Kids in Chaos: Navigating Traumatic Grief and Bereavement with Children Following the Violent Death of a Family Member

Scope of the Problem

In the United States, violence accounts for approximately 11,000 deaths annually. Violent deaths are those that result from the intentional use of physical force or power against oneself, another person, or a group or community. They include suicide, homicide, and legal intervention deaths.

Grief and Bereavement

- Definition
- Process
- Complications

Post Traumatic Stress Disorder

Traumatic Event - A traumatic event is defined by the Diagnostic and Statistical Manual IV (of the American Psychiatric Association 2000) as “an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of self or others.”

- # Type 1 Trauma - refers to single incidents
- # Type 2 Trauma - refers to multiple incidents

Objectives and Disclosure

Objectives
1. Examine the unique factors of sudden violent death and the potential impact on children navigating the chaotic aftermath
2. Examine the foundational facets of grief and bereavement for children exposed to violent death of a family member
3. Discuss strategies for promotion of adaptive coping and grieving in children exposed to the violent death of a family member

Disclosure
The authors have no conflicts of interest to disclose
Traumatic Stress - stress resulting from exposure to, or

- Witnessing of events that are severe and/or life threatening.
- The extent of traumatic stress experiences varies by duration of exposure and number of exposures.
- Additionally, the amount of stress incurred will vary according to the availability of resources and coping skills.
  - Integration

- Coping and adaptation have been shown to be related to individual cognitive development, differ with age, and be correlated to the existing "family" system structure and its related stress management capacity.
  - Assessing a family’s “problem solving skills” can be very complex, complicated and confusing.

- The incidence of PTSD in children is suggested to be approximately 33% to 50% following a traumatic event.
- The views of diagnosis of PTSD in young children is still not uniform.
- There is very limited literature on the subject of PTSD in people with disability, and even less on children with disability and PTSD
  - However their risk and incidence are anecdotally reported to be significantly higher than children in the general population – only manifested in unique ways.

- Care providers are often confronted with difficulty when trying interpret words and behaviors to know, particularly related to interpersonal violence, crime or sudden traumatic death, what a child experienced, saw, heard, or when a child is sad, frustrated, angry or scared.
  - It is often a process of looking for clues to understand and explain children’s thoughts and perceptions.

Factors influencing severity of trauma and severity of reaction to trauma:

- Predictability
- Controllability
- Intensity
- Time Frame
- Repeated or Individual

Symptoms

- Re-Experiencing
- Avoidance
- Regression
- Aggression
- Numbing
- Physiological
Exposure to Violence

- Witnessed Violence
  
  [Eth & Pynoos, 1994]

- Levels of Exposure.
  
  [Buka, Stichick, Birdthistle, Felton, & Earls, 2001]

FIGHT OR FLIGHT?

- A primitive and powerful drive
- Humans have an innate need to survive
- Humans strive toward the need for being in control
  
  — However, after experiencing a traumatic event: anger/aggression or fear/avoidance can become exaggerated.
  
  — It is these situations that typically result in seeking professional assistance.

The NEUROBIOLOGY OF TRAUMA IN CHILDREN

Physiological Response

- **Physical Response**
  - Heart rate increases
  - Respiration increases
  - Blood flow increases
  - Blood flow decreases
  - Increased sweating
  - Muscle tension
  - Blood glucose increases

- **Effect**
  - Blood pressure increases
  - Increased oxygen level
  - Increased readiness for movement and mental activity
  - Blood redirected to essential muscles and brain
  - Body temperature cooled to adjust for movement
  - Energy resources increased.

The Neurobiology of Trauma

- The anatomy of trauma is predicated on a conceptual framework drawn from:
  
  — neuropsychosocial concepts of information processing and
  
  — the role of the neuromodulatory systems on cognition and memory.

  — Limbic system

The Information Processing of Trauma
Information Processing of Trauma Model

• Phase 1: Pre-trauma
• Phase 2: Trauma
  – Encapsulation:
    • Input
    • Throughput
    • Output
    • General anxiety symptoms
    • Personal constructs
    • Trauma Replay

Integration

• It is possible to integrate trauma into one's lived experience and not result in PTSD
  – Integration versus denial

Bi-Phasic Response

• Numbing/Avoidance
• Activation/Aggression

Delayed PTSD

• No specific timeline

• May be due to level of
  – Previous experiences
  – Available coping skills
  – Available support

Information Processing of Trauma Model

• Phase 3: Disclosure
  – Social response of family, school, facility personnel, investigation, treatment, legal process

Information Processing of Trauma Model

• Phase 4: Post-trauma outcome
  – Behavioral patterns and patterns of disconnected information:
    • Integrated
    • Anxious
    • Avoidant
    • Aggressive
    • Disorganized
Assessment Traumatic Grief and Bereavement

• Children react differently to Trauma
  – Some may
    • appear calm
    • others stoic
    • hyperactive
    • while others may be angry
  – It is important not to personalize their actions.

Factors to include in the Assessment and Intervention for Children Suffering from Traumatic Grief

• Background and Significance
• Environmental cueing and Senses
• Events
• Management of the Environment

Creativity and Flexibility

• In reality, children, including those with developmental disability, experience the full affective range of effects of trauma and may benefit from a variety of interventions.
• What may be different in comparison to other survivors (age, developmental level, situational interpretation) are the ways therapeutic interventions are adapted so that fears and ongoing concerns can be effectively expressed and addressed.

Complexity of Violent Death

➢ These include
  – Loss of a family member
  – an accompanying burden of a legal inquiry,
  – interface with members of law enforcement,
  – and the complexities of the criminal justice department.

Getting Started

➢ The interviewer should provide an introduction and then address the child by name.
➢ The session should begin with some simple questions about the child’s world.
Avoid asking questions that could be regarded as coercive.

Keep questions open ended and positive.

Empathize with the child that anxiety is a normal response to this situation.

During interviews with children after a violent event, we are often confronted with interpreting words and behaviors to know when a child is happy, sad, frustrated, angry or scared. It is a process of looking for clues to explain children’s thoughts and perceptions.

A commonly overlooked process can be using the clues in child drawings to facilitate conversation.

Art Materials

Structured media includes, for example, pencils, colored pencils, crayons, magic markers and oil pastels.

Media such as chalk pastels, acrylic and tempera paints are less structured.

Media such as watercolor paints are among the least structured.

Initiation Of Healing Process

Since drawings are “self-controlled,” a traumatized child has the ability to determine how much emotion and memory will be expressed.

This provides for self-initiation and self-control, and gives the child input into what will be discussed.

This can provide a sense of mastery, and a sense of satisfaction, as well as promote the perception of control over a seemingly chaotic outside environment.

Artwork provides a platform for communication that can grow out of self-expression resulting in sharing of experience, feelings and hopes in ways which are free of rigid systemic limitations.

Additionally, discussion of the drawings provides both insight into the child’s thoughts and feelings and an opportunity to ask questions and seek guidance from an adult.
• Although the utilization of artwork is somewhat magical in the ability to provide a safe and effective method of understanding the effect of the traumatic event and the ongoing impact of therapy has in the lives of children, there is truly no magic in the process itself.

- Drawing is a natural activity for children to explore and express their world, whether that world is peaceful and happy or chaotic and sad.

References


