

Ask the Expert

Joy D. OSOFSKY, PhD

ZERO TO THREE's Board Members answer your questions about best practices and provide practical information you can use in your work with infants, toddlers, and their families.

MEET: Joy D. Osofsky, PhD, professor of pediatrics and psychiatry, Louisiana State University Health Sciences Center, New Orleans, LA; director of the Violence Intervention Program for Children and Families and the LSUHSC Harris Center for Infant Mental Health in New Orleans. She is co-director of the Louisiana Rural Trauma Services Center, a Center within the National Child Traumatic Stress Network. Dr. Osofsky is past-president of ZERO TO THREE and the World Association for Infant Mental Health. Following Hurricane Katrina in August 2005, Dr. Osofsky was asked to serve as clinical director for Child and Adolescent Initiatives for *Louisiana Spirit*, the ship housing first responders and their families. On August 29, 2006, she was honored with a Proclamation from the New Orleans City Council recognizing her work helping children and families in the aftermath of Hurricane Katrina.

Q: What kinds of behaviors might we see in children who have experienced trauma or loss? What are the long term effects?

A: The most important point to remember in learning about the kinds of behaviors to expect in young children exposed to trauma or loss is that they are exquisitely sensitive to the behaviors and emotions shown by the significant caregivers in their lives including parents, grandparents, relatives, teachers, and other adults. Therefore, we have to attend not only to the young child, but just as much to the relationship to ensure that enough support is provided to parents and caregivers in the child's life. For children birth to 3 years old the primary symptoms following trauma exposure or loss are separation anxiety, clingy behaviors, regression (especially in toileting and language), and irritability. Preschoolers (3–5 years) often show more aggressive behaviors on the one hand and, for some, more withdrawal. Irritability, sleep problems, and nightmares are common. Psychosomatic symptoms such as stomachaches and headaches may occur. Children in child care may have more difficulty separating from their parents.

So, as in all the work we do with young children, it is crucial to attend to the relationship. In terms of long term effects, if it is possible to achieve stability for young children after the trauma or loss that includes routines, predictability, consistency, and sensitivity in supporting the child's recovery, they should be able to move forward developmentally and be "back on track." As Selma Fraiberg said so sensitively, "Working with young children is a little like having God on your side." With emotionally available and support, young children are remarkable resilient.

Q: How do I talk about death with a child under age 3?

A: First, we must recognize that children under age 3 years cannot understand the meaning of death or the finality of death because of their stage of cognitive development. It can even take older children years to fully grasp

the finality of death. For example, Mary was 6 years old when her father died suddenly. She was taken to a therapist by her mother to help her work through the loss and continued for a number of years. When she was 9 years old, she said to her therapist for the first time, "I just realized I will never see my father again."

For a young child, it is important to listen, to explain the idea of death in words they can understand, and in words that are consistent with their cultural traditions. One concrete way that children can understand is that the physical functioning of the body stopped working, especially if the person was very ill. However, you will then have to reassure the child if they become sick with a cold or fever, they will not die. Children may become confused about the idea of going to heaven so that if it is possible to be more concrete, it may help with their understanding. Young children should *not* be told that dying is like going to sleep because they may fear that they will not wake up when they go to sleep. It often helps to process the loss by creating a story or narrative that can be used over time to talk about the death. If appropriate, you can include pictures of the person with the child at different ages, or you can use drawings or words, depending on the child's age.

It is also important to emphasize to the young child that the person who died loved them very much so that they do not somehow feel responsible or that their "going away" related to the child's behaviors or feelings. In addition, it is all right for young children to see their parent or caregiver feel sad or cry, but one must also be available to talk with them about their feelings and listen to their questions and concerns.

Q: How can practitioners help families foster resilience in their young children when they experience trauma or loss?

A: The most important way to foster resilience in young children is to find ways to help them gain support from their caregivers. Young children—and older children—are resilient if they feel supported, nurtured, and comforted by



the important people in their lives whom they trust. Therefore, practitioners need to attend to the relationship and to learn more about the supports available for the child. If the parents are traumatized, depressed, or emotionally unavailable for other reasons, then—because parents are the most important people in their children's lives—it is important to help the parents so that they will become available to their children. It may be difficult for parents or caregivers who are also traumatized to remain emotionally available, to listen to the child's distress, and to hear their stories. After Hurricane Katrina, when young children would play out hurricane themes over and over, the parents often asked them to stop. They did not think it was good for the children and it was difficult for the parents to see the play. Our clinical team reassured the parents that this was the way that children worked through their trauma, but we also provided some respite for the parents as their children "played hurricane" since it was so troubling to the parents to watch. Self-care for parents helps them be stronger and more patient and supports their being emotionally available to their children. We also need to recognize the important role that older children can play in helping to build resilience by providing support for their younger siblings.

To read more from Dr. Osofsky about this topic, visit "Ask the Expert" on the ZERO TO THREE Web site at www.zerotothree.org/ask

ASK THE EXPERT for September 2007 will feature **Kathryn E. Barnard, RN, PhD**, professor emeritus of nursing and the founder and director of the Center on Infant Mental Health and Development at the University of Washington. She will respond to questions about how parents and caregivers can establish a healthy "feeding relationship" and the impact of the caregiver-child relationship on healthy growth and development. Go to the ZERO TO THREE Web site to post your questions: www.zerotothree.org/ask