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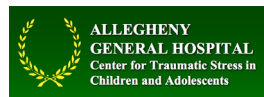
The National Child
Traumatic Stress Network



Traumatic Grief in Military Children

Information for Educators

In Partnership with



Center for the Study of
Traumatic Stress
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The Nature of Grief

Educators and school personnel play important roles in supporting military children who have experienced loss. Although educators cannot, and should not, take on the responsibility of providing therapy to children who are grieving, they can be valuable partners in observing children, creating supportive environments, and knowing when to suggest referral to a mental health professional.

Introduction to Childhood Grief

Like adults, children and teens may feel intense sadness and loss, or “grief,” when a person close to them dies. And like adults, children and teens express their grief in how they behave, what they think and say, and how they feel emotionally and physically. **Each child and parent grieves differently, and there is no right or wrong way or length of time to grieve.**

Some grief reactions cut across children’s developmental levels, and children may show their grief in many different ways. For example, bereaved children or teens of any age may sleep or cry more than usual. They may regress and return to earlier behaviors, or they may develop new fears or problems in school. They may complain about aches and pains. They may be angry and irritable, or they may become withdrawn and isolate themselves from family and friends.

Bereaved children may also act in uncharacteristic ways that those around them may not recognize as grief reactions. For example, a quiet toddler may have more tantrums, an active child may lose interest in things he or she used to do, or a studious teen may engage in risky behavior. Whatever a child’s age, he or she may feel unrealistic guilt about having caused the death. Sometimes bereaved children take on adult responsibilities and worry about their surviving parent and about who would care for them if they were to lose that parent as well. These worries can be especially acute if the surviving parent is also in the military.

Traumatic Grief in Military Children

Sometimes, the reactions of some children and teens to the death of a parent or someone close to them may be more intense than the common deep sadness and upset of grief. In *childhood traumatic grief*, children develop symptoms associated with *posttraumatic stress disorder* (PTSD). (**Table 1** describes examples of common and traumatic grief reactions at various ages.)

Children of military families may be more likely to experience these more intense reactions if, for example, the death was sudden or traumatic, if it occurred under terrifying circumstances, or if the child witnessed or learned of horrific details surrounding the death. Also, although posttraumatic stress reactions may occur after a deployed parent has been killed in combat, symptoms can also appear when death comes weeks or months after an initial combat injury, even if the death has been anticipated by the child or by adults in the child's life.

Not all children who experience the death of someone special under traumatic circumstances develop traumatic grief. However, in some cases, children may develop symptoms of PTSD that interfere with their ability to grieve and to call up comforting memories of the person who died. Traumatic grief may also interfere with everyday activities such as being with friends and doing schoolwork. PTSD symptoms in children with traumatic grief can include:



- ◆ **Reliving aspects of the person's death or having intrusive thoughts**, for example, experiencing nightmares about the death, not being able to stop thinking about how the person died, imagining how much the person suffered, or imagining rescuing the person and reversing the outcome.
- ◆ **Avoiding reminders of the death or of the person who died**, for example, by avoiding pictures of the deceased person or news about the military, by not visiting the cemetery, by not wanting to remember or talk about the person, or by feeling emotionally numb.
- ◆ **Increased arousal**, being nervous and jumpy or having trouble sleeping, having poor concentration, being irritable or angry, being "on alert," being easily startled, and developing new fears.

In general, if it becomes apparent that children or teens are having very upsetting memories, avoiding activities or feelings, or experiencing physical, emotional, or learning problems, they may be having a traumatic grief reaction. (See **Table 1.**)

You may wish to suggest that the family seek help or counseling for a child or teen if grief reactions seem to continue without any relief, if they appear for the first time after an initial period of relative calm, if they get worse, or if they interfere with the child's being with friends, going to school, or enjoying activities.

