

When to Seek Help: Warning Signs in Grieving Children

Normal grief vs. when professional help is needed

Understanding Normal Grief in Children

Grief is a natural, healthy response to loss. Children grieve differently than adults, and their grief may look unfamiliar or even alarming to caregivers who expect adult-like mourning.

Understanding the range of normal grief responses — which vary significantly by developmental stage — is the essential first step in determining when a child may need professional support.¹

Preschool Children (Ages 3–5)

Young children do not understand that death is permanent. They may ask repeatedly when the person is coming back, which can feel distressing to caregivers but is entirely normal. Expect brief but intense episodes of sadness, regression in toilet training or speech, increased clinginess, and confusion. Magical thinking is common — a child may believe something they said or did caused the death. These reactions typically resolve with consistent routines and reassurance over weeks to a few months.^{1,2}

School-Age Children (Ages 6–11)

Children in this age range understand that death is final but may struggle with the concept that it happens to everyone. Common responses include difficulty concentrating in school, physical complaints (stomachaches, headaches), anger or irritability, attempts to take on adult roles, anxiety about other loved ones dying, and questions about what happens after death. Some children alternate rapidly between sadness and play — this 'puddle jumping' between grief and normal activities is healthy and adaptive, not a sign of indifference.²

Adolescents (Ages 12–18)

Teenagers understand death as adults do, but their grief is complicated by the normal developmental tasks of adolescence — identity formation, autonomy, peer attachment. Expect mood swings, withdrawal from family (while potentially increasing time with friends), questioning of meaning and fairness, changes in sleep or appetite, and a desire to appear strong or unaffected. Teens may grieve in private or through creative expression. Brief periods of risk-taking or academic decline in the first weeks are common.^{1,3}

Normal Grief: What to Expect

- Sadness that comes and goes in waves, not constant depression
- Brief behavioral regression that resolves within a few weeks
- Changes in appetite or sleep that gradually normalize
- Difficulty concentrating at school, especially in the first month
- Asking the same questions repeatedly (young children)
- Wanting to talk about the person who died — or not wanting to
- Occasional anger, irritability, or physical complaints
- Continued ability to play, laugh, and engage with peers

Warning Signs: When Grief Needs Professional Help

While grief is normal, some children develop complications that interfere with their ability to function, develop, and eventually integrate the loss into their lives. The National Child Traumatic Stress Network (NCTSN) identifies several indicators that a child's grief response has moved beyond normal mourning and may require clinical intervention. The key factors are intensity, duration, and functional impairment.^{2,3}

Seek Immediate Help If a Child:

Makes statements about wanting to die, join the deceased person, or says life is not worth living. Gives away possessions. Engages in self-harm. These require immediate crisis intervention — call 988 (Suicide & Crisis Lifeline) or go to the nearest emergency department.

Persistent Nightmares and Sleep Disturbance

Occasional nightmares in the first few weeks after a death are normal. However, persistent nightmares — especially those with traumatic content related to the death — that continue beyond 4–6 weeks are a warning sign. Sleep refusal, night terrors, or an inability to sleep alone when this was not previously an issue may indicate childhood traumatic grief, particularly if the death was sudden or violent.²

Behavioral Regression Lasting More Than 2 Weeks

Brief regression is expected — a toilet-trained child having accidents, a school-age child wanting to sleep with a parent. But regression that persists beyond two weeks, or that deepens rather than gradually resolving, suggests the child is struggling to cope. This includes loss of previously acquired skills, baby talk in older children, or refusal to attend school or activities

they previously enjoyed.^{1,3}

Complete Social Withdrawal

A child who completely withdraws from friends, family, and all activities — not just temporarily pulling back but refusing to engage with anyone — may be experiencing complicated grief or depression. In adolescents, watch for a sudden severing of all peer relationships, refusal to leave their room, or the cessation of all previously enjoyed activities for more than two weeks.^{2,3}

Sustained Academic Decline

While a temporary dip in school performance is expected, a sustained decline that continues beyond the first grading period — or a dramatic sudden drop — warrants attention. This is particularly concerning when combined with reports of the child being unable to concentrate, being disruptive, or showing signs of dissociation (appearing 'zoned out') during class.¹

Persistent Aggression or Rage

Anger is a normal part of grief at any age. However, persistent aggression — hitting, destroying property, cruelty to animals, explosive rage that is disproportionate to triggers — suggests the child needs help managing emotions that have exceeded their coping capacity. In adolescents, this may manifest as increased conflict with authority figures, fighting, or legal trouble.³

Other Warning Signs to Monitor

- Prolonged denial that the death occurred (beyond a few weeks)
- Imitating the deceased person's symptoms or behavior
- Persistent belief that they caused the death (particularly in younger children)
- Increased substance use in adolescents
- Dramatic changes in personality that do not resolve
- Extreme separation anxiety and panic when away from surviving caregiver
- Persistent physical complaints with no medical cause

Evidence-Based Interventions for Childhood Grief

When a child's grief response warrants professional intervention, several evidence-based treatments have demonstrated effectiveness in rigorous clinical trials. The American Psychological Association and the National Child Traumatic Stress Network have reviewed the evidence base and identified the following approaches.^{1,3}

