

# Developmental Responses to Grief

from The Dougy Center: The National Center for Grieving Children & Families

While everyone grieves differently, there are some behaviors and emotions commonly expressed by children depending on their developmental level. No matter how old a child is, it can be helpful to read through each of the age ranges, as there are times when a six year old asks a complex, big picture question and those when a teenager is struggling to find a physical outlet for their grief. We hope this information will help with understanding how grief affects children and teens across the developmental span.

## Ages 2-4 years old



Photo credit: Eckert & Eckert Photography

### Developmental stage

Children this age don't fully understand that death is permanent and universal. They are most likely to express themselves through their behavior and play.

### Concept of death

Young children see death as reversible and are starting to wonder if death happens to everyone. You might hear questions like: "My mom died? When will she be home?" and "Will you die too? What about me?"

### Common responses to grief

- General anxiety
- Crying
- Irregular sleep
- Clinginess/need to be held
- Irritability
- Temper tantrums
- Telling the story to anyone, including strangers
- Repetitive questions
- Behavior regression – may need help with tasks they've already learned

### Ways to help

- Create a consistent routine to re-establish safety and predictability, especially around starting and ending the day.
- Provide short, honest explanation of the death. "Mommy died. Her body stopped working." Use the words dead and died. Avoid euphemisms such as gone, passed on, lost.
- Answer questions honestly.
- Set limits but be flexible when needed.
- Provide opportunities for play.
- Give choices whenever possible. "Do you want hot or cold cereal?"
- Offer lots of physical and emotional nurturance.



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## Ages 5-8 years old



### Developmental stage

Children this age are exploring their independence and trying tasks on their own. They are very concrete thinkers, with a tendency towards magical/fantasy thoughts.

### Concept of death

In this age range, children often still see death as reversible. They can also feel responsible and worry that their wishes or thoughts caused the person to die. They may say things like: "It's my fault. I was mad and wished she'd die."

### Common responses to grief

- Disrupted sleep, changes in eating habits
- Repetitive questions – How? Why? Who else?
- Concerns about safety and abandonment
- Short periods of strong reaction, mixed with acting as though nothing happened
- Nightmares
- Regressive behaviors – may need help with tasks they've already learned (can't tie shoes, bedwetting)
- Behavior changes: high/low energy, kicking/hitting
- Physical complaints: stomachaches, headaches, body pain

### Ways to help

- Explain the death honestly using concrete language. "Daddy's heart stopped working." Use the words dead and died. Avoid euphemisms such as gone, passed on, lost.
- Be prepared for repetitive questions.
- Provide opportunities for big energy and creative play.
- Allow children to talk about the experience and ask questions.
- Offer lots of physical and emotional nurturance.
- Give choices whenever possible. "Your room needs to be cleaned. Would you like to do it tonight or tomorrow morning?"

## Ages 8-12 years old



### Developmental stage

Elementary school age children may still be concrete thinkers, but are beginning to understand abstract ideas like death and grief. They often start making closer connections with friends and activities outside their home and family.

### Concept of death

Children this age begin to understand that death is permanent and start thinking about how the loss will affect them over the long-term. Some children will focus on the details of what happened to the body of the person who died. Feelings of guilt and regret can lead to concern that their thoughts and actions made the death happen.

They may say or think things like: "If I had done my homework, my teacher wouldn't have died." or "I think it was my fault because I was mean to my brother."



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## Common responses to grief

- Express big energy through behavior sometimes seen as acting out
- Anxiety and concern for safety of self and others - "The world is no longer safe"
- Worries about something bad happening again
- Difficulty concentrating and focusing
- Nightmares and intrusive thoughts
- Physical complaints: headaches, stomach aches, body pain
- Using play and talk to recreate the event
- Detailed questions about death and dying
- Wide range of emotions: rage, revenge, guilt, sadness, relief, and worry
- Hypervigilance/increased sensitivity to noise, light, movement, and change
- Withdrawal from social situations

## Ways to help

- Inform yourself about what happened. Answer questions clearly and accurately. Even though children this age are starting to grasp abstract thought, it's still helpful to use the words dead and died and avoid euphemisms such as gone, passed on, lost, expired.
- Provide a variety of activities for expression: talk, art, physical activity, play, writing.
- Help children identify people and activities that help them feel safe and supported.
- Maintain routines and limits, but be flexible when needed.
- Give children choices whenever possible, "Would you rather set the table or put away the dishes after we eat?"
- Work to re-establish safety and predictability in daily life.
- Model expressing emotions and taking care of yourself.
- Be a good listener. Avoid giving advice (unless they ask for it), analyzing, or dismissing their experiences.
- Talk with teachers about providing extra support and flexibility with assignments.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

## Ages 13-18 years old



### Developmental stage

Teens are cognitively able to understand and process abstract concepts about life and death. They begin to see themselves as unique individuals, separate from their role in the family and may wrestle with identity and who they want to be in the world. There can be significant changes in their priorities, spirituality/faith, sexuality, and physical appearance. Teens often rely on peers and others outside the family for support.

