Treating Grief and Loss in Children and Youth

Helpful Tips for Professionals Working with Children and Families

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About the Presenter

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- Assistant Teaching Professor at the FSU College of Social Work
- Over 25 years of experience working in social services
- 15 years experience as a grief counselor
Reflect for a Moment

What are some of the situations you have encountered with your clients that involve death, grief, and loss?

What did you notice about how the client/family handled the situation?

What are common challenges, concerns or frustrations you face when working with these families?
Webinar Learning Objectives

- Recognize common signs and symptoms of grief
- Understand the ways grief is manifested in children and youth
- Know how to provide professional support to grieving children and youth
- Provide tools to assist parents/guardians/caregivers who are supporting a child who is grieving
- Know where to find resources to refer families for professional grief counseling programs and services
- Identify various grief work theories
What are grief and mourning?

Grief is a normal and natural reaction to a loss.
  - The feelings associated with a loss (a loved one, an ability, your health, a relationship)

Mourning is the outward signs, symptoms, and behaviors of grief being expressed.
  - Mourning used to be considered the process of “letting go” of the person/situation, but this is no longer the case.
  - Mourning is learning to live with the loss.
  - Mourning can last much longer than people realize.
Different Types of Grief

- Anticipatory Grief
- Normal Grief
- Complicated Grief
How Grief is Experienced

- Emotionally
- Physically
- Spiritually
- Cognitively
- Behaviorally
Shock or numbness: usually the first reaction to a loss

Sadness: most common feeling

Anger/Irritability: may be directed towards others such as family members, medical staff, community members, a higher power, or self

Guilt/Regret: reviewing what did or did not happen (could-a, should-a, would-a)

Anxiety: ranges from light sense of insecurity to intense panic attacks
Fear: being alone, getting sick, dying, not being able to survive, loss of control

Loneliness: a deep sense of missing the person or situation that has been lost

Apathy: lack of feeling or “just don’t care anymore”

Relief or freedom: from mistreatment, stress, fear, anxiety, caregiving responsibilities
Physically

- Knot in the stomach
- Tightness in the chest
- Nausea
- Headache
- Shortness of breath
- Dry mouth

- Change in appetite
- Oversensitivity to noise
- Muscle weakness/listlessness
- Aching arms/heart
- Fatigue
- Restlessness
Spiritually

- **Crisis of faith**: feel let down, no “miracle” happened, why me/us?
- **Anger**: toward a Higher Power
- **Withdrawal**: may no longer wish to attend religious services
- **Prayer or meditation**: may no longer engage in these practices if they did previously or may begin these practices if they did not engage in them previously
- **New or renewed sense of spirituality**: may be curious now about the human spirit/soul or afterlife
Spiritually

► **Reliance on faith:** feeling a need to lean on a Higher Power; peace with the will of God or Universe; belief in a greater purpose

► **Desire or attempts to reconnect:** may begin seeking ways to communicate with the deceased

► **Guilt:** may begin to take on blame for something that was out of their control

► **Curiosity:** may want to discuss spiritual beliefs and practices with others
Cognitively

- **Disbelief**: often the first thought to occur
- **Confusion**: leads to the inability to follow through on simple tasks
- **Hallucinations**: hearing the voice of the person or thinking they are there
- **Preoccupation with memories**: reliving the life or death of the loved one who is gone
- **Obsessive thinking**: ways to recover the lost person
- **Sense of depersonalization**: nothing seems real
- **Suicidal thoughts**
Behaviorally

- **Crying**: the most common behavior of grief
- **Sleep disturbances**: difficulty going to sleep, early morning awakening, nightmares, dreams
- **Appetite disturbances**: overeating or not eating enough; weight changes may result
- **Poor concentration**: absent-mindedness; difficulty completing tasks
- **Confusion**: reading becomes difficult, as the mind wanders and simple tasks are hard to complete
- **Social withdrawal**: wanting to be alone or loss of interest in the outside world (news, tv, etc.)
- **Attachment**: visiting places or carrying/treasuring objects to remind the survivor of the deceased
Behaviorally

- **Restlessness**: not being able to sit still; fidgety; pacing; multi-tasking without completing the task
- **Avoidance**: avoiding reminders of the deceased
- **Searching**: looking for, pining, and calling out to the deceased
- **Assimilation**: assuming mannerisms or traits of the loved one is common
- **Reminiscing**: remembering the life and death of the deceased; sharing stories
- **Silence**: refusing to talk about the loss or the person
Let’s Chat

- Please use the chat to let me know if any of these symptoms are something you or your clients have experienced.
- What are some ways that you coped with your loss?
- How did you help your clients?
Children Can Experience Many Different Types of Losses

- Death of family members
- Loss of friendships
- Divorce of parents
- Moving
- Parental job loss
- Incarceration of a loved one
- Changing schools
- Natural disasters
- Birth of a sibling
- Break-ups
- Loss of health or ability
- Military Deployments
Children’s Understanding of Death/Loss at Different Developmental Stages

