

## **Traumatic Grief Adaptations and Components**

### **Sequence:**

- CTG follows the same sequence as TF-CBT (Psycho-Education, Relaxation, Affective Expression and Modulation, Cognitive Coping, Trauma Narration and Processing, Parenting, and Conjoint Sessions).
- Once Trauma Narration and Processing has been completed with the child and caregiver, the child should be “unstuck” from the traumatic aspects of death and able to engage in grief-focused work. This may take 6-8 sessions, with pacing determined by each family.

## **COMPONENT ADAPTATIONS**

### **Psycho-Education**

- Provide trauma-specific information related to the cause of death.
- Normalize the feelings child and caregiver feel as a result of the death.
- Normalize that others experience traumatic deaths.
- Share statistics related to the cause of death and help client and caregiver understand that others have experienced situations like theirs.
- Depending on the cause of death, integrate information about why people commit acts (if due to homicide or the death was intentional).
- NOTE: Information about death and mourning are provided during grief-focused psycho-education after TF-CBT is complete.

### **Relaxation**

- Places that the child formerly thought of as "safe" may no longer provide a sense of security or comfort. Some “safe places” may be associated with the deceased person and some soothing rituals (snuggling before bed, reading a book, etc.) may serve as trauma reminders.
- Identify and plan for previously innocuous or comforting reminders that can become trauma or loss reminders.
- Develop new rituals that do not trigger or serve as loss reminders. Examples of new rituals could include: music, songs, games, new books, painting the room a different color, etc.
- NOTE: Do not include deceased person in relaxation or visualization techniques.
- The goal is to enhance the sense of safety. This may be a time to implement or create a safety plan.

### **Affective Expression and Modulation**

- If the loved one died due to an intentional act (such as homicide or during war), the child may need help with particular emotions, e.g., intense feelings of anger, fear, hatred, or wanting revenge. Other intense feelings may include rescue fantasies and survivor's guilt. Normalize these feelings.

- Enhancing a sense of safety may be difficult if the death was intentional. Provide realistic, developmentally appropriate reassurance.
  - “All children need to feel that if their current caretaker were to die or become unable to care for them, there is a plan in place that provides for their future well-being.”
  - Discussing such a plan will help enhance their sense of safety. It is best to develop this plan jointly with the therapist and caregiver and then share with the child in a conjoint session, so that the caregiver can assure the child that the plan would be put into effect if it became necessary.

### **Cognitive Coping**

- Requires minimal modification.
- Thought interruption techniques can be used but should not include images or thoughts of the deceased; instead, focus on more neutral scenes.

### **Trauma Narration**

- In some situations, the child may not know what happened to the body or the body was not recovered. Not knowing can lead to fantasizing or idealizing the ending that the child wishes had happened. It is important for the child to understand that the person is really dead, and to have as realistic an understanding as is possible about how the person died.
  - Identify the child’s wishes or fantasies about what actually happened to the person.
- If the loved one was killed intentionally, it is important to include thoughts and feelings related to the intentionality of the death.
  - Encourage incorporation of rescue and revenge fantasies, and help the child differentiate between these fantasies and what really happened.
  - The therapist could prompt: “If you had special powers and could have made things turn out differently, what would you have said or done to change what happened?”
- The therapist should encourage a corrective story at the end: “I would like the story to turn out like this in the future” or “what I look forward to in the future” or “my happy ending.” The therapist could ask what the child could do *right now* to make things “come out better” in the future and include these in the narrative.

### **Trauma Processing**

- If the deceased’s body was disfigured or not recovered, the therapist may need to discuss what happens to bodies in such circumstances.
  - Some children believe that these bodies continue to hurt even after death, or the person may become haunted or cannot go to heaven.
  - Someone from the child’s religious community might be consulted to provide reassurance and spiritual perspective on this question.

- If a child remains extremely “stuck” on the notion that the deceased’s body was mutilated or disfigured, it may be useful to do “body reconstruction.”
  - A “body reconstruction” technique can be used in which the child “puts the body back together” through mental imagery or with pictures. The child can start with drawing a picture that depicts the body or parts of the deceased and then add on to this picture by drawing or by pasting magazine photos. If the body was not recovered, then the child can place a picture of the deceased (in good health) outside of the coffin.
- The child may benefit from seeing the official death certificate as proof that the person is indeed dead.
- The therapist can ask “What would make \_\_\_\_\_’s death more real for you?” and then, if possible, follow through on the child’s suggestion. Some children benefit from hearing about this from a member of the clergy as opposed to the parent or therapist.
- If it is likely that a person died quickly and with little pain, then it would be helpful to tell that to a child. In cases in which a child’s perception of pain and suffering could be true, the therapist can offer ways of thinking about the death by focusing on the final moments. The therapist can help the child think of what the person may have wanted to say to the child.
- The message to convey is that although what happened can’t be changed, people can do good in response to the bad things that sometimes happen. Children can engage in benevolent actions, contribute to their community, and raise money for charities that have meaning for them.

### **Parenting**

- The therapist must be mindful of the shift the caregiver may have had to make if their spouse has died, and the new roles they may now have.

