

# Events leading to Grief in Children

# Objectives

- At the conclusion of this lecture the participant should be able to:
- Discuss general responses of grief
- Discuss how children's grief is different
- Review a variety of situations that result in grief
- Review the complications of grief in children
- Review signs and symptoms of suicide

# Elizabeth Kubler-Ross and Grief

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

# Sequence of grief stages

- Stages are NOT sequential
- May visit a stage several times
- May change stages in a very short amount of time

# Denial

- Grows out of double messages of the medical staff
- Comes from anger
- Necessary if message is too painful
- Varies
- May come from others such as the parents
- Makes for a lonely death
- Withdraw from their family and friends

# Anger

- Common
- Question God
- Expressed towards those they trust the most
- “Roots of anger are from frustration, resentment,, and fear” Callahan and Kelly
- From increase dependency (especially seen in the adolescent patient).

# Response to Anger

- Goal is not to decrease anger but to empower them more.
- Respond to the helplessness or frustration not the anger

# Unique Grief Responses of Child

- Talks about the death and events surround it
- Talks about the funeral and surrounding event
- Thinks they caused the death in some way
- Nightmares at a later time
- Feel the deceased is with them
- Rejects old friends and seeks new friends with similar loss

- School Avoidance
- Wants to sleep with a parent
- Want to call home frequently
- School work is a burden
- Looks like they have ADHD
- Poor school progress
- Sudden crying

- Frequent illnesses/ worries they have same illness as deceased
- Child want medical information on the deceased
- Appears in denial that it happened
- Becomes the caretaker of the a parent or sibling

# Follow-Up

- May last 1 to 5 years and then chronic
- 4 to 6 months is very difficult
- Much guilt associated with it
- Outsiders may feel they are carrying it too far or they are emotionally disturbed
- Those with support do better

# Reasons for Grief

- Death in the family (parent; sibling; grandparent; other extended family)
- Diagnosed with a chronic illness
- Life limiting illness
- Amputation
- Loss of health
- Divorce of Parents
- Loss of a friend

- Loss of a pet
- Loss of a teacher
- Loss of a friend's parent or sibling
- Move
- Incarceration of a parent

# Complicated Grief

- Sudden or traumatic death (accident; murder; suicide; and acute illness)
- Social stigma (AIDES; related to unlawful activities)
- Multiple losses ( loss of both parents; sibs; moves; fear of own illness; has illness;).
- Complicated relationship to the deceased (e.g. alcoholic; twin etc)
- Grief process of the caretaker (role model)

(Adapted from Information about Children and Grief, 2007)

# Myths about Children's Grief

- Children will be over it in few months
- Because children go back to play and peer activities means they are not grieving
- Children should not go to funeral or any other activities that surround this.

# Examples of Interventions

- Photographs
- Personal gifts
- Picture of grief
- People that support and care about me
- Art work
- Journaling
- Draw where it hurts (body outline or stuffed doll)
- CBT for children 8 or 9 yr of age

# Community Groups

- Support groups for children in the community
- Hospice Art Therapist
- School
- Church
- Individual Therapist
- Family Therapist

# Watch for Depression

- Crying excessively
- Constant depressed mood
- Stays in his/her room majority of the time
- Refuses to play or be with peers
- Show signs of anxiety (e.g. OC symptoms;panic attacks
- Very irritable and oppositional
- Excessive fatigue

- Poor school performance
- Refuses to work in school
- Alcohol or substance abuse
- Change in eating habits that result in an increase or decrease in weight
- Physical complaints such as headache
- Frequent school absences

- Reports guilt
- Recurring thoughts about death of self or a loved one
- Poor concentration
- Indecisiveness
- Suicidal ideation and or with a plan
- Self cutting
- Attempted suicide

# Suicide

- Talk about wanting to die
- Talk about wanting to kill self
- Cutting on self
- Art and written work have death themes
- Prior suicide attempt
- Watch anniversary of loved one's death or accident etc
- Loved one committed suicide
- Idol committed suicide

- Hopeless
- Perceived or actual lack of support
- Has a FIRE ARM in the home
- Additional losses (e.g. individual's death; job; etc)
- Has gotten in trouble or had an accident
- Raped or abuse; first sexual experience

# Intervention

- Ask if they are suicidal
- Remove fire arms
- Remove things they can ingest
- Have professionally evaluated
- Hospitalize to protect
- Suicide prevention Contract
- Therapy (individual and family)

# Needs

- To be involved in the dying process  
(imagination worse than reality)
- To feel a part of the planning of the funeral
- To be present at the funeral and other gatherings.
- Reassurance re: grief of those around them

# Providing Information

- If possible it is best told by the parent
- Rehearse with the parent
- Be present if the parent desires this
- Allow the child to talk to the dying loved one
- Allow a physical closeness to the loved one if possible

# Needs

- Physical closeness during the time of providing information
- Provide the information in simple terms
- Time for the child's questions
- May need to be **repeated** several times
- Small amounts of information at a time

# Needs

- Don't give a lot of advice to the child(e.g. "You must eat")
- Do not stop child from visiting ill loved one----  
→leads to feeling of abandonment
- Don't send child away unless there are adult matters

- Prepare the child for what he/she will see by giving details about the loved one and the equipment related to his care.

- Help the child anticipate the questions he/she will have about God
- Help the parents understand the “being good “ behavior

- Children have unique responses
- Work through it through play, art, physical movement etc.
- Worry about the remaining parent or parents (death; strength)
- Worry about finance
- Guilty about being alive

# Therapy techniques

- Listen
- Pictures
- Belongings
- Write
- Art
- Play
- Support groups

# Therapy

- Support the parent in their grief
- Anticipate making everyone else feel comfortable
- Work with school teacher and staff
- Give them choices in school
- Grief group in school
- Cognitive-Behavioral Techniques

# Childhood Depression

- Look at the magnitude of response
- Eating, Sleeping, School Success
- Friendships and activities
- Irritability
- Crying
- Physical Complaints
- Acting out

- Get second opinions
- May need to consider medication evaluation
- Watch for PTSD
- Panic or generalized anxiety disorder
- Substance abuse

# Holidays and anniversaries

- First one may need a different theme that from the traditions
- Usually may get back to traditions
- Help them get thru anniversary...special memorial celebration (e.g.Butterflies)
- Focus on the characteristics of still being a family
- Remember the deceased

- Referrals may be misinterpreted as the child is crazy. Clear explanations are needed

■ “You never get over it but you can get through it.”