

Young Survivors Traumatic Grief Series

Adolescent Grief and Tragic Loss: Too Young to Say Goodbye

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Learning Outcomes & Objectives

- ❑ After this course, participants will be able to recognize an adolescent's traumatic symptoms relating to hyperarousal, unhealthy cognitions, and recurring reminders or avoidance of unpleasant memories.
- ❑ After this course, participants will be able to apply evidence-based strategies for discussing adolescent grief, adolescent traumatic grief, and tragic events.
- ❑ After this course, participants will be able to identify best practices for helping adolescents cope with an unforgettable and traumatic loss, regain emotional regulation, and recover a sense of safety and security.
- ❑ After this course, participants will be able to use the Columbia Card for Teens, Columbia Card for Teachers, and Columbia Community Card for Behavioral Health Counselors and Advocates to effectively screen for risk factors, warning signs and symptoms, and suicide plans and attempts along with executing evidence-based techniques for suicide prevention and crisis intervention.

Mass Violence and Critical Conversations

When frightening or violent events happen in the world, teens look to their peers and the adults that surround them to help them feel safe and understand what is happening. This can feel challenging for adults because they are also responding to and making sense of the same experience (The National Child Traumatic Stress Network, 2022).

Mass Violence and Critical Conversations

When these events involve mass violence such as shootings that result in death and injury, there can be a range of intense reactions including horror, shock, anger, fear, loss, and grief. Teens might react differently than adults. It makes sense that people in different stages of life will experience this differently (The National Child Traumatic Stress Network, 2022).

Adolescents' Traumatic Symptoms

At the core of the adolescent's traumatic symptoms are hyperarousal, unhealthy cognitions, and recurring reminders or avoidance of unpleasant memories. In efforts to control post-traumatic stress disorder symptoms or co-occurring traumatic stress, adolescents may present with the following:

- Physical discomfort, sleep difficulties, anxiety, and depression
- Neuropsychological impairments impacting memory, learning, and storing and processing spatial information
- Reduced capacity for the immune system to respond
- Intense flood of emotions and traumatic reminders
- Substance abuse or chemical dependency
- Numbing positive and negative emotions
- Self-medicating to manage psychological distress associated with trauma exposure, traumatic stress, and grief and loss resulting from traumatic events. (The National Child Traumatic Stress Network, n.d.)

Resource

[Understanding Traumatic Stress in Adolescents](#)

Evidence-Based Therapies and Strategies

- ❑ TF-CBT: Trauma-Focused Cognitive Behavioral Therapy
- ❑ Grief and Trauma Intervention (GTI) for Children
- ❑ Multi-Dimensional Grief Therapy

Intervention based on multidimensional grief theory is based on four key propositions:

- (a) Both adaptive and maladaptive grief reactions can arise within each primary conceptual domain (i.e., separation distress, existential/identity distress, and circumstance-related distress) as an inherent reaction to bereavement.
- (b) Positive and negative adjustment processes can and frequently do co-occur within a given domain.
- (c) Different dimensions of grief may call for different intervention objectives and practice elements (i.e., finding ways to feel connected to the deceased vs. finding a sense of meaning in the loss), underscoring the therapeutic value of assessment-driven case formulation, treatment planning, and tailored intervention.
- (d) The primary aims of intervention are to both facilitate and encourage adaptive grieving, and help maladaptive grieving to recede in its frequency, intensity, duration, and causal potency over time. (American Psychological Association, 2022)

❑ Resilient Parenting for Bereaved Families

- a) Builds family cohesion and connections by helping caregivers develop good listening skills and foster open family communication, structure, and bonding time with bereaved kids.
- b) Research on the program found that 15 years after young people joined, they had significantly less prolonged grief, mental health problems, and suicidal ideation and attempts than controls, and that quality of parenting was the primary mediator for reduced suicidal thoughts and behaviors. (American Psychological Association, 2022)

Building Resiliency and Capacity: Best Practices for Critical Conversations

- Check in with yourself.
- Clarify your goal.
- Reflect.
- Ask helpful questions.
- Provide information and options.
- Go slow, pause, and be comfortable with silence.
- Label emotions.
- Validate and normalize.
- Monitor media and social media exposure.

