

References

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Bereaved Adolescents: Coping with the Death of a Parent

“Helping a child cope with loss is perhaps one of the most important roles an adult can play. In effect, you are helping that child develop skills that can last a lifetime” (“Helping Children Cope with Loss”, 2010).

Shawna L. Allevato
University of Pittsburgh, School of Education
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Helpful Resources

- Center for Mental Health Services
(800) 789-2647
<http://www.mentalhealth.org/child>
- Grief Net
<http://www.griefnet.org>
- National Institute of Mental Health
(301) 443-4513
<http://www.nimh.nih.gov>
- UCLA School Mental Health Project
(301) 825-3634
<http://smph.psych.ucla.edu>

Glossary

Normative Life Transition: The general or traditional the average person experiences as they transition through experience situations in life.

Bereave/Bereaved/Bereavement: Suffering the death of a loved one.

Physiological Distress: Of or relating to physical ailments of the body.

Chronic Fatigue: Disorder that causes fatigue or tiredness that is not due to exertion nor is it relieved by rest.

Denial: A defense mechanism in which an individual chooses not to acknowledge or deal with an issue.

Depression: A mental state in which pessimism, inadequacy and inactivity are often present.

General Facts

- Coping with death in adolescence is difficult because death and grief are not **normative life transitions** at this stage in life (Balk, 1996).
- If dealt with properly, a **bereaved** adolescent has the potential to be more emotionally and interpersonally mature than their peers because it gives them a sense of competence to help others (Balk, 1996).
- Every adolescent will experience bereavement differently; therefore interventions should be individualized, (Leighton, 2008).
- Younger bereaved adolescents are at more risk to experience **physiological distress**. They are more self conscious about what their peers will think of them and are therefore more withdrawn (Balk, 1996).

Signs of a Grieving Adolescent

- Sadness.
- Profound emotional reactions such as anxiety attacks, chronic fatigue, anger, and thoughts of suicide.
- Feelings of denial, shock and confusion.
- Extended depression with a loss of interest in daily activities and events.
- Boisterous play.
- Inability to sleep, nightmares, loss of appetite, and prolonged fear of being alone.
- Withdrawal from friends.
- Frequent physical complaints such as stomach aches and headaches.

Narrative Therapy

- Romanoff states that narrative therapy allows the bereaved individual “to create a different story in order to find meaning again” (as cited in Leighton, 2008).
- Typically used when an individual is confused about the bereaved situation. They will use their story to allow them to make sense of the situation. The individual learns how to put their feelings into words by reflecting back to the therapist their feelings of merit, grief, depression, anger, etc. (Leighton, 2008).
- Eventually this process allows the individual to “rewrite” their story to incorporate this disruption and the feelings that accompany it, while finding a way to move forward (Leighton, 2008).

Strategies That Help

Research shows that offering services or interventions cannot only benefit the bereaved adolescent or child but it can be beneficial to the parents and family as well (Rolls & Payne, 2007).

There are effective interventions available other than what is listed here. Consult a professional for more information.

Group Therapy

- Children reported experiencing relief and comfort by spending time and talking with others who have also experienced bereavement (Rolls & Payne, 2007).
- An expert on the subject, William J. Worden states that a goal of group therapy is to “identify and resolve the conflicts of separation which prevent the bereaved from completing the tasks of mourning” (as cited in Leighton, 2008).

- Sharp drop in school performance or refusal to attend school.
- Excessively imitating or asking questions about the deceased; repeated statements of wanting to join the deceased; inventing games about dying.
- Acting much younger for an extended period or reverting to earlier behaviors (e.g. bedwetting, baby talk, thumb-sucking).
- Loss of concentration and/or irritability
- Humiliation or guilt over personal failure to prevent loss of life.

(Retrieved from “Helping Children Cope With Loss”, 2010).

Be Aware!

Bereaved children are less likely to report their depressive symptoms (Weller, Weller, Fristad & Bowes, 1991).

- According to parental reports, the bereaved child's depressive symptoms were less evident than what the child reported (Weller, Weller, Fristad & Bowes, 1991). As educators, it is important to *be aware* of what the bereaved child may be experiencing.
- Studies show that death and grief can lead to a consciousness of faith (Balk, 1996), *be aware* and prepared for this possible conversation.
- Teens who experience bereavement often engage in many 'risk-taking behaviors,' *be aware* and ready for prevention if possible (Balk, 1996).

Resiliency

Resiliency is the ability to recover and adapt from a traumatic experience

- A study looked at bereaved children ages 8-16 and found that children's resiliency was positively predicted by their surviving caregiver's warmth and discipline. Furthermore, their resiliency was negatively predicted by their surviving caregiver's mental health issues. These children showed more efficiency in coping with negative environmental stressors, viewed these stressors as less threatening and were less likely to have mental health problems (Lin, Sandler, Ayers, Wolchik & Luecken, 2004).
- As an educator it might be important to promote a warm, caring relationship with this child. This includes discipline. Additionally, taking into consideration the bereaved child's relationship with their surviving caregiver might be beneficial.