**Infants**
- May be aware that a familiar person is not around, but cannot comprehend the difference between a temporary or permanent absence
- Grief may surface later in life

**Preschool/Kindergarten (Ages 3-5)**
- Think of loss as a temporary state
- Believe the person will return
- Connect events like “If you’re sick, you die.” or “If you’re old, you die.”
- May be more comfort-seeking with caregivers
Children’s Understanding of Death/Loss at Different Developmental Stages

Elementary School (Ages 6-10)
- Understand the finality of death/loss
- Coping skills are not developed
- Denial is a prime defense
- Death is seen as something that “takes” you
- Need to understand the difference between terminal illness and just being ill

Middle School (Ages 11-13)
- Understand the finality of death/loss and the universality of death
- May question the biology of death or what happens to the body
- Tendency to not want to express emotions
- Sense of helplessness and lack of control
Children’s Understanding of Death/Loss at Different Developmental Stages

High School (Ages 14-18)

- Understand the finality of death/loss
- Coping skills are somewhat developed
- Life stage of shifting from dependence to independence
- Tend to feel helpless and scared about what the loss means regarding their security
- Do not show a yearning for the person who is gone to others
- Concern about what is now expected of them
- Need support and understanding
Grief Reactions of Children and Youth Vary by Age

Ages 4-5
- Escape into play
- Attach to substitute people
- Give up attachment to the deceased
- Idealizing the deceased
- Sadness, longing, yearning
- Compulsiveness
- Bewilderment
- Regression
- Aggressiveness, tantrums, rage
- Nightmares
- Hyperactivity/nervousness
Grief Reactions of Children and Youth Vary by Age

Ages 6-10
- Magical thinking which can add to fear (wishes or thoughts)
- Fantasizing that the deceased is alive
- Fear of death
- Fear of objects, persons, or events related to the death
- Taking on traits of the person
- Fear of abandonment
- Regression
- Aggressiveness/irritability
- Nightmares or dreams
- Hyperactivity/nervousness
Grief Reactions of Children and Youth Vary by Age

**Ages 11-13**
- Realizing one’s own mortality
- Sense of being invincible
- Delayed grief reactions
- Irritability
- Reluctance to discuss emotions
- Somatic symptoms

**Ages 14-18**
- Sense of invincibility
- Denial of emotions
- Suppressed thoughts about death
- Depression
- Somatic symptoms
- A need to talk about the death
Physically and Behaviorally

- May regress in developmental milestones
- Sleeping and eating problems
- Cry easily or not at all
- Difficulty tolerating intense feelings
- May become socially withdrawn
- Academic problems
- May begin support-seeking outside of the family
- Adolescents should be monitored for suicidal ideation
Common Adolescent Grief Reactions

- Feel like no one understands how they’re feeling
- Focus on their past negative behaviors
- Feel they should have spent more time with their loved one or expressed affection more
- Become anxious about the health/safety of other family members
- Long to feel “normal” again and are hyperaware of being treated differently by others
- Sometimes behave as though they have already adapted to the loss
- May choose to avoid talking about their feelings
Common Thoughts Shared by Adolescents

**Survivor Guilt:** “It should have been me.”

**Magical Thinking:** “If I had done things differently, she wouldn’t have died.”

**Regrets:** “I wish I wouldn’t have had a fight with her before she left for work.” or “I never told him how much he meant to me.”

**Relief:** “She was suffering for so long. I feel guilty for being relieved she’s gone.” or “He was abusive. Why should I feel sad?”
Grieving Parents and Guardians

- May never have seen an example of healthy grief
- Marital or relationship problems may begin
- Parents may have mixed feelings or conflicting views about how to express their own grief around their children
- Parents may not agree on what information should be shared with their children
- Changes in parenting style may occur
- Conflict may increase in the family
- Play the blame game
- Sometimes the loss brings the family closer together
Parents and Caregivers

Often feel helpless
Confused about what to say/what not to say
Trying to find the balance between protecting their child and being honest with their child about the situation
Unsure how to express their own grief reactions
Focus on the physical loss and less on the intangible losses (such as security, trust, safety, stability, etc.)
Let’s Take a Brain Break!

Please take 10 minutes to get up, stretch, take care of personal needs, get a drink, and return for the second segment.
How Can Professionals Help?

