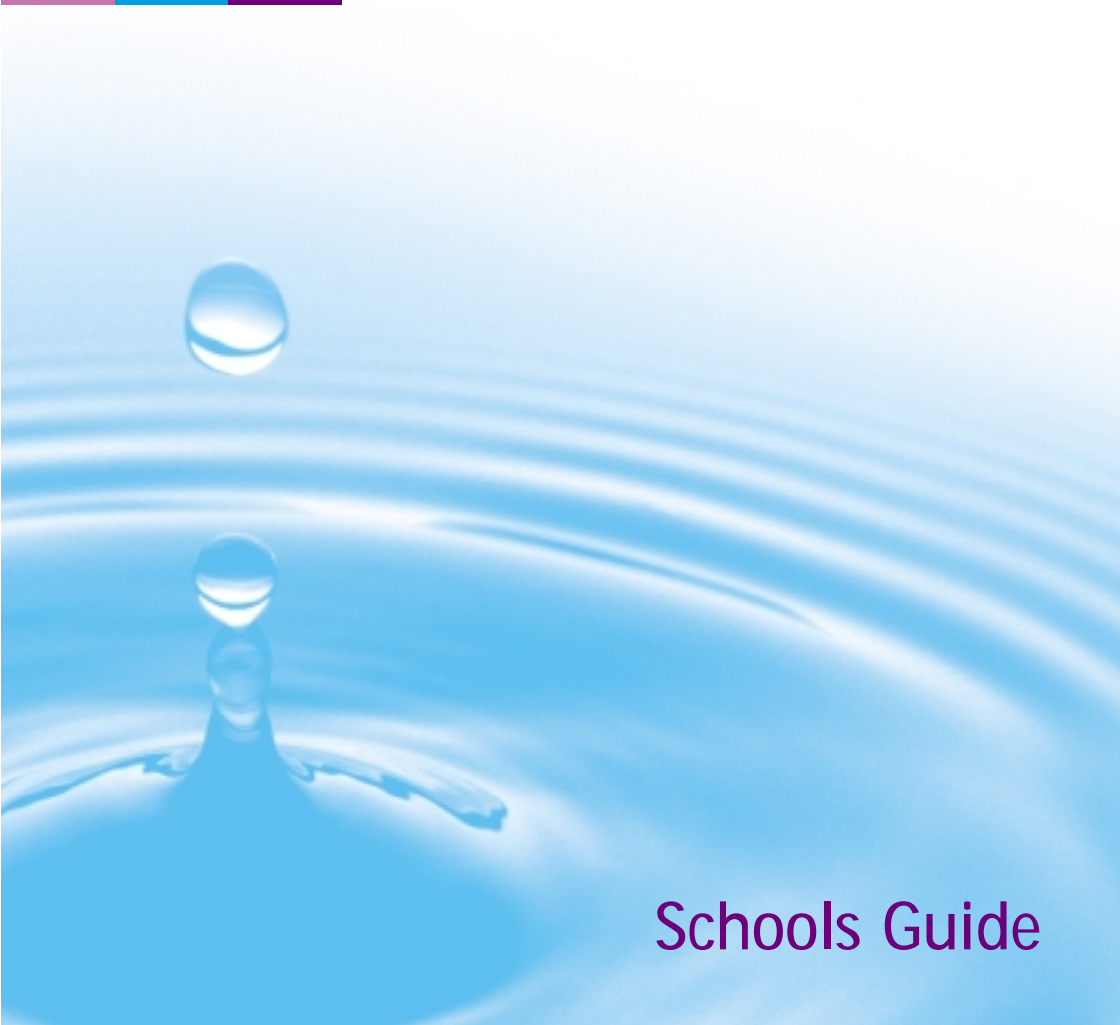


Traumatic grief in adolescence

Ages 10-18



Schools Guide

This booklet has been produced by:

The ROYAL
HOSPITALS

EHSSB

Learning Together

SOUTH EASTERN EDUCATION
AND LIBRARY BOARD

Victims Unit: Office of the First Minister and Deputy First Minister

General development

Adolescents have a better understanding of the world than younger children – they are capable of understanding the long-term consequences of death and trauma. It is also around this time that most adolescents begin to consider issues around their own mortality.

Adolescents place an emphasis on peer relationships and begin to show pronounced gender differences – social networks develop spontaneously in adolescent social circles; with girls being better at finding support from peer groups and boys being more likely to act out the effects of trauma. Social identities and group involvement become more important than in previous childhood development.

