

CARING FOR CHILDREN AFTER PARENTAL DEATH: *Guidelines for Primary Care Providers*

Approximately 3% of children experience the death of a parent from illnesses, accidents, disasters, suicide, and interpersonal violence.

Primary care providers, including pediatricians, family physicians, and nurse practitioners, are important points of contact and support for children after parental loss. Bereaved children visit these providers

Primary care providers are important points of contact and support for children after parental loss.

complaining of somatic symptoms that may be related to grief rather than to a physical health condition. Examples include fatigue, loss of appetite, nausea, headache, chest pain, and insomnia, as well as aggression, social isolation, or reverting to earlier childhood behaviors.

Parental loss is often traumatic for children. Primary care providers should be familiar with “The Four R’s of Trauma-Informed Care” described by the Substance Abuse and Mental Health Services Administration (SAMHSA; www.samhsa.gov):

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** the signs and symptoms of trauma
- **Respond** by fully integrating knowledge about trauma into practice
- **Resist** re-traumatizing children, as well as their caregivers, by unnecessarily exposing them to additional traumatic information

Developmental Considerations

- **Ages < 6:** Younger children engage using creative outlets (e.g., painting, drawing, and comic books) offering concrete images and addressing loss in stories or pictures, rather than direct conversations about death
- **Ages 6-12:** School-aged children are often able to use language to communicate how the loss affects them and their families as they are developmentally transitioning away from concrete thinking
- **Ages 13+:** Teenagers are more capable of using language to discuss thoughts and feelings about parental death, and can use abstract thinking to understand its meaning

Guide to Open Communication

Healthcare professionals should establish a positive rapport with children and facilitate open communication about loss using developmentally appropriate language that is unambiguous (e.g., use specific terms, such as “death,” rather than “passed away” or “gone”).

- **Ask:** Use open-ended questions to create a comfortable environment for a child to initiate their narrative (e.g., “I am so sorry about the death of your mother. I know this must be very hard. Can you tell me how you are doing?”)
- **Listen:** Reflect on a child’s story to gather pertinent details, non-verbal cues of emotional distress, and issues that require further cognitive processing
- **Respect:** Avoid overly simplistic explanations (e.g., “Things happen for a reason.”) and unhelpful recommendations (e.g., “You need to move on.”) that minimize a child’s painful loss
- **Repeat:** Incorporate a child’s language to inquire about missing details or confusing timelines to avoid misinterpretations (e.g., “So, when you say your father had ‘some sort of accident’ it sounds like you have questions about what happened.”)
- **Record:** Write down the child’s narrative as a reference for future visits

Continued

Support Surviving Caregivers

- Acknowledge the challenge of parenting while grieving (e.g., single parenting at a time of distress)
- Refer grieving parents to their own helpful grief-support services in their community
- Encourage grieving parents to seek assistance from friends and family members
- Discuss opportunities for respite childcare
- Help parents understand that they are important models to their children in managing their own grief
- Provide information about trustworthy online resources that address childhood grief (www.nctsn.org, www.aacap.org, www.aap.org)

Assess for Trauma or Grief-Related Conditions

Healthcare providers should be aware of signs and symptoms that indicate a child has a clinical condition that requires grief- or trauma-focused treatment. Practitioners should be prepared to refer children to

evidence-based treatments (e.g., Trauma-Focused Cognitive Behavioral Therapy [TF-CBT]: www.tfcbt.org) as needed. Indicators of risk include prolonged or severe reactions, such as:

- Intense sorrow, pain, and rumination over the loss
- Focus on little else but the loved one's death
- Extreme focus on reminders of the loved one or excessive avoidance of reminders
- Intense and persistent longing for the deceased
- Problems accepting the death
- Numbness or detachment
- Bitterness about the loss
- Feeling that life holds no meaning or purpose
- Lack of trust in others
- Inability to enjoy life or think back on positive experiences with the loved one
- Loss of age-appropriate self-care behaviors
- Sleep disturbances (e.g., insomnia, nightmares)

Recommended Children's Books to Help with Coping with Grief

- *No Matter What* by Debi Gliori
- *Everett Anderson's Goodbye* by Lucille Clifton
- *Home Now* by Leslie Beake
- *The Sound of the Sea* by Jacqueline Harvey