

# Traumatically Bereaved Children and Young People

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# Overview

- What makes an event traumatic?
- Post-traumatic Stress Disorder
- How the traumatic nature of a death can impede natural grieving
- What helps recovery?

# What makes an event traumatic?

- Memory
- Meaning
- Maintenance

# Memories: Traumatic memories are different

(Brewin et al., 2010)

- Vivid: 'data' of the event rather than the story
- Volatile: very easily triggered or intrude spontaneously rather than when deliberately recalled
- Fragmented: disorganised pieces rather than complete coherent narrative
- Here and now: rather than there and then
- Distressing: the original distress is triggered
- Avoided



# Memories and Brain Activation

(PET Scans; Rauch et al., 1996)

Only activated by  
trauma memories

Only activated by  
neutral memories

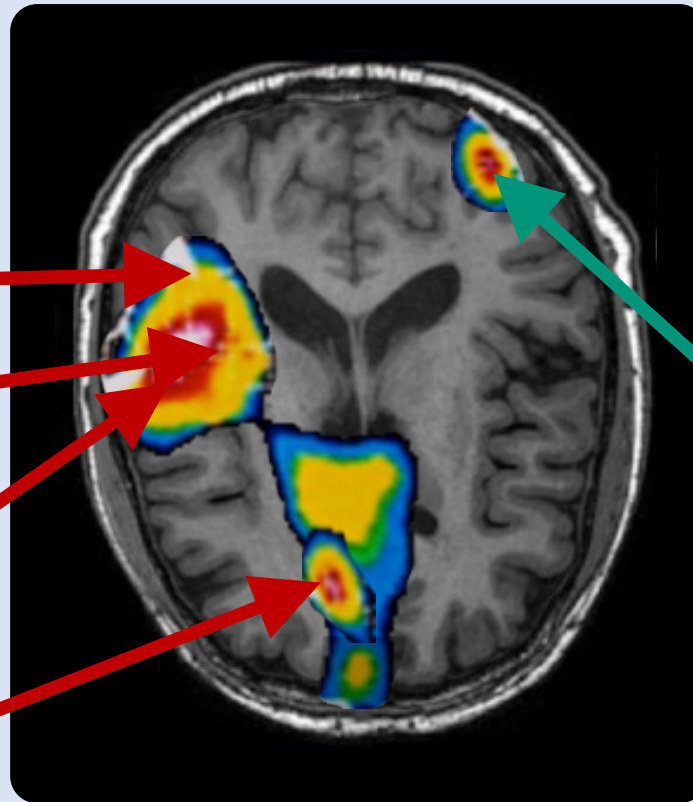
Insula

Amygdala

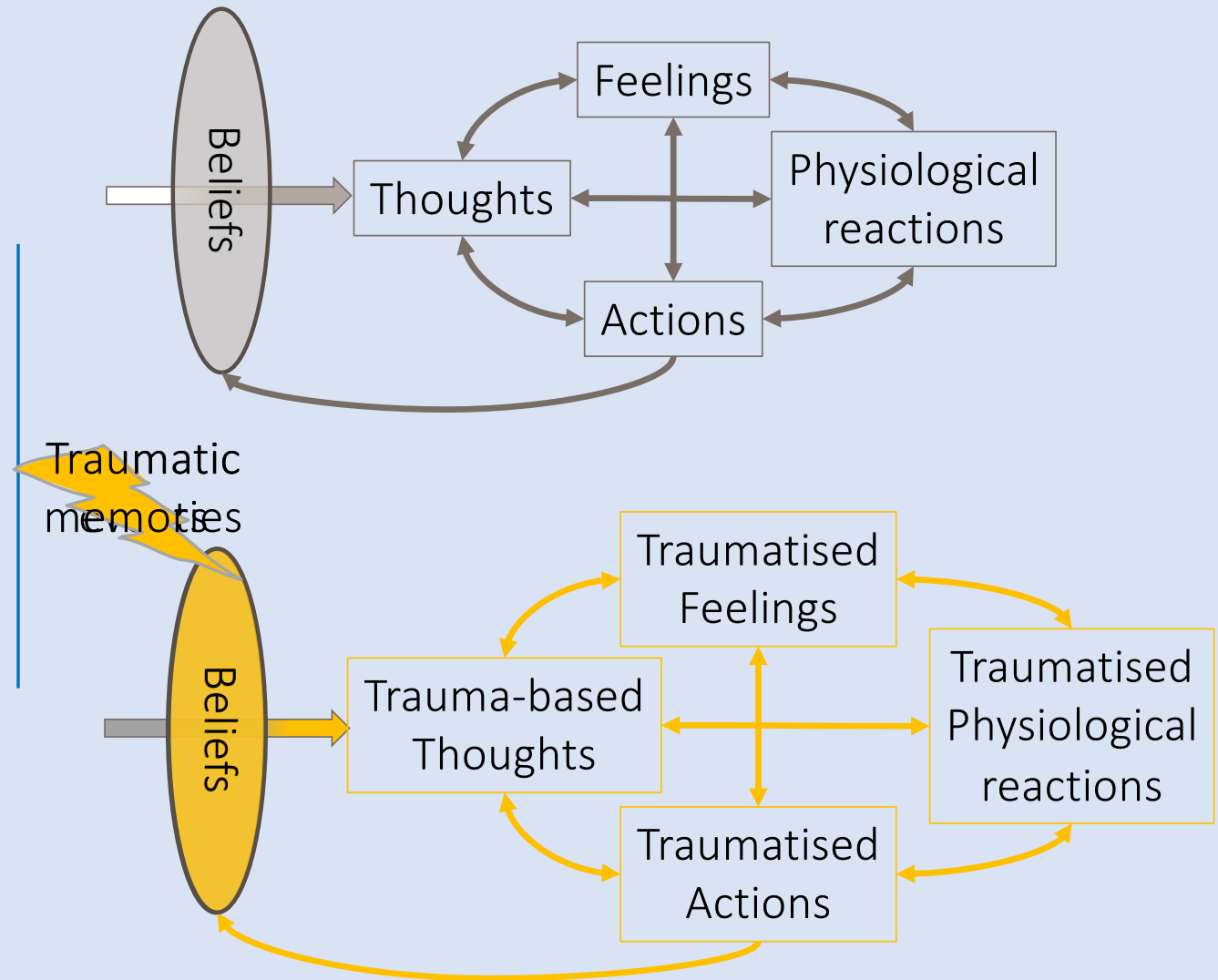
Anterior  
Temporal Cortex

Secondary Visual Cortex

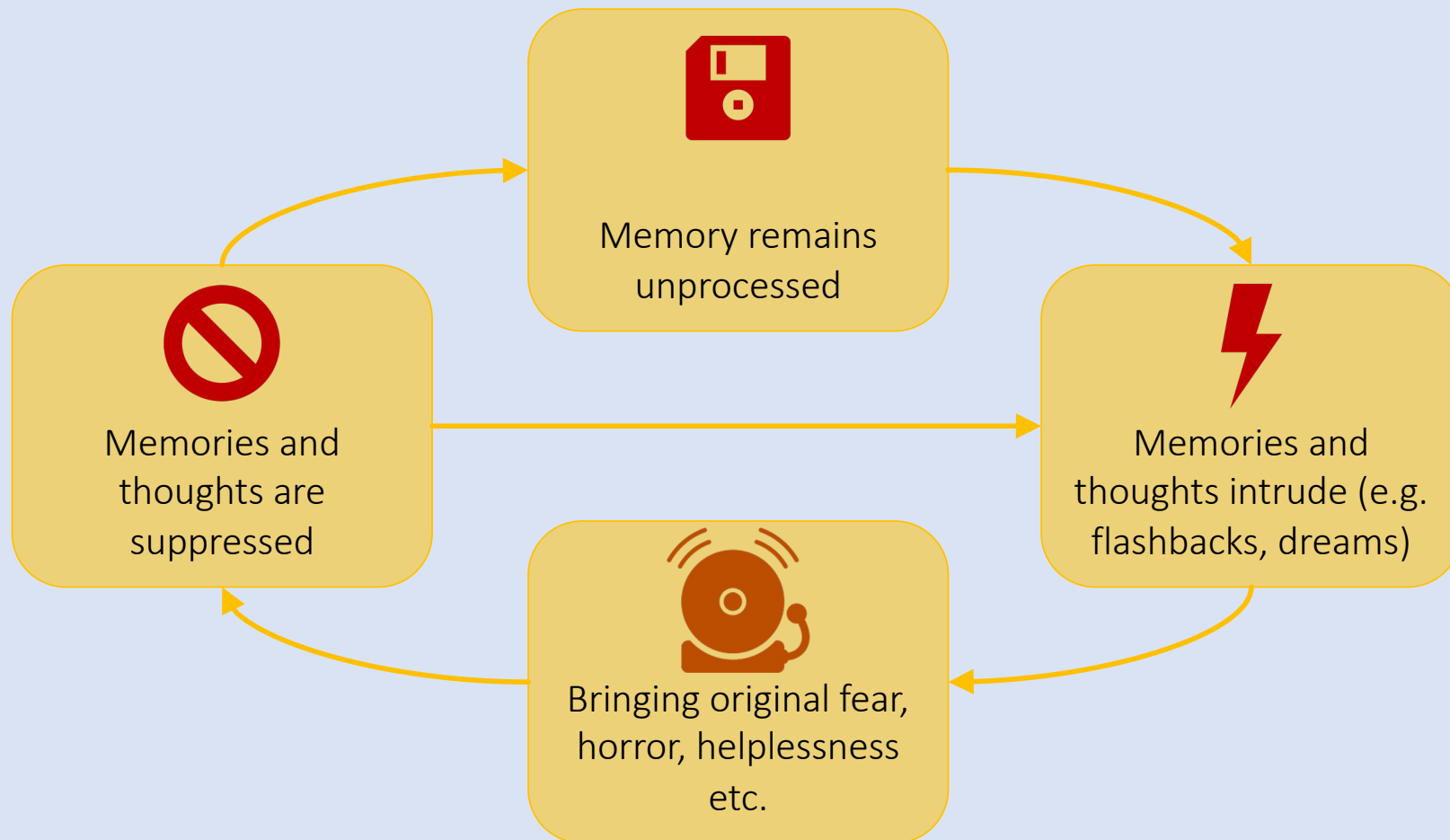
Broca's Area



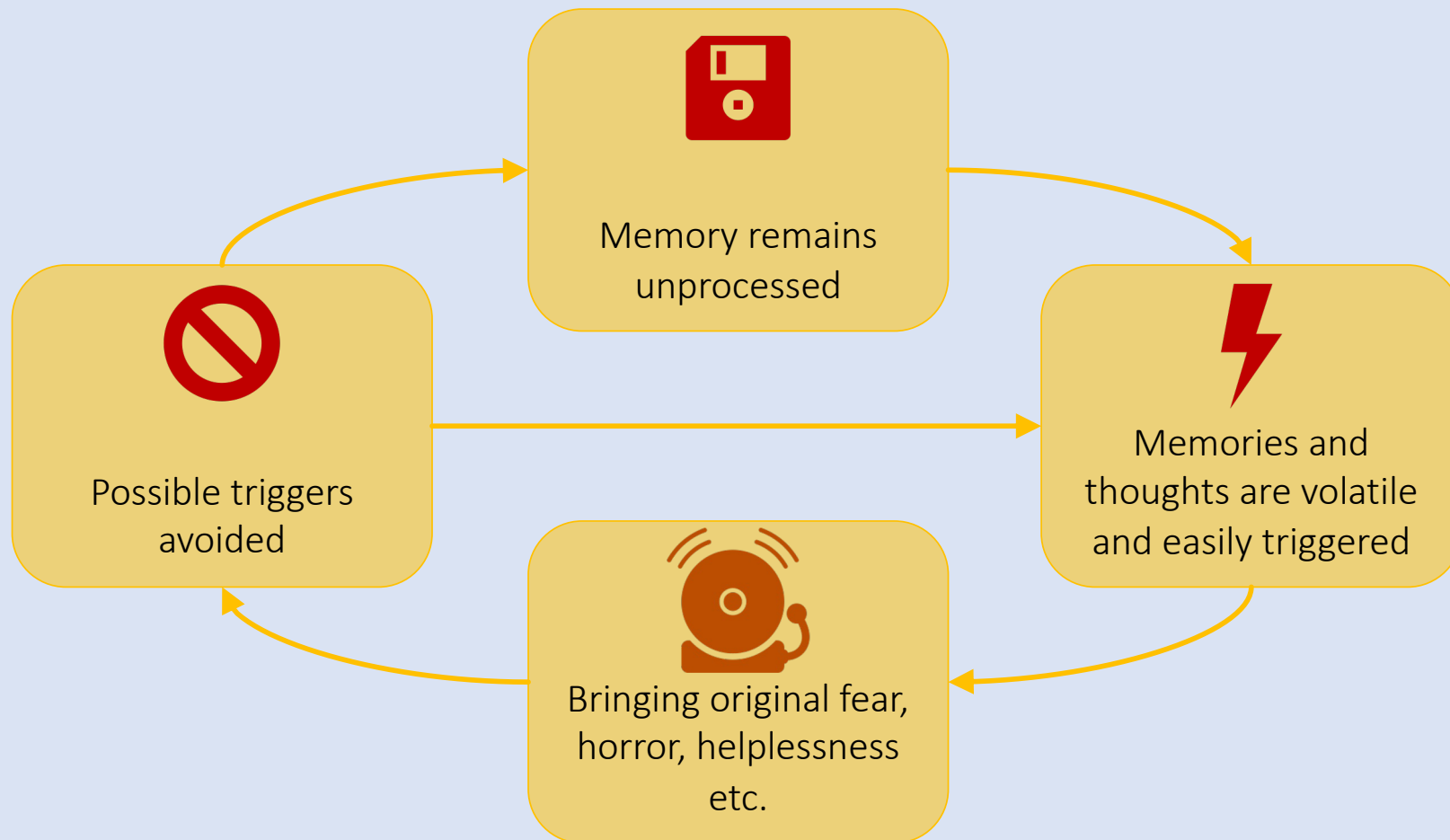
Meaning:  
Traumatic  
events colour  
the way that  
we see things,  
even after the  
trauma