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Check in with Yourself

- ❑ In the aftermath of mass violence, check in with yourself. Ask, “How am I feeling? What do I need?”
- ❑ Acknowledge your “present” (here and now) feelings.”
- ❑ Are you feeling:
 - ❑ Afraid, worried, angry, helpless, overwhelmed, distracted, scattered, and/or numb
- ❑ By labeling emotions, you nurture a sense of calm. Brain activity shifts from its alarm centers to the coping and problem-solving regions.

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Check in with Yourself

- ❑ Prior to initiating such a critical conversation, prioritize self-care and engage in one or more of the following:
 - ❑ **Deep Breathing:** Take a few deep breaths.
 - ❑ **Physical Activity:** Join a neighbor for a brisk walk.
 - ❑ **Preparation:** Reflect upon your interpersonal struggles with a friend.
 - ❑ **Positive Self-Affirmations:** Say aloud, “While I may not have all of the answers, my warmth, presence, and openness “matters.”
- ❑ With adolescents, each of these self-care strategies aid in promoting safe spaces and honest communication as they are expressing their feelings, experiences, and perceptions.

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Clarify Your Goal

- ❑ Begin with the end in mind. Establish a **goal** for the conversation.
- ❑ Overarching goals elicit safety in adolescents disclosing their reactions, emotions, questions, and perceptions of the traumatic events.
- ❑ **Ask yourself:**
 - ❑ How might I learn more about their viewpoints and experiences?
 - ❑ How may I encourage their personal empowerment (i.e., community engagement, public service, activism, and/or school and community partnerships)?
 - ❑ How might I prepare for actively listening (i.e., being present, displaying genuine interest and support, and clarifying information).

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Provide Information and Options

- ❑ Provide clear and concise facts and information about the critical incident. Balance the information with the community's response.
- ❑ Pair the adolescent's developmental stage with the type and amount of information to relay.
- ❑ Execute open-ended questions for understanding what they have previously heard and addressing any misinformation.
- ❑ Encourage breaks in processing the trauma. More could be achieved in several short conversations versus a single, long conversation.

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Reflect

- ❑ Reflection encompasses active listening or paraphrasing and/or summarizing the adolescent's thoughts and feelings.
- ❑ Upon reflecting, the adolescent recognizes that the adult is genuinely concerned about their perception of events. There's a sense of satisfaction, gratification, and importance in being "heard."

Resource

[Talking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Fact-Finding vs Helpful Questions

- ❑ Ask helpful questions to learn more about the adolescent's thoughts, feelings, perspective, and needs.
- ❑ The questions, we ask, should be open-ended and focused on understanding their experiences, emotions, perspectives, and needs versus fact-finding.
 - What was that like for you?
 - How are you feeling?
 - What are you thinking or wondering about?
 - Do you have any questions or worries?
 - How can I help?
- ❑ When it comes to questioning, less is more. Adolescents may only be interested in answering one or two questions at a time. It is okay to circle back or wait for natural opportunities.
- ❑ Help the adolescent recognize the importance of maintaining connections with family and friends via text messaging, video conferencing, phone calls, and social media outlets. Helpful questions increase the likelihood of the adolescent openly sharing their needs and feelings.

Go Slow, Pause, and Be Comfortable with Silence

- ❑ While recalling the traumatic event, you may find that both you and the adolescent need additional time to respond after hearing the questions. This is valuable time for processing emotions and coordinating thinking, especially as it relates to complex emotional situations.
- ❑ Allow your body language to convey patience, openness and compassion. When you pause and permit time, you communicate “I have time for you,” and “You are important.”

