Photograph: Johnnie Eisen (*PMN*,1989)

Region of Peel: Children's Anticipatory Grief & Bereavement Collaborative

Support Services for Grieving or Bereaved Children: Needs Assessment

Literature Search: Compiled & Annotated by Barry R. Ashpole
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Barry R. Ashpole 03.30.2015

Region of Peel: Children's Collaborative

Support Services for Grieving or Bereaved Children: Needs Assessment

This literature search focuses on key articles, reports, etc., published between 2010 and 2015. The articles, etc., listed here reflect current thinking on the many different aspects of grief and bereavement among children and young people. International in scope, this literature search is a "work in progress." Additional articles may be added as the project progresses. There is a number of ways in which this exercise can assist the participating members of the Children's Collaborative Project:

1. Contribute to an evidence-based determination of the unmet needs in the region for counselling/support services for bereaved children and youth (i.e., essentially, a gap analysis);

2. Demonstrate the need to fund these unmet needs;

3. Inform/educate frontline health professionals and social workers, no matter their scope of practice;

4. Identify existing and potential stakeholders to meet the unmet needs;

The literature search will also:

5. Inform the project's planning process and the proposed interviews and focus groups; and,

6. Provide direction in terms of "next steps' in the development of a strategy in meeting the unmet needs in the region for counselling/support services for bereaved children and youth.

Listed in descending order of publication, the articles, etc., are grouped under five broad categories (some, however, could be included in one or more categories, but are listed where it seems most appropriate):

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Links are provided to either an abstract, extract or summary or, when available, to the full text. In the absence of a link to the full text, a fee may be payable to the publisher for either a one-time view or to download an article. In some cases a subscription to the publication in question may be required.

N.B. Many of the studies included in this compilation are among relatively small numbers of subjects, therefore, not always statistically significant. We have to exercise caution in how we interpret or what we extrapolate from any one article or report.

1. Access to/Availability of Support Services for Bereaved Children: Assessments, Environmental Scans, Evaluations, Surveys

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Widening Access to Services for Children of Palliative Patients

Julie Marshall

Ayrshire Hospice
Making today matter

Background

30% of hospice patients are now under 60

This means more patients now have child caring responsibilities and more children than ever before are affected by life limiting illness and bereavement[1].

Research suggests that children of palliative patients are at risk of poor outcomes such as services[2,3].

Many teachers feel that it is beyond their skills to deal with death, dying and bereavement (one teachers feelings)

Methodology

1. The numbers of children bereaved in Ayrshire and Arran was calculated and compared against services to support them before or after a death.
2. Teaching staff from 12 primary schools were consulted on how they support children with death, dying and bereavement
3. Consultations with bereaved parents and children
4. Education day for 50 Professional staff exploring the needs of bereaved children

Results

- Large gaps in service provision in Ayrshire - no service specifically supported children of palliative patients
- 1700 children and young people will be bereaved each year of someone significant in Ayrshire and Arran[4]
- Adults in the lives of children do not know how to support them when someone is dying or had died

Conclusion

The needs of children of palliative patients in Ayrshire are not being met due to inadequate service provision and lack of education for adults caring for them, which means that the children of palliative patients risk not achieving positive outcomes.

For further information please contact:
Julie Marshall (julie.marshall@ayrshirehospice.org)

Success to date

- So far we have provided 324 hours of support to 53 children
- We have raised approx £15,000 with schools to support the development of this work in the future.
- We are in the process of evaluating how our service makes sure children are safe, healthy, active, nurtured, achieving, respected, responsible and included.