# Internal avoidance trap (maintenance cycle)



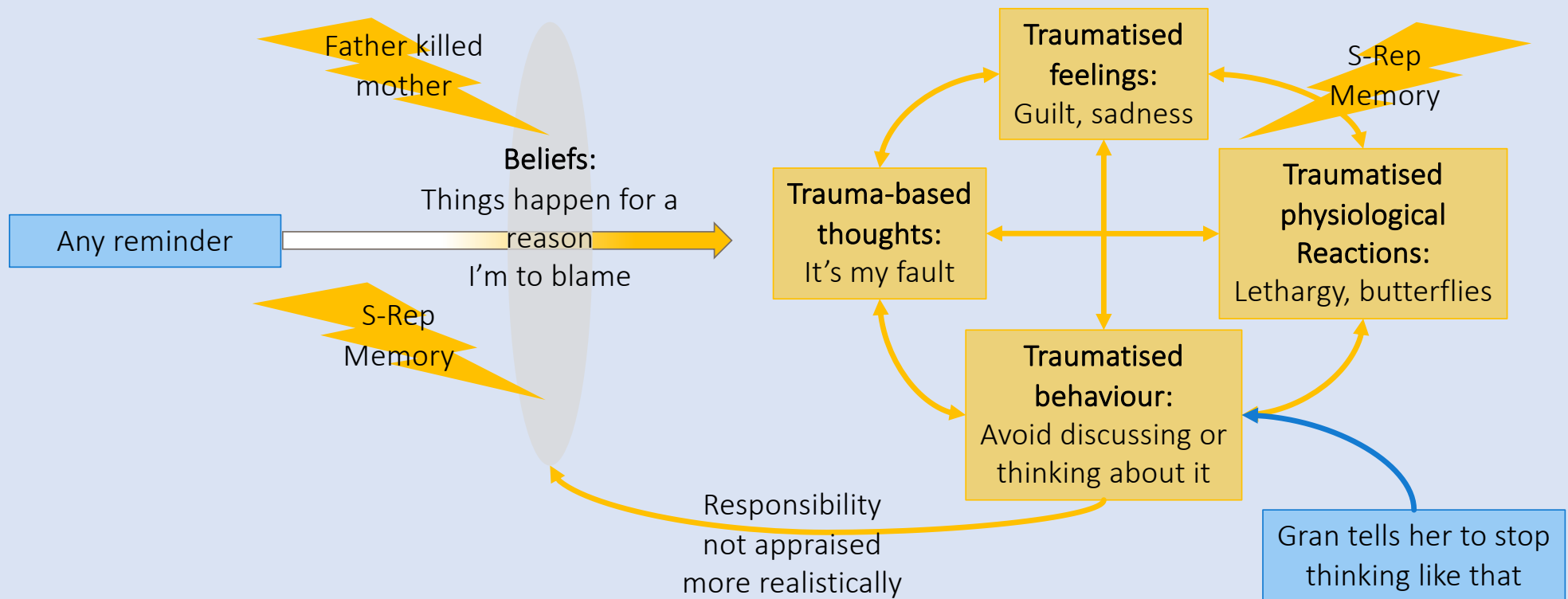
# External avoidance trap (maintenance cycle)