Resource

[Taking to Teens When Violence Happens – Center for Resilience+Well-being in Schools](#)

Label Emotions

- ❑ Just as it is helpful for us as adults to label emotions, it is also helpful for adolescents to label how they are feeling.
- ❑ Every so often, particularly when violent and frightening events have occurred, adolescents need support in labeling.
- ❑ Assist in reflecting back on any feeling words they say, naming feelings you notice, and taking a guess at what they might be feeling.
- ❑ When you do this, check in with the adolescent to see if you got it right.
- ❑ Don't be thrown off guard if the adolescent expresses feeling numb or nothing at all.
- ❑ Recall and reflect. Think back and ask, "What is this like for you?"
- ❑ The labeling of emotions promotes self-awareness and emotional regulation.

Validate and Normalize

- ❑ Acknowledge the trauma from the adolescent's worldview. Walk a mile in their shoes and say, "I could never understand what you are going through. It must be difficult to understand what you are feeling or considering how to explain it to others. More than anything, it makes perfectly good sense to think or feel the way you do right now."
- ❑ While supporting the adolescent, contemplate saying, "That makes sense," "I get it," "I understand," "Other people feel that way, too," and "You are not alone."
- ❑ Don't be thrown off guard should the adolescent disclose, "You don't/couldn't possibly understand," or "There is absolutely NO way you could understand what I am going through".
- ❑ During this time of grief and cognitive development, it is perfectly normal for adolescents to embrace privacy and distinctiveness separate from the adult experience.
- ❑ Validate and normalize their experiences. Express, "It makes sense to have a different experience." Validation and normalization helps adolescents feel understood as they continue trusting their own perspectives and feelings.

Monitor Media and Social Media Exposure

- ❑ In the aftermath of a traumatic event, maintain awareness of the adolescent's media (i.e., social media, television, and internet) exposure.
- ❑ Social media is a part of our culture and oftentimes the primary mode of communication amongst adolescents.
- ❑ Discuss and develop an action plan, with the adolescent, for balancing his or her use of social media.
- ❑ Monitor the time allotted towards watching and/or reading breaking news, current headlines, and stories about the tragedy. Set healthy limits for reducing anxiety and preoccupation.
- ❑ Assess the reliability and validity of their media sources for accuracy and high-quality information.

Helping Youth After Community Trauma: Tips for Educators

Click Link Above



Suicidal Ideations: Evaluation and Management for Adolescents

- ❑ The prevalence of suicidal behaviors, during adolescence, is high, as are the associated costs on a personal, family, social, academic, and socio-economic level (Fonseca-Pedrero, Al-Halabi, Perez-Albeniz, & Debbane, 2022).
- ❑ Many adolescents think about suicide and attempt to kill themselves (Kennebeck & Bonin, 2022).
- ❑ For females ages 15 through 24, suicide rates had reportedly been stable between 2000 and 2007 and unexpectedly increased by 87% through 2020 (Garnett, Curtin, & Stone, 2022).
- ❑ In 2020, the rate of firearm-related suicide among males was twice as high as the rate for suffocation-related suicide, compared with three times as high in 2000.

Resource

[Suicidal Behavior in Children and Adolescents: Epidemiology and Risk Factors](#)

Risk Factors and Warning Signs: Evaluation and Management for Adolescents

Suicidal behavior includes the spectrum from thoughts or ideas that revolve around suicide or death through fatal completion of suicide. Between these extremes are suicide threats and suicide attempts (potentially self-injurious action with a nonfatal outcome for which there is evidence that the individual intended to kill him- or herself) (Kennebeck & Bonin, 2022).

Resource

[Suicidal Behavior in Children and Adolescents: Epidemiology and Risk Factors](#)

Risk Factors and Warning Signs: Evaluation and Management for Adolescents

Children and adolescents who present for medical attention with suicidal behavior require a variable amount of medical, social, psychological, and psychiatric intervention depending upon the seriousness of their intent, their underlying risk factors, and their emotional support system (Kennebeck & Bonin, 2022).

