

Supporting Children Through Illness and Grief

Helping Families in the Hospice setting

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DAVID BRADLEY
**Children's
Bereavement
Program**

Grief Support for Children and Teens



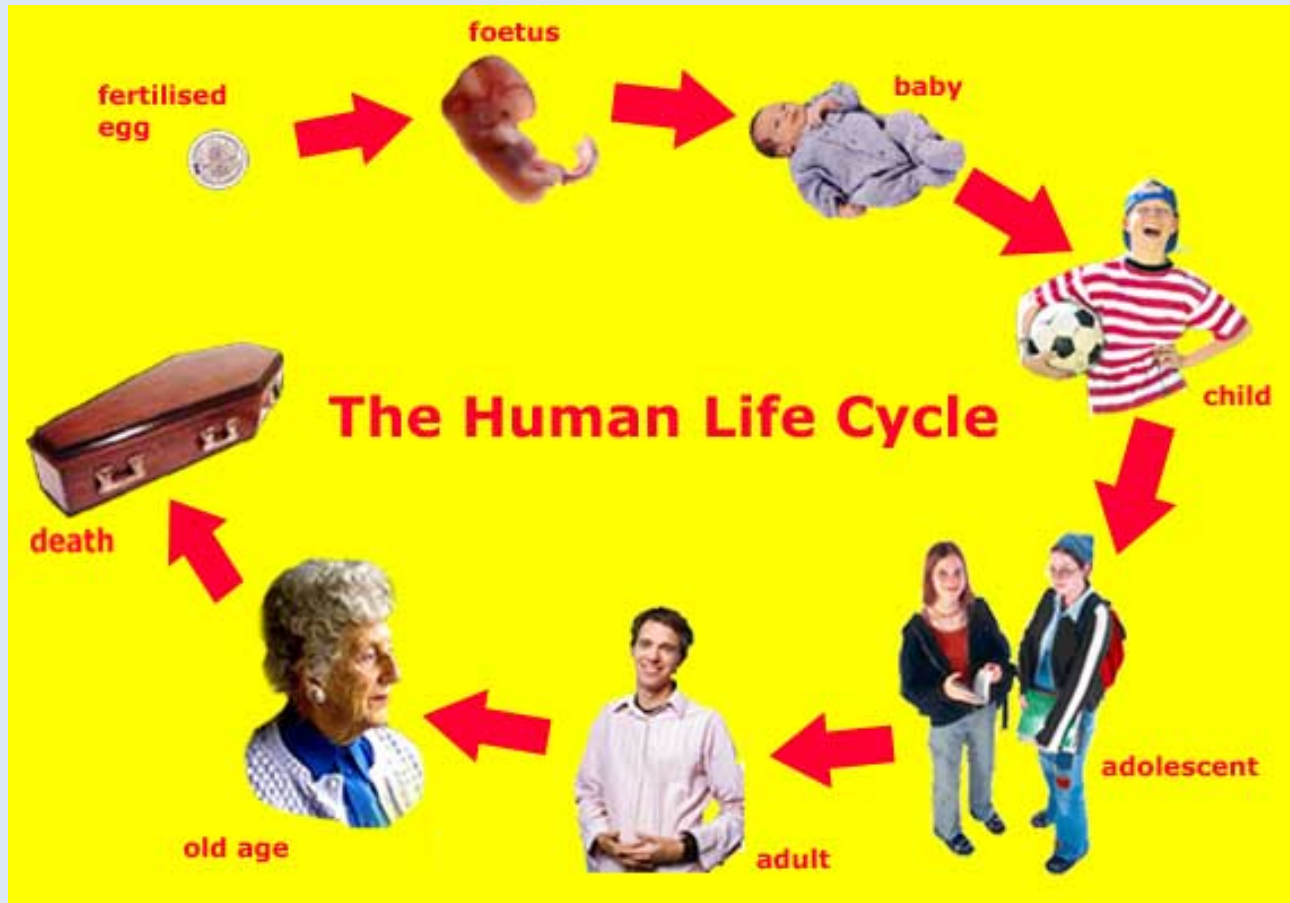
Wissahickon Hospice

The David Bradley Children's Bereavement Program provides specialized support for grieving children (2 – 18) in and around the Philadelphia area.

It is only natural that we and our children find many things hard to talk about. But anything human is mentionable and anything mentionable can be manageable. The mentioning can be difficult, and the managing too, but both can be done if we're surrounded by love and trust.

