

Young Survivors Traumatic Grief Series

Childhood Grief and Tragic Loss: Too Young to Say Goodbye

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Learning Outcomes & Objectives

- ❑ After this course, participants will be able to:
 - ❑ After this course, participants will be able to use evidence-based strategies for discussing childhood grief, traumatic grief, and trauma loss with grieving children.
 - ❑ After this course, participants will be able to recognize a child's social and emotional regression, behavioral challenges, and maladaptive cognitions while grieving a loss.
 - ❑ After this course, participants will be able to identify best practices for recognizing and regulating trauma symptoms and triggers and incorporating resilience-building stress management techniques with a grieving child.
 - ❑ After this course, participants will be able to apply comprehensive suicide prevention and crisis intervention techniques to combat risk factors, warning signs and symptoms, and suicide plans and attempts.

911, What's Your Emergency?

"It was a normal day until..."



Childhood Grief & Tragic Loss

- ❑ The death of a loved one is among the most common and impactful traumatic events reported globally (Espinosa Dice, Ye, Kim, McLaughlin, Amstadter, Tiemeier, Denckla, & 2023).**
- ❑ Despite the potential risks (i.e., adverse psychosocial outcomes) following bereavement, not all children who face the loss of a loved one experience adverse effects.**
- ❑ Evidence suggests that most youth who encounter bereavement integrate grief without lasting adverse health outcomes.**

Childhood Grief & Tragic Loss

The death of a loved one forces a grieving individual to engage in several grief-related tasks, including:

- ❑ reconstructing a narrative about the relationship**
- ❑ resituating their relationship with the deceased individual**
- ❑ developing a new sense of self post-loss.
(Barney & Yoshimura, 2020)**

Toolkits for Talking to Early Childhood Learners About School Violence



Click Link.

What is Trauma?

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (Menschner & Maul, 2016).

Reference

Menschner, C. & Maul, A. (2016). *Key Ingredients for Successful Trauma-Informed Care Implementation*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf.

Child Traumatic Stress

Prior to age 16, two-thirds of children in the U.S. are exposed to a traumatic event.

- Physical, sexual, or psychological abuse and neglect (including family violence)
- Child Abandonment
- Natural and technological disasters
- Poverty and systemic discrimination
- Enduring or witnessing violence in the community or military
- Community violence, trafficking, or terrorism

Reference

The National Child Traumatic Stress Network. (n.d.). *Understanding Child Trauma*. Retrieved from https://www.nctsn.org/sites/default/files/resources/fact-sheet/understanding_child_trauma_and_the_nctsn_0.pdf.

Child Traumatic Stress

Prior to age 16, two-thirds of children in the U.S. are exposed to a traumatic event.

- Sudden or violent loss of a loved one
- Mental Health or Substance use disorder (personal or familial)
- Refugee and war experiences (including torture)
- Serious accidents or life-threatening illness
- Military family-related stressors (e.G., Deployment, parental loss or injury)

Reference

The National Child Traumatic Stress Network. (n.d.). *Understanding Child Trauma*. Retrieved from https://www.nctsn.org/sites/default/files/resources/fact-sheet/understanding_child_trauma_and_the_nctsn_0.pdf.

Child Traumatic Stress: Traumatic Reactions

- Intense and ongoing emotional distress
- Depressive symptoms
- Anxiety
- Behavioral challenges
- Difficulties with attention
- Academic difficulties
- Nightmares
- Physical symptoms (i.e., difficulty with sleeping and eating and aches and pains)

Reference

The National Child Traumatic Stress Network. (n.d.). *What is Child Traumatic Stress?*

Retrieved from

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/what-is-child-traumatic-stress.pdf.

Child Traumatic Stress: Trauma Signs and Symptoms

***Center for Early Childhood Mental Health
Consultation Trauma Signs and Symptoms***



Click Link.

Trauma Screening: The 3 E's

Event

- ❑ Domestic Violence
- ❑ Neglect
- ❑ Physical Abuse
- ❑ Sexual Abuse
- ❑ Community and School Violence

Reference

Conradi, L. & Crandal, B. (n.d.). *Creating a Trauma-Informed Child Welfare System: Transforming Policy and Practice*. Retrieved from <https://www.cwda.org/sites/main/files/file-attachments/building-a-trauma-informed-child-welfare-system.pdf>.

Trauma Screening: The 3 E's

Experience

- ❑ Reactions that are specific responses to trauma
- ❑ Avoidance of triggers
- ❑ Intrusive thoughts
- ❑ Nightmares about the event

Reference

Conradi, L. & Crandal, B. (n.d.). *Creating a Trauma-Informed Child Welfare System: Transforming Policy and Practice*. Retrieved from <https://www.cwda.org/sites/main/files/file-attachments/building-a-trauma-informed-child-welfare-system.pdf>.

