. Laughter is good medicine. Watch a funny movie or play a silly game with younger children to lighten your spirits

Above all, realise that what you are experiencing is normal following a traumatic event. Be understanding of yourself and others.