~ Fred Rogers

Death and loss are natural parts of living.



Anticipatory grief is a natural response to the knowledge or fear that someone is going to die



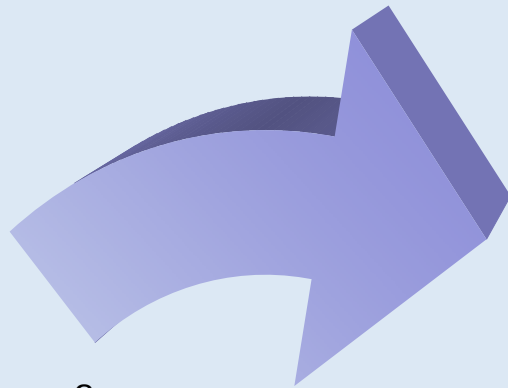
Grief is a normal response to death and loss.



Children Grieve as part of a family.

Anticipatory Grief

- Definition: Feelings, thoughts and physical sensations that happen when you know someone is going to die or fear someone may die.



Thoughts

Worry

What will happen to me?

How can I help?

How can I stop this?

It's my fault.

What do I say?

Physical

Headaches

Fatigue

Stomachaches

Digestive problems

Achiness

Dizziness



Feelings

Guilt

Denial

Anxiety

Sadness

Relief

Anger

Hopelessness

Shame

Shock



Experiential Outcomes for Kids With Loved One's on Hospice

1. Understanding what is going on and why.
2. Having choices around being with the patient--when and how
3. Being able to participate in the process as part of the family.
4. Being able to feel their feelings and express themselves.

Transitioning to Hospice:

Outcome #1: Understanding What is Happening & Why

1. Ask the adult family members what the children have been told about the patient and the illness
2. Listen to the concerns of the adults about their children
3. Encourage adults to “open a dialogue.”
4. Offer written material and the opportunity to talk with the team psychosocial professional

Finding the words to talk with kids:

- Death: *when the body stops working*
- Disease: *a sickness that makes a person's body not work very well*
- Hospice: *people who help care for a person and a person's family when someone in the family is very sick*

"_____ has been very sick and the medicine is not working."

Helping With Choices

Experiential Outcome #2

Caregivers need reassurance that it is OK to offer their children some choices about:

- Being with the patient
- Helping with care-giving
- Needing to be away
- Going to school, being with friends, being home.

Balance choice with keeping a routine and sense of a normal life.

Helping With Kids Participation

Experiential Outcome #3:

- When talking with adult family members about end of life arrangements, ask them to think about how to include the children in the family in those arrangements
- Let adult family members know that children function optimally when they are included in some way in the good byes and gatherings of family and friends.

Remembering, Honoring and Commemorating:

- Children need to feel like they belong
- Including children in good byes and rituals facilitates their sense of belonging
- Children need to know that they and what they have to offer is important
- Allowing them to participate as much as they are able in good byes and rituals gives them the message that they are wanted and important



Helping with Feeling the Feelings: Experiential Outcome #4

- Talking or not talking
- Crying and not crying
- Normalizing strong and/or fluctuating emotions
- Self expression through hobbies, sports, exercise
- Art
- Journaling

Talking Tips For Caregivers: What to Say When Someone is Dying

- Frame as “Opening a dialogue” not a single one way conversation.
- Say and explain the illness.
- Use simple, concrete language. Use the word dying. Not “He is going to sleep.”
- Draw on child’s experiences with illness and death.
- It is OK to say you don’t know. “We don’t know when she will die.”
- Allow child to express raw feelings freely or ask questions.
- Answer questions honestly and simply. Do not go into detail, unless asked. Offer only as much detailed information as is requested.
- Give your child choices in what to do. Some children want to go to school
- Provide reassurance that he or she will be cared for and explain the plan.