### Concept of death

While teens understand death is permanent, they may have unspoken magical thoughts of the person being on a long trip, etc. They may also delve into questions about the meaning of life, death, and other traumatic events.

## Common responses to grief

- Withdrawal from family or other support networks/focused on connections with peers



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- Increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Inability to concentrate (school difficulties)/pushing themselves to succeed and be perfect
- Difficulty sleeping, exhaustion
- Lack of appetite/eating too much
- Unpredictable and at times intense emotional reactions: anger, sadness, guilt, relief, anxiety
- Uncomfortable discussing the death or their experiences with parents and caregivers
- Worry about safety of self and others
- Fear about death or violence happening again
- Confusion over role identity in the family
- Attempts to take on caregiving/parent role with younger siblings and other adults
- May have thoughts of suicide and self-harm
- Hypervigilance/increased sensitivity to noise, movement, light

## Ways to help

- Reinforce assurances of safety and security, even if teens don't express concerns.
- Maintain routines and set clear expectations, but be flexible when needed.
- Allow for expression of feelings without trying to change, fix, or take them away.
- Answer questions honestly.
- Provide choices whenever possible. "I'd like to do something to honor your dad's birthday, would you like to be part of that? What ideas do you have?"
- Adjust expectations for concentration and task completion when necessary.
- Assist teens to connect with support systems, including other adults (family, family friends, teachers, coaches).
- Model appropriate expressions of grief and ways to take care of yourself.
- Ask open ended questions ("What is it like for you?") and listen without judging, interpreting, advising, or placating.
- Have patience with teens' wide range of reactions and questions.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

### *Our Mission*

The Dougy Center provides support in a safe place where children, teens, young adults, and their families grieving a death can share their experiences.

### *The Dougy Center Bookstore/Resources*

The Dougy Center has been helping children, teens, young adults and their parents cope with death since 1982. Our practical, easy-to-use materials are based on what we have learned from more than 30,000 Dougy Center participants over the past three decades. To order online, visit [www.dougy.org](http://www.dougy.org) or [www.tdcbookstore.org](http://www.tdcbookstore.org) or call 503.775.5683.



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## Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. This tool suggests ways to talk about key issues that may come up when someone dies by suicide.

### Give accurate information about suicide.

Suicide is a complicated behavior. It is not caused by a single event.

In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.

Talking about suicide in a calm, straightforward way does not put the idea into people's minds.

### By saying....

"The cause of [NAME]'s death was suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness."

"There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts."

"Mental health problems are not something to be ashamed of. They are a type of health issue."

### Address blaming and scapegoating.

It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.

### By saying....

"Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."

### Do not focus on the method.

Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.

The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

### By saying....

"Let's talk about how [NAME]'s death has affected you and ways you can handle it."

"How can you deal with your loss and grief?"

### Address anger.

Accept expressions of anger at the deceased and explain that these feelings are normal.

### By saying....

"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person."

### Address feelings of responsibility.

Help students understand that they are not responsible for the suicide of the deceased.

Reassure those who feel responsible or think they could have done something to save the deceased.

### By saying....

"This death is not your fault. We cannot always see the signs because a suicidal person may hide them."

"We cannot always predict someone else's behavior."

### Promote help-seeking.

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.

### By saying....

"Seeking help is a sign of strength, not weakness."

"We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?"

"If you are concerned about yourself or a friend, talk with a trusted adult."

## Youth Warning Signs and What to Do in a Crisis

When you are concerned that a person may be suicidal, look for changes in behavior or the presence of entirely new behaviors. This is of greatest concern if the new or changed behavior is related to a painful event, loss, or change, such as losing a friend or classmate to suicide. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Take any threat or talk about suicide seriously. Start by telling the person that you are concerned. Don't be afraid to ask whether she or he is considering suicide or has a plan or method in mind. Research shows that asking someone directly about suicide will not "put the idea in their head." Rather, the person in distress will often feel relieved that someone cares enough to talk about this issue with them.