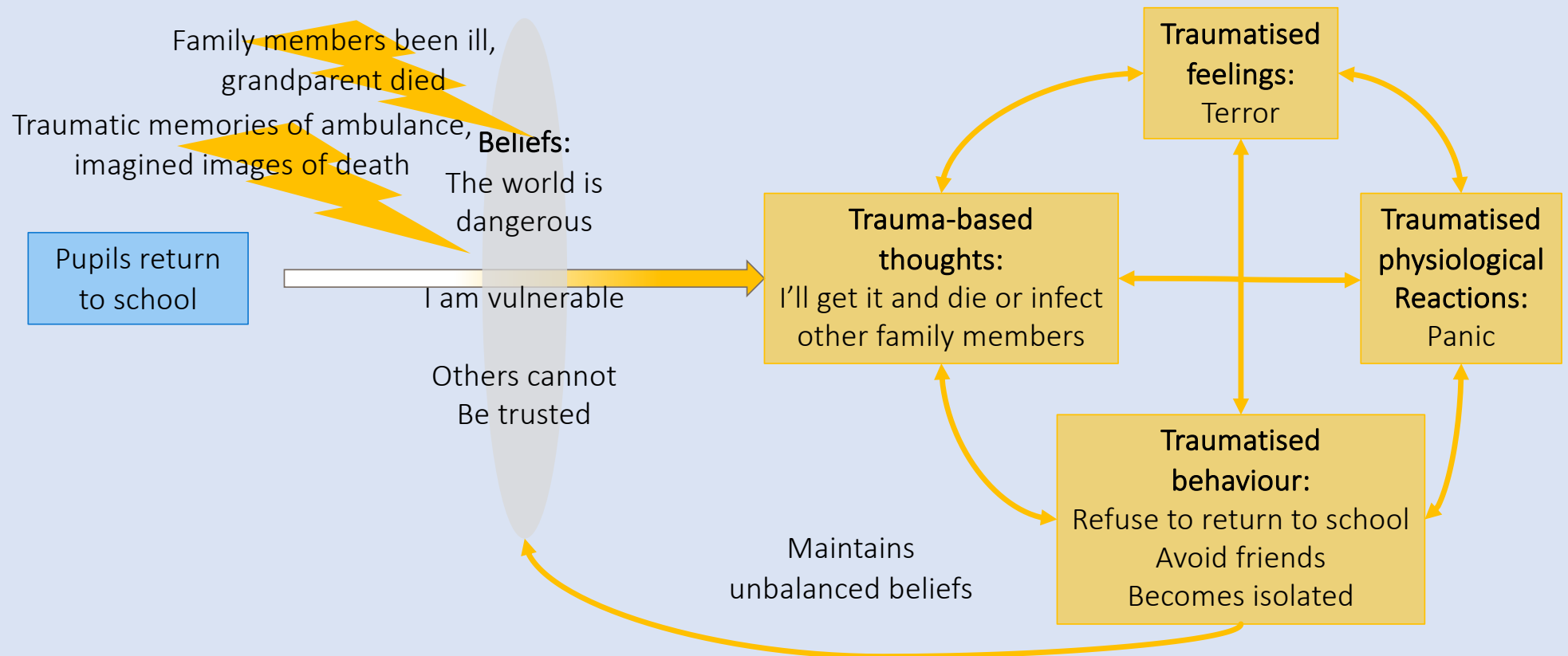


# Ana (9) – Domestic homicide, guilt

*“People tell me I’m stupid, and I should stop thinking like that; so I’ve stopped telling people what I think”*



# Ali (10) - Pandemic related death, anxiety, avoidance



# PTSD – one way to think about the effect of trauma

(DSM-5, 2013)


 Exposure

Exposure to actual or threatened death, serious injury, or sexual violence

 Intrusions

- Intrusive memories, or repetitive play expressing themes of event(s)
- Nightmares
- Flashbacks
- Distress or physiological reactivity when reminded

 Avoidance

 Changes in thoughts & feelings

- Amnesia
- Exaggerated negative beliefs
- Distorted thoughts leading to blame
- Persistent negative emotion
- Diminished interest
- Feeling detached
- Emotional numbing

 Arousal & reactivity 

- Irritability
- Recklessness, self-destructive behaviour
- Hypervigilance
- Exaggerated startle
- Concentration problems
- Sleep disturbance

 More than 1 month

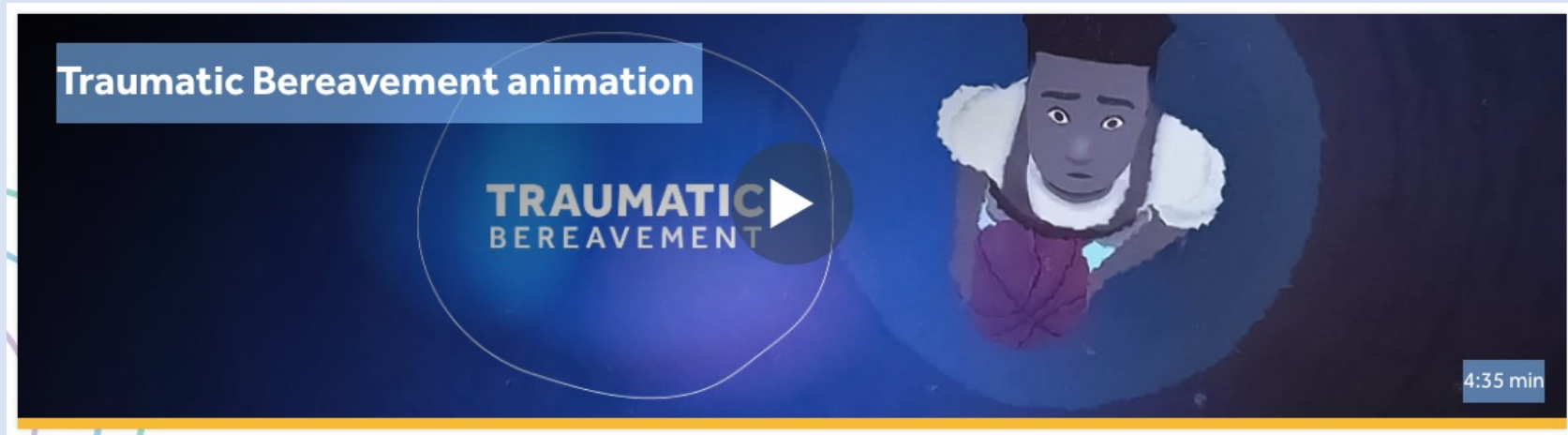
 Clinically significant distress or impairment 