Aims and Objectives
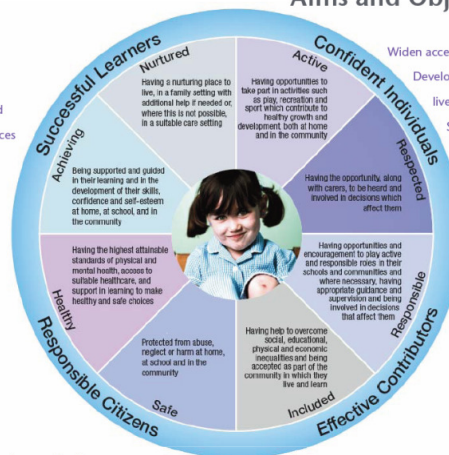
Widen access to support for children of palliative patients

Develop multiagency support and educate key adults in the lives of children

Strengthen community support for children of palliative patients to improve outcomes for such children

I just expected the school to have… counselling or support or resources, but they didn't   (parent)

What we did

- We set up a service which provides 1:1 support for children affected by life-limiting illness
- We offer advise, guidance and support to families, agencies and professionals of how to support children and young people
- We engaged with schools to educate school communities on the importance of talking about death and dying with children and how to support them
- We designed a joint education and fundraising packs with school to educate them on childhood bereavement and raise money for the service too.

References

1. Valuing the work of the hospice, *Annual overview* Ayrshire Hospice 2012/13
2. Christ GH. *Healing Children's Grief: Surviving a Parent's Death from Cancer.* Oxford University Press: New York 2000
3. Worden JW. *Children and Grief: When a Parent Dies.* Guilford Press: New York 1996
4. Child Bereavement Network (CBN). Calculated incidence of prevalence of bereaved children in Ayrshire and Arran 2012

Website: http://www.palliativecarescotland.org.uk/content/publications/40.-Widening-Access-to-Services-for-Children-of-Palliative-Patients.pdf

Public health approaches to palliative care: The role of the hospice social worker working with children experiencing bereavement

BRITISH JOURNAL OF SOCIAL WORK, **2013**;43(2):249-263. This paper discusses contemporary thinking around death and dying and how this relates to public health approaches to palliative care. It outlines the social work role and discusses the significance of a public health approach drawing on practice experience as a hospice social worker involved in the facilitation of a children's bereavement service.

Abstract of journal article:
http://bjsw.oxfordjournals.org/content/43/2/249.abstract?sid=f9f6d16e-1c86-41a3-abea-5efcb8e8749e

Meeting unmet needs? An initial evaluation of a group work approach to supporting children who are bereaved

GROUPWORK: AN INTERDISCIPLINARY JOURNAL FOR WORKING WITH GROUPS, **2012**;22(3):49-64. Support for children experiencing bereavement varies considerably across the U.K. depending on organisational values and resources, the specific population, and the individual expertise and experience of professionals. This paper describes a group work approach to meeting the needs of this population. It was developed by a hospice in central Scotland in response to a lack of formal support identified by both professionals and families within the community. The paper discusses the initial evaluation of the group work service from when it was established in September 2007 to January 2010. It outlines the back-ground to setting up the service, the sources and reasons for referral, and the evaluation process and findings. Implications for group intervention with children who are bereaved are discussed.

Abstract of journal article:
http://essential.metapress.com/content/3363790m65752536/

Report of the Bereavement Care Task Force

THE HOSPITAL FOR SICK CHILDREN (Toronto) | Online – January **2011** – This report describes the work and findings of the Bereavement Care Task Force with regard the current state of bereavement care at the hospital, as well as current thinking and evidence on bereavement care best practices. Both the strengths and gaps, with respect to the bereavement care being provided at the hospital, have been investigated and documented. The report recognizes that families value many of the existing bereave-ment practices, such as legacy education, follow-up, active support, and timely and compassionate communication. It also indicates that there are considerable and problematic inconsistencies in the quality of bereavement care being provided to children and families. Additionally, other insights, such as the need for support for staff who may be impacted when a child dies, have surfaced as a result of the work. Based on these findings, the report offers a number of recommendations that seek to build on successes and strengths, while addressing identified gaps and inconsistencies.

