

At different stages in their lives, the perceptions and understanding of death and dying are diverse. Often their reactions to a situation rely greatly on the reactions and attitudes of the adults surrounding them. It is important to be honest and to impart information (age appropriate) to them without overwhelming their coping mechanisms. Asking questions about their thoughts and feelings helps the CISM member to better comprehend how well the child is doing. Encourage open dialogue and questioning. The following serve as guides to different developmental stages in a child's life and their reactions to death & dying:

Less than Two Years Old

- Doesn't yet understand what death or dying is
- Takes emotional barometer from adults
- Depends on nonverbal communication (physical touch, hugs)
- Desires affection, positive reassurances
- Most often will not remember deceased person

Three to Five Year Olds

- Outlook on death is that it is a temporary condition
- Questions why death has to occur, and how a person dies
- Often views the death of someone close as a punishment to themselves
- May not fully understand abstracts such as heaven
- Sadness, as an emotion, is short lived and is reliant on adults actions
- Regressive behavior is a coping tool
- Acting out aggressions is increased
- May view the deceased person in unrealistic condition
- Temporarily transfers affections and love to other adults in their life, such as pre-school workers, relatives, neighbors
- Uses play times as relief to the reality of death. May seem to emotionally disconnect from reacting to death
- Remembrances of the deceased are real, though not always pleasant recollections
- Emotionally and physically needy for love, honesty and care
- Desires to return to a normal daily routine

Five to Ten Year Olds

- Understands, but not fully, the finality of death
- Fears death, and having others close to them dying
- Feels anger and guilt, blames self for death
- Often has trouble putting thoughts into words
- Feelings are often expressed through non-typical behavior. This is used as a defense mechanism against feeling out of control with things they can handle or control
- Questions absolutes
- Desires knowledge of deceased and their life as a means of prolonging memory of them
- May have a hard time understanding abstracts
- Attempts to hide emotions that belie their normal coping methods (crying, depression, anger, fear, etc.)
- May be disinterested in school work, friends, playing

Ten to Eighteen Year Olds

- Recognizes finality of death. Self-reflection on views of death are prominent
- May have troubles thinking about own death
- Denial plays a large part of their thoughts, especially if they were close to the deceased. Anger at the loss, and resistance to talk about it are normal reactions
- Fears future
- Masks feelings with repressive behavior
- Is sad or depressed. Carries over to social circles
- Symptoms may cause actual sickness due to lowered immunity system
- Doubts established belief system

Critical Incident Stress Team Actions with Children

Team members should make an effort to provide an environment that encourages participants to openly share their thoughts and reactions to the event, even uncharacteristic ones, such as joking as a reaction to anxiety.

Be straightforward and concise about facts regarding the tragedy; they may ask repetitive questions about details surrounding the event and gradually put together their own analysis and cope with the event over time.

Initiate conversations about the deceased or event that allow their expressions to be validated as normal. Age-appropriate expression can come through drawings, artwork, collages, journals and stories. Realize that anger and denial are very real coping mechanisms in children, and that physical exercise and activities help in relieving some of that tension that has built up.

Reassure children of daily arrangements being made for them. It is important to let them get back to a daily routine, and also important for them to make decisions within their control. Meal and bed times, school and play periods are areas where the child can grasp a sense of familiarity. Promote interaction with peers during this time also for it lets them realize that others, despite their personal loss, can have the same relationships as before with friends.

Help and reassure the child comprehend that the causes and circumstances that led to or were part of the tragedy were not related to their behavior or actions. Our thoughts and feelings can never *cause* a tragedy or death. Reinforce the positive/negative sides of life, that for every relationship we have there will be good and bad times.

Give clear permission for children to go on enjoying life and living. There are many ways grief and sadness manifests itself, and the methods may be different from others around them and does not mean that that the impact is any less or more significant.

Remember the CISM Team is the “emotional first aid” for events, *not* the cure—do not hesitate to refer children to other mental health professionals if signs and symptoms exhibited are prolonged or beyond your scope of practice.