

# How to Talk to Children After Trauma and Death

Excerpted from Caring for Kids after Trauma and Death  
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## **PRESCHOOLERS AND YOUNG CHILDREN: 3-5 YEAR OLDS**

### **Common reactions to trauma and death:**

- separation fears (e.g. from parents/loved ones)
- clinging
- tantrums, irritable outbursts
- fighting
- crying
- withdrawal
- regression to earlier behavior (e.g. bed-wetting, thumb sucking)
- sleep difficulty (e.g. nightmares, difficulty sleeping alone)
- increased usual fears (e.g. the dark, monsters)
- magical thinking, believing the person will reappear
- acting and talking as if the person is not sick or is still alive

### **What they know and feel about death:**

- focus on concrete details
- personalize the experience; believe they may have caused it
- seek control
- believe that death is punishment
- equate death with things that are still and life with things that move
- inability to manage time and finality
- believe death is reversible
- believe the dead person still has living qualities

### **What to say and do:**

- Monitor adult conversations around children.
- Correct misinformation and fantasies.
- Give honest and clear answers; use simple explanations about causes of the event or death; “some people do harmful things,” “when people die we can’t see them anymore but we can look at pictures and remember them.”
- Relate similar experiences: “When you hurt your foot, you skipped T-ball practice for 3 days until you felt better; Mommy got hurt when she fell on the street and had to go to the hospital for 3 days.”

- Make clear distinctions between a child’s experience and that of a parent: “When you got an ear infection the doctor had one right medicine to make you better fast, but the doctors have a lot of different medicines to try to make Daddy better so it will take longer.”
- Use real vocabulary for the trauma or death, avoid euphemisms.
- Use concrete terms to describe places and situations (e.g. “IVs are like straws to give medicine”).
- Help label emotional reactions and feelings.
- Reinforce the fact that the child is not at fault; that thoughts, words, behaviors don’t make people get hurt or die.
- Reinforce the fact that disasters and death are not forms of punishment.
- Accept fluctuations in mood.
- Accept regressed behavior, but help the child regain control.
- Provide limits for inappropriate behavior (e.g. “You can’t stay up until 11 o’clock tonight, but I’ll sit next to you until you fall asleep.”).
- Establish consistent, secure, stable care-taking.
- Allow participation and choice, as desired by the child, for hospital or funeral/memorial-related activities.
- Expect repetition of questions
- Expect that they may think someone who has died will come back.
- Tell stories and show pictures of the person who died to create connections and solidify memories.
- Allow for fun and release activities.
- Look for and encourage expression of feelings in play, art.
- Use outside resources such as books

## **EARLY SCHOOL-AGE CHILDREN: 6-9 YEAR OLDS**

### **Common reactions to trauma and death**

- anger, fighting, bullying
- denial
- irritability
- self-blame
- fluctuating moods
- fear of separation, being alone, or events recurring
- withdrawal
- regression to earlier behavior
- physical complaints (e.g. stomachaches, headaches)
- school problems (e.g. avoidance, academic difficulty,
- difficulty concentrating)

### **What they know and feel about death**

- fascination with details
- increased vocabulary and understanding of concepts for germs, contagion, etc.
- increased understanding of personal health and safety
- personification of death; belief in boogeyman
- incongruent/mismatch between emotions and understanding of death
- belief in power of own thoughts to cause death
- “perfect child” (to correct or prevent death) or “bad child” syndrome (being bad as punishment for past death and anticipation of future punishment)
- wish to be reunited with deceased

### **What to say and do**

- Provide clear and honest information, describing what you know and even admitting that no one knows the answer to certain questions, such as why the incident happened.
- Find out what a child already thinks and knows and ask the child questions rather than make assumptions about the child’s needs.
- Be concrete rather than vague; use simple diagrams and pictures to explain such things as the body and injuries.
- Describe the event and/or death accurately.
- Prepare the child for anticipated changes such as a need to attend a new school, destruction of a playground, and talk about what it will mean for the child.
- Prepare the child for changes in routines or in the household functioning; let the child know about different car pool arrangements or if Daddy will be out of work for a few months. Explain it will be nice to be together more but they may not eat as many dinners out.
- Encourage communication of unpleasant, confusing feelings.
- Validate and normalize reactions and difficulties in school, with peers, with family.
- Allow for repetitive questions and a search for answers.
- Be sensitive to clues of child’s self-blame and correct myths and misunderstandings.
- Monitor changes in other areas of life: academic, social, sports.
- Cooperate with adults in the child’s larger network who will be affected by and can help with changes in the child’s life (e.g. teachers, coaches, friends’ parents).
- Encourage participation in memorial-related activities according to child’s wishes and timetable; find out if, how and when a child wants to contribute to the situation. Ask at different intervals as situations and feelings change. Give them permission to withdraw and re-enter family events as they need.
- Use calendars & charts to visually describe, predict and plan for normal events.
- Encourage involvement in typical and familiar age appropriate recreational and social activities.
- Encourage expression of feelings: verbally, in play or in art, in private, with parents or peers.
- Help children in dealing with others. Discuss preferences regarding desires to keep things private, practice what to say when explaining the situation.

- Use outside resources, such as books, for explanations of information and feelings.

## **MIDDLE SCHOOL-AGE CHILDREN: 9-12 YEAR OLDS**

### **Common reactions to trauma and death**

- crying
- longing for someone who has died
- aggression, irritability, bullying
- resentment
- sadness, isolation, withdrawal
- fears, anxiety, panic
- suppressed emotions, denial, avoidance
- self-blame, guilt
- sleep disturbance
- concern about physical health and physical complaints
- academic problems or decline, school refusal, memory problems
- repetitive thoughts or talk with peers
- “hysterical” expressions of concern and need to help

### **What they know and feel about death**

- mature understanding of death: its permanence, irreversibility, inevitability, universality and nonfunctioning of the body
- adult-like responses (e.g. sadness, anger)
- exaggerated attempts to protect/help caregivers and family members
- sense of responsibility to family conflicts with desire to continue social involvement
- feelings go underground
- feeling different than others who have not experienced a death

### **What to say and do**

- Engage in more specific discussions about the cause of the event or death and invite questions. Allow the child to express his or her personal story of events.
- Look for opportunities to address feelings when the child is ready or as different situations arise. Let children choose their own pace.
- Support and accept expression of all types of feelings.
- Educate children about common reactions (anger, sadness etc.) and the risks involved in avoiding difficult feelings.
- Offer and seek various people and outlets for expression; some children feel uncomfortable expressing strong emotions to their parents for fear of upsetting or hurting them.
- Discuss changes that will occur in the household; ask for input when negotiating new ways of handling situations.
- Avoid unnecessary changes.
- Encourage discussion about managing new responsibilities.

- Ask children how and what they want to say to others (e.g. friends, teachers).
- Accept help from others.
- Encourage and allow involvement in outside activities.
- Encourage memorialization of someone who died in ways that are personally meaningful.
- Share aspects of one's own response and ways of coping.

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