Table 1. Children’s Understanding of Death and Reactions to Grief

Age	Understanding of death	Common grief reactions	Traumatic grief reactions
<p>Preschool and young children</p>	<ul style="list-style-type: none"> Do not understand that death is final. May think that they will see the person again or that the person can come back to life. May think it was their fault that the person died. 	<ul style="list-style-type: none"> May become upset when their routines change. May get worried or fussy when apart from their usual caregivers and may be clingy and want extra attention. May express fears, sadness, and confusion by having nightmares or tantrums, being withdrawn, or regressing to earlier behaviors. 	<ul style="list-style-type: none"> May repetitively engage in play about the death or the person who died. May have problems getting back on schedule or meeting developmental milestones. May have difficulty being comforted.
<p>School-age children</p>	<ul style="list-style-type: none"> Gradually gain a more mature understanding of death. Begin to realize that death is final and that people do not come back to life. May have scary beliefs about death, like believing in the “boogey man” who comes for the person. 	<ul style="list-style-type: none"> May ask lots of questions about how the person died and about what death means. May display distress and sadness in ways that are not always clear, like being irritable and easily angered. May avoid spending time with others. May have physical complaints (headaches, stomachaches). May have trouble sleeping. May have problems at school. May have no reaction at all. May dream of events related to the death or war. May want to call home during the school day. May reject old friends and seek new friends who have experienced a similar loss. 	<ul style="list-style-type: none"> May repeatedly talk or play about the death. May have nightmares about the death. May become withdrawn, hide feelings (especially guilt), avoid talking about the person or about places and/or things related to the death. May avoid reminders of the person (for example, may avoid watching TV news or refuse to attend the funeral or visit the cemetery). May become jumpy, extra-alert, or nervous. May have difficulty concentrating on homework or class work, or may suffer decline in grades. May worry excessively about their health, their parents’ health, or the health and safety of other people. May act out and become “class clown” or “bully.”
<p>Teens</p>	<ul style="list-style-type: none"> Have a full adult understanding of death. 	<ul style="list-style-type: none"> May have similar grief reactions to those of school-age children when at home, with friends, and at school. May withdraw, become sad, or lose interest in activities. May act out, have trouble in school, or engage in risky behavior. May feel guilt and shame related to the death. May worry about the future. May hide their true feelings. 	<ul style="list-style-type: none"> May have similar traumatic grief reactions to those of school-age children when at home, with friends, and at school. May avoid interpersonal and social situations such as dating. May use drugs or alcohol to deal with negative feelings related to the death. May talk of wanting to harm themselves and express thoughts of revenge or worries about the future. May have low self-esteem because they feel that their family is now “different” or because they feel different from their peers.

Grief in Military Families

Since 2001, thousands of military children have had parents killed in combat operations in Iraq and Afghanistan. Many other children have had siblings, cousins, and other relatives die in war. Children who lose military family members during wartime are similar to other grieving children in many ways. Like other American children, they come from families of varying diversity and configuration. However, those who care for or work with grieving military children should be aware of certain unique aspects of military family loss.



For one thing, many military service parents may have been deployed for extended periods of time before dying. Because of this, children who may already have been dealing with their parent's physical absence for some time may not experience any immediate changes in their day-to-day life when they learn of the death. **Their past experience with the**

person's absence may make it hard for some children to accept the permanence of their loss or to take part in their family's grieving.

Also, military deaths during wartime are part of public events, which diminishes the privacy that families usually have when grieving. This lack of privacy can make it more difficult for family members and other caring adults to protect children from unexpected or unwanted intrusions into family mourning. A family may prefer that the death be kept private. In such circumstances, communities need to be mindful and respectful of the bereaved family's wishes.

From the arrival of the uniformed death notification team through funerary military honors, military traditions and rituals surround the death of fallen service members. Because family participation is voluntary, family members can decide to what degree military ritual will be incorporated into the family's mourning process. Many children and families find these military ceremonies comforting.

Media can be particularly intrusive and sometimes even aggressive, for example, when they arrive unexpectedly at homes or funeral services where bereaved children are present. Responsible family members should be encouraged to set limits on intruders or well-meaning individuals to protect children's interests.

Even well-intentioned administrators, staff, or other students can encroach on desired privacy. School administrators and teachers should be encouraged to set limits on well-meaning individuals and help students who are struggling with how best to help and understand a classmate with traumatic grief.

Given the political nature of war and the public nature of military deaths, military children may feel confused by how the death is reported or framed within their families, in their school, or in their community. A child who overhears conversation that a parent died “needlessly” in an “unnecessary” war may find it much harder to accept and integrate that death than a child whose parent’s death is considered “noble” or “heroic.” Also, older teenagers may have their own opinions and feelings about the war, and these may either ease or complicate their grief over the loss of their loved one.

Military deaths may be experienced differently by families and communities depending upon how they are perceived. Many military children lose loved ones to combat, and in some cases, the body may be disfigured, for example, if the death was caused by an improvised explosive device (IED). Many other deaths occur as the result of accidents, risk-related behaviors, medical illnesses, or suicide. Any of these circumstances can further complicate children’s reactions and affect their ability to integrate their loss.

Bereaved families who live on military installations will likely be surrounded by community support and interest. Families typically appreciate this interest and support, but they should also feel free to choose what is most helpful for them. However, the combination of sadness and fear brought about by a death can be challenging for bereaved military children when they are with other military classmates who are not bereaved.

Also, Reserve and National Guard families, or families who live outside military communities, may find that their unique grief is less well understood by others around them, and children who attend schools with few other military children may find themselves isolated in their experiences of loss. They may feel that others do not fully understand what they are going through.