How the  
traumatic  
nature of the  
death can  
impede  
natural  
grieving

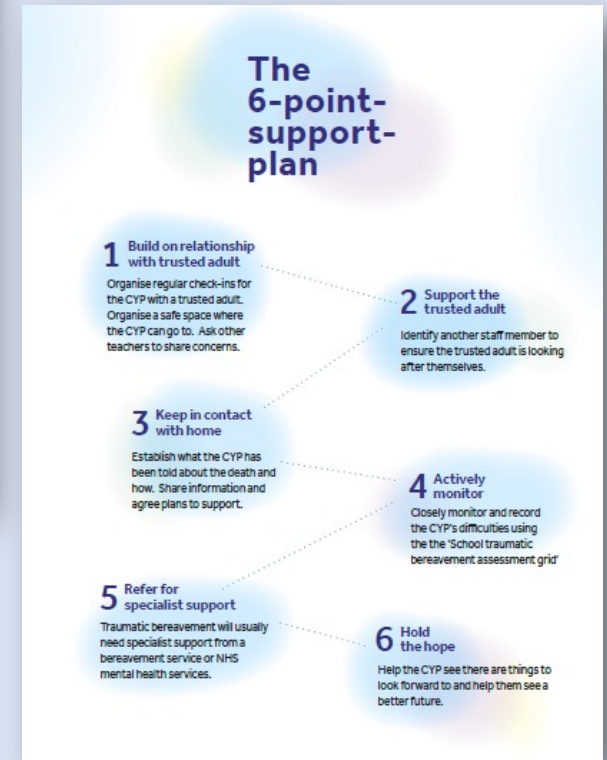
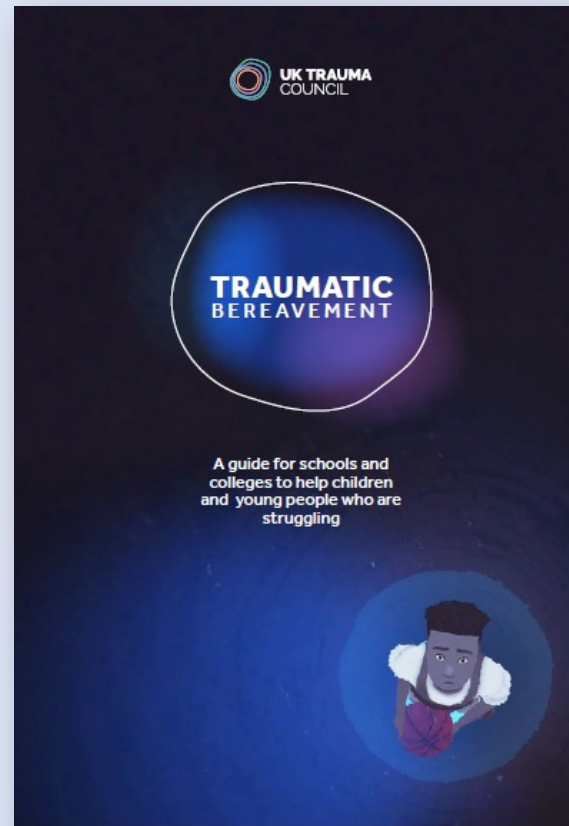
# UK Trauma Council Resources

- Traumatic Bereavement
  - Animation
  - Schools Guide
  - Clinical Guide

<https://uktraumacouncil.org/resources/traumatic-bereavement>



# Traumatic Bereavement Schools Guide and Toolkit



# Traumatic Bereavement in Children and Young People - Clinical Guide for Practitioners

([www.uktraumacouncil.org](http://www.uktraumacouncil.org))

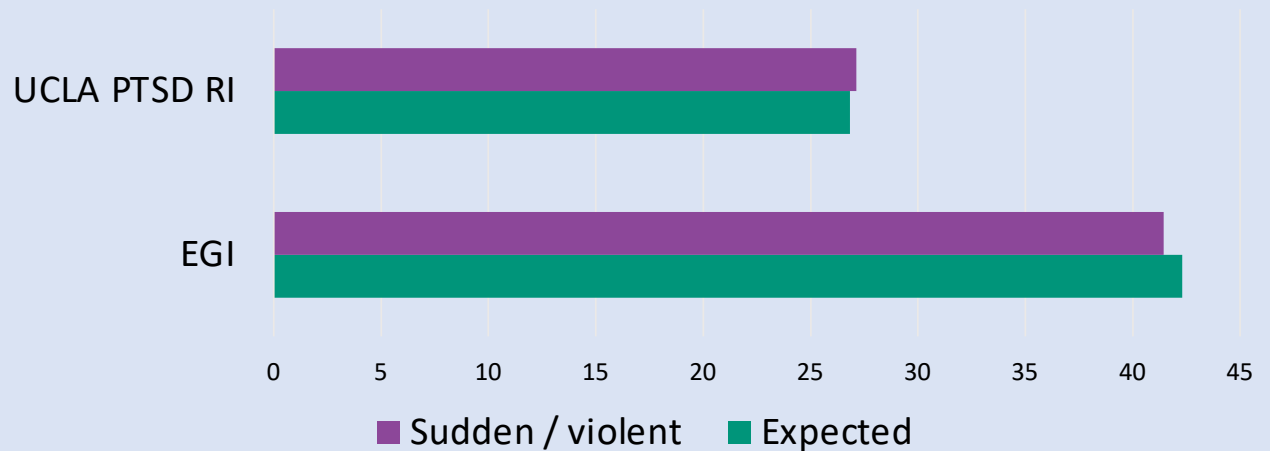




# Violent / sudden vs expected death

(McClatchy et al, 2009)