Visiting Patients with Children:

- Always acknowledge the presence of the children in the home.
- If you are there to see the patient, invite the child (with permission from the family) to be included in some part of your visit
- Answer their questions honestly in clear, simple sentences only giving the information they ask for



Visiting patients with children, 2

- If the child is overtly expressing feelings in your presence, acknowledge that you notice the child has feelings
- Affirm that everyone has feelings
- Affirm that having someone you love who is sick causes the family to have lots of different and difficult feelings
- Ask the child to not hurt him/herself, you or anyone else with their feelings (if appropriate to the situation)
- Ask an adult family member to help the child



Visiting the Child



- If you are there to visit the child, meet the child on their level
- Bring arts and craft materials, games or pretend play equipment such as puppets, dolls, a doctor's kit or a book to read
- Have an activity planned before you go
- Invite the parent or other family member to play and talk with you and the child

Visiting the Child 2:

- Let the child know why you are there and what activity you hoped to do with them
- Ask if they have any questions about the patient or what is happening at their house
- Follow their lead regarding how much play and how much talk
- Play and talk with them so that you are at or below eye level with them
- Keep your visit to an hour or less

Visiting the child (3):

- Listen
- Use art, toys, books, stories and music to identify feelings
- Listen
- Using stories, games, art, music and toys, teach children ways to express feelings
- Listen
- Normalize and affirm all feelings



Referrals

- Refer adult family members to the Hospice bereavement program
- Talk with adult family members about a bereavement group or program for their children
- Affirm the 13 month commitment of Hospice for the family
- Include the child in the the messages you write on the bereavement cards

Resources: Area Grieving Centers

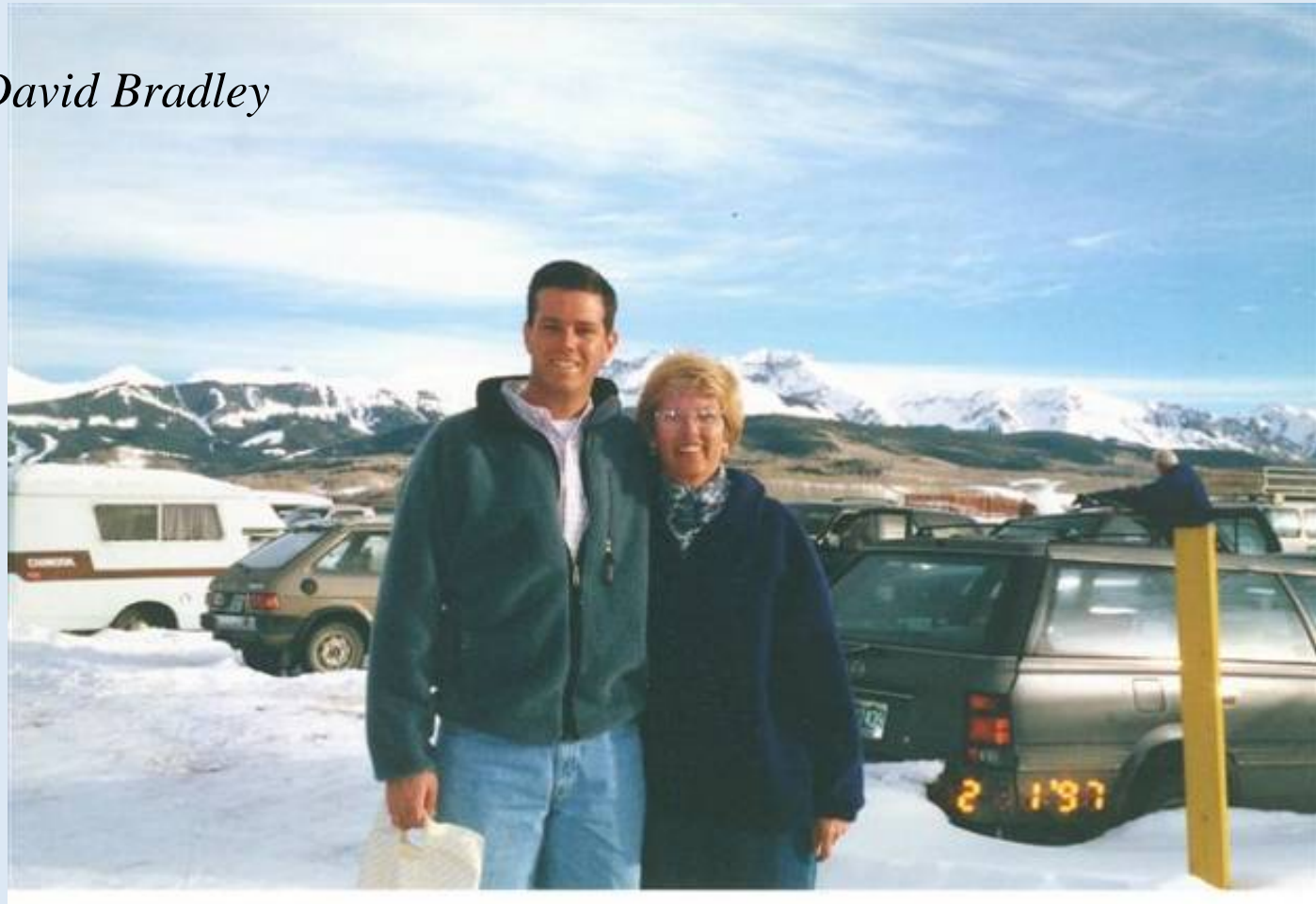
- Peter's Place, Radnor, Pa
www.petersplaceonline.org
- The Center for Grieving Children, Teens and Families, Philadelphia, Pa
www.grievingchildren.org
- Safe Harbor, Abington, Pa
<http://www.amh.org>
- The Center for Loss and Bereavement, Skippack, Pa
<http://www.bereavementcenter.org/>