After a parent dies, military children often experience additional stresses that further magnify the effects of their loss. For example, they may have to move from the military installation where they have lived to a new community where those around them are unaware of their military identity or of the nature of their family member’s death. In such circumstances, military children may find themselves suddenly no longer “military” in that they lose that identity in addition to leaving behind their friends and familiar activities, schools, or child-care providers. Once in their new community, children and families must also decide what they want to share with others about the person and about their military-related experience.

Teachers, school personnel, and classmates play significant roles in the everyday lives of children and adolescents and can create a positive environment for a child experiencing grief. Here are some tips and strategies to support children of **any** age following the death of a loved one.

What You Can Do to Help a Grieving Student

Creating a Supportive School Environment for a Grieving Student

- ◆ **Provide frequent praise and positive reinforcement** to help students feel connected and stay engaged academically and emotionally.
- ◆ **Use teaching strategies** (for example, scaffolding, mapping) to promote concentration, retention, and recall to increase the child's sense of predictability, control, and performance.
- ◆ **Maintain normal school routines**, which can benefit a child who can feel that life has become chaotic and out of control. It is extremely beneficial for grieving children to have predictable class schedules and routines.
- ◆ **Supportively cue or prompt** students who "go blank." Sensitively draw them back into the discussion or project at hand.
- ◆ **Be aware of possible trauma reminders**, such as dates or details related to the death, that are specific to a student's situation since these reminders can interfere with his or her ability to focus, think, or behave. This may be especially true on the anniversary of the death.
- ◆ **Be sensitive to possible triggers** in the curriculum and either modify them, prepare the bereaved student, or offer alternatives. This is especially true of history, social studies, and current events topics that may have military-related content.
- ◆ **Organize activities** in which the child can either actively participate or choose when and how to participate without feeling put on the spot.
- ◆ **Monitor** the child's performance regularly and make additional tutoring available as needed.
- ◆ **Avoid or postpone important tests or projects** that require extensive energy and concentration for a while following the death. Rearrange or modify class assignments or homework for a short time.
- ◆ **Let the child know that you are available** to talk about the death if he or she wants to, but do not force the child to talk. School personnel can be most helpful by listening calmly to a student's confusing feelings, worries, or problems and by nonjudgmentally accepting his or her reactions to the death.



- ◆ **Encourage expression of feelings** through drawing, writing, playing, acting, and talking. Share any concerns with a school mental health professional.
- ◆ **If a child appears to be feeling “overwhelmed”** at school, make sure that he or she is allowed to retreat to a “safe person” (for example, a counselor, a nurse, or the principal), and have a “time-out card” system in place when the student needs a break.
- ◆ **Be patient and flexible.** A student’s behavior and needs may ebb and flow and may at times become more challenging as the child reacts to his or her loss.
- ◆ **Address aggressive or self-destructive behavior** with caring discipline. Do not be punitive, but do set limits to unacceptable behavior. Check in with a school mental health professional to discuss the need for additional help in the classroom or outside.

Helping Staff and School Personnel to Support a Grieving Student

- ◆ **While taking into account a bereaved student’s right to privacy, administrators should consider informing school staff** who have contact with the child that he or she has suffered a loss and may be experiencing difficulties or changes in school performance as a result. In this way, school staff can work together to ensure that students get the support and understanding they need.
- ◆ **Concerns regarding a student can be referred to a school mental health professional** (for example, a school counselor, school social worker, or school psychologist) who can assess the student’s needs and challenges and suggest appropriate supports and interventions. The mental health professional can also link the student and family to community resources as needed.
- ◆ **Familiarity with military-related issues and resources** can help educators better understand a student’s and family’s situation. Staff and school personnel are not responsible for providing all the services, but they can be instrumental in helping a family that may feel overwhelmed or not sure how to find out what other help is available.

Coordinating with Family and Caregivers to Support a Grieving Student

- ◆ **Build a relationship of trust with the student’s family.** Identify a school professional who can serve as liaison between the school and the bereaved child’s family. This professional can talk with the family about its ongoing needs and how to meet them. (See **Table 2** for support groups and organizations.)
- ◆ **Have the liaison communicate and coordinate** directly with the student’s caregivers about behavior and adjustment in the classroom. It is also important that the liaison be aware of how the student is doing outside school (for example, whether he or she is able to do homework) and of major changes in the living situation that may be directly impacting school performance.

- ◆ **In collaboration with school staff and the child’s caregivers, develop a plan** for handling a student who worries about a surviving caregiver and who wants to call home. Create a plan to ease the student’s anxiety and maintain a safe environment. For example, have the child meet with a chosen school staff member to make a call during a nonacademic or free time.