Adolescence is a natural period of change and reorganisation for children in families – adolescents typically become more independent of family members and parent figures. Combined with other physical and mental developments this can make for ambivalent emotions (where adolescents vary between the need for support from their family and also the need to gain independence from them). This is often manifested in a desire for increased privacy and control over their own lives.

Adolescent reactions can be more emotional or exaggerated than in previous years – adolescent's short term reactions can be driven by emotional responses and appear exaggerated. Teenagers engage in more risk taking activities than younger age-groups, such as the use of alcohol, drugs, and involvement in sexual behaviours. Adolescents may also become more inhibited in certain areas of life, and more sensitive to social pressures to conform.

Adolescents with special needs or circumstances have normal responses to traumatic bereavement – however, these responses are influenced by the adolescent's level of understanding and access to emotional resources over time. With support and understanding, adolescents can recover from traumatic grief, and will respond best to care-giving which is tailored to meet their strengths and address their fears. This may require simplified explanations of death and trauma if necessary, and encouragement to discuss any areas of the death they are

unclear about. It may also require more practical support or access to resources which the family cannot provide alone.

For adolescents who have less understanding of death than their peers, it may be helpful to read the guidelines provided for younger age groups.

Adolescents' understanding of death

Death is unavoidable and irreversible, with concrete causes – like adults, adolescents understand that death happens to everyone at some point and that you cannot bring someone back from the dead. Death is caused by age, illness, trauma, etc rather than through magical or mysterious means. Sudden or unnatural deaths are seen to have perpetrators.


Adolescents can empathise with others, but (boys especially) are likely to hold back own feelings – adolescents can share and understand the feelings of those around them, but can be unwilling to reveal their own feelings. Peer groups can be useful to adolescents as emotional resources beyond the family circle, with girls being better at seeking out friends they can relate to if given the chance.

Adolescents can become pre-occupied with justice/injustice – they can feel a sense of injustice and view traumatic deaths as unfair or undeserved. Issues of punishment or retribution can come into play, and serve to prolong grief if media involvement or criminal proceedings are protracted. These feelings can also re-occur in adolescence even if the bereavement occurred earlier in childhood.

Adolescents' reactions to trauma

Adolescent's reactions to trauma are not solely based on actual memories or exposure to trauma (although these are major determinants).

Adolescents who do not fully understand the methods or motives behind traumatic events attempt to fill in the gaps through fantasy, imagining worst case scenarios and believing them to be true. These fantasies are traumatic in themselves, and must often be confronted with the help of trusted adults or friends.



Adolescents experience trauma as fright or terror – adolescents are old enough to recognise a traumatic situation as threatening both to themselves and others. Their bodies react with a pre-programmed fright response. This strong bodily response is unsettling, and can reoccur later when the adolescent feels unsafe, or is reminded of the trauma. These reactions can be distressing, and difficult to control.

Adolescents need to understand what happened – unlike younger children, adolescents will want to understand more about the traumatic death, including issues of fairness or justice which are difficult to explore. However, thinking about trauma can be a distressing experience, especially when that trauma is recent. Understand, or finding a meaning for trauma, can be very important at this age, especially if it leads to the prevention of future traumas. Unfortunately, not all the facts about trauma are known initially – many trauma survivors must wait for criminal or scientific investigations to find the truth and for some this will never be known.

Adolescents can experience stress – they may show signs of being irritable, easily startled, nervous of anything that reminds them of the trauma, or otherwise distressed. Night-mares, social withdrawal, poor concentration and difficulties with school performance are common signs of stress in adolescents.

Adolescents can over-estimate the negative role they played in the traumatic situation – and feel guilty or embarrassed about their reactions. Adolescents can be preoccupied with negative contact they may have had with the deceased prior to death, or with thoughts of how they could have acted differently. They may also feel personal responsibility or blame themselves for not doing things differently, or feel guilt at surviving when others died.

Adolescents understand the longterm implications of trauma – they realise that what's happened will stay with them for life, that it will affect their home and social life, and that some of the changes that occur following trauma will be permanent.

Adolescents' experience of traumatic grief

Adolescents' experience of traumatic grief will vary according to how


emotionally close they were to the person who died and how exposed the adolescent was to the circumstances of death. These deaths can include those of friends or members of the community with whom the adolescent identifies.