Favorite Resources

- *When Someone Has a Very Serious Illness: Children Can Learn to Cope with Loss and Change*
By Marge Heegaard
- *Talking with Young Children about Death (A Booklet for Adults)*
By Fred Rogers.
- *Preparing the Children: Information and ideas for families facing terminal illness and death* by Kathy Nussbaum, RN,MS

“My mother, along with a local hospice group, encouraged many necessary but often painful discussions with my family. They enabled me to understand what was happening to my father, to hear my father’s thoughts about life, and to articulate my own feelings and emotions about losing him.”

–David Bradley



Grieving Children

Myths About Grief

1. Grief and mourning are the same.

Fact: Grief is an interpersonal response to loss.

Fact: Mourning is shared social response, grief gone public (outside).

2. A child's grief and mourning are short in duration

Fact: "Grief never ends." As children develop their grief is revisited to assimilate new aspects of their loss.

3. There is a predictable and orderly stage-like progression to the experiences of grief and mourning.

Fact: Grief is unique and individual. It is more important to understand the personal experience of grief and mourning.

Myths (Part II)

4. Infants and toddlers are too young to grieve and mourn.

Fact: Actually, infants and toddlers do grieve and mourn. Their expression of grief and mourning is often not recognized because it is non-verbal.

5. Children are not affected by the grief and mourning of the adults who surround them.

Fact: Children are affected by the grief and mourning of adults. Some children tend to hide their feelings in an attempt to protect and take care of adults.

6. The trauma of childhood bereavement always leads to maladjustment.

Fact: Grief is a normal response to the death of a loved one.

Myths (Part III)

7. Children are better off if they don't attend funerals.

Fact: Children *can* benefit from the support of others and to grieve as part of a community.

8. If a child is not tearful or crying, he/she is not really grieving.

Fact: Like adults, children have many ways to cope with loss and express grief.. Crying is only one way.

9. Talking about the loss, or bringing up the deceased will make a child feel worse, so should be avoided.

Fact: Talking about grief does not cause sadness. Children need an environment where it is safe to feel their feelings, be they positive or negative.

Activities

Who is my family?



How Do I Feel?