Trauma Screening: The 3 E's

Effect

- ❑ Symptoms possibly correlated to the trauma (but not essentially) and could progress over time
- ❑ Generalized Anxiety
- ❑ Behavior Challenges
- ❑ Depression

Reference

Conradi, L. & Crandal, B. (n.d.). *Creating a Trauma-Informed Child Welfare System: Transforming Policy and Practice*. Retrieved from <https://www.cwda.org/sites/main/files/file-attachments/building-a-trauma-informed-child-welfare-system.pdf>.

Trauma Treatment Approaches

What are the Child-Focused Models?

- ❑ Child-Parent Psychotherapy**
- ❑ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- ❑ Attachment, Self-Regulation, and Competency (ARC)**

Reference

Menschner, C. & Maul, A. (2016). *Key Ingredients for Successful Trauma-Informed Care Implementation*. Retrieved from

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf.

Child-Parent Psychotherapy

Primary Focus In what ways has trauma impacted the child?

- In what ways has trauma impacted the caregiver-child relationship?
- What has been the positive or negative influences on child development?

Primary Goal Nurture the caregiver-child relationship.

- Rebuild and support the child's mental health by nurturing the caregiver-child relationship.

Ages Birth to 6 years old

- Target Population: Children who have encountered a wide range of trauma and parents with chronic trauma

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Primary Focus Distorted Beliefs and Attributions

- What are the distorted beliefs connected to abuse or trauma?
- How can we cultivate a safe climate and supportive environment for children to discuss their traumatic encounters?
- What are effective strategies in which we can support non-abusive parents cope with emotional distress and positive parenting practices.

Primary Goal Increase positive emotions.

- Designed to decrease undesirable emotions and behaviors associated with child sexual abuse, domestic violence, and trauma.

Ages 3 to 21 years old

- Target Population: Children, adolescents, parents, and caregivers who have encountered abuse or trauma.

Attachment, Self-Regulation, and Competency (ARE)

Primary Focus

Attachment theory and Early Childhood Development

- This model emphasizes attachment, self-regulation, competency, and traumatic experience integration.

Primary Goal

The integration of the child's entire system becoming trauma-informed.

- Support the child, family, and system's ability to engage in the present moment.

Ages

2 to 21 years old

- Target Population: Children, adolescents, and young adults who have endured prolonged traumatic stress, multiple traumatic events, and/or continuous exposure to adverse life experiences.

What is ARC?

What is ARC?



Click Link.

Trauma Treatment Approaches

***Child Health and Development
Institute Evidence-Based Practices***



Click Link.

The 7 Cs: The Essential Building Blocks of Resilience

Competence

Confidence

Connection

Character

Contribution

Coping

Control

Dr. Kenneth Ginsburg

- **Dr. Kenneth Ginsburg, pediatrician specializing in Adolescent Medicine at the Children's Hospital of Philadelphia, Professor of Pediatrics at the University of Pennsylvania School of Medicine, and Co-Founder and Director of Programs at Center for Parent and Teen Communication proposed the “7 Components (Cs): The Essential Building Blocks of Resilience.”**

Resource

Fostering Resilience: Preparing Children and Teens to THRIVE through both good and challenging times

Competence

- ❑ Competence is the epitome of empowering a child to identify how he or she is coping and overcoming obstacles.
- ❑ How do we support children in developing competence?
 - ❑ **Question-Seeking:** Encouraging questions for children to recognize and understand their feelings.
 - ❑ **Recovery and Restoration:** When stumbling or falling or grappling with real-world occurrences, permitting opportunities for a productive struggle and promoting recovery and restoration.

Competence

- ❑ **Strength-Building:** Cultivate their strengths. When a child has demonstrated their competencies in resolving a conflict, specifically acknowledge the effectiveness of their decision-making and how their action steps will positively impact others.
- ❑ Express what the child has accomplished. Specifically, what did he or she do well? How did his or her problem-solving skills contribute to conflict resolution?

Resource

[Building Resilience in Your Child - Tips For Parents](#)

Confidence

- When children are afforded the chance to enhance their personal attributes (i.e., justice, integrity, perseverance, self-determination, and kind-heartedness), they develop the skill sets for “navigating the world, thinking outside the box, and recovering from obstacles.”