Adolescents react to separation – adolescents react to separation in much the same way as adults. This includes feelings of sadness, loss, yearning, heartache, and hopelessness. However, many adolescents will have few past experiences with death and loss, and fewer established coping mechanisms for dealing with stressful situations of this nature.

Adolescents react to trauma – adolescents become frightened by traumatic situations. Often, traumatic memories can be very upsetting and uncontrollable, and are re-experienced over a period of time. Trauma interrupts adolescents' daily lives, and makes fitting into old routines and social interactions more difficult. Bodily reactions to trauma can lead to fatigue and vulnerability to illness in the adolescent. It may also exaggerate difficulties in home, school, or community settings which pre-date the traumatic bereavement.

Memories and feelings of trauma are hard to forget – these can be frightening, and are not always easy to control. They leave adolescents nervous, expecting an unsafe future, and lead to important changes in the body's chemical system. As a result, some memories of the deceased can cause upset instead of comfort. They may be brought to mind uncontrollably, either in response to reminders of the trauma or at random. They also have a physical component, in that they often result in increased heart and respiration rates, and can be tiring, distracting, and unsettling.

Adolescents' bodies become fatigued by fright – prolonged exposure to or experience of fright causes an adolescent's body to react in ever stronger ways. Usually, people who feel safe only experience a moderate jolt of extra energy when they get a fright. However, the fright response becomes stronger the more it is used, so when a person is traumatically bereaved they use up a lot of energy when they feel unsafe or experience traumatic memories. Over days and weeks this can drain the body of resources and leave it vulnerable to illness or infection.



Adolescents are highly sensitive to peer reactions – so much of the information surrounding traumatic bereavement is available to others through the media; anticipating the reactions of others can become a great source of anxiety or agitation for adolescents. They may need to be prepared for questions and comments from their peers. For some, being different from others becomes the most difficult issue to deal with.

Adolescents can be overwhelmed – the overall effect of grief and trauma is more difficult to deal with than either grief or trauma alone. The effects of traumatic grief are prolonged, and can be re-experienced over time as adolescents learn more about the world. They can result in anger, blame, or guilt which can be difficult or shameful to talk about, and affect members of the adolescent's family and community. Often settings such as school can be appreciated for the relief they offer from thinking about the bereavement. As part of the overall effect, dramatic changes can be seen in the behaviour of the adolescent (e.g. greater involvement in class-clowning, risk-taking behaviour, social withdrawal, or sudden maturity).

What affects the experience of traumatic grief?

Traumatic deaths which are witnessed will have a more direct impact on the adolescent – being present at a traumatic death as it happens is intensely stressful and frightening for adolescents, and can be made worse if they misunderstand what they have witnessed. Memories of trauma tend to be multisensory – adolescents who do not see a death occur may hear, smell or feel it and be just as distressed by the memory of these sensations. Adolescents who witness deaths in manners such as these will need reassurance, good information, and support in understanding what happened as soon as possible. Initially, witnessing trauma may be more stressful than bereavement itself and may interrupt the normal grieving process because of the intrusive nature of the memories.

Adolescents create traumatic fantasies to fill in gaps in their knowledge – traumatic deaths that are not witnessed directly or that leave surviving adolescents with unanswered questions about the death (or person who died) often lead to traumatic fantasies. Traumatic fantasies are the explanations people create to fill in gaps in their knowledge of the events surrounding the death. These might include fantasies that the

death took longer than it actually did, or that the person suffered for a long time. They may also believe that they could or should have done something simple to avoid the death, or place undue importance on the last disagreement they had with the person who died. Traumatic fantasies can be distressing and provoke strong emotional reactions. They usually focus on the worst possibilities, and fade with time as people learn more about what happened. Teenagers who have traumatic fantasies need good information (with appropriate levels of detail) conveyed with reassurance and in a private setting.

Adolescents have private beliefs and emotions – they may believe that the death could somehow have been avoided if they or some other person/group had acted differently. Blame and the need for retribution may be important to adolescents depending on the circumstances of the death. However, these beliefs are not always shared openly – particularly in the family. Communication on difficult topics such as these can helpfully be started by parents or friends in order to encourage the adolescent to open up and express privately held fears and anger.

Adolescents can gain support from family, friends, and the community – they can gain the greatest support from the groups they are most involved in. However, severe traumas can make group involvement difficult for some, especially younger teenagers, who may become more dependent on the family again for a time.