Full text of report:
http://sashabella.com/pdfs/SickKids-Bereavement-Care-Task-Force-Report-2011.pdf

N.B. *See report's appendices: Literature Review, pp.11-15; Family Interview Questions, p.16; and, Environ-mental Scan, pp.17-20*

Barry R. Ashpole 03.30.2015

Mapping evaluation of U.K. childhood bereavement services: Findings from a recent study

BEREAVEMENT CARE, **2011**;30(1):43-47. The study found that child bereavement services were struggling with a considerable burden of demand for information from a range of users – chiefly funders and commissioners of services. However, a mapping exercise revealed that a considerable amount of the data required by evaluation users was the same, and that it was being obtained from evaluations that services overall were already undertaking. The most common forms of evaluation were post-intervention user satisfaction surveys of core interventions, using self-completion questionnaires. However, collection of basic data was limited and patchy, and evaluations of outcomes and organisational processes and reporting on the findings were less common. Based on these findings, the researchers propose the development of a set of common evaluation tools that could be used across all child bereavement services.

> Abstract of journal article:
> http://www.tandfonline.com/doi/abs/10.1080/02682621.2011.555236?journalCode=rber20

Survey of support for bereaved children and young people

CHILDHOOD BEREAVEMENT NETWORK (U.K.) | Online – July **2010** – A survey was sent to all Directors of Children's Services and Chief Executives of Primary Care Trusts (PCTs) to explore their planning and provision for bereaved children and young people. Among the findings: Bereaved children's needs may not be recognized as the particular responsibility of any department or aspect of children's services. Few local areas include the specific needs of bereaved children in their Children & Young People's Plan. They are more likely to be included within a wider aspect of need such as psychological health and well-being or vulnerable groups, without being mentioned specifically. Discrepancies in survey responses revealed that respondents had used different criteria to answer the question: "Is there a specialist childhood bereavement service ... available to children whatever the cause of death...?" 30.6% of the responding areas lack a specialist service... The information gathered in this survey was intended to be used to improve signposting to families, identify gaps, increase understanding about how bereaved children's needs are [perceived and inform further policy work.

> Full text of report:
> http://www.childhoodbereavementnetwork.org.uk/documents/Finalreport.pdf

Evaluation of a British child bereavement service: The user's perspective

PALLIATIVE & SUPPORTIVE CARE, **2010**;8(3):297-303. This article summarizes the findings from a 3-year independent evaluation of a regional Child Bereavement Service (CBS). The need for a CBS was recognized by members of a Palliative Care Group who identified a gap in local services for bereaved children, who may be susceptible to short/long-term psychiatric/psychological disorders. The service was established to offer support for professionals working with bereaved children and their family. Referrals were higher than expected. Sixty per year were anticipated; however, in the first year alone, there were 255 referrals. Health and social care professionals who attended training courses, provided by the CBS staff, expressed confidence in providing bereavement support themselves, or by making appropriate referrals to the CBS. Parents and carers welcomed a service specifically for their children.

> Full text of journal article:
> http://journals.cambridge.org/action/displayFulltext?type=1&fid=7908367&jid=PAX&volumeId=8&issueId=03
> &aid=7908365&bodyId=&membershipNumber=&societyETOCSession=

2. Children's Understanding of Dying & Death
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**Understanding death with limited experience in life: Dying children's
and adolescents' understanding of their own terminal illness and death**

CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE | Online – 9 January **2015** – The authors summarize the literature on children's and adolescents' understanding of their own terminal illness and death. They point out that clinicians find it difficult to speak with young patients about death despite the existence of guidelines to facilitate communication on the topic. The authors discuss the consequences of insufficient or poor communications with young patients.

Abstract of journal article:
http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Understanding_death_with_limited_experience_in.99660.aspx

Alternative link to abstract:
http://www.ncbi.nlm.nih.gov/pubmed/?term=Understanding+death+with+limited+experience+in+life:+Dying+children's+++and+adolescents'+understanding+of+their+own+terminal+illness+and+death

**Children's earliest experiences with death: Circumstances,
conversations, explanations and parental satisfaction**

INFANT & CHILD DEVELOPMENT | Online – 17 October **2014** – A total of 75% of parents of children 2 to 7 years [surveyed] indicated that they had spoken to their child about death, and the majority of conversations were first initiated when children were between 3 and 3.5 years of age. Parents who provided explanations to a continued existence after death reported significantly higher levels of satisfaction than those parents who discussed the absence of a future physical relationship after death. Explanations of a continued existence were not always in reference to an afterlife and could include discussing the memory of the deceased or their continued impact even after death.