Connection

- ❑ **With the right connections with positive peers and adults and schools and communities, children develop a sense of safety and security. This fosters autonomy (i.e., standing on their own two feet) and developing innovative and resourceful solutions.**

Character

- ❑ **Character is driven by the child's value system and a pledge to integrity.**
 - ❑ **What is right and wrong? How does right or wrong uphold or denounce character?**
 - ❑ **Support children in expressing their values, talents, and gifts. Explore what contributions they can share with humanity.**

Contribution

- ❑ The sole premise of contribution is “gratitude.”
 - ❑ Altruism: Self-sacrifice and selfless contributions to humanity nurtures gratitude vs condemnation.
 - ❑ Children reap the benefits of meaningful contributions (i.e., pleasure, satisfaction, and accepting the help of others without shame).

Resource

[The 7 Cs: The Essential Building Blocks of Resilience](#)

Coping

- ❑ When children have a myriad of healthy coping strategies, in their toolbox, the likelihood of selecting “dangerous quick-fixes” while stressed noticeably decreases.

Control

- ❑ Rewarding the Small Successes
 - ❑ **Small Success vs No Success:** Elevate children in applauding and praising their small successes. Small successes increase ambition and motivation to succeed.
 - ❑ Reward the child's restraint and accountability with additional freedom.
 - ❑ The **key** is to **teach self-discipline** in lieu of **punishment or control**.

Reference

Resilient Teens. (2021). *7 C's of Resilience*. Retrieved from https://www.resilientteens.org/wp-content/uploads/2021/02/ResilientTeens_7Cs_Worksheet-2.pdf.

Trauma and Stressor-Related Disorders in Children

Post-traumatic Stress Disorder (PTSD)

- ❑ Children and adolescents with PTSD have symptoms such as persistent, frightening thoughts and memories or flashbacks of a traumatic event or events (Children’s Hospital of Philadelphia, 2022).**
- ❑ Other symptoms may include jumpiness, sleep problems, problems in school, avoidance of certain places or situations, depression, headaches or stomach pains.**

Reference

Children’s Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Trauma and Stressor-Related Disorders in Children

Acute stress disorder (ASD)

- The symptoms of ASD are similar to PTSD, but occur within the first month after exposure to trauma. Prompt treatment and appropriate social support can reduce the risk of ASD developing into PTSD.**

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Trauma and Stressor-Related Disorders in Children

Reactive attachment disorder (RAD)

- Children with RAD show limited emotional responses in situations where those are ordinarily expected.
- This might show in a lack of remorse after challenging behavior or a lack of response to positive or negative emotional triggers.
- Children with RAD may not appear to want or need comfort from caregivers.
- They may not seem to care when toy is taken away from them.

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Trauma and Stressor-Related Disorders in Children

Disinhibited Social Engagement Disorder (DSED)

- ❑ Children with DSED are unusually open to interactions with strangers. They can be over-eager to form attachments with others, walking up to and even hugging strangers. They may wander off with strangers without checking with their parent or caregiver.**

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Trauma and Stressor-Related Disorders in Children

Unclassified and Unspecified Trauma Disorders

- ❑ Some emotional and behavioral reactions to trauma do not fit in the diagnostic categories above. This category is used for those cases.**

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Survivors of Grief and Loss

A Mom Talking about Her Life After Her Daughter's Suicide



Survivors of Grief and Loss

The loss of a child violates accepted norms that associate death with older age and severs the strongest human bond- that of a mother and child. Losing a child—as opposed to a parent, spouse, or sibling—is the strongest predictor of developing enduring grief (Kark, Adams, Sathishkumar, Granger, McMillan, Baram, & Yassa, 2022).

For parents, bereavement is associated with increased psychiatric illness, suicidality, physical health problems, and increased mortality (Park, Deal, Yopp, Chien, McCabe, Hirsch, Bowers, Edwards, & Rosenstein, 2021).

Factors Increasing Risk After Bereavement

- 1.) Traumatic circumstances such as the death of a spouse or a child, the death of a parent in early childhood or adolescence, sudden, unexpected, and untimely deaths (particularly if associated with horrific circumstances), multiple deaths (particularly disasters), deaths by murder or manslaughter (Mughal, Azhar, Mahon, & Siddiqui. 2022).**

Factors Increasing Risk After Bereavement

- 2.) Vulnerable people such as those with low self-esteem, low trust in others, previous psychiatric disorder, previous suicidal threats or attempts, and/or absent or unhelpful family are more likely to experience increased symptoms (Mughal, Azhar, Mahon, & Siddiqui, 2022).**

Talking to Children About Suicide: Suicide Prevention and Crisis Intervention Techniques

- ❑ Be cognizant of your own emotions, doubts, and fears. Take deep breaths and exhibit a calm and non-confrontational attitude and demeanor when discussing suicide.**
- ❑ Release any fears of discussing suicide deaths with your child. In discussing these tragedies, children gain knowledge and understanding vs becoming suicidal and developing a plan.**
- ❑ Rather a close friend or distant peer, we are encouraged not to assume the direct or indirect impact of death on a child.**