Adolescents' grief and trauma can be unseen – they may be reluctant to talk about the traumatic death for fear of upsetting or saddening family members. They may also feel it inappropriate to talk about with friends, teachers, or significant others. Sometimes adolescents need to be encouraged to express their concerns and emotions as their underlying reactions can be masked by other behaviours (such as playing the clown when they are actually very upset).

Adolescents are sensitive to daily routines and safe locations – people feel safest when they are with trusted friends and are in familiar environments. Home, school, and recreational settings are important in making adolescents feel physically and emotionally secure. Traumatic death in the family or community can disrupt these routines, and make the adolescent's world less predictable and secure. This is particularly difficult



when the person who has died is a member of the same class or school.

Death in school poses particular problems when there are daily reminders of the person who died, other pupils are upset, and pupils become affected by each others behaviour. Because this occurs in a school setting parents may not be aware of the extent to which their children are affected by the death.

Adolescence is a naturally stressful time for adolescents and families

– traumatic bereavement in adolescence occurs at a time in children's lives when they are undergoing dramatic mental and physical changes. There is the development of a new identity and social networks, academic pressures, conflicts with parents or family, hormonal changes, and rapid physical development. For this reason, many adolescents may be under emotional strain at a time when they most need emotional support and have a more difficult relationship with parents.

Guidelines

The needs of adolescents vary greatly according to the individual and their circumstances. Relationships with family and friends can be equally important in meeting the practical and emotional needs of the adolescent. Gender, ability, and level of understanding also have a part to play in the coping methods of adolescents, which tend to be wide ranging and may differ from the methods favoured by parents or the family.

Immediate needs

Promote a safe environment – it is important for adolescents to feel as safe as possible both immediately after a traumatic death, and in the long term. Ideally, daily routines (e.g. school attendance) should be re-established for the adolescent as soon as appropriate. Give time to any concerns the adolescent may have, and adopt a flexible approach to reassuring them of their safety.

- Work for continuity in school and after-school activities.
- Maintain a routine as far as possible and prepare the adolescent for any changes to this – where changes are necessary they should be planned and predictable for the adolescent.

- Give the adolescent time and emotional reassurance where appropriate.
- Listen to what adolescents have to say and address their anxieties and concerns (adolescents can sometimes feel they will not be taken seriously).

Clear communication – adolescents can understand more about death than other children, but can be unsure as to how to ask for information. Clear and honest information and discussion can help identify concerns of the adolescent that may otherwise be missed. Much of the information about the death will already be known to the public through the media, so the adolescent needs to be prepared for further questions and comments

- If adolescents ask questions try to answer as honestly and clearly as possible. This can help reduce confusion if the information is consistent.
- Be aware of the family's own approach to the issue and maintain links with the family.
- Prepare class members for the return of the adolescent, using school counsellors where available.
- In the case of the death of a child or adolescent, ensure that others likely to be affected are identified.

Make the loss real – families are advised to prepare and encourage adolescents to participate in rituals (e.g. funeral), not to hide their own feelings, and to keep mementoes of the person who died for future years. There are useful rituals which the school/class can initiate, particularly where a member of the school has died.

- Allow adolescents to remember the person who died (e.g. through drawing, talking, playing, etc.).
- Some adolescents will want to keep a personal reminder of the person who died, and may want to have this with them in school. This is a normal behaviour.
- Organise a class/school memory book or box, where others can write, draw, or put pictures of the person who died as a way of beginning the grieving process. This may later be shared with the family.

Long-term needs

Children need to understand – this may mean being more patient and understanding towards an affected adolescent. A tutor, counsellor, or trusted teacher may have the opportunity to allow times for questions or conversations on difficult topics. This can include talking about unfairness or blame. Although adolescents will most likely understand what is said to them first time, it is normal for people of all ages to require an adjustment period to bereavement, during which certain topics will need to be discussed more than once.

- Have realistic expectations about how long the young person will be affected
- Allow questions and conversations
- Facilitate counselling support

Coping with emotions – talking with the adolescent about their feelings provides reassurance and normalisation. However the young person may not wish to be distressed during a school day and should not be prompted to talk about their feelings if this is the case.