Abstract of journal article:
http://onlinelibrary.wiley.com/doi/10.1002/icd.1889/abstract;jsessionid=27EDB233EFEBECBE8D769380458F43EA.f01t04?deniedAccessCustomisedMessage=&userIsAuthenticated=false

Diversity in childrens understanding of death

MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT, **2014**;79(1):142-150. Rosengren, Miller, Gutiérrez, Chow, Schein, and Anderson[1] ... findings tell us that children may know more about death than their parents expect, that even children within a given community vary a great deal in their access to information about death, and that children's reasoning about life and death is related to the views of those around them. Their work highlights children's active role in their own cognitive development while showing how children's thinking is embedded in both cultural practices and religious ideas. This commentary discusses four topics highlighted in the monograph: 1) the value of taking a socio-cultural approach to studying development; 2) the relative avoidance of religion in cognitive developmental research; 3) potential pitfalls of cultural comparison; and, 4) the generative notion that conflicting ideas on a topic are likely to coexist in the same minds.

1. 'Children's understanding of death: Toward a contextualized and integrated account,' published by Wiley Blackwell, March 2014. http://ca.wiley.com/WileyCDA/WileyTitle/productCd-1118913914.html

Full text of monograph:
http://onlinelibrary.wiley.com/doi/10.1111/mono.12087/full

Exploring children's understanding of death:
Drawings and the Death Concept Questionnaire

DEATH STUDIES, **2013**;37(1):47-60. To investigate whether children's understanding of the concept of death varies as a function of death experience and age, 52 children aged 7, 9, and 11 years (26 had a personal death experience) drew a picture reflecting the meaning of the word death and completed the Death Concept Questionnaire for examination of Human & Animal Death. The results showed that the two methodological tools used offered complementary information and that children's understanding of death is related both to age and past experience. Children with death experience seem to have a more realistic understanding of death than their inexperienced age-mates. The authors' findings support the assumption that the different components of death develop through different processes.

Abstract of journal article:

3. Pre-Death

Writing the "penultimate chapter": How children begin to make sense of parental terminal illness

OMEGA – JOURNAL OF DEATH & DYING | Online – 12 March **2015** – This paper proposes that during the terminal stage of parental illness, children are involved in "writing" a "penultimate chapter." This is important in helping children make meaning from their current lived experience and helps prepare them in the writing of their final chapter about their parent. Part of the process of maintaining the relationship with the deceased person and finding a stable place for them is achieved through this exercise. The last chapter is written after the death and involves conversations with people who knew the deceased.

Abstract of journal article:
http://www.tandfonline.com/doi/full/10.1080/13576275.2014.996209#abstract

Parenting challenges in the setting of terminal illness: A family-focused perspective

CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE | Online – 12 January **2015** – The study of parental cancer has focussed predominantly on the early stages of disease. Less is known about how families with minor children prepare for parental loss when the cancer is advanced. This review found evidence that having dependent children influences parents' treatment decisions at the end of life, and that a central concern for children and parents is optimizing time spent together. Parents may feel an urgency to engage in accelerated parenting, and maintaining normalcy remains a consistent theme for the ill and healthy parent alike. This review also highlighted a growing evidence base affirming the importance of responsive communication prior to death.

Abstract of journal article:
http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Parenting_challenges_in_the_setting_of_terminal.99651.aspx

Alternative link to abstract: http://www.ncbi.nlm.nih.gov/pubmed/25588207

Advice from children and adolescents on final conversations with dying loved ones

DEATH STUDIES, **2014**;38(5):308-314. To understand more about final conversations (communication between loved ones from the point of terminal diagnosis until death), 49 children/adolescents provided final conversation advice for other youth and for the dying person. Advice for fellow youth included: a) confirming the relationship with the dying person; b) remaining positive throughout the death process; and, c) using external support networks. Advice for the dying person included: a) confirming the relationship with the youth; b) engaging in open, honest communication with youth; and, c) confirming the identities of the youth. The main implication is that youth should be included in the death process.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/07481187.2012.753556