## ADDITIONAL GRIEF COMPONENTS

### Grief Psychoeducation

#### **Client:**

- This component is to be done after the Trauma Narration and Processing component.
- The goals are to address the topic of death: *find out what the child and caregiver believe and understand about death, provide accurate information about the process of grief, correct misconceptions, address fantasies and build open communication.*
- Help child talk about death and grief in 3 steps:
  - Bring up the topic through reading a book, or play a grief-specific board game.
  - Elicit the child's beliefs. The therapist may encourage the child to draw what he or she thinks happens when someone dies. The therapist can then point out misconceptions or inaccurate information.
  - Address feelings associated with the death. Identify child's grief response and normalize.
- Go over different grief responses and behaviors that are common with caregivers.
- Explain that there is no timetable for grief. Help the family with what they are doing to adjust as they continue to grieve.
- Identify and provide assistance in coping with secondary adversities such as legal procedures, stigma, questions from peers, etc.
- Address feelings of safety. Children need reassurance that caregivers will do whatever is possible to keep them safe. Develop safety plan.

#### **Caregiver:**

- Help caregivers to be honest with their children and increase trust. Help caregivers realize their children will learn to be scared and overwhelmed if they themselves are.
- Provide psycho-education to the caregivers that the absence of affect in the child may be due to shock, developmental limitations, ability to comprehend, PTSD avoidance or attempts of the child not to show the parent their feelings.
- Caregivers need to model to their children that it is okay to talk about death. Address caregivers' experiences with death, engaging them in discussion of their understanding of death so they can calmly talk to and help their children.
- Assist caregivers in resolving their personal emotional distress to positively impact the child's treatment.
- Correct misinformation the caregivers may have.
- Elicit from the caregivers the context of the child's experiences with death (previous experiences, family's way of relating, belief systems, rituals); accept and acknowledge conflicts between the beliefs and feelings the caregivers may have.
- Address common myths about death such as: talking about it makes it worse, grieving happens in set stages, children don't grieve, etc.

#### **Resources:**

##### **Books:**

- *I Miss You: A First Look at Death* (for younger children)
- *Goodbye Mousie*
- *When Dinosaurs Die: A Guide to Understanding Death*
- *What on Earth Do You Do When Someone Dies* (good for adolescents)

**Games/Activities:**

- The Good-Bye Game (Childsworld/Childsplay)
- The Grief Game (Jessica Kinglsey Publishers)
- Ask the child to draw a picture of what they think happens when someone dies.
- Ask the child to list different feelings kids and grownups may have when someone they love dies.

**Websites:**

- [Compassionatefriends.com](http://Compassionatefriends.com)
- [www.dougy.org](http://www.dougy.org)
- [www.genesis-resources.com](http://www.genesis-resources.com)
- [www.centerforloss.com](http://www.centerforloss.com)

### **Grieving and Ambivalent feelings**

- Explore what is missed:
  - Identify and describe special aspects of the relationship with the person that are no longer present or possible to have.
  - Suggest different categories to list, such as “what I miss doing with \_\_\_\_\_,” “places I used to go,” “funny things my \_\_\_\_\_ would do.”
  - Use drawings, write things down, make collages, make a song. Describe how the child can expect to feel sad and happy when thinking about these things.
- Look toward the future:
  - Make a list of potentially difficult events (holidays, birthdays, etc.). Anticipate future losses.
  - Create a chart of “things I will miss in the future” and then “how I will cope.”
  - Anticipate future times that the child may find more positive without the deceased person there.
- Anticipate “loss reminders” and develop a plan for coping with these.
- Resolve ambivalent feelings:
  - Understand that even with positive relationships, there are disagreements/arguments. Address feelings of abandonment and anger.
  - Adolescents may have gone through a time of rude or rebellious interactions and have feelings of guilt related to this.
  - The child may feel that the person had “unfinished business” with them.
  - In some deaths, the public could view the deceased as a hero, and the child may have a different experience.
  - Address stigma about things such as suicide.
  - Address if the relationship was not helpful or loving. The deceased may have been abusive, neglectful, or absent.
  - Address if the child holds the surviving parent responsible.
- Normalize child’s feelings. Encourage expression of ambivalent feelings.
  - Examples: the child can have a “mental conversation” with the deceased; can write a healing letter to say what they wished to say before the person died; can use Best Friend Role Play, challenging unhelpful thoughts.
- Younger children can write a letter or create a drawing, put the letter in a balloon and send it up into the sky or bury the letter in the ground.
- Help the child work through guilt about their feelings.
- Deal with negative aspects of the relationship:
  - It may be difficult for a child to have a “healing” conversation with someone who was abusive or neglectful. The goal is not to idealize the person, but to help the child understand that despite problems, the person would have wanted the best for the child.
  - In the conjoint session, the caregiver can reinforce this.
- The goal is not to complete the grieving process during treatment, but to model that it is okay to feel sadness and give opportunity to express these feelings.

