

GUIDANCE FOR CAREGIVERS: CHILDREN OR TEENS WHO HAD A LOVED ONE DIE IN THE EARTHQUAKE

Introduction to trauma

The earthquake was a terrifying disaster for adults, children, families, and communities. The extreme life threat, destruction, injury, and loss of life made this experience especially traumatic. While struggling for their own survival, many saw friends, family, co-workers, and neighbors seriously injured or die. During such an event, children and adults often feel intense fear, helplessness, and horror. These feelings can keep coming back for a long time afterwards. When a trauma causes the death of a loved one, children and adolescents may experience *traumatic grief*, where grieving and mourning are made more difficult, and it becomes hard for them to remember the person they lost without also thinking or picturing how the person died. Reactions to trauma and loss are likely to show up in children's behavior at home and at school. It is important that caregivers understand the child's or teen's reactions, support the young person, and—when necessary—seek help to assist with current functioning and prevent future difficulties.

How do children and teens react to trauma and loss?

Children and teens react to trauma and loss in different ways. Their disaster experience, level of understanding, ability to handle difficult emotions, and ways of coping will differ according to the age of the child, temperament, and other life experiences or emotional problems. Caregivers, family, peers, school, and community all contribute to how children and adolescents react and recover. Many children recover after a brief period of difficulty. Others may continue to have problems, while some become worse over time. A traumatic experience and the death of someone important may affect children's sense of safety, trust in the ability of others to provide protection, reliance on the security of loving relationships, emerging confidence in self-care—including handling danger, and sense of life as fair and controllable.

Children's understanding of death changes as they develop and is influenced by family, religious, and cultural values, such as the following:

- Pre-school children may not understand that a death is permanent, and expect the person to return.
- School-age children may understand the physical reality of death, but, in longing for the return of a lost loved one, may experience ghostly feelings of their presence.
- Adolescents may keep acting “young” and in need of a deceased parent, or minimize the loss and try to “grow up fast.”

When there is no physical confirmation of the death, as occurred after the earthquake where so many bodies were not soon recovered, the above reactions can be much more intense and long-lasting.

A loss can impact a young person in different ways at different stages in his/her life. A toddler whose caregiver died will be affected by the change of caregiver and disruption to daily routine. A school-age child loses not only a caregiver, but also continuing emotional support and daily help with schoolwork and outside activities. A teenager, who was becoming independent when a caregiver died, may be torn between a sense of responsibility to surviving family members and the wish for greater independence.

When a loved one has died in a way that has been traumatic, a child or teen is at risk for developing childhood *traumatic grief*, in which common reactions may interfere with a child's ability to have positive memories and engage in activities that would be helpful for adjusting to life without the person.

There are certain general reactions and responses that are common following a disaster such as an earthquake. It is not unusual for children and teens who suffer a traumatic loss to have difficulties afterwards in the following areas:

- Thoughts
 - confusion
 - problems with concentration, memory, attention
 - thinking that they should have done something to prevent the death
 - thinking that someone else close to them may die

- Feelings
 - fear, anxiety, or worry about one's own safety or the safety of others
 - helplessness, lack of control
 - sadness, depression, hopelessness, loneliness
 - anger, irritability
 - guilt, shame, insecurity
 - being overwhelmed

- Physical reactions
 - fatigue
 - stomachache, headache
 - rapid heart beat, shakiness
 - other physical complaints

- Behaviors
 - fighting, having tantrums
 - clinging, refusing to separate or be alone
 - disinterest in usual activities
 - poor hygiene or self care
 - avoiding or withdrawing from others or activities
 - changing pattern of, or having problems with eating and sleeping
 - poor school performance
 - acting out, engaging in risky behavior
 - other unusual change in behavior

- Reactions to reminders
 - Trauma reminders: Places, situations, people, sights, smells, or sounds related to the death, including hearing a crash resembling collapsing buildings, hearing screaming, or seeing rubble.
 - Loss reminders: People, places, objects, situations, thoughts, or memories, such as an empty chair at the dining table or in the classroom
 - Change reminders: Situations, people, places, or things that are reminders of how life has changed, such as moving in with relatives or a having a new teacher replace a teacher who died.

What is posttraumatic stress disorder?

Posttraumatic stress disorder refers to a particular group of reactions that occurs at least one month following a trauma. The three general types of symptoms include:

- *Re-experiencing*: A kind of reliving the event, including having recurrent upsetting thoughts, repeated distressing nightmares, or—in young children—repetitive play about the event. For example, a child may play repeatedly by building a tower out of blocks, knocking it down, then building it back up only to knock it down again.
- *Hyperarousal*: Being hyper alert—on the lookout for danger—while at the same time being nervous, jumpy, agitated, irritable, angry, or having an increased startle reaction. For example, a child may feel her heart racing upon hearing a sound that resembles collapsing buildings or when a floor shakes.
- *Avoidance/withdrawal*: Avoiding thoughts, feelings, or places that remind the child of the trauma, including withdrawing from or becoming disinterested in activities, or becoming emotionally distant. For example, a teen may refuse to participate in a team activity at school after members of the team have died.