Of related interest:

ACTA ONCOLOGICA | Online – 3 December **2014** – **'Teenagers want to be told when a parent's death is near: A nationwide study of cancer-bereaved youths' opinions and experiences.'** 595 of 610 participants of the participants stated that teenage children should be informed when the parent's death was imminent (i.e., a matter of hours or days, not weeks). 59% stated they themselves had been told this: 37% by the parents, 7% by parents and healthcare professionals together, and 8% by professionals only. Frequent reasons for why the teenager and parents did not talk about imminent death before loss were that one of the parents together with the teenage child had pretended that the illness was not that serious or that none of the parents had been aware that death was imminent. Up to a couple of hours before the loss, 43% of participants had not realized that death was imminent.

Abstract of journal article:
http://informahealthcare.com/doi/abs/10.3109/0284186X.2014.978891

JOURNAL OF PALLIATIVE MEDICINE, **2014**;17(5):512-520. **'Telling adolescents a parent is dying.'** Families inform adolescents about the progression of a parent's terminal illness in characteristic ways that remain fairly consistent throughout the illness and are aimed at easing the adolescents' burden and distress. Study participants engaged in the process of disclosure in one of four ways: 1) measured telling; 2) skirted telling; 3) matter-of-fact telling; and, 4) inconsistent telling.

Abstract of journal article:
http://online.liebertpub.com/doi/abs/10.1089/jpm.2013.0344

BMJ SUPPORTIVE & PALLIATIVE CARE, **2014**;Suppl1:1. **'Exploring hospice nurses' experiences of identifying children's bereavement needs before the death of a parent.'** The following themes emerged: 1) perception of need – indicated by distress in the well parent, changes in a child's behaviour, or when safeguarding concerns arose; 2) communication – nurses [i.e., study participants] expressed concern that talking directly to children may cause distress; 3) barriers to provision of support – these included parents blocking discussions, variability of support of colleagues, lack of time, and nurses not feeling "child-orientated"; 4) personal experiences of illness and bereavement – nurses related to their own experiences when considering children's needs; and, 5) impact on nurses – caring for patients with children was associated with negative emotions. Many study participants felt unprepared, and some expressed concern about letting children down.

Abstract of journal article:
http://spcare.bmj.com/content/4/Suppl_1/A15.2.short

JOURNAL OF FAMILY COMMUNICATION, **2014**;14(3):208-229. **'Exploring children/adolescents' final conversations with dying family members.'** Sixty-one children/adolescents, aged 5-18, participated in semi-structured interviews regarding their final conversations with a dying family member. Four overarching themes emerged (in order of descending prominence): 1) everyday communication; 2) messages of love; 3) messages of individual identity; and, 4) messages related to religion/spirituality.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/15267431.2014.908198#.U6BHbJRdX8k

JOURNAL OF PSYCHOSOCIAL ONCOLOGY, **2013**;31(6):675-697. **'What is helpful to adolescents who have a parent diagnosed with cancer?'** Interviews were conducted with young people who had a parent diagnosed with cancer within the last 5 years. A phenomenological thematic data analysis distinguished three super-ordinate themes, identifying what helped adolescents cope with their parent's cancer diagnosis. These were parental behavior, specific coping strategies used by the young person, and community support.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/07347332.2013.835021?journalCode=wjpo20

EUROPEAN JOURNAL OF ONCOLOGY NURSING, **2013**;17(6):697-703. **'Loneliness despite the presence of others – Adolescents' experiences of having a parent who becomes ill with cancer.'** The main message that the young adults communicated in interviews was interpreted as the overarching theme "loneliness despite the presence of others." Two domains with three categories each emerged: 1) distance, comprising a feeling of loneliness, lacking the tools to understand, and grief and anger; and, 2) closeness, comprising belief in the future, comfort and relief, and a need for support. The young adults felt a loneliness that they had never experienced before, and they lacked the tools to understand the situation. They felt grief and anger over what the cancer had caused. However, they had still managed to regain faith in the future. They found comfort and relief in the thought that this would not necessarily happen to them again, and they gained support from talking to family and friends. The study concluded that when all family members are given the same information it is easier to talk about what is happening. It also recommended that adolescents benefit from having contact with health care professionals throughout the period of illness.