- 7-16 year old CYP bereaved of a parent
  - 95 sudden / violent
  - 63 expected
- Compared levels of Childhood Traumatic Grief and PTSD using:
  - Extended Grief Inventory
  - UCLA PTSD RI



# Just think to yourselves for a few moments

- What sorts of things help children and young people adjust to a bereavement?
- How might those things be compromised if the death were a traumatic one?

### What tends to help young people:

- Saying goodbye
- Safety & stability
- Knowledge and information
- Expressing emotions
- Good attachment
- Social support
- Meaning making
- Continuing bond

Sudden, unexpected, covid restrictions, missing or severely disfigured body

Maybe absent or withheld

Attachment figures may be traumatised and grieving

By definition, traumatic deaths lead to difficult meanings

### What tends to help young people:

- Saying goodbye
- Safety & stability
- Knowledge and information
- Expressing emotions
- Good attachment
- Social support
- Meaning making
- Continuing bond

Traumatic meaning very often leads to feeling unsafe

Fear or anger may not be as acceptable as sadness

Withdrawal, stigma, isolation

Sharp scary images of the death take precedence over soft memories of the person's life

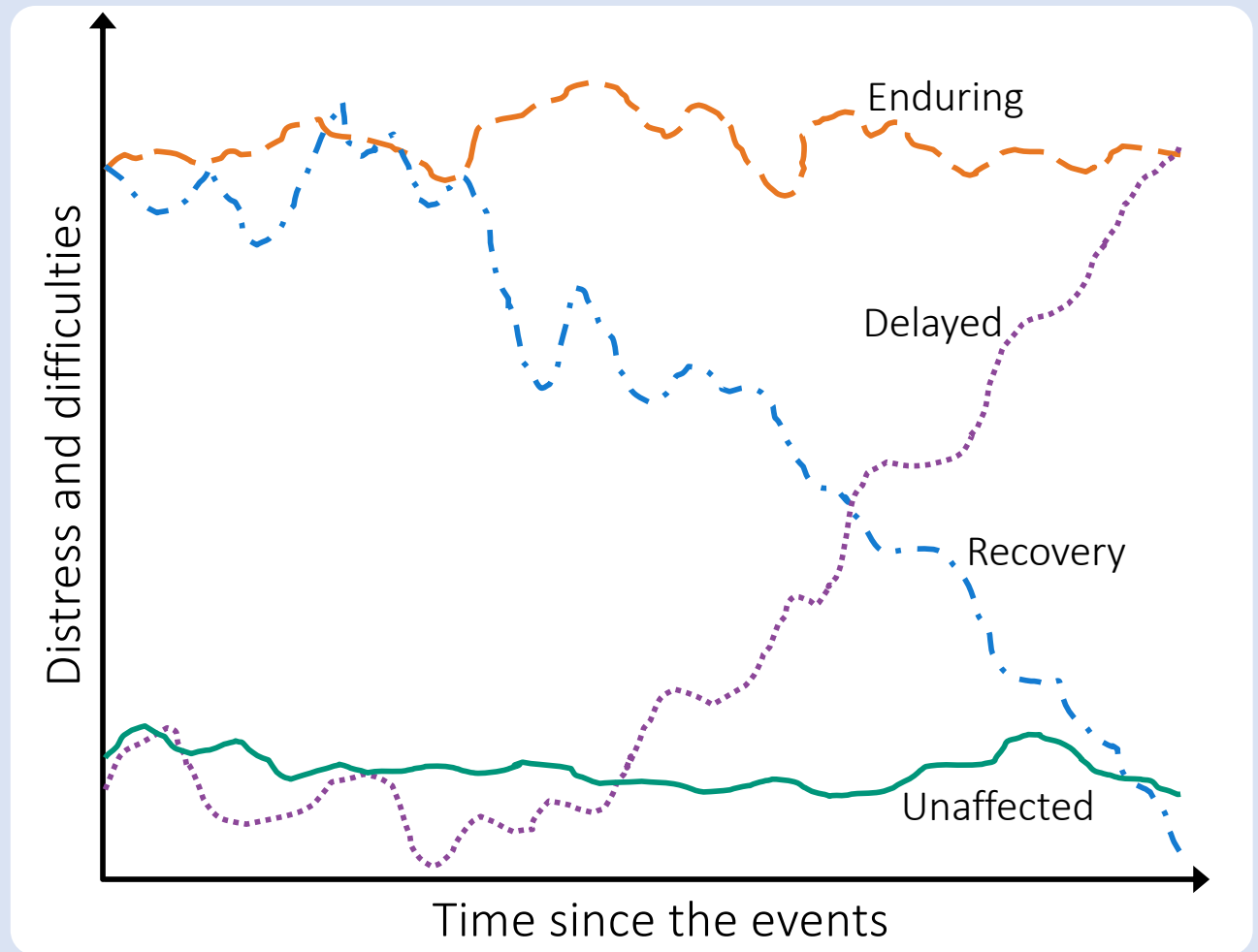
# Traumatic inhibitors to grief

- Grieving often involves bringing the deceased to mind, thinking about their life, and being sad about the loss
- But the traumatically bereaved may be:
  - Too scared
    - Images of the event of the death take precedence over memories of the person who died
  - Too guilty
    - Feelings of guilt take precedence over sadness, or the bereaved thinks that they deserve to feel this way
  - Too set on revenge
    - Feelings of anger, and plans for revenge occupy the person at the expense of grief

# What helps recovery?

# Distress and difficulties following potentially traumatic events

(from Bonanno 2004)



# Five principles to guide the environment for recovery

(Hobfoll et al., 2007)



Sense of safety



Sense of calm



Sense of connection



Sense of control



Sense of hope



# Sense of safety



- Traumatic events can shatter a person's belief that the world is safe enough
- Meet basic needs first
- Establish routines and familiarity (they may be new, but they can still become routines)
- Minimise exposure to further trauma
  - Ensure safeguarding concerns are addressed
  - Monitor, limit, or at least discuss sources of information such as social media and news media
  - Help children to make sense of the information to which they are exposed
- Maximise consistency (e.g. staff, classrooms, timings)
- Remain as calm, compassionate and curious as possible
- Support opportunities to talk about past, but respect avoidance

# Risks of *not* telling children and young people enough information

- They may fill in the gaps
- They may over-generalise
- They may hear it from a source that seeks to sensationalise rather than re-assure (e.g. media)
- They may wonder whom they can trust
- They may assume that it's not ok to talk about it, and so are left with whatever account they stumble across
- They won't know how to counter inaccurate accounts

# Sense of calm



- Traumatic events can leave people's state of alert on a high setting
