

CHILDREN OF TRAUMA AND LOSS

A PARENT'S PERSPECTIVE

Presented by: MaryEllen Salamone, PT, JD



RESILIENCY

- Definition: Able to recover quickly from misfortune; able to return to original form after being bent, compressed, or stretched out of shape. A human ability to recover quickly from disruptive change, illness, or misfortune without being overwhelmed or acting in dysfunctional ways.

COMMON PERCEPTION OF RESILIENCY

- It is an “either/or” state of being. One is resilient and “normal” or one is not.
- It is a badge, a final destination marking a child as “over it”, “moved on”, finished with grief or trauma resolution.

DEVELOPMENTAL CONSIDERATIONS

- A child's grief waxes and wanes and is revisited anew during development. Grief, following trauma or loss, may be re-experienced with new meaning each time the child enters a new developmental phase or passes a developmental milestone such as starting school or going on a first date. Even into adulthood, events such as graduating from college or getting married, can trigger renewed grief. (Blum, PLWC.org, 2005)

When moving on is a challenge

- SAMHSA recently published that current studies demonstrate approximately 6% of boys and 13% of girls demonstrate diagnosable mental health difficulties as a result of an early loss or trauma.



Harvard Child Bereavement Study “At Risk” Children (Worden, 1996)

- Children who suffer sudden traumatic loss.
- Children who lose a parent in early childhood.
- Children who lose their mother at a young age.
- **Children whose parents are not involved in addressing their child’s grief.**

WHAT RESILIENCY IS

- Resiliency is a process, not a destination
- Resiliency is the ability to enjoy life again, despite a trauma or loss, while on a journey to learn to accept your loss.
- A child can be BOTH resilient and have difficulties coping at times.
- Resilient traits and maladaptive traits can co-exist.

Why Pediatricians?

- Pediatricians are the first person to whom a parent will turn for concerns about their children’s health.
- Pediatricians do not have a stigma attached.
- If the pediatrician/family relationship is developed over years, there is a greater level of trust.

How can pediatricians help?

- Be aware of the developmental implications of an early trauma or loss. Behavioral change can be a result of an incident that occurred many years earlier.
- Offer sources and referrals for parental education on the topic of childhood trauma and loss. An understanding parent can often prevent the development of mental health difficulties.
- Ask the tough questions regarding emotional health at checkups, particularly for families of children who suffered through trauma and/or loss.
- Develop a strong network for referrals.

Mental Health Illness: The Gray Area

- Pediatricians should also be aware of the ever expanding “gray area” between mental health dysfunction and “normal”.
- Increased graphic media coverage of tragic events and security drills in school delay healing from loss and trauma and increase fear.
- Recommending intervention while a child is in a “gray area” may prevent their progression to developing more serious mental health difficulties.

9/11 and beyond

- The effects of trauma and loss can challenge any child, even one who has not experienced it directly.
- Extended family and friends often suffer similar patterns of fear and trauma recovery.
- Lock-downs and media coverage of the tragic events in our world today may effect a child's perception of safety and fear and lead to increased anxiety.