Abstract of journal article:
http://www.ejoncologynursing.com/article/S1462-3889(13)00102-6/abstract

END OF LIFE JOURNAL, **2013**;3(2). **'Encouraging/ supporting dying parents to talk to their children.'** Communicating with children about the anticipated death of a parent can be very challenging, even for experienced palliative care professionals. It can be particularly difficult for dying parents to discuss the fact that they are dying with their children. Consequently, they may adopt an overly positive stance in order to shield their children from the truth. When unable to understand what is happening within their family, children can blame themselves for the parent's illness. Open and honest communication, even with very young children, can lead to beneficial outcomes in terms of bereavement.

Full text of journal article:
http://endoflifejournal.stchristophers.org.uk/sites/default/files/articles/2.EoLJ_.Vol3_.No2_.Clinskills.Children.pdf

Children's understanding of illness and death at different ages

Babies and toddlers
- Little awareness or understanding of illness or death
- Awareness of their parents' feelings, such as anxiety
- Awareness of physical changes in a parent
- Awareness of changes to routines and caregivers

Age 3–5 years
- Simple and basic understanding of illness, but not the finality of death
- 'Magical thinking', i.e. this age group can believe they have caused the parent's illness by, for example, being naughty
- At this age, children are 'egocentric' and think everything is related to them
- Can be concerned that they will catch the same illness

Age 6–12 years
- A more advanced understanding of illness, but still quite simplistic
- Usually understand the permanence of death
- Will have picked up that something is seriously wrong, even if they have not been told
- Still exhibit some magical thinking and may feel guilty about things they have

Teenagers
- Have an adult understanding of illness and death
- Are likely to be fully aware of the situation and worried about the dying parent
- May feel a responsibility to look after their parent
- May feel conflicted about their desire to be more independent at such a difficult time
- May be reluctant to talk about what is happening

Source: Christ (2000)

11

BEREAVEMENT CARE, **2013**;32(1):23-30. **'"Until it ends, you never know…" – Attending to the voice of adolescents who are facing the likely death of a parent.'** The participants in this study: 1) struggled with the sense of isolation and all-pervasive uncertainty inherent in the life-threatening illness of a parent; 2) preferred support and understanding to protection and prevarication; 3) disliked delay and deception, preferring to be informed and involved; and, 4) wished to be told the truth as fully and as soon as possible. This article focuses particularly on the teenagers in the research group and presents their voices and views unmediated by adult exegesis. The author argues that a clearer recognition of the capacities and competences of young people is needed by all who wish to engage with and support those facing the likely death of a parent.

Full text of journal article:
http://www.tandfonline.com/doi/pdf/10.1080/02682621.2013.779822

JOURNAL OF PALLIATIVE MEDICINE | Online – 14 September **2012** – **'How do we talk to the children? Child life consultation to support the children of seriously ill adult inpatients.'** Families with young children often struggle to talk about and cope with a parent's life-threatening illness and potential death. Adult interdisciplinary palliative medicine teams often feel unprepared to facilitate the open communication with these children that has been shown to reduce anxiety, depression, and other behavioral problems. In pediatric settings, child life specialists routinely provide this support to hospitalized children as well as their siblings and parents.

Abstract of journal article:
http://online.liebertpub.com/doi/abs/10.1089/jpm.2012.0019

CHILD: CARE, HEALTH & DEVELOPMENT | Online – 29 August **2012** – **'Lay people's and health professionals' views about breaking bad news to children.'** The authors had 170 lay persons, 33 nurses and six physicians in Toulouse, France, judge the appropriateness of the parents' behaviour in 64 scenarios of parents dealing with this problem. The scenarios were composed according to a four within-subject orthogonal design: 1) child's age (4, 6, 8 or 10); 2) severity of disease (lethal or worrisome, but curable); 3) child's concern or not about his illness; and, 4) parents' decision about communicating the news (tell nothing, minimize, tell the truth or ask the physician to tell the truth). Analysis revealed four clusters: 1) "always tell the truth" (including a majority of doctors and nurses); 2) "tell nothing or minimize" (with an older average age); 3) "tell the truth except in cases of incurable illness"; and, 4) "depends on child's characteristics" (29%).