- Social support (it may be enough just to have someone there)
- Information about traumatic reactions to staff, carers and children
- Emotion regulation strategies
- Those working in schools actually do this all the time with children – you're very good at it. But you might need to do it more now than you used to

# Sense of connection



- Traumatic events can leave people feeling isolated and alone
- Research consistently supports social support and attachments as 'antidotes' to stress and trauma
- Enhance opportunities for social support and connectedness
- Identify those who are isolated and be wary of social rifts

# Sense of control



- Traumatic events can shatter a person's assumption that they have at least some control over what happens around them
- Collaboration and choices
- Teach emotional regulation
- Help children, classes, families, to do things for themselves rather than doing it for them

# Sense of hope



- Traumatic events can take away a person's hope for their future
- Don't dismiss or minimise their views
- Highlight exceptions to any difficulties
- Identify skills and strengths they have
- Celebrate even small improvements
- Take a future-focused approach

## What helps?

- Those around the bereaved making sure they are in the best possible shape to help them (including parents, carers, teachers, social workers, therapists etc.)

# What helps?

- Some folk are really struggling, but won't make it to therapy
- It doesn't have to be therapy with a therapist to be therapeutic:
  - Take time to consider the traumatic impact of the event of the death
  - Normalise and validate reactions
  - Help the person to cope with and get through intense emotions (rather than suppress them)
  - Ensure the person has opportunities to process the event of the death (that does not mean force them to think about it, but it does mean not stopping them from talking about it if they want to)
  - Ensure the person has opportunities to develop balanced and realistic thoughts and beliefs
- So much of what helps depends on support and relationships, and yet so often traumatically bereaved children, young people and families are isolated, either because they isolate themselves, or those around them stay away; what can you do to ensure the families are supported, in the longer term, not just in the first few weeks?



# When is additional help required?



**Severity:** How serious are the difficulties? E.g. Do they feel a little low or do they feel utterly despondent and hopeless?



**Duration:** How long do the difficulties last? E.g. if they lose their temper do they get over it in a few minutes, or does it last all day?



**Frequency:** How often does it happen? E.g. Is it a bad dream every few weeks, or every night?



**Change:** Broadly speaking, are things getting better, worse or staying the same? E.g. If you had a graph, which way would the trend be going?



**Impact:** How much of a problem does it cause? E.g. Does it stop them from doing things that they would like to?



**Persistence:** How long have things been going on for? E.g. Is it just a couple of days or a several months?

# References

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