

Signs of a Grieving Child

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Infants/Pre-verbal Toddlers:

- **Decrease in activity level**

Infants who were attempting to rollover, crawl, and walk prior to the traumatic event may stop attempting movement. This is typically temporary and after some time will begin those attempts for movement again. However, it is important to offer infants/toddlers the opportunity for those attempts at movement. Also, be sure to continue to play and encourage, but not coerce, those attempts at movement.

- **Decrease in appetite**

Due to change in routine and caregiver, infants are often unsure of their environment and while they are becoming familiar with their new routine they often are irritable and will not eat as much. There may also be a weight loss. If the child's decrease in feedings and weight loss continues for several weeks, it is important to have a check-up with the child's family doctor or pediatrician. However, typically the infant/toddler will adjust and begin eating the same amounts as before the trauma.

- **Increase in irritability and/or change in personality**

Caregivers often report that children in this age range typically experience irritability, primarily because of a change in their daily routine. In general, when there is a change in any child's routine, there will be some amount of stress, which will cause irritability and/or a change in personality. However, once the child becomes adjusted to his/her new schedule they typically return to the infant you knew prior to the trauma.

- **Sleeplessness**

Once again a change in routine will also affect sleeping patterns. The infant must again learn to trust their caregiver. So, be sure to provide him/her the individual attention s/he needs. This may include sleeping in the room or being present while they fall asleep. We do NOT recommend that caregivers allow infants and toddlers to sleep in the adult bed with caregivers. There are several safety concerns and an increased risk for accidents coinciding with infants sleeping beside adults. The sleeplessness should deplete over time as well.

Toddlers, Preschool, and School Age

- **Decrease or increase in appetite**

Eating “comfort foods” is an appropriate response to any type of stress in adults and children. Many children challenge their caregivers by demanding to eat the same types of foods for every meal. This is a child’s attempt to restore a sense of power and safety after experiencing a powerless situation. It is acceptable to allow the child to eat “comfort foods” during this time. Caregivers may choose to compromise with children, in that children can eat their “comfort foods’ as long as they also eat healthy foods. This will ensure that the child is receiving the nutrients they need for extra energy. It is typically a short term coping mechanism for every human and will dissipate after a couple weeks

- **Severe increase in activity level**

You may observe in children, typically males, an increased activity or hyperactivity. Many traumatized or grieving children are misdiagnosed with Attention Deficit/Hyperactivity Disorder (ADHD). However, for traumatized children this is once again an attempt to gain control over their already powerless situation. Children also cope with fears, anger, and intense emotions in the physical sense versus verbalizing their fears, anger, and emotions. This is a healthy, normal response to a traumatic event.

- **Severe decrease in social activities**

You may observe that children who were once very active in school or social activities becoming withdrawn and quiet. These children are choosing to cope by processing this experience individually before

processing with family and friends. It is wise to let this child process alone, without pressuring him/her to “talk about” the death.

- **Hyper vigilance**

Children will often participate in attention seeking behaviors that may or may not be harmful to self or others. As an educator, you have to be sure the safety of other students and staff is kept at all times.

Therefore, if a suspension is needed, view it as a “teachable moment”.

During your parent-teacher/administrator meeting have the social worker or counselor educate the child, parents, teacher, and administrators about typical grief responses to death visible in children. Adults surrounding this child may be unaware that this behavior is related to any type of loss. As a parent, you must attempt to communicate consequences to behaviors. If your child’s behavior continues seek professional help in efforts to restore that child’s sense of safety and power.

- **Dreams and nightmares**

Children directly exposed to a traumatic event, such as a shooting, domestic violence, car fatality, or witnessing a classmate’s death, are likely to have intrusive nightmares. However, children who experience a death of loved one may also have vivid dreams about the loved one.

Do NOT assume that their dream was scary. Simply ask your child to describe the dream or nightmare. Be sure to process those dreams and nightmares with your child. If they refuse to talk about the dream, simply offer your support and encourage them to talk to peers if they feel comfortable. Always, ask children what ways you can help them to feel safe. This might include a spray bottle of “magic disappearing potion” or a flashlight. To reduce dreams it is important to provide an environment for your child that is peaceful, cozy, and safe. You can do this by playing calming music before bedtime, reading calming books before bedtime, and allowing children to sleep where they feel safe, which may include the closet, couch, and floor.

- **Sleeplessness**

Children are simply fearful and afraid of what might happen next, causing intrusive nightmares leading to lack of sleep. These children may also begin sleeping in odd places, such as on your bedroom floor, in the closet, under the bed, or on the couch. These children are attempting to restore a sense of safety and control over their fears.

Children may show this behavior for several months. As adults and caregivers it is essential that we show our support by making that a comfortable place for that child. This may include allowing them to sleep in their favorite sleeping bag or bedroom comforter, having a dog or cat sleep beside them, or having a nearby light on throughout the night. Once the child observes that the adults around him/her believe in their “safety plan” the child has a restored sense of safety and will most likely return to their own beds

- **Break down in communication (specifically in adolescents)**

Parents may notice a decrease in communication with their adolescent. Teenagers, specifically, will process their grief with people outside the traumatic event to protect those that they care about. We often refer to this as the “protection game.” Parents also want to protect their child from intense emotions and trauma-inducing incidents and therefore do not speak of the incident. Children do not want upset their parents either and protect them by not discussing the incident. However, both children and parents still grieve, but by “protecting” each other they are forced to process their grief by themselves. It is okay for parents to share their own response to grief with their teenager and vice versa. However, some teens will still choose to process their emotions with peers or other adults, which is also healthy. Parents can still share their grief, but should not without a discussion. Teens who do not share their emotions with their parents are most likely processing their grief with peers and teachers. This is typical and healthy of adolescents.

Points to Remember:

- In all aged children it is essential that caregivers attempt to keep a child’s daily schedule as close to their own routine as possible. Children become easily agitated when they do not know what to expect next. If there is a change in their routine, let them know before it happens if at all possible. Communicating with children helps to restore their trust in you as a caregiver.
- Children grieve intermittently. Children’s grief is similar to a ping-pong ball; you never know which direction they are headed. Therefore, follow children where they lead you. Allow them to tell their story, on their terms, magically or seriously, let them lead!

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