Below is a list of warning signs and steps to take specifically for youth. It was developed by a consensus panel of experts in the field. See [www.youthsuicidewarningsigns.org](http://www.youthsuicidewarningsigns.org).

### Youth Warning Signs

Leaders in the suicide prevention field agree that the following warning signs indicate a young person may be at risk for suicide:

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress



### What to Do

If you notice any of these signs in a student, take these recommended steps right away:

1. Do not leave the student alone and unsupervised. Make sure the student is in a secure environment supervised by caring adults until he or she can be seen by the school mental health contact.
2. Make sure the student is escorted to the school's mental health professional.
3. Provide any additional information to the school's mental health contact that will assist with the assessment of the student.

- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:

- Withdrawal from or change in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation or irritability



### What to Do

1. Ask if the student is okay or if he or she is having thoughts of suicide.
2. Express your concern about what you are observing in his or her behavior.
3. Listen attentively and nonjudgmentally.
4. Reflect what the student shares and let the student know he or she has been heard.
5. Tell the student that he or she is not alone.
6. Let the student know there are treatments available that can help.
7. If you or the student are concerned, guide him or her to additional professional help, or to call the National Suicide Prevention Lifeline, a 24-hour toll-free phone line for people in suicidal crisis or emotional distress: 1-800-273-TALK (8255).



## Facts about Suicide in Adolescents

Suicide is complicated and involves the interplay of multiple risk factors. It is not simply the result of stress or difficult life circumstances. Many people who die by suicide have a mental health condition. In teens, the behavioral health conditions most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, eating disorders, and substance abuse problems. Although in some cases these conditions may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “trigger.”

Other key risk factors for suicide include the following:

- Personality characteristics, such as hopelessness, low self-esteem, impulsivity, risk-taking, and poor problem-solving or coping skills
- Family characteristics, such as family history of suicidal behavior or mental health problems, death of a close family member, and problems in the parent-child relationship
- Childhood abuse, neglect, or trauma
- Stressful life circumstances, such as physical, sexual, and/or psychological abuse; breaking up of a romantic relationship; school problems; bullying by peers; trouble with the law; and suicide of a peer
- Access to lethal means, especially in the home

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. But in some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental health condition, which can increase suicide risk. Conversely, existing mental health conditions may also lead to stressful life experiences, which may then exacerbate the underlying illness and in turn increase suicide risk.

## Help Is Available

If there are concerns about a student’s emotional or mental health, a referral should be made to an appropriate mental health professional for assessment, diagnosis, and possible treatment. Mental health resources that may be available include the following:

- School-based mental health professionals
- Community mental health providers and clinics
- Emergency psychiatric screening centers
- Children’s mobile response programs

Pediatricians and primary care providers can also be a source of mental health referrals. Many of them are also well-versed in recognizing and treating certain mental health conditions like depression.

Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA’s National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.



## Crisis Lines

A crisis line is a service that provides free, confidential support and resources for people in emotional distress. The service is provided by a trained crisis counselor on the phone and in some cases by text and/or chat. You can call or text for help with someone you're worried about or for yourself. In addition to the resources listed below, some states have their own crisis lines with phone, text, and/or chat services.

### National Suicide Prevention Lifeline

Call 800-273-TALK (8255)

Chat service and other information: Go to [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

### Crisis Text Line

Text HOME to 741741

Other information: Go to [www.crisistextline.org](http://www.crisistextline.org)

### Trevor Project

Provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people ages 13–24

Trevor Lifeline: Call 1-866-488-7386

TrevorText: Text TREVOR to 1-202-304-1200

TrevorChat and other information and resources: Go to [www.trevorproject.org](http://www.trevorproject.org)

## Additional Resources:

<https://www.childhoodbereavement.ie/families/developmental-grief-responses/>

### CA Student Support

Amanda Ancheta-Reinhardt: [aancheta@collegedaleacademy.com](mailto:aancheta@collegedaleacademy.com) (423-236-3020)

Tabor Nudd: [tdnudd@collegedaleacademy.com](mailto:tdnudd@collegedaleacademy.com)

Dave Djernes: [djernesd@collegedaleacademy.com](mailto:djernesd@collegedaleacademy.com)

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Local resource

Youth Villages. Chelsea Jones – Director of Crisis

Intake for Crisis Assessment - 866-791-9225