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

TF-CBT, developed by Judith Cohen, Esther Deblinger, and Anthony Mannarino, is the most extensively researched treatment for childhood traumatic grief. Originally designed for sexually abused children, it has been adapted for grief and trauma. The treatment recognizes that a child's trauma reactions must be addressed before they can effectively process grief. Children learn coping skills, create 'trauma narratives' that help desensitize them to traumatic memories, and develop skills to move forward. A meta-analysis of TF-CBT trials showed large effect sizes for reducing PTSD symptoms ($g = 1.71$ at 12-month follow-up), with stable improvements in grief, depression, and anxiety. TF-CBT is delivered in 12–16 individual sessions for children ages 3–18 and includes a caregiver component.^{1,4}

Multidimensional Grief Therapy (MGT)

MGT, developed by Julie Kaplow and colleagues (2023), is a strength-based intervention for bereaved children and adolescents ages 7 and up. It targets three domains: reducing maladaptive grief reactions ('grief that keeps kids stuck'), promoting adaptive grief reactions ('grief that helps kids cope better'), and supporting healthy development after loss. MGT is delivered in two phases — Phase I focuses on psychoeducation, coping skills, and identification of loss and trauma reminders; Phase II guides the child through their own loss narrative. A pilot open trial of 42 youth demonstrated large to very large effect sizes (Cohen's $d = 0.77$ – 1.35) for reductions in maladaptive grief, post-traumatic stress, and depressive symptoms.^{1,5}

Family Bereavement Program (FBP)

The Family Bereavement Program, developed by Irwin Sandler and colleagues at Arizona State University, is a 12-session preventive intervention for parentally bereaved children ages 8–16. It includes both a caregiver component and a child/adolescent component, targeting positive parenting, coping skills, grief processing, and self-regulation. The FBP has the longest follow-up data of any childhood bereavement intervention — 15 years.^{3,6}

Family Bereavement Program: 15-Year Outcomes

- 67% reduction in odds of major depression (OR = 0.332) at 15-year follow-up
- Marginally significant reduction in generalized anxiety disorder (OR = 0.353)
- Comorbid depression/anxiety rate: 1.92% in FBP group vs. 9.76% in control
- Number needed to treat (NNT) to prevent one case of major depression: 6.85
- Effects mediated through improved parenting, reduced negative events, and better coping
- Program effects cascaded through reduced aversive self-views at 6-year follow-up

How to Find a Grief Therapist for Your Child

Finding the right therapist is critical. Not all mental health providers have training in childhood grief and trauma. Here is how to identify a qualified provider:

Where to Search

- Psychology Today Therapist Directory (psychologytoday.com) — filter by 'Grief,' 'Children,' and your location
- The NCTSN Therapist Directory — providers trained in evidence-based trauma and grief treatments (nctsn.org)
- Association for Death Education and Counseling (adec.org) — certified thanatologists and grief counselors
- Your child's pediatrician — a primary referral source for child mental health
- School counselors — may know local grief specialists who work with children

Questions to Ask a Potential Therapist

- What training do you have specifically in childhood grief and trauma?
- Are you trained in TF-CBT, MGT, or another evidence-based grief intervention?
- Do you involve parents/caregivers in treatment?
- What does a typical course of treatment look like?
- How do you measure progress?
- What is your experience with children my child's age?

What to Expect in Treatment

Evidence-based grief therapy for children typically involves 12–16 weekly sessions. Treatment is developmentally appropriate — younger children may use play, art, and storytelling; adolescents may engage in talk therapy and narrative work. A caregiver component is included in most evidence-based approaches, where parents learn to support the child's grieving process at home. Progress is gradual, and setbacks (particularly around anniversaries, holidays, or developmental milestones) are normal.¹

Crisis Resources

If a child is in immediate danger or expressing suicidal thoughts, use these resources without delay:

988 Suicide & Crisis Lifeline

Call or text **988** — available 24/7, free, confidential. Connects to trained crisis counselors. Serves people of all ages, including children and teens. You do not need to be suicidal to call —

any emotional distress qualifies.

Crisis Text Line

Text **HELLO** to **741741** — 24/7 text-based crisis support. Especially useful for teens who may prefer texting to calling.

Emergency Services

Call **911** if a child is in immediate physical danger or has made a suicide attempt.

SAMHSA National Helpline

Call **1-800-662-4357** — free, confidential, 24/7 treatment referral service for mental health and substance use disorders. Available in English and Spanish.

Childhelp National Child Abuse Hotline

Call **1-800-422-4453** — 24/7 hotline staffed by professional crisis counselors who can provide intervention, information, and referrals.

Sources:

1. American Psychological Association — Evidence-Based Practices for Childhood Grief (2022): <https://www.apa.org/monitor/2022/10/evidence-based-practices-grief>
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3. Sandler, I.N. et al. — Evidence-Based Practices for Parentally Bereaved Children, Professional Psychology: Research and Practice: <https://pmc.ncbi.nlm.nih.gov/articles/PMC2888143/>
4. Thielemann, J. et al. — TF-CBT Stability of Treatment Effects, Child Maltreatment (2023): <https://pmc.ncbi.nlm.nih.gov/articles/PMC10981190/>
5. Kaplow, J.B. et al. — Multidimensional Grief Therapy Pilot Open Trial, Journal of Child and Family Studies (2019): https://mmhpi.org/wp-content/uploads/2021/12/Multidimensional-Grief-Therapy_Intervention-for-Bereaved-Children-and-Adolescents.pdf
6. Sandler, I.N. et al. — FBP Developmental Pathways to 15-Year Outcomes, JAACAP (2023): <https://pmc.ncbi.nlm.nih.gov/articles/PMC10485172/>