MFT 603 Week 6 Three Points Tiffany Elliott

GL Ch 4

To provide the best clinical care for elementary school age children experiencing trauma, grief and loss, it is important to pay attention and acknowledge the relationship and impact not just at the time of these disruptive events, but throughout the child's entire life span. Looking at the child through the lens of their physical, cognitive, character and spiritual development, ages 6 to 11 requires a therapist to understand how and what the child can process, the environment they live in and their support they need in specific terms to their specific adverse childhood experiences (ACEs). The therapist plays an important role in how to best care, help heal and provide treatment to help the child in the present, and future, be able to self-regulate and manage throughout life. This is called "reworking" their loss, trauma and grief given their new level of psychological and psychosocial development. Mourning the loss of a trusted caregiver's nurture can be as painful as a death.

The child's life changes at the age of 5, upon the major transition to entry to kindergarten. Some children are blessed to move from a loving, predictable and engaging home where they are given empathy, patience and support from a parent.Yet, even these children face the newness of moving to an unfamiliar, performance and results focused environment where they approach a learning curve of self-efficacy and self-confidence, best reinforced by caring staff and teachers. A child suffering from trauma and loss of parental love due to parental focus instead on child abuse, addiction, neglect, abandonment, divorce and/or death needs special support.

Researchers have shown biological development delays can be traced to the impact and number of ACEs. Some studies note the brain's structure and connections between the left and right brain structure suffer, which impacts speech, socialization and self-regulation. This in turn,

may lead to learning disabilities. The early detection and intervention of learning disabilities is key because the brain is growing during this period, and the ability to learn, gain cognitive and relationship building skills as well as self-confidence and self-efficacy are formed, and have long-lasting impressions. ACEs leave marks. The left and right brain will develop with gaps slowing the growth of impulse control, the ability to self-regulate and develop social skills and peer relationships. The body will produce high levels of the stress hormone, cortisol, which also blocks the child's ability to learn, grow, trust and perform.

Clinicians can best help by providing interventions that focus on these biological, psychological, social and spiritual development gaps, as early as humanly possible. Loss, trauma and death experienced by young children needs to be acknowledged and the pace with which to return to school is as important as being able to anticipate secondary losses as the children grow up with new ways to emotionally express themselves, think in abstract terms and share symbolic thoughts. For example, a child 6 to 8 years old benefits from being able to speak about and remember the appearance of their loved one and memories, and mementos provide a way to keep the person with them, in some way.

Death of a parent is significantly possible to affect the child up to two years, academically. Clinicians need to allow a child 9 to 11 years of age to receive factual information and allow the child to avoid direct expression of emotions, as compartmentalized emotion during this stage is a need. It is healthy for children to maintain a connection with the deceased parent through seeing them in heaven, as their guardian angel, communication through prayer, actively remembering and keeping a belonging of the deceased. Children who cannot "locate" a parent suffer the most. Keeping a close clinical eye on the surviving parent and their processing of grief is key, over the lifetime of the child, because this parent helps or hinders the continuing bond with the deceased parent. Being mindful of troubling prolonged grief, as well as how the death

of a sibling is handled by the parents is extremely important. When a loved pet dies, therapists should encourage parents to acknowledge, observe, discuss and mourn the death with their family because doing so teaches a child how to connect, remember and locate their beloved, and be supportive, sympathetic and caring of each other, too.

Many other losses such as through divorce, abuse, protective services, addiction, illness, injury will impact children and their parents, almost as much as death. To heal and be resilient after abuse, involves acknowledging the experience, considering the losses of the caregiver and parent relationships, attending to self-care and healing over a lifetime. Recognition, validation, grief, betrayal and trust have a lot to do with reworking their understanding of the experience as they heal.

The losses of parental divorce, innocence of childhood, relocation, basic needs being met are all extremely difficult, and continue to render pain throughout life, whether known or unknown, and should be addressed. In class we discussed the need to go back to heal, and I agreed with the idea that if normal functioning to ask “to whom benefits” doing so, as I agree this is an ethical question. For someone fully functioning, the question remains, for the sake of whom would a therapist go there. Support groups for children of divorce, to help normalize and validate and name emotional distress can help to bring some sense of stability and security. In these situations, clinicians should be attuned to notice emotional and actual parentification, where the child(ren) takes on their roles of parental responsibilities, concerns and burdens of adulthood.

A child’s disability, chronic or terminal illness or injury should be dealt with, keeping the child’s needs in the forefront. Therapists must help parents see through their child’s eyes the benefits of keeping the child in a trusting relationship based on open, honest, developmentally

appropriate and informed communication. This allows the children to receive the best support, answers and truth and reassurance they need as they deal with loneliness, fear and worry.

A clinician needs to be aware that group therapy and play therapy are extremely beneficial for children, and should be suggested as much as possible, regardless of the type of loss, trauma and grief. Family therapy can also be useful, as well as individual counseling and parenting counseling to best prepare parents to help their children through difficult times.

The case studies at the end of this chapter benefited the clinician with the common human condition and reactions to helping people cope with divorce and abandonment, injury and permanent disability, inherited disease and high probability of death and grief and loss within the family and marriage.

It made me realize how we are often blessed enough to carry on throughout our lives.