Full text of journal article:
http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2214.2012.01420.x/full

SCANDINAVIAN JOURNAL OF CARING SCIENCES, **2012**;26(2):228-235. **'How children handle life when their mother or father is seriously ill and dying.'** This study focuses on a children's lived life with a dying parent. It limits itself, however, to focusing on children's life world. By choosing this focus, the authors have not included the relational aspects that are essential aspects of children's lives. When children live in a family with a dying mother or father, they find that their home is transformed from a safe base into death's waiting room. The children use a variety of ways to handle the confrontation with death. Avoiding talking to the children will not protect them from their thoughts about death.

Abstract of journal article:
http://onlinelibrary.wiley.com/doi/10.1111/j.1471-6712.2011.00922.x/abstract

END OF LIFE JOURNAL, **2012**;2(1). **'Telling a child that her dad is dying.'** Palliative care practitioners can sometimes find themselves in a situation where there is an urgent need to communicate with a family member or friend of a terminally ill patient. Nurses working in hospitals, care homes and community settings are often involved in end-of-life conversations and thereby play an important role supporting families facing loss. There is a paucity of information in the palliative care literature on how to talk to children when a parent is dying. Healthcare professionals are often reluctant to engage in such conversations because: 1) the forthcoming death of a parent challenges the perception that childhood is a time of innocence and their instinct is to protect children from painful experiences; 2) they lack confidence when it comes to relating to a child's conception of the world; and, 3) they worry that talking to a child about death will potentially cause more harm to the child.

Abstract of journal article:
http://endoflifejournal.stchristophers.org.uk/clinical-skills/communication-vignettes-telling-a-child-that-her-dad-is-dying

CHILD & ADOLESCENT PSYCHIATRY & MENTAL HEALTH | Online – 11 January **2012** – **'A two-session psychological intervention for siblings of pediatric cancer patients: A randomized controlled pilot trial.'** Thirty siblings, age 6-17 years, were randomly assigned to an intervention group or an active control group with standard psychosocial care. The manualized intervention provided to siblings in the first 2 months after the cancer diagnosis of the ill child included medical information, promotion of coping skills, and a psycho-educational booklet for parents. At 4 to 6 weeks, 4 months, and 7 months after the diagnosis, all siblings and their parents completed measures ... of social support, quality of life, medical knowledge, post-traumatic stress symptoms, and anxiety. At follow-up siblings in the intervention group showed better psychological well-being, had better medical knowledge, and reported receiving social support from more people.

Full text of journal article:
http://www.capmh.com/content/pdf/1753-2000-6-3.pdf

JOURNAL OF SUPPORTIVE ONCOLOGY, **2011**;9(4):136-140. **'Supporting children's grief within an adult and pediatric palliative care program.'** "What about the kids?" is a dominant and consuming question for caregivers supporting children/youth around the dying and death of a family member. The concerns and fears encompassed in this question can overwhelm caregivers as they put vast amounts of energy into trying to protect children and/or youth from the suffering and pain that awaits them. Perhaps the hardest lesson these caregivers must learn is that they cannot protect their child and/or youth from the death any more than they can stop the death from happening.

Abstract of journal article:
http://www.oncologypractice.com/index.php?id=4475&cHash=071010&tx_ttnews[tt_news]=61188

Cultural variances in composition of biological and supernatural concepts of death: A content analysis of children's literature

DEATH STUDIES, **2014**;38(8):538-545. Although a biological understanding of death increases in accordance with cognitive development, biological and supernatural explanations of death may coexist in a complementary manner, being deeply imbedded in cultural contexts. This study conducted an analysis of 40 children's death-themed picture books in Western Europe and East Asia. It can be inferred that causality and non-functionality are highly integrated with the naturalistic and supernatural understanding of death in Western Europe, whereas the literature in East Asia seems to rely on naturalistic aspects of death and focuses on causal explanations.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/07481187.2014.899653

