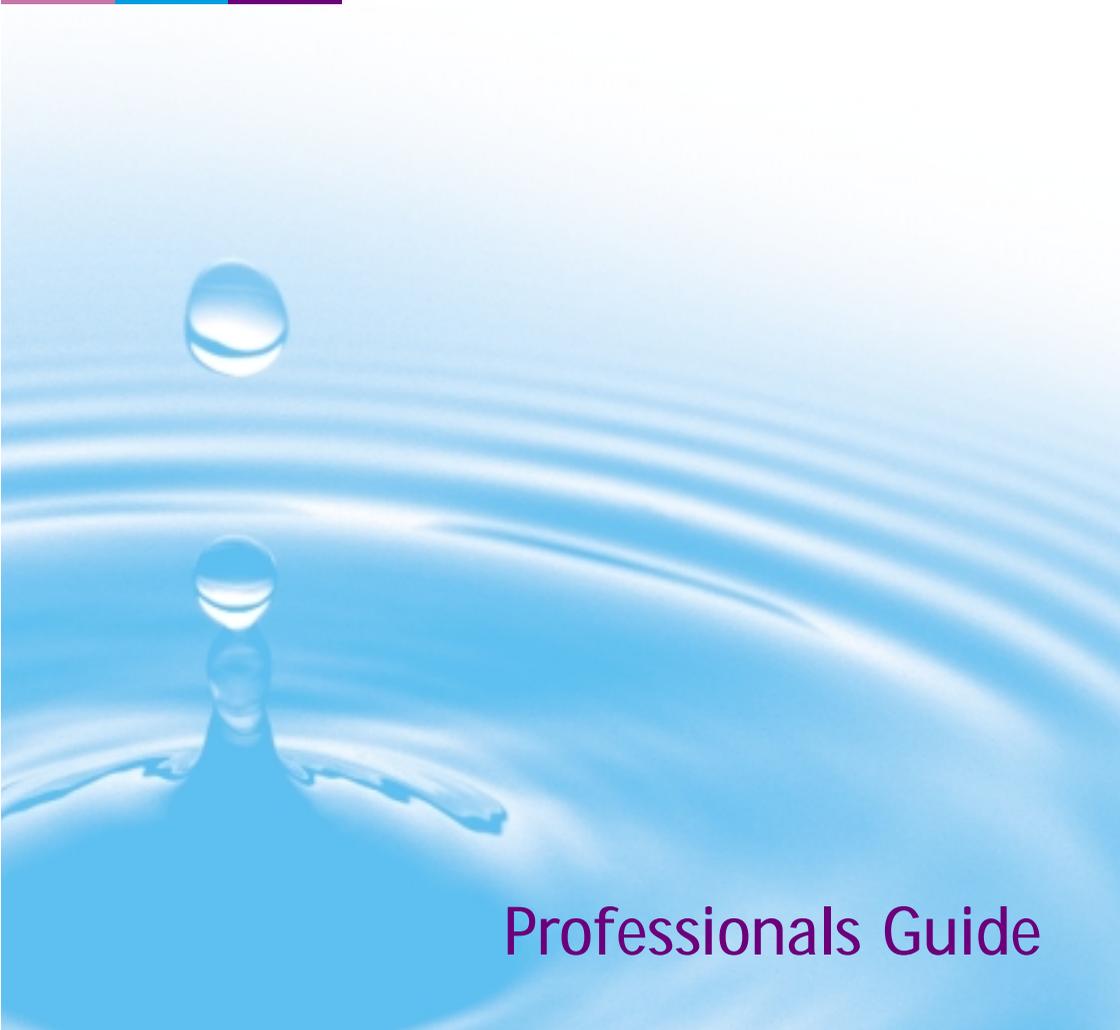


Traumatic grief in adolescence

Ages 10-18



Professionals Guide

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The ROYAL
HOSPITALS



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. Understanding, 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.

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 intensely 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 – seeing 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 give rise to specific reactions.

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 most support from the groups they are most involved in. However, severe traumas can make group involvement difficult for affected adolescents, especially for younger teenagers, who may become more dependent on the family again for a time.

Adolescents' grief and trauma can be unseen – they can be reluctant to talk about 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 adolescent's 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.¹

¹ see guidelines on trauma and grief in school children also available in this series

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. Avoid unexplained separations, give time to any concerns the adolescent may have, and adopt a flexible approach to reassuring them of their safety.

- Work for continuity in home, school, friends and peer groups
- Avoid unexplained separations – where separations are necessary they should be discussed with the adolescent
- Give time and emotional reassurance.
- If necessary, involve the adolescent in developing a concrete safety plan which addresses their concerns about safety (e.g. locking doors, leaving lights on at night).
- Take the adolescent's fears about safety 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 which may otherwise be missed.

- Give truthful explanations
- Reduce confusion
- Give as much detail as is necessary

Make the loss real – let adolescents participate in rituals (e.g. funeral), do not hide your own feelings or the feelings of others, and keep mementoes of the person who died for future years.

- Encourage adolescents to participate in rituals (seeing the person who died, attending the funeral)
- Share feelings of sadness but avoid excessive displays of anger, sadness, or blame
- Keep reminders of the person who died present
- Allow the adolescent their own personal reminders

Long-term needs

Children need to understand – 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. Visiting the grave or places where the adolescent feels close to the person who died. Looking through photo albums can be helpful.

- Allow questions and conversations
- Look at albums and photographs
- Encourage adolescents to visit the grave or other relevant places
- Talk about feelings of fairness, injustice and blame.

Coping with emotions – talk with the adolescent about their feelings. Confront fears and provide reassurance and a sense of optimism about the future.

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- Talk with adolescents about their anxiety about something happening to their parents or themselves
 - Talk with adolescents about eventual guilt feelings and/or anger, blame, regret ...
 - Encourage individual or creative ways of coping in the adolescent that differ from adult coping methods (such as writing, drawing, acting, or singing). These can be more helpful if they lead to positive expression or identify needs in the adolescent.
 - Reassure adolescents that what they feel is normal

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

- Develop a plan to avoid or minimise unnecessary exposure to reminders which are unsettling.
- Significant dates such as anniversaries or birthdays should be prepared for in advance.
- Events such as court cases, coroner's investigations, or media coverage involving the traumatic death should be prepared for and discussed. It is helpful for the adolescent to know in advance the topics which will be covered at these events, and what details are likely to be discussed.
- Rehearse ways to deal with intrusive questions and comments.
- Develop a plan to deal with reminders and triggers when they arise.
- Provide reassurance that reminders and triggers 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.

- Let adolescents change their opinions over time
- Hold onto mementoes and keepsakes
- Involve adolescents in anniversaries and significant occasions
- Be prepared for younger adolescents to have new questions about the death again in the future
- Be optimistic about the future – things can get better.

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, parents 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.



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

Books for professionals

“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

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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