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<th>Age</th>
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<th>Possible Behaviors</th>
<th>How Caregiver Can Help</th>
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| Birth – 2 Years | • No understanding of illness or death  
• Child does not have words for feelings  
• Aware of the caregiver  
• Notices changes in routine  
• Notices changes in family emotions | • Longing  
• Misses contact, sounds, smells and sight of loved one  
• Fears of being abandoned  
• Anxiety | • Crying  
• Sickliness  
• Indigestion  
• Thrashing  
• Rocking  
• Throwing  
• Sucking, biting  
• Sleeplessness | • Physical contact, cuddling and reassurance  
• Maintain routines  
• Meet immediate physical needs  
• Include the child in the mourning process when possible  
• Be gentle & patient |
| 3-5 Years | • No understanding of permanence of death  
• To be dead is to go to sleep or on a trip  
• May wonder why person won’t just get better  
• Can understand that biological processes have stopped, but sees this as temporary and reversible  
• May think he/she will get illness.  
• Things can go back to the way they were.  
• Magical thinking and fantasies, often worse than realities | • Fear  
• Sadness  
• Insecurity  
• Confusion  
• Anger, Irritability  
• Agitated  
• Worried  
• Guilty  
• Happy, playful  
• Hopeful | • Regressive behaviors  
• Repetitive questions  
• Withdrawn  
• Plays out scenes of death, change & feelings  
• Acts as if nothing happening  
• Intense dreams  
• Physical complaints  
• Crying  
• Fighting  
• Doing things for the person to make them better | • Explain what is happening in clear, non-metaphorical language  
• Give simple & truthful answers to questions  
• Allow the child to regress  
• Give physical contact  
• Encourage children to play & have fun  
• Allow safe ways to express feeling  
• Maintain structure and routines  
• Answer repetitive questions  
• Let the child cry  
• Talk (reflective listening)  
• Include child in pt care—age appropriate—making gifts/cards, picture books etc.  
• Offer illness and death themed coloring books, books |
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| 6-9 Years | • Understands that death is final  
• Interested in the biology of death  
• His or her thoughts, actions or words caused the death  
• Illness and death are punishments  
• Forming spiritual concepts  
• Who will care for me if my caregiver dies  
• Thinks about life’s milestones without the deceased (graduation, marriage, etc.) | • Sad  
• Anger  
• Lonely  
• Withdrawn  
• Worried  
• Anxious  
• Irritable  
• Confused  
• Guilty  
• Fearful  
• Ashamed  
• Happy  
• Hopeful | • Regressive behaviors  
• Specific questioning – looking for details  
• Acts as if nothing happening  
• Hides feelings  
• Withdrawal  
• Nightmares / sleep disturbances  
• Concentration difficulties  
• Declining or greatly improved grades  
• Aggressive acting out  
• Protective of loved ones | • Keep child informed  
• Allow need to regress  
• Give physical contact  
• Have intentional times together  
• Answer questions truthfully  
• Watch for confusion  
• Allow expression of feelings through verbal & physical outlets  
• Encourage drawing, reading, art, playing, music, dance, acting, sports  
• Let child chose how to interact with person  
• Let child choose how to be involved in care of person  
• Let child chose re: participation in funeral planning  
• Find peer support groups  
• Work with school to tailor workload  
• Offer illness & death related books |
| 9-12 Years | • Understands the finality of death  
• Denial  
• His/her words, thoughts or actions caused the illness  
• Thinks about life’s milestones without the deceased (graduation, marriage, etc.)  
• What will happen to me?  
• Formulating spiritual concepts | • Emotional turmoil heightened by physical changes  
• Shock  
• Sad  
• Anger  
• Confused  
• Lonely  
• Vulnerable  
• Fear  
• Worried  
• Guilty  
• Isolated  
• Abandoned  
• Anxious | Regressive behavior & fluctuating moods  
• Hides feelings  
• Acts like death never happened  
• Aggressive acting out  
• Withdrawal  
• Nightmares & sleep disturbances  
• Concentration difficulties  
• Changes in grades  
• Talks about physical aspects of illness or death | • Keep child informed  
• Allow regressive behavior & offer comfort  
• Expect & accept mood swings  
• Encourage expression of feelings through writing, art, music, sports, etc.  
• Find peer support groups  
• Be available to listen and talk  
• Answer questions truthfully  
• Offer physical contact  
• Give choices about involvement in caretaking and preparations for the death  
• Allow choices re: time with patient and other activities.  
• Offer illness and death related books |
## Children’s Responses to Anticipated Death and How to Help

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<td>Ages 12 and up</td>
<td>• Understands the finality &amp; universality of death</td>
<td>• Highly self-conscious about being different due to grief</td>
<td>• Occasional regressive behavior</td>
<td>• Keep teen informed</td>
</tr>
<tr>
<td>(teenagers)</td>
<td>• Denial</td>
<td>• Shock</td>
<td>• Mood swings</td>
<td>• Allow regressive behavior &amp; offer comfort</td>
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<tr>
<td></td>
<td>• His/her words, thoughts or actions caused the death</td>
<td>• Sad</td>
<td>• Hides feelings</td>
<td>• Expect &amp; accept mood swings</td>
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<td></td>
<td>• Thinks about life’s milestones without the person (graduation, marriage, etc.)</td>
<td>• Anger</td>
<td>• Acts like disease or death never happened</td>
<td>• Allow hidden feelings unless there is risk of harm</td>
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<td>• May sense own impending death</td>
<td>• Confused</td>
<td>• Acts out role confusion</td>
<td>• Encourage expression of feelings through writing, art, music, sports, etc.</td>
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<tr>
<td></td>
<td>• I need to be in control of feelings</td>
<td>• Lonely</td>
<td>• Aggressive acting out</td>
<td>• Support relationships with understanding adults</td>
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<td>• If I show my feelings, I will be weak</td>
<td>• Vulnerable</td>
<td>• Withdrawal</td>
<td>• Be available to listen and talk</td>
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<td>• Internal conflict about dependence &amp; desiring independence</td>
<td>• Fear</td>
<td>• Nightmares &amp; sleep disturbances</td>
<td>• Answer questions truthfully</td>
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<td>• May utilize spiritual concepts to cope</td>
<td>• Worried</td>
<td>• Concentration difficulties</td>
<td>• Share your grief</td>
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<td></td>
<td></td>
<td>• Guilty</td>
<td>• Changes in grades</td>
<td>• Watch for high risk behavior</td>
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<td>• Isolated</td>
<td>• Impulsive &amp; high risk behavior</td>
<td>• Encourage peer contact and support</td>
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<td>• Abandoned</td>
<td>• Changes in peer groups</td>
<td>• Offer physical contact</td>
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<td>• Anxious</td>
<td>• Fighting, screaming, arguing</td>
<td>• Allow choices about involvement with pt. care and planning</td>
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<td>• Attempting to take parent role if parent is the patient or unavailable.</td>
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