

RCI Workshop Pediatric Bereavement

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Reaching Children Initiative Training

Doug - Discussion Points

- Eliciting a history of death of family member or friend – many children and adolescents may not appear to be grieving
- Notify families of interest in hearing about major events in lives of family; ask about changes in family situation at subsequent visits
- Indicate interest in hearing about “normative” reactions to stressors
- Children, adolescents, and adults may still choose to keep losses private

Prevalence of Bereavement

- 5% of children experience loss of parent by 16 y.o.
- NYC Public Schools: 64% exposed to traumatic events prior to 9/11/01
 - 39% seen someone killed or seriously injured
 - 29% violent/accidental death of close friend
 - 27% violent/accidental death of family member
- Survey by Ewalt & Perkins in 2 public high schools
 - 90% experienced death of grandparent, aunt, uncle, sibling, or someone else they cared about
 - 40% death of close friend their own age
 - 20% witnessed a death

Role of Pediatrician

- Draw upon established relationship with family
- Active listening; be with child/family in grief
- Provide guidance on normal reactions to grief
- Identify somatization
- Identify and address guilt reactions and misconceptions
- Provide concrete advice on how to support child
- Screen for rare but more serious reactions
- Be aware of community resources and offer to families
- Provide follow-up

Being with someone in distress

- Do not try to “cheer up” survivors
- Do not encourage to be strong or cover emotions
- Express feelings and demonstrate empathy
- Avoid statements such as: “I know exactly what you are going through” (you can’t), “You must be angry” (don’t tell person how to feel), “Both my parents died when I was your age” (don’t compete for sympathy)
- Allow child/family to be upset and tolerate unpleasant affect, without trying to change it. Accept reactions while suspending judgment - intervene only when safety/health is concern

Risk factors for complicated mourning - Therese Rando

- Type of death
 - Sudden, unexpected death
 - Overly lengthy illness
 - Death of child
 - Death mourner perceives as preventable
- Antecedent and Subsequent Variables
 - Premorbid relationship angry, ambivalent, dependent
 - Unaccommodated losses, stressors and mental health problems
 - Disenfranchised grief

Adolescent Bereavement

- Adults assume that because adolescents have ability to think rationally they need no further explanations
- They assume that since adolescents are often less amenable to adult assistance and guidance, they do not need support and outreach
- In reality, adolescents do, but often left unsupported
- Parents often rely on adolescent children to provide comfort and take on adult responsibilities
- Importance of interviewing child alone and need for adult to obtain support so as not to depend on child

Issues to consider for Doug

- Don't wait too long before providing supports
- Assess functional impact (what has changed)
- Asking about circumstances of death, how the individual found out, and what has subsequently happened will help identify potential risk factors and events that were salient; may identify misconceptions or misinformation
- Difficulty determining traumatic reaction vs. post-traumatic growth
- Somatization

Concrete advice on support

- Funeral attendance
- Screen for serious reactions - importance of interviewing child alone
- Be aware of community resources and offer to families
- Provide follow-up
 - Schedule appointments
 - Contact family around time of anniversaries and special occasions

The Impact of Survivorship on Family Interactions and Structure Krell and Rabkin

- Efforts to maintain silence with a focus on guilt → Haunted child
- Efforts to overprotect and shield the survivor → Bound child
- Efforts to replace the lost child through substitution → Resurrected child


Criteria for Assessing Appropriate Death (Weisman)

- Care
- Composure
- Communication
- Control
- Continuity
- Closure



Impact on healthcare provider

- Experiencing the death of a patient or being with someone who is grieving can be stressful
- Healthcare providers need to understand personal feelings about death; often this will involve some introspection about personal losses
- Remain conscious of impact helping children who are dying or grieving has on professional and personal lives; establish means of meeting personal needs



Healing is a matter of time,
but it is sometimes also a
matter of opportunity

• Hippocrates