Resource

[Suicidal Behavior in Children and Adolescents: Epidemiology and Risk Factors](#)

Risk Factors and Warning Signs: Evaluation and Management for Adolescents

- Previous history of suicide attempts
- Previous history of physical and/or sexual abuse
- Family history of suicidal behavior
- Mental health disorders (i.e., major depression, substance use disorders, or psychotic disorders)
- Identification with the lesbian, gay, bisexual, transgender or gender non-conforming, queer or questioning, intersex, asexual, plus (LGBTQA+) community

Resource

[Suicidal Ideation and Behavior in Children and Adolescents: Evaluation and Management](#)

The "Choking Game" and Strangulation Activities: Evaluation and Management for Adolescents

Between 2003 and 2004, suicide rates increased among females aged 10 to 14 years (by 76%), females aged 15 to 19 years (by 32%), and males aged 15 to 19 years (9%). The reasons for this increase are not clear; possible explanations include the misclassification of unintentional asphyxia from adolescents playing **"the choking game"** (i.e., intentionally restricting the supply of oxygenation to the brain, often with a ligature, to induce a brief euphoria) and changes in risk factors for suicide or suicide methods (Kennebeck & Bonin, 2022).

Resource

[Suicidal Behavior in Children and Adolescents: Epidemiology and Risk Factors](#)

The “Choking Game” and Strangulation Activities: Evaluation and Management for Adolescents

Unintentional injury is the leading cause of death in children, adolescents, and young adults in the United States. Unintentional injury often results from risk-taking behavior such as alcohol or drug use. Self-induced hypoxia (i.e., engaging in strangulation activities, such as "the choking game") is another risky behavior among children and adolescents that may have a fatal outcome (Ullrich & Goodkin, 2022).

Resource

[The “Choking Game” and Other Strangulation Activities in Children and Adolescents](#)

The "Choking Game" and Strangulation Activities: Evaluation and Management for Adolescents

The "choking game" refers to self-strangulation or strangulation by another person with the hands or a ligature to produce an euphoric state caused by cerebral hypoxia and is perhaps more accurately described as a "strangulation activity" than as a game. Breath holding and/or compression of the abdomen or thorax are involved in some versions of the activity. The intent is to release the pressure just before loss of consciousness; failure to do so can result in death, particularly when the activity is performed alone or using ligatures (Ullrich & Goodkin 2022).

Resource

[The "Choking Game" and Other Strangulation Activities in Children and Adolescents](#)

The “Choking Game” and Strangulation Activities: Evaluation and Management for Adolescents

Other names for strangulation activities include the American dream, airplaning, black hole, black-out game, breath play, California choke, California high, choke out, cloud nine, dream game, fainting game, five minutes of heaven, flatliner, funky chicken, gasp game, ghost, knock-out game, natural high, pass-out game, purple dragon, purple hazing, rising sun, rush, the scarf game, sleeper hold, something dreaming game, space cowboy, space monkey, speed dreaming, suffocation roulette, and the tingling game (Ullrich & Goodkin 2022).

Resource

[The “Choking Game” and Other Strangulation Activities in Children and Adolescents](#)

Is Path Warm: Evaluation and Management for Adolescents

The American Association of Suicidology developed the **“Is Path Warm”** mnemonic to for identifying key warning signs for suicide.

- Ideation** – Talking about or threatening to harm or kill oneself; looking for ways to kill oneself; talking or writing about death, dying, or suicide
- Substance abuse** – Increased substance use
- Purposelessness**
- Anxiety** – Worry, fear, agitation, or changes in sleep pattern
- Trapped** – Feeling like there is no way out of a bad situation
- Hopelessness**
- Withdrawal** from friends, family, and society
- Anger**
- Recklessness**
- Mood changes**

Resource

Suicidal Behavior in Children and Adolescents: Epidemiology and Risk Factors

Columbia Card for Teens, Columbia Card for Teachers, and Columbia Card for Parents

- Columbia Community Card for Teens**
- Columbia Community Card for Teachers**
- Columbia Community Card for Parents**

Resource

The Columbia Protocol for Healthcare and Other Community Settings

Conclusion

The reality is that you will
grieve forever.

You will not 'get over'
the loss of a loved one.

You will learn to live with it.

You will heal, and you will
rebuild yourself
around the loss you have
suffered.

You will be whole again.

But you will never be the same.

Nor should you be the same.

Nor would you want to.

~Elisabeth Kubler-Ross

Resources

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