What is the grieving process?

There is no right or wrong way to grieve; nor is there an appropriate length of time to mourn a death. Different children grieve in different ways, and the process changes as a child grows older and faces new experiences. A child, who as a toddler lost a father, may have new questions about the death as he grows older. A girl, who as a child lost her mother, may have a new sense of longing for her as she becomes a teenager. Over time, it is helpful if children can:

- Accept the reality and permanence of the death.
- Cope with the painful emotions related to the death, such as sadness, anger, confusion, and guilt.
- Adjust to changes in their lives and in their identity that result from the death.
- Develop new relationships or deepen existing relationships to help them cope with difficulties and loneliness.
- Maintain a continuing healthy attachment to the person through reminiscing, remembering, or creating a memorial.
- Make meaning of the death, including understanding the significance of the loss.
- Be able to have positive memories and engage in activities that help with adjustment to life without the loved one.
- Continue with normal developmental tasks and activities.

What are the signs a child or teen is having difficulty with childhood traumatic grief?

When a child is struggling with childhood traumatic grief, even happy thoughts about the person who died may lead to upsetting memories. When traumatic or loss *reminders* occur, the child may repeatedly focus on the distressing aspects of the death and not proceed through the normal grief process. The grieving process can be further complicated if the child's own life was in danger.

A young person having difficulty with the grief process may:

- Have intrusive memories about the death, which occur unexpectedly or appear as nightmares.
- Feel guilty about how the person died.
- Avoid unpleasant thoughts, feelings, and reminders, by skipping school, staying away from the site of collapsed buildings, or refusing to play a game he had enjoyed with a deceased sibling.
- Withdraw emotionally—appearing numb or having no feelings—as a way to manage upsetting feelings.

There can be long lasting effects when a child's post-trauma/loss reactions are not addressed. An adolescent may develop serious problems with depression, abuse alcohol or drugs, or have other mental health difficulties later in life. When grief issues continue for months, or become intense or frequent enough to interfere with a young person's ability to go to school, enjoy friends, participate in activities, and engage in typical child behavior, caregivers should consult a mental health professional.

Who is at risk for difficulty?

With nurturing support over weeks and months, many children and teens will find their fears, sadness, and distress decreasing, and they will gradually engage in more typical, age-appropriate activities. Others, however, may continue to suffer. Children more at risk for having problems and requiring extra attention are those who have the following:

- Previous traumas or deaths
- Prior physical, emotional, or learning problems
- Caregivers who have difficulty adjusting
- Limited or less support from friends, family, and other adults
- Additional stresses related to changes and loss of home or school

How can a caregiver help a child or teen?

Caregivers play a very important role in helping children and teens with childhood traumatic grief. The following are some ways that caregivers can help young people understand and cope with their reactions:

- Be aware of the common reactions described above.
- Understand that not all children will develop childhood traumatic grief, but that there is a range of reactions.
- Continue positive nurturing parenting, provide consistent support, and maintain predictable routines and limits.
- Be honest and clear, and provide age-appropriate information about feelings and events.

- Be sensitive to the child's age and type of support they need. Both children and teens need opportunities to talk about their worries and concerns. Young children may need extra patience and hugs. Older children may need reassurance and help to establish ways to feel safe.
- Understand that anger or regressive behavior may be part of the child's or teen's reaction to the traumatic death.
- Reassure children and teens that they are not to blame for the event or death.
- Recognize that young people observe and look to the adults in their lives for clues about how to react and cope. When they can observe caregivers managing their reactions and coping well, children and teens do best.
- Be a role model, by dealing appropriately with your own upset feelings.
- Help the children and teens develop and use their own coping strategies, such as talking to trusted adults and enjoying pleasant activities like playing with friends, reading for pleasure, singing, dancing, or doing art.
- Recall positive and comforting thoughts and memories, when talking about the person who died.
- Be prepared for the young person to revisit the event and death at various times throughout the year, and on occasion throughout his or her life.
- Encourage children to return to normal activities, helping them find ways to manage the changes caused by the earthquake and the loved one's death.
- Seek support from friends and family to help manage your own trauma and grief reactions.
- Help children and teens use the family for support, and help them connect to friends and caring adults outside the family.
- Reach out to professionals if you are concerned about a child or teen's reactions or if you are having difficulty yourself.