

Table 26-1 General Recommendations for Pediatricians to Help Children During Separation, Divorce, or Death of a Close Relative

Acknowledge and provide support for grief that the parent/caregiver is experiencing.
Help parent/caregiver consider child's needs.
Encourage parent/caregiver to maintain routines familiar to the child.
Encourage continued contact between child and his or her friends.
If primary residence changes, the child should take transitional objects, familiar toys, and other important objects to the new residence.
Minimize frequent changes in caregivers, and for infants keep brief the times spent away from primary caregiver.
Have parent/caregiver reassure the child that he or she will continue to be cared for.
Have parent/caregiver reassure the child that he or she did not cause the separation, divorce, or death (especially important in preschool children).
Encourage parent/caregiver to create times or rituals that allow the child to discuss questions and feelings if the child wishes.

Although most children ultimately show good adjustment to the divorce, some have significant acting-out behaviors or depression that requires referral to a mental health professional. Some parents need the assistance of a mediator or family therapist to help them stay focused on their child's needs. In the most contentious situations, a guardian ad litem may need to be appointed by the court. This individual is usually a lawyer or mental health professional with the power to investigate the child and family's background and relationships to make a recommendation to the court as to what would be in the best interests of the child.

SEPARATIONS FROM PARENTS

Children experience separations from their primary caregiver for a variety of reasons. Brief separations, such as those to attend school, camp, or other activities, are nearly a universal experience. Many children experience longer separations for a variety of reasons, including parental business trips, military service, or hospitalization. Child adjustment to separation is affected by child factors, such as the age of the child and the child's temperament; factors related to the separation, such as the length of and reason for the separation, whether the separation was planned or unplanned; and factors related to the caregiving environment during the separation, such as how familiar the child is with the caregiver and whether the child has access to friends and familiar toys and routines.

Children between 6 months and 3 to 4 years of age often have the most difficulty adjusting to a separation from their primary caregiver. Older children have cognitive and emotional skills that help them adjust. They may be better able to understand the reason for the separation, communicate their feelings, and comprehend the passage of time, allowing them to anticipate the parent's return. For older children, the period immediately before a planned separation may be particularly difficult if the reason for the separation causes significant family tension, as it may in the case of hospitalization or military service.

If parents anticipate a separation, they should explain the reason for the separation and, to the extent possible, give concrete information about when they will be in contact with the child and when they will return home. If the child can remain at home with a familiar and responsive caregiver, this is likely to help adjustment. If children cannot remain at home, they should be encouraged to take with them transitional objects, such as a favorite blanket or stuffed animal, familiar toys, and important objects such as a picture of the parent. Maintenance of familiar family routines and relationships with friends should be encouraged.

DEATH OF A PARENT OR FAMILY MEMBER AND BEREAVEMENT

Death of a close family member is a sad and difficult experience. When a child loses a parent, it is a devastating experience. This experience is not rare. By 15 years of age, 4% of children in the United States experience the death of a parent. This experience is likely to alter forever the child's view of the world as a secure and safe place. Similar to the other separations, a child's cognitive development and temperament along with the available support systems affect the child's adjustment after the death of a parent. Many of the recommendations in Table 26-1 are helpful. The death of a parent or close family member also brings up some unique issues.

Explaining Death to a Child

Children's understanding of death changes with their cognitive development and experiences (see Chapter 4). Preschool children often do not view death as permanent and may have magical beliefs about what caused death. As children become older, they understand death as permanent and inevitable, but the concept that death represents the cessation of all bodily functions and has a biologic cause may not be fully appreciated until adolescence.

Death should not be hidden from the child. It should be explained in simple and honest terms that are consistent with the family's beliefs. The explanation should help the child to understand that the dead person's body stopped functioning and that the dead person will not return. Preschool children should be reassured that nothing they did caused the individual to die. One should be prepared to answer questions about where the body is and let the child's questions help determine what information the child is prepared to hear. False or misleading information should be avoided. Comparisons of death to sleep may contribute to sleep problems in the child.

There are many possible reactions of children to the death of a parent or close relative. Sadness and a yearning to be with the dead relative are common. Sometimes a child might express a wish to die so that he or she can visit the dead relative, but a plan or desire to commit suicide is uncommon and would need immediate evaluation. A decrease in academic functioning, lack of enjoyment with activities, and changes in appetite and sleep can occur. About half of children have their most severe symptoms about 1 month after the death, but for many the most severe symptoms in reaction to the death do not occur until 6 to 12 months after the death.