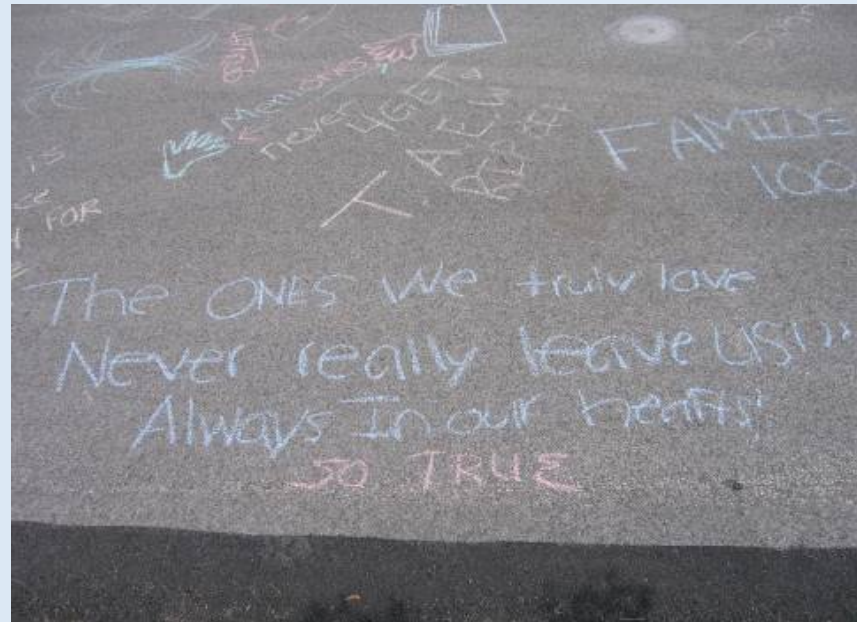
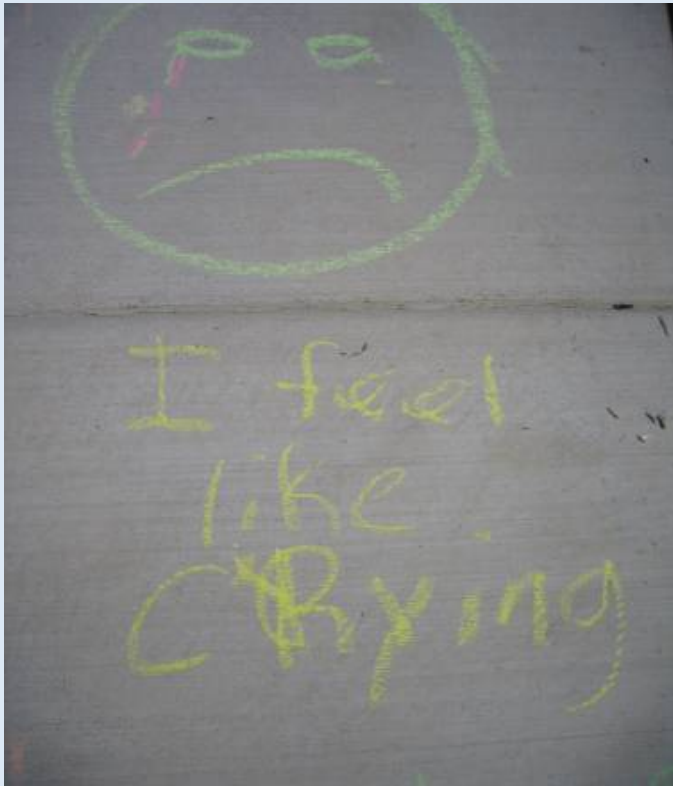
_____ 's Feeling Chart

How Do I Feel Today?

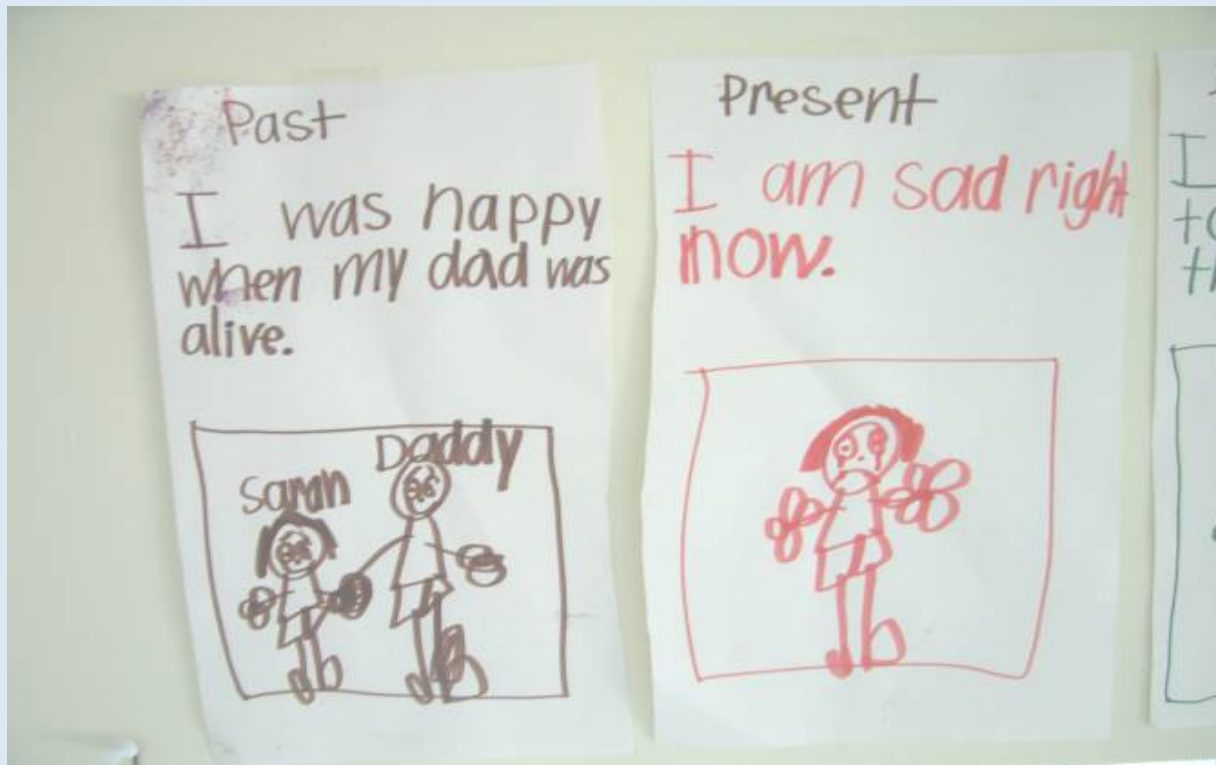
	Confused	Sad	Surprised	Worried	Friend/Mad	Friend/Happy	Great	Angry	Sick	Disappointed	Proud	Scared
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												
Sun												

