While everyone grieves differently, there are some behaviors and emotions commonly expressed by children depending on their developmental level. No matter how old a child is, it can be helpful to read through each of the age ranges, as there are times when a six year old asks a complex, big picture question and those when a teenager is struggling to find a physical outlet for their grief. We hope this information will help with understanding how grief affects children and teens across the developmental span.

**Ages 2-4 years old**
**Developmental stage**

Children this age don’t fully understand that death is permanent and universal. They are most likely to express themselves through their behavior and play.

**Concept of death**

Young children see death as reversible and are starting to wonder if death happens to everyone. You might hear questions like: “My mom died? When will she be home?” and “Will you die too? What about me?”

**Common responses to grief**

- General anxiety
- Crying
- Irregular sleep
- Clinginess/need to be held
- Irritability
- Temper tantrums
- Telling the story to anyone, including strangers
- Repetitive questions
- Behavior regression – may need help with tasks they’ve already learned

**Ways to help**

- Create a consistent routine to re-establish safety and predictability, especially around starting and ending the day.
- Provide short, honest explanation of the death. “Mommy died. Her body stopped working.” Use the words dead and died. Avoid euphemisms such as gone, passed on, lost.
- Answer questions honestly.
- Set limits but be flexible when needed.
- Provide opportunities for play.
- Give choices whenever possible. “Do you want hot or cold cereal?”
- Offer lots of physical and emotional nurturing.

**Ages 5-8 years old**

**Developmental stage**

Children this age are exploring their independence and trying tasks on their own. They are very concrete thinkers, with a tendency towards magical/fantasy thoughts.

**Concept of death**

In this age range, children often still see death as reversible. They can also feel responsible and worry that their wishes or thoughts caused the person to die. They may say things like: “It’s my fault. I was mad and wished she’d die.”

**Common responses to grief**

- Disrupted sleep, changes in eating habits
• Repetitive questions – How? Why? Who else?
• Concerns about safety and abandonment
• Short periods of strong reaction, mixed with acting as though nothing happened
• Nightmares
• Regressive behaviors – may need help with tasks they’ve already learned (can’t tie shoes, bedwetting)
• Behavior changes: high/low energy, kicking/hitting
• Physical complaints: stomachaches, headaches, body pain

Ways to help
• Explain the death honestly using concrete language. “Daddy’s heart stopped working.” Use the words dead and died. Avoid euphemisms such as “gone”, "passed on", "lost".
• Be prepared for repetitive questions.
• Provide opportunities for big energy and creative play.
• Allow children to talk about the experience and ask questions.
• Offer lots of physical and emotional nurturing.
• Give choices whenever possible. “Your room needs to be cleaned. Would you like to do it tonight or tomorrow morning?”

Ages 8-12 years old

Developmental stage

Elementary school age children may still be concrete thinkers, but are beginning to understand abstract ideas like death and grief. They often start making closer connections with friends and activities outside their home and family.

Concept of death

Children this age begin to understand that death is permanent and start thinking about how the loss will affect them over the long-term. Some children will focus on the details of what happened to the body of the person who died. Feelings of guilt and regret can lead to concern that their thoughts and actions made the death happen. They may say or think things like: “If I had done my homework, my teacher wouldn’t have died.” or “I think it was my fault because I was mean to my brother.”

Common responses to grief

• Express big energy through behavior sometimes seen as acting out
• Anxiety and concern for safety of self and others - “The world is no longer safe”
• Worries about something bad happening again
• Difficulty concentrating and focusing
• Nightmares and intrusive thoughts
• Physical complaints: headaches, stomach aches, body pain
• Using play and talk to recreate the event
• Detailed questions about death and dying
• Wide range of emotions: rage, revenge, guilt, sadness, relief, and worry
• Hyper vigilance/increased sensitivity to noise, light, movement, and change
• Withdrawal from social situations
Ways to help

- Inform yourself about what happened. Answer questions clearly and accurately. Even though children this age are starting to grasp abstract thought, it’s still helpful to use the words dead and died and avoid euphemisms such as gone, passed on, lost, expired.
- Provide a variety of activities for expression: talk, art, physical activity, play, writing.
- Help children identify people and activities that help them feel safe and supported.
- Maintain routines and limits, but be flexible when needed.
- Give children choices whenever possible, “Would you rather set the table or put away the dishes after we eat?”
- Work to re-establish safety and predictability in daily life.
- Model expressing emotions and taking care of yourself.
- Be a good listener. Avoid giving advice (unless they ask for it), analyzing, or dismissing their experiences.
- Talk with teachers about providing extra support and flexibility with assignments.
- Seek professional help for any concerns around self-harm or suicidal thoughts.

Ages 13-18 years old

Developmental stage

Teens are cognitively able to understand and process abstract concepts about life and death. They begin to see themselves as unique individuals, separate from their role in the family and may wrestle with identity and who they want to be in the world. There can be significant changes in their priorities, spirituality/faith, sexuality, and physical appearance. Teens often rely on peers and others outside the family for support.

Concept of death

While teens understand death is permanent, they may have unspoken magical thoughts of the person being on a long trip, etc. ey may also delve into questions about the meaning of life, death, and other traumatic events.

Common responses to grief

- Withdrawal from family or other support networks/focused on connections with peers increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Inability to concentrate (school difficulties)/pushing themselves to succeed and be perfect
- Difficulty sleeping, exhaustion
- Lack of appetite/eating too much
- Unpredictable and at times intense emotional reactions: anger, sadness, guilt, relief, anxiety
- Uncomfortable discussing the death or their experiences with parents and caregivers
- Worry about safety of self and others
- Fear about death or violence happening again
- Confusion over role identity in the family
- Attempts to take on caregiving/parent role with younger siblings and other adults
- May have thoughts of suicide and self-harm
- Hyper vigilance/increased sensitivity to noise, movement, light
Ways to help

- Reinforce assurances of safety and security, even if teens don’t express concerns.
- Maintain routines and set clear expectations, but be flexible when needed.
- Allow for expression of feelings without trying to change, x, or take them away.
- Answer questions honestly.
- Provide choices whenever possible. “I’d like to do something to honor your dad’s birthday, would you like to be part of that? What ideas do you have?”
- Adjust expectations for concentration and task completion when necessary.
- Assist teens to connect with support systems, including other adults (family, family friends, teachers, coaches).
- Model appropriate expressions of grief and ways to take care of yourself.
- Ask open ended questions (“What is it like for you?”) and listen without judging, interpreting, advising, or placating.
- Have patience with teens’ wide range of reactions and questions.
- Seek professional help for any concerns around self-harm or suicidal thoughts.