

Children's Responses to Anticipated Death and How to Help

Age	Concepts and Beliefs	Emotions	Possible Behaviors	How Caregiver Can Help
Birth – 2 Years	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Longing • Misses contact, sounds, smells and sight of loved one • Fears of being abandoned • Anxiety 	<ul style="list-style-type: none"> • Crying • Sickliness • Indigestion • Thrashing • Rocking • Throwing • Sucking, biting • Sleeplessness 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Fear • Sadness • Insecurity • Confusion • Anger, Irritability • Agitated • Worried • Guilty • Happy, playful • Hopeful 	<ul style="list-style-type: none"> • Regressive behaviors • Repetitive questions • Withdrawn • Plays out scenes of death, change & feelings • Acts as if nothing happening • Intense dreams • Physical complaints • Crying • Fighting • Doing things for the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 	<ul style="list-style-type: none"> • 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

Based on *Navigating Children's Grief: How to Help Following a Death*, 2004, Mary M. Lyles, LCSW ; Child Grief Education Association, <http://childgrief.org/>

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6-9 Years	<ul style="list-style-type: none"> • 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.) 	<ul style="list-style-type: none"> • Sad • Anger • Lonely • Withdrawn • Worried • Anxious • Irritable • Confused • Guilty • Fearful • Ashamed • Happy • Hopeful 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 for the child • Work with school to tailor workload • Offer illness & death related books
9-12 Years	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Emotional turmoil heightened by physical changes • Shock • Sad • Anger • Confused • Lonely • Vulnerable • Fear • Worried • Guilty • Isolated • Abandoned • Anxious 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

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Ages 12 and up (teenagers)	<ul style="list-style-type: none"> • Understands the finality & universality of death • Denial • His/her words, thoughts or actions caused the death • Thinks about life's milestones without the person (graduation, marriage, etc.) • May sense own impending death • I need to be in control of feelings • If I show my feelings, I will be weak • Internal conflict about dependence & desiring independence • May utilize spiritual concepts to cope 	<ul style="list-style-type: none"> • Highly self-conscious about being different due to grief • Shock • Sad • Anger • Confused • Lonely • Vulnerable • Fear • Worried • Guilty • Isolated • Abandoned • Anxious 	<ul style="list-style-type: none"> • Occasional regressive behavior • Mood swings • Hides feelings • Acts like disease or death never happened • Acts out role confusion • Aggressive acting out • Withdrawal • Nightmares & sleep disturbances • Concentration difficulties • Changes in grades • Impulsive & high risk behavior • Changes in peer groups • Fighting, screaming, arguing • Changes in eating patterns • Attempting to take parent role if parent is the patient or unavailable. 	<ul style="list-style-type: none"> • Keep teen informed • Allow regressive behavior & offer comfort • Expect & accept mood swings • Allow hidden feelings unless there is risk of harm • Encourage expression of feelings through writing, art, music, sports, etc. • Support relationships with understanding adults • Be available to listen and talk • Answer questions truthfully • Share your grief • Watch for high risk behavior • Encourage peer contact and support • Offer physical contact • Allow choices about involvement with pt. care and planning

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