

Information Guide for Pediatricians and Pediatric Nurses on Childhood Traumatic Grief

Introduction

This guide to childhood traumatic grief for pediatricians and pediatric nurses builds on the “In-Depth General Information Guide to Childhood Traumatic Grief” and “Brief Information on Childhood Traumatic Grief” and should be read in conjunction with them. Those materials provide essential material for understanding childhood traumatic grief and the difference between it and other responses to loss or trauma. They can be found at www.NCTSNet.org.

Medical professionals must work with a wide range of patients, many of whom have experienced traumatic loss. It is estimated that 25 percent of all children will face a significant traumatic event before the age of sixteen, many of which can involve death of a significant person. The experience of a death from natural causes, such as cancer, can also prove to be traumatic for a child. Therefore, it is important to be able to recognize the signs of traumatic grief in children and know how to facilitate services for children and families in need.

Many patients are willing to seek help for physical complaints but reluctant to ask for psychological or emotional help, and pediatricians are in a unique position to discern the hidden need behind a child’s presenting problem. This guide does not call on pediatricians or pediatric nurses to take on the responsibility of conducting therapy with children who have childhood traumatic grief, rather it is offered to help medical professionals who are often the first professionals to see a child in need of psychological help, and therefore in the best position to make referrals.

When working with children who have experienced traumatic losses, it is natural to experience strong personal reactions and feelings related to the person’s loss. Medical personnel should monitor their own thoughts and feelings about the death and the child and family’s experience and seek support or input from other staff when needed.

Not every child who experiences a loss will experience childhood traumatic grief. Many children will experience an appropriate grieving response and in time, with adequate support, adjust to the loss of the loved one. In some cases however, children may experience enduring difficulties that interfere with their ability to function. Every child is different.

Symptoms of Childhood Traumatic Grief that Impact Physical Health

Childhood traumatic grief can have a significant impact on children’s physical health as well as on their psychological and emotional functioning. Medical professionals may encounter children who present with a variety of physical symptoms. Children with this condition are at risk for and may exhibit the following complaints:

- Somatic symptoms severe enough to warrant sick-child pediatric visits
- Presentation of new somatic symptoms with no clear underlying medical cause

- Presentation of symptoms that mimic the deceased person's cause of death
- Significant worsening of existing chronic medical conditions (diabetes, asthma, and so forth)
- Noncompliance or decreased compliance with usual medication regimens
- Depressed affect, changes in behavior, and other psychiatric symptoms
- Self-injurious or suicidal behaviors

Guidance for Assessing Children with Childhood Traumatic Grief

Children with childhood traumatic grief often avoid talking about death or the person who died. In order to determine if traumatic grief underlies or is contributing to a child's presenting complaints, pediatric providers should consider the following:

- Routinely asking parents and caregivers if their children have experienced any deaths or traumatic events since their last visit
- Checking in with children directly about how they have been doing and if anything unusual has happened since their last visit
- Following-up with children and families known to have experienced a death in their recent experience, or with children who are approaching an anniversary or reminder of that loss
- Paying particular attention to children who have experienced other traumas in addition to the loss of a loved one, because exposure to other trauma (violence, abuse, accidents, disasters, terrorism, war, or others) may worsen traumatic grief symptoms
- Inquiring about adjustment to deaths that are seemingly long past, because grief reactions sometimes surface at later points in life

Do not hesitate to ask children directly about their experiences with trauma or the death of a loved one. Not asking may inadvertently communicate to the child that it is unacceptable to discuss these things with adults. If your questions make the child's symptoms worse, this may be a sign that professional help is warranted. Pediatric providers are often in the best position to ask children about trauma and death because your patients already have a trusting relationship with you.

In some cases, it may be helpful to ask the parent to step out of the room during these conversations, because children with traumatic grief are often overly concerned with not causing their parents any additional emotional distress and may deny symptoms in a parent's presence to avoid worrying them.

What to Do if You Think Your Patient Is Experiencing Childhood Traumatic Grief

For children

- Ask the child about the symptoms noted above in a sympathetic, nonjudgmental way.
- Assure the child that many children experience similar reactions following the traumatic death of a loved one.
- Use the above guidelines to assess the symptoms of childhood traumatic grief and provide appropriate support and referral if warranted.

- Be sensitive, when treating the child for other conditions, when doing invasive medical procedures or examinations that may somehow remind the child of previous traumatic experiences.
- Adjust medical appointments, procedures, and treatment recommendations in consideration of the way childhood traumatic grief impacts physical illness and treatment compliance.
- For children that are demonstrating treatment compliance issues, it is best to address these issues directly with the child and parent. If barriers to compliance persist, it is likely that a mental health consultation is warranted to provide support to the child and family.

For parents

- Keep materials on hand to educate parents about childhood traumatic grief. Parents rely on pediatric providers for accurate information about childhood disorders, and you may be the first person to recognize that the child has this condition.
- Try to reassure parents that reactions to a traumatic loss are normal, but when these reactions begin to interfere with a child's ability to function on a day-to-day basis, it is time to seek help.
- Explain that it is often best for parents to be involved in treatment to address their own reactions as well as learn how best to help their child.

For both child and parent

- Discuss making a referral for specialized treatment with both the child and parent.
- Refer the child to a mental health professional, ideally one who has experience in treating
 - children with emotional difficulties
 - childhood traumatic stress, and
 - childhood grief and loss.
- Encourage parents of these children to call you if additional symptoms or other concerns arise, or if they have difficulty in arranging mental health follow-up.
- Reassure children and parents that these problems can be successfully treated and children can recover with appropriate help.

Where to Go for Additional Information and Help

Effective treatments are available for childhood traumatic grief, and children can return to their normal functioning. Additional information for parents and professionals about this condition and where to turn for help is available from the National Child Traumatic Stress Network at (310) 235-2633 or (919) 682-1552 or www.NCTSNet.org.