FreePrintableBehaviorCharts.com

Sidewalk chalk



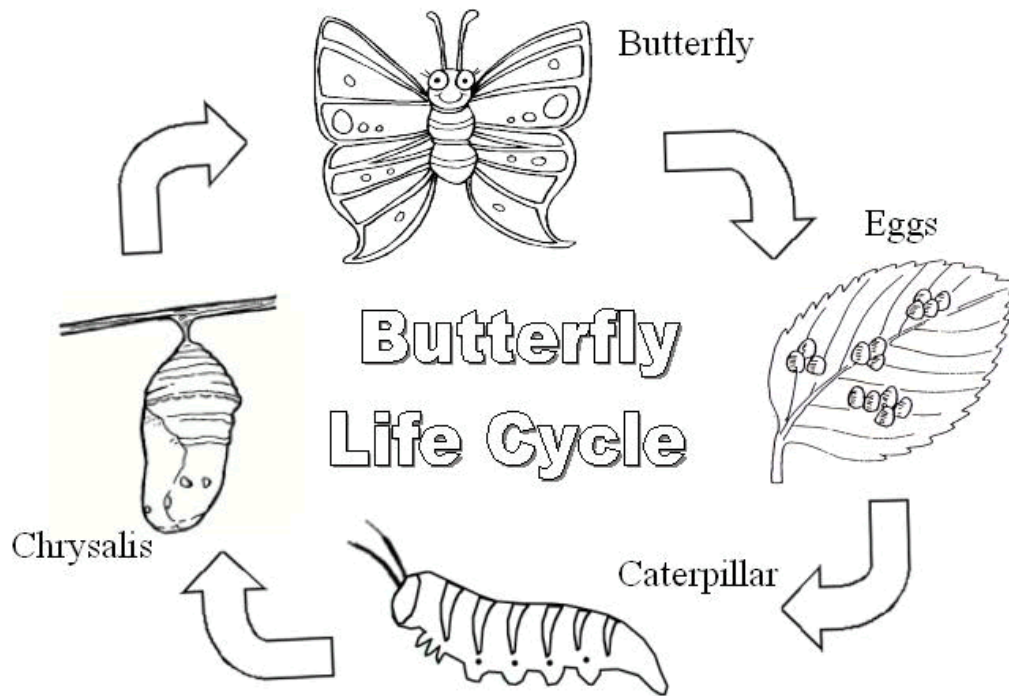
More pictures--Past, Present, Future..



...and about the person who died



Butterfly Life Cycle



Butterfly Rearing Kits Available 800-405-1497 www.NatureGifts.com



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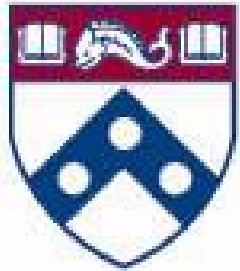


Wissahickon Hospice

She was no longer wrestling
with the grief, but could sit
down with it as a lasting
companion and make it a
sharer in her thoughts.

~George Eliot





Penn Medicine