Helping Students to Support a Grieving Classmate

- ◆ **It is important to be open to classmates’ questions and concerns.** Teachers may not know all the answers and should not feel pressured to have the “right” answer. It is best to consult with school mental health professionals about how to talk with classmates who may ask for details or have other concerns about the death of a student’s parent.
- ◆ **Explain to classmates that children with traumatic grief may be distracted, irritable, or jumpy,** or may not be interested in playing or joking around. Let students know that it is okay to talk with their classmate if he or she brings up the death, and that they should listen respectfully.
- ◆ **Help classmates support a returning bereaved student.** It can be useful to prepare classmates for a student’s return by offering suggestions about how to approach their bereaved peer and what they might say, for example, “A simple ‘I’m sorry, glad to have you back’ can be enough, and so supportive.”

Table 2. Support Groups and Organizations

General Mental Health Resources for Educators	Contact Information
American Psychological Association (APA)	http://www.apa.org 800-374-2721
American School Counselor Association (ASCA)	http://www.schoolcounselor.org 800-306-4722
Center for Health and Health Care in Schools School of Public Health and Health Services, George Washington University	http://www.healthinschools.org 202-466-3396
Center for Mental Health in Schools (SMHP) UCLA/School Mental Health Project	http://smhp.psych.ucla.edu 866-846-4843
Center for School Mental Health (CSMH) University of Maryland School of Medicine	http://csmh.umaryland.edu/resources.html/index.html 888-706-0980
Center for Traumatic Stress in Children and Adolescents Allegheny General Hospital	http://www.pittsburghchildtrauma.org 412-330-4328
Children’s Grief and Loss Issues	http://www.childrensgrief.net
Mental Health America	http://www.mentalhealthamerica.net 800-969-6642
National Association of School Psychologists (NASP)	http://www.nasponline.org 866-331-6277 (866-331-NASP)
National Center for Child Traumatic Stress (NCTSN)	http://www.nctsn.org
National Institute of Mental Health (NIMH)	http://www.nimh.nih.gov 866-615-6464 (NIMH Information Center)
School Social Work Association of America (SSWAA)	http://www.sswaa.org 888-446-5291
Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center	http://www.mentalhealth.samhsa.gov/databases (Mental Health Services Locator page) 800-789-2647

Military-Related Resources	Contact Information
Army Morale Welfare and Recreation (MWR)	http://www.armymwr.com
Center for the Study of Traumatic Stress, Uniform Services University	http://www.csstsonline.org
Centering Corporation	http://www.centering.org 866-218-0101
Local Veterans Centers	http://www.vetcenter.va.gov 800-827-1000 (for benefits issues)
Military Child Education Coalition (MCEC)	http://www.militarychild.org 254-953-1923
Military OneSource	http://www.militaryonesource.com 800-342-9647 (Stateside, CONUS) 877-888-0727 (en Español)
National Association of Home Care and Hospice (NAHC)	http://www.nahc.org/ 202- 547-7424
National Association of School Psychologists (NASP)	http://www.nasponline.org 866-331-6277 (866-331-NASP)
National Military Family Association (NMFA)	http://www.nmfa.org 800-260-0218
National Suicide Prevention Lifeline Veterans Hotline	http://www.suicidepreventionlifeline.org/Veterans/Default.asp 800-273-8255 (800-273-TALK) (Veterans press “1”)
Tragedy Assistance Program for Survivors (TAPS)	http://www.taps.org/youth/ 800-959-8277 (800-959-TAPS) (24-hour hotline)
Tricare: Your Military Health Plan	http://www.tricare.osd.mil http://tricare.mil/mybenefit/
ZERO TO THREE (Military Families)	http://www.zerotothree.org/site/PageServer?pagename=key_military 202-638-1141

Bibliography

Cohen, J., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York, NY: The Guilford Press.

Goldman, L. (2000). *Life & loss: A guide to help grieving children*. (2nd ed.) Philadelphia, PA: Accelerated Development.

Hospice of Southeastern Connecticut Bereavement Program. (n.d). *Children's understanding of death*. Retrieved August 24, 2008, from <http://www.hospicenet.org/html/understand.html>

Rando, T. (1984). *Grief, dying and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.

Woolsey, Susan. The grief of children. Maryland SIDS Information and Counseling Project. Reprinted from SIDS Foundation of Washington (n.d.). Retrieved August 24, 2008 from <http://www.kidsource.com/sids/grief.html>

This Guide offers a very basic overview of how children may be affected by the death of a loved one. Assistance and information are also often available through military installations and/or local chaplains, spiritual organizations, school counselors, pediatricians, and local mental health professionals. There are many additional resources, including publications, organizations, programs, and services, that can further assist you in helping students and their families to understand and work through the grief they may be experiencing.

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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

Photos courtesy of the Tragedy Assistance Program for Survivors (TAPS).