1. Provide education about what is “normal” grieving
2. Provide emotional support and validation
3. Provide resources for families to connect with professional help
How You Can Support Families

BE PRESENT

LISTEN AND REFLECT BACK

PROVIDE ENCOURAGEMENT

HELP THEM TO ENGAGE IN LIFE REVIEW

VALIDATE THAT THIS IS THE MOST INTENSE PAIN THEY MAY HAVE EVER EXPERIENCED

NORMALIZE COMMON GRIEF REACTIONS

LET THEM KNOW THE RESOURCES AVAILABLE TO THEM

JUST BE PRESENT
Help Parents Navigate the Loss
Therapeutic Activities for Grievers

- Journal
- Memory box/scrapbook
- Light a candle
- Plant flowers/tree
- Write a letter
- Share stories/photos
- Play music
- Create a scholarship
- Give to charity
- Art therapy
- Volunteer
- Have a special meal
- Make a memorial visit
- Celebration of Life
- Grief gardens
- Host a memorial event
The Grieving Teen’s Bill of Rights

- The right to know the truth about how the person died
- The right to have questions answered honestly
- The right to visit the person who died or the place of death
- The right to be involved in planning the memorial service
- The right to not talk about their feelings
- The right to grieve in a way that is not censored
- The right to their own unique feelings and thoughts about the loss
- The right to their own philosophical views about life and death

(From “Helping Teens Cope with Death”, The Dougy Center)
Warning Signs that Individuals Are Not Coping Well

- Expressing feelings of hopelessness, helplessness, or worthlessness
- Making statements like: “I wish I was never born” or “I wish I was dead”
- Teens starting to skip school or their grades are beginning to slip
- The griever who begins giving away personal items/sentimental items
- Sleeping or eating much more than usual
- Not maintaining personal hygiene
- Complaints of physical illness all the time
- Driving recklessly, abusing substances, or engaging in other risky behaviors
Grief Resources for Families

- LCSW, LMHC, LMFT—private practice providers
- Community Mental Health Providers
- Hospice providers
- School counselors
- Grief Support Groups
- Grief Camps/Retreats
- www.grief.com
- www.dougy.org
An Overview of Different Grief Theories
The Five Stages of Grief (Kübler-Ross)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Grief Stage #1: Denial

- The initial shock
- Feeling numb
- Remain in disbelief, unable to comprehend the loss
- Live day-by-day, sometimes minute-by-minute
- Avoidance of feeling the weight of the loss
- Helps us survive the loss in the beginning stages of grief
Grief Stage #2: Anger

- A necessary stage of the healing process
- Must be willing to feel anger
- "The more you feel it, the more you heal it."
- Anger is a secondary emotion to other primary emotions such as sadness, disappointment, or fear
- Anger can stem from feeling deserted and abandoned
- Anger can be a strength
Grief Stage #3: Bargaining

- Asking a Higher Power for the person/situation to return to what it was previously
- Promise of good behavior in exchange
- Offering to give donation to charity or devote your time to a worthy cause
- Desperate for a different outcome
- Focusing on If only and What if’s
- Desperate for life to return to what it was before the loss
- Try to solve what went wrong and make sense of everything
- Look for faults or mistakes that were made
Grief Stage #4: Depression

- Feelings of emptiness
- “Life has no meaning”
- Grief is felt at a much deeper level
- Beginning to grasp the reality of the loss
- An appropriate response to a great loss
- Not a weakness or mental illness
- Withdraw from life
- Others will want the person to “move on” or try to fix the problem

To *not* experience depression after a loved one dies would be unusual
Grief Stage #5: Acceptance

Is not the notion of being “all right” or “OK” with what has happened

It is accepting the reality of the loss as a permanent change

Learning to live without the deceased

Readjusting to a new normal

Reorganize roles

Having more good days than bad days

Beginning to make new connections and relationships

Listening to personal needs, growing, and evolving
Stages of Grief (Alan Wolfelt)

- Acknowledge the reality of the death
- Embrace the pain of the loss
- Remember the person who died
- Develop a new self-identity
- Search for meaning
- Receive ongoing support

(Wolfelt, A. (n.d.). Companioning the bereaved. Free Press.)
Companioning
(Wolfelt)

- A soul-based journey
- Bearing witness to pain
- Sacred silence
- Being present

(Wolfelt, A. (n.d.). Companioning the bereaved. Free Press.)
Tasks of Grief
(William Worden)

T: To accept the reality of the loss
E: Experience the pain
A: Adjust to life without the loved one
R: Reorganize and carry on with life

The Four Things that Matter Most
(Dr. Ira Byock)

Four Phrases:

- Thank you
- Please forgive me
- I forgive you
- I love you

The Secondary Grief of Helping Professionals
Secondary Grief is Natural

- Being emotionally attached to clients/families happens
- Be self-aware when you are over-identifying with the family’s pain
- Recognize when your boundaries have blurred
- Do not begin sharing your own experiences with the child/family
- Practice self-care before and after work
- Talk with a supervisor, colleague, EAP counselor, or your own therapist
- Become comfortable with your own views/experiences with grief/loss
Tips for Self-Care for the Professional

- Proper rest
- Good nutrition
- Exercise
- Strive for balance
- Seek out opportunities for fun
- Laugh often
- Try gratitude journaling
References

- Note: All pictures are available for public use
Thank you for attending today!