- Try to address any anxieties adolescents might bring up (e.g. anxiety about something happening to their family or themselves)
- Talk with adolescents about guilt feelings (or anger, blame, regret) only if they are expressed
- Encouraging individual or creative ways of coping in the adolescent that differ from adult coping methods can be useful. These can be more helpful if they lead to positive expression or identify needs in the adolescent (e.g. through art or written composition)
- Be aware that adolescent emotional reactions are often expressed as exaggerated behaviours. These behaviours can then occur in response to anniversaries, birthdays, etc.
- Reassure adolescents that what they feel is normal

Inform relevant people – teachers and care-givers provide vital support to children in returning to social settings such as school. They can also answer questions of others with whom the bereaved adolescent has to interact, and prepare for their return.


- Inform relevant adults in school settings and ensure that all staff are aware of what has happened to the pupil and that a system is in place for substitute figures to be informed of the situation.
- Keep a record of a) date of bereavement, b) relationship of the person who died to the pupil, and c) dates of relevance (e.g. birthdays and anniversaries).
- Attach a sticker to the outside of the pupil's file and put the information on a label on the inside cover – for easy access. This way there is less likelihood of any member of staff missing it.
- Keep in touch with home so that there is communication with parents.
- Be prepared for any questions they might have.

Deal with reminders – unsettling thoughts and memories of the death or trauma can come at random or in response to reminders in the life of the adolescent. Managing reminders and can provide the adolescent with more stability and a sense of greater emotional control.

- Avoid or minimise unnecessary exposure to reminders which are unsettling
- Significant dates such as anniversaries or birthdays should be prepared for in advance.
- Be aware that events such as court cases, coroner's investigations, or media coverage involving the traumatic death will most likely affect children (e.g. concentration, memory, mood, and behaviour changes).
- Think about how to deal with reminders when they arise
- Provide reassurance that reminders will become weaker and less frequent over time.

Look to the future – be prepared for new feelings and understandings of death to emerge as adolescents grow and realise more about the world. Keepsakes and anniversaries will be special to adolescents in the future.

- Be prepared for adolescents to change their opinions, memories, and worries over time.
- Adolescents will react to anniversaries and special occasions.
- Be aware of adolescents' needs – they may become vulnerable or confused.
- Adolescents may want to hold onto mementoes and keepsakes (this includes art or written work done at school which relates to the trauma

- 
- or person who died).
 - Be prepared for younger adolescents to have new questions about the death again in the future – adolescents may prefer to ask people outside the family as time goes on.
 - Encourage a sense of optimism about the future.

Classroom issues

Traumatised or bereaved pupils can be affected in a variety of ways as they try to come to terms with their experience. You may notice changes in their concentration and behaviour over the next two years. Be mindful that they will revisit the death as they move through their developmental stages. Teachers cannot change the events that have happened but by their support they can make a difference.

- Pupils may be under great pressure because of impending examinations. You may need to discuss with the pupil and his/her family the option of deferring exam entry until a later date.
- Be aware that the pupil may become withdrawn and isolated from their peers (they have gone through an experience that most of their peers will not be able to fully comprehend). Their outlook on the world may have changed.
- Bereaved adolescents are more likely to be bullied at school, and may be less able to cope with this.
- Concentration and memory are affected and will only return to normal levels as the underlying bereavement and trauma issues are resolved (this can last up to 2yrs – sometimes much longer).
- Some bereaved pupils may throw themselves into their work and become model pupils. These pupils also need care – it is unlikely that they will be able to maintain this in the long term.
- Continue to offer a secure base in school through organised predictable routines, as this can be very supportive to them.
- Expect the pupil to function but be flexible with their workload. Be sympathetic, gentle, and firm.
- If the need arises ensure that there is a quiet place where they can talk to you or just be alone (but supervised).
- Be aware that grieving parents may not always be able to support their teenagers effectively.
- Pupils may not wish their family to know about their difficulties at school, because of a wish to protect them. Deal with this sensitively

and respect the wishes of the adolescent where possible, while at the same time encouraging more open communication with the family.

- Encourage peer group support – adolescents with similar losses may be able to support each other. Talking and sharing in groups helps normalise experiences and eliminate social isolation.

Outcomes

Most adolescents will recover from traumatic grief, but there is no set response to trauma or bereavement that is successful. There is no definitive timetable for the conclusion of grief, indeed bereavement is often seen as a lifelong influence on development. However, the most intense reactions tend to be experienced in the first two years.

Adolescents who are traumatically bereaved can be helped to manage their difficulties, to reduce their confusion about death and trauma, increase their sense of safety, and to form healing emotional bonds with family and friends. In this way, the most acute consequences of traumatic grief can be worked through by the adolescent with a small number of people (usually a mix of family members and close friends).