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Talking to Children About Suicide: Suicide Prevention And Crisis Intervention Techniques

- ❑ If the child questions “why” a student would elect to end his or her own life, explain that the answers are never simple. Most importantly, share that there is absolutely no one to blame.**
- ❑ Consider utilizing Logic’s new song “1-800-273-8255” (which is now the 988 Suicide and Crisis Lifeline) or the “13 Reasons” Netflix series to initiate the conversation.**
- ❑ In retrospect, children recognize they could have overlooked the signs and signals of a peer suffering or struggling.**

Reference

Children’s Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Talking to Children About Suicide: Suicide Prevention And Crisis Intervention Techniques

- ❑ Ask the child how he or she is feeling about the loss. Let him or her know it is ok to have painful feelings like anger and resentment.
- ❑ Ask the child how he or she copes when feeling overwhelmed.
- ❑ Discuss problem solving and healthy coping strategies.

Reference

Children's Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Talking to Children About Suicide: Suicide Prevention And Crisis Intervention Techniques

- ❑ Ask the child, “Who are the trusted adults, you would like to talk to, when needing help? If it is an adult other than myself, then that is okay. My job is to support you.”**
- ❑ At present and in the future, keep an open-door policy for the child to discuss the tragic event and their emotions.**
- ❑ When feeling stressed or overwhelmed, youth may display regression and acting-out behaviors.**
- ❑ Be encouraged to reach out for professional help to support the child. There is no fear or greater gift than connecting the child with a trained professional.**

Reference

Children’s Hospital of Philadelphia. (2022). Trauma and Stressor-related Disorders in Children. Retrieved from <https://www.chop.edu/conditions-diseases/trauma-and-stressor-related-disorders-children>.

Children & Social Support

There is also an inverse benefit to feeling supported and connected, particularly when faced with stressful life challenges (Cacciatore, Thieleman, Fretts , & Jackson, 2021).

Social support improves mental, physical, and emotional health outcomes and has been studied extensively within varying disciplines over the last 40 years with similar results.

Strong social support safeguards against the negative psychological and physiological responses to stress; it is a buffer of protection that aids coping.

Conclusion

As a communicative action, grief can be a pathway by which people negotiate this aspect of their identity and open doors to validation, understanding, and caring (Barney & Yoshimura, 2020).

***Read Emilia Adkinson's Poem
Next Two Slides***

Grief by Emilia Adkinson

Grief doesn't just show up the day they die.

It shows up in the morning,
when you can barely remember their voice.

It shows up on a Tuesday,
when they aren't there to take you to the library.

It shows up on your birthday,
when you realize they won't be calling you.

It shows up when you're switching through channels,
and their favorite show is on.

It shows up on your wedding day,
when they aren't there to walk you down the aisle.

It shows up in aisle eight of the grocery store,
where their favorite snacks are.

It shows up on sleepless nights,
when you wonder if you will ever be okay again.

It shows up on holidays,
when they aren't in their favorite chair smiling.

Grief by Emilia Adkinson

**It shows up when their favorite song comes on,
and they aren't there to sing along with you.
Grief doesn't just show up the day they die,
It shows up unexpectedly, everywhere.
But it is never invited.**

Reference

Adkinson, E. (2022, July 7). Grief. *University of North Dakota Scholarly Commons Floodwall Magazine*, 2(5), 90-91.

<https://commons.und.edu/cgi/viewcontent.cgi?article=1224&context=floodwall-magazine>

Resource Library

Family Trauma
Assessment

Age-Related
Reactions to a
Traumatic Event

Child Trauma-
Informed Care

Child Trauma
Toolkit
for Educators

Child Trauma
Screen

Resource Library

Family Trauma
Assessment

Age-Related
Reactions to a
Traumatic Event

Child Trauma-
Informed Care

Child Trauma
Toolkit
for Educators

Child Trauma
Screen

Resources

Centers for Disease Control and Prevention. (2019). *Preventing Adverse Childhood Experiences Trainings*. Retrieved from <https://vetoviolence.cdc.gov/apps/main/aces-resources>

Centers for Disease Control and Prevention. (2019). *Preventing Adverse Childhood Experiences Trainings*. Retrieved from <https://vetoviolence.cdc.gov/apps/aces-training/#/>

Centers for Disease Control and Prevention. (n.d.). *Technology and Youth: Protecting your Child from Electronic Aggression*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/EA-TipSheet-a.pdf>

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Resources

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The Pyramid Model Consortium. (n.d.). *Checklist of Early Childhood Practices that Support Social Emotional Development and Trauma-Informed Care*. Retrieved from <https://challengingbehavior.org/docs/Informed-Care-Checklist.pdf>

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<https://doi.org/10.12840/ISSN.2255-4165.024>
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