**Caregiver:**

- Identify the caregiver's reaction to the death of the loved one and the difficulty in hearing the child talk about ambivalent feelings.
- Lack of consonance between the child's and caregiver's feelings needs to be addressed by the therapist because the child may have had a different relationship with the deceased and therefore may have different feelings.
- Use caution in correcting overly-positive views of the deceased.
- Focus on ways to help the child resolve "unfinished business."
- The caregiver may be able to suggest ways the child can deal with loss reminders in the future.
- Best Friend Role Play is a good tool in this component.

### **Preserving Positive Memories**

- Facilitate the creation of a positive memory keepsake to help child remember happier times spent with the person who died.
  - Ideas: a memory box, videotape, scrapbook, song, letter, completing an anagram or poem.
  - Talk about non-trauma-related memories, such as hobbies, favorite trips, stories, favorite gifts
- Involve other supportive adults. Encourage the child to talk to others to acquire memories and learn about the person. This is a way to reconnect with family and friends.
- Assign homework of accumulating memorabilia and gathering memories from others. The therapist could have the child make a list of who to talk to and what questions to ask.
- Share the positive memory keepsake with the caregiver; both should know they can take this out and look at it whenever they like or continue to add memories as they come up.
- Hold a memorial service. After time has passed, the family may want to plan and hold a more personal memorial service during a therapy session or at a time outside of treatment.
- Younger children may have trouble remembering positive memories; they may benefit from looking at photographs of themselves with the deceased, writing stories, drawing pictures with the deceased and asking other family members to help them in recalling memories.

### **Caregiver:**

- Explain to the caregiver that it is important for the children to attribute *benevolent intent* (that the deceased meant well and wanted good things for the child).
- Help the caregiver model that it is good to have happy memories and have happy and sad feelings about these memories.

### **Activities:**

- Memory box, Memory collage, or Memorial:
  - These could include or use pictures and keepsakes, photos, hand-drawn pictures, poems, videotapes, the deceased's favorite clothes, funniest habits, hobbies, favorite jokes, "the best time we ever had," "the nicest thing s/he ever did for me."
  - Ask other family members or friends to contribute.
- Write the person's name and include a happy memory for every letter of the person's name.



### **Redefining the relationship**

- Recommitting to new relationships
  - It is not unusual for children to withdraw from others and be less engaged in activities. They may feel guilty, as if they were betraying the deceased. Continuing to develop new relationships is important.
- Redefining relationships
  - Use the balloon activity by allowing the child to see that the interactive relationship is gone. Recommitting to present relationships is important. It is normal to withdraw, and once the child has started to accept the death, an important aspect of healing is to connect with other important individuals.
- Connecting to others
  - Help the child to focus on helpful thoughts in order to reinvest in current relationships. A child can identify the positive and helpful characteristics of people who currently contribute to his or her life.
- Finding and letting others into your life
  - Help the child understand that new relationships will develop and it's okay to let someone new take on different roles the deceased used to have.
- Personalizing and integrating relationships
  - Find ways to integrate wishes and plans the child may have had with the person they lost; for example, a girl on her wedding day may want to carry something of her father's, or honor that person with a special song.

### **Caregiver:**

- The child may need the caregiver's permission to let go of the relationship with the deceased for fear it would be disloyal. Help the caregiver understand that until this happens the child will not be able to reinvest in present relationships.
- Significant adults provide "anchors" for the child to the world (present and future); this will:
  - Ensure the child is able to incorporate positive aspects of the deceased into their identity.
  - Promote a loving relationship with the surviving parent.
  - Enhance the likelihood the child will form positive and healthy relationships in the future.
- Encourage the caregiver to praise the child for wanting to spend time with grandparents or friends to help relieve guilt the child may be experiencing.
- Encourage the caregiver to discuss with the child the thoughts and feelings the child has while spending time with others.

### **Activities:**

- Balloon drawing (2 balloons; one to float away [represents things the child has lost] and one anchored to the ground [represents things the child possesses including memories

of the deceased]. Fill each balloon with words about what the child has lost along with what they still possess.

- Create a list of important people and identify positive qualities, or ways each person contributes to the child's life (for younger children, draw significant people and the therapist can write the qualities).
- Have the child draw themselves behind a wall and their pain, hurt, and other negative feelings behind the wall; allow the child to discuss how good it feels to keep these feelings away, then demonstrate (by drawing) how positive feelings (hearts, love, people hugging) and experiences are unable to get through the wall. Discuss letting the wall down.

### **Termination**

- Assess progress and praise family's ability to talk about the person who died. Conduct a closing conjoint session.
  - Identify and plan/prepare for what the child would like to do for the final session. Focus on positive memories.
- Make meaning
  - Help child find meaning in the death and integrate that meaning into his or her identity. Ask the child a series of questions about advice he or she would give another child going through the same experience. Other ways are for the child to become involved in activities or organizations that are related to the person's death.
- Prepare for the future
  - Prepare that these feelings will continue to reappear throughout life. Predict, plan, and permit. This is a good time to use the "circle of life" activity.

### **Resources:**

Childhood Traumatic Grief. <http://ctg.musc.edu/>

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