Adolescents can work through the effects of traumatic grief if they are supported emotionally by family and friends, re-establish a sense of safety, and gain appropriate understanding of the traumatic bereavement based on fact and not emotion. However, schools must be prepared for adolescents (especially younger adolescents) to revisit their trauma and bereavement again throughout teenage years, as they understand more about themselves and the world – during which times their behaviours may become more difficult.

“When a personal tragedy befalls someone it is often difficult to know what is best to do or say. Teachers in schools are in much the same dilemma – when should they talk about it to the young person? When should they leave well enough alone? There are no easy answers; but it is clear that not facing the dilemma can often make things worse”
– Yule and Gold, 1993*.

* *Wise Before the Event: Coping with crises in schools* by William Yule and Anne Gold, published by the Calouste Gulbenkian Foundation (1993) p.21



Books for teachers

“Grief in children” by Atle Dyregrov.

Publisher: Jessica Kingsley. ISBN1-85302-X

“Helping children cope with separation and loss” by Claudia Jewett.

Publisher: Free Association Books. ISBN 0-7134-7766-0

“Good grief: exploring feelings, loss and death with under elevens” by Barbara Ward and associates. Publisher: Jessica Kingsley. ISBN 1-85302-161-X

“Good grief: exploring feelings, loss and death with over elevens and adults” by Barbara Ward and associates. Publisher: Jessica Kingsley. ISBN 1-85302-162-8

“Coping with bereavement: a handbook for teachers” by John Holland.

Publisher: Cardiff Academic Press. ISBN 1-899025-057

“Wise before the event” by William Yule & Anne Gold. Publisher: Calouste Gulbenkian Foundation. ISBN 0-90331-966-7

Books for teenagers

“Straight talk about death for teenagers” by Earl Grollman.

Publisher: Beacon Press. ISBN 0-8070-2501-1

“Facing change: falling apart and coming together again in the teen years” by D. O’Toole. Publisher: Compassion Press. ISBN 1-878321-11-0

“Tiger eyes” by Judy Blume. Publisher: MacMillan. ISBN 0-330-26954-2

“The Charlie Barber treatment” by C. Lloyd.

Publisher: Walker. ISBN 0-7445-5457-8

Authors:

P. Donnelly	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
G. Connon	Assistant Psychologist	The Royal Hospitals, Belfast

Editorial Group:

N. Rooney	Consultant Clinical Psychologist	The Royal Hospitals, Belfast
A. Healy	Therapist; Director Family Trauma Centre	South and East Belfast HSS Trust
E. Smyth	Senior Educational Psychologist	South Eastern Education and Library Board
M. McCann	Director/Counsellor	Cruse Bereavement Care
T. Costello	Senior Social Worker	North and West Belfast HSS Trust

What else?

There may be a need, from time to time, for specific help to manage or control certain excessive intrusions or distress. These are best discussed with your GP, health worker, or social services representative, who will be able to consider your options and information available to you. Referral to bereavement/trauma groups and voluntary agencies can also be arranged through these sources.

Professionals guide

Traumatic grief in early childhood

Ages 0-5

Traumatic grief in middle childhood

Ages 5-10

Traumatic grief in adolescence

Ages 10-18

Traumatic grief in adults

Traumatic grief

Anger management

Traumatic grief

Dealing with intrusions

Sleep disturbance in adults
and adolescence

Sleep disturbance

in children under 10 years of age

Self care for workers supporting
the traumatically bereaved

Guidelines for the immediate response
to children and families in traumatic
death situations

Relatives Guide

Dealing with sudden death in early
childhood Ages 0-5

Dealing with sudden death

in middle childhood Ages 5-10

Dealing with sudden death in adolescence

Ages 10-18

Dealing with sudden death for adults

Sudden Death

Anger management

Sudden Death

Dealing with intrusions

Sudden Death

Insomnia and sleep disturbance
in adults and adolescents

Sudden Death

Sleep disturbance

in children under 10 years of age

The Coroner

Schools Guide

Traumatic grief in early childhood

Ages 0-5

Traumatic grief in middle childhood

Ages 5-10

Traumatic grief in adolescence

Ages 10-18

Sudden death

Information for pupils

Individual booklets are available from your local health centre, library or school
The full series can be downloaded from www.royalhospitals.org/traumaticgrief