

Age	Development Stage/Task	Concept of Death	Grief & Trauma Response	Ways to Be Helpful
2 to 4	Egocentric. Believe world centers around them. Lack cognitive ability to understand death and related concepts. Express emotions through behavior and play.	Death is perceived as reversible. Common statements: "Did you know my mom died? When will she be home?"	<ul style="list-style-type: none"> General anxiety Crying Irregular sleep Clinginess/need to be held. Regressive behaviors Irritability Temper tantrums Willingness to share story Repetitive questions 	<ul style="list-style-type: none"> A consistent routine to re-establish safety and predictability. Short, truthful, concrete explanations. Limits w/flexibility Play Physical & emotional nurturance.
4 to 7	Gaining sense of autonomy. Exploring world outside of self. Gaining language. Fantasy thinking and wishing.	Death & traumatic events still seen as reversible. The child may have feelings of responsibility – that his or her wishes or thoughts caused the event. Common statements include: "It's my fault. I was mad and wished she'd die."	<ul style="list-style-type: none"> Regressive behaviors – need help with tasks they've already mastered. Sleep/eating disturbances Repetitive questions – how? why? who else? Concerns about safety & abandonment. Short periods of strong reaction mixed w/ acting as though nothing has happened. 	<ul style="list-style-type: none"> Use simple, honest answers & explanations. Be prepared to answer the same questions over and over. Support the child in his or her play. Allow the child to talk about the experience. Provide lots of physical & emotional nurturance. Model by sharing appropriate personal stories of loss and trauma. Maintain consistent structure and routine. Reinforce safety & security
7 to 11	Concrete thinking with a progression towards more logical & abstract concepts. Increased connection to the peer group and life outside of the home.	May still want to view death and trauma as reversible, but beginning to understand the finality and permanence. Starting to grapple with abstract questions about how death and trauma will impact their lives. Concerned with details related to the body and other 'gory' parts of the story. Common to have thoughts of responsibility concerning the death & trauma. Common statements: "If only I had done my homework, my teacher wouldn't have died." "I think it was my fault that this happened because I was mean to my brother."	<ul style="list-style-type: none"> General anxiety, concern for safety of self and others. "The world is no longer a safe place" "Will the perpetrator get me too?" Worries about re-occurrence of the trauma. Nightmares & intrusive thoughts. Increased somatic complaints (headaches, stomachaches, pain) Using play and talk to recreate the event. Detailed questions about death and dying Wide range of emotional responses including rage, revenge, guilt, sadness, and despair. Hyper vigilance/increased sensitivity to sound and other sensory stimuli Difficulty concentrating & paying attention. Withdrawal from social situations 	<ul style="list-style-type: none"> Inform yourself about what actually happened. Answer questions clearly & accurately – avoid euphemisms to 'soften' the reality of what happened. Provide a variety of activities for expression (talking, art, physical activity, play, writing) Help the child identify and access support system Maintain routines and limits, but with flexibility. Give the child choices whenever possible "do you want to sit here or there?" Let the child know that you care and are thinking about her or him. Work to re-establish safety and predictability. Model modulating emotions through self care. Be a good listener – avoid advising, interpreting, or moralizing! Be prepared and willing to listen to the story, over and over.

11 to 18	<p>Ability to understand and process abstract & existential concepts about life and death. Beginning to formulate an idea of the self apart from the family.</p>	<p>May look like adults, but are still teens, starting to wrestle with adult like ideas about who they are and how they want to be in the world. A time of significant change (views about the world, morals & social values, spirituality/faith, sexuality, and physical appearance). May question the meaning of life, death, and other traumatic events. Heavy reliance on the support of peers and others outside of the family.</p>	<ul style="list-style-type: none"> • Withdrawal from family, friends, or other support networks vs. increased connection with peers. • Increased risk taking behaviors (drugs/alcohol, unsafe sexual behaviors, reckless driving). • Lack of concentration, inability to focus (academic difficulties). • Sleepiness, exhaustion, difficulty sleeping. • Lack of appetite/eating too much • Unpredictable emotional reactions – anger, sadness, guilt. • Inability/unwillingness to discuss the death, trauma, or their experiences with parents or other authority figures. • Concerns about safety of self and others. • Worries about the reoccurrence of death or violence • Repetitive thoughts of death, violence, or suicidal ideation. • Hyper vigilance/increased sensitivity to sounds and other sensory stimuli. 	<ul style="list-style-type: none"> • Reinforce assurances of safety & security, even if teens don't express concern. • Maintain consistency & routines with flexibility • Allow for and encourage expression of feelings such as sorrow, anger, rage, guilt, and regret – don't try to change, fix, or take these feelings away. • Answer questions honestly & factually (expect repeat questions). • Provide choices whenever possible • Adjust expectations for concentration and ability when necessary. • Assist teens to connect with support systems • Model appropriate grief and modulation of emotional responses by maintaining self care. • Be a good listener! Ask open ended questions and listen to responses without judging, interpreting, advising, or placating. • Have patience with teens' wide range of reactions and questions.
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