Of related interest:

EDUCATION & SOCIETY, **2013**;31(1):37-52. **'An analysis of books for pre-school children experiencing bereavement and loss.'** To enhance a child's ability to cope after the loss of a loved one, parents and caregivers may use children's books as one of a variety of available strategies. When using this familiar form of therapy with pre-schoolers, it is important to choose books that are developmentally appropriate for the child and the situation at hand. In this study, content analysis was performed on ten books that were specifically written for parents/caregivers to read with young children.

Abstract of journal article:
http://www.ingentaconnect.com/content/jnp/es/2013/00000031/00000001/art00004

MEDICAL HUMANITIES | Online – 8 November **2012** – **'Good grief: Bereavement literature for young adults and *A Monster Calls*.'** This paper examines the narrative strategies in Patrick Ness's award-winning novel *A Monster Calls* to look at the ways in which the psychic burden of the impending loss of a parent through cancer is managed.

Abstract of journal article:
http://mh.bmj.com/content/early/2012/11/07/medhum-2012-010260.abstract

13

Meeting the needs of siblings of children with life-limiting illnesses

NURSING CHILDREN & YOUNG PEOPLE, **2014**;26(3):16-20. Siblings of children with life-threatening or life-limiting illnesses can face a number of challenges, yet this is a group that is often unacknowledged as needing specific support. It is essential that the needs of siblings are recognised and addressed as part of a family-centred approach. This article discusses the experiences and challenges faced by siblings in such families and what children's nurses can do to help. It outlines a group intervention offered by a community children's palliative care service.

Abstract of journal article:
http://rcnpublishing.com/doi/abs/10.7748/ncyp2014.04.26.3.16.e349

Of related interest:

EUROPEAN JOURNAL OF ONCOLOGY NURSING, **2014**;18(3):254-260. **'Siblings of children with cancer – Their experiences of participating in a person-centered support intervention combining education, learning and reflection: Pre- and post-intervention interviews.'** The result of this study comprises of five themes: 1) "grasping for knowledge about cancer," 2) "thinking for hours and having nightmares," 3) "experiencing physical pain," 4) "being emotional in several ways," and, 5) "waiting for a normal, good life despite the uncertain future." Pre-intervention: a low level of knowledge of cancer treatments and its side effects was revealed; siblings slept poorly, lay awake thinking and had nightmares about cancer; they felt pain in different parts of their body; they felt emotional and angry and were anxious as cancer is life-threatening; in the future the sick child will finished treatment and recovered. Post-intervention: siblings described having specific knowledge, felt more informed, and that it was easier to understand the sick child's situation; they slept better, but still had a lot on their minds regarding the sick child; most siblings said they no longer experienced pain, felt better and were happier but could still get sad; in the future the sick child would be healthy, not exactly as before, but almost. Person-centered intervention helps siblings to be more knowledgeable about the sick child's cancer, leading to a more realistic view about treatments and consequences.

Abstract of journal article:
http://www.ejoncologynursing.com/article/S1462-3889(14)00011-8/abstract

JOURNAL OF PEDIATRIC ONCOLOGY NURSING, **2013**;30(6):301-310. **'Impact of social support on bereaved siblings' anxiety: A nationwide follow-up.'** Study participants had a higher risk of anxiety if they perceived their need for social support was unsatisfied during their brother or sisters' last month before death. Furthermore, a higher risk for anxiety was shown for siblings if they did not perceive that their parents and neighbors cared for them after their brother or sisters' death. Information from both nurses and other health care professionals to families about the impact of social support may contribute to lessen the siblings' risk of anxiety.

Abstract of journal article:
http://jpo.sagepub.com/content/30/6/301.abstract

A case study of a stepfamily's relationship experiences before and after the death of a custodial biological parent

THE FAMILY JOURNAL | Online – 17 December **2013** – This article presents the findings of the examination of the stepparent–stepchild relationship and the effects of the death of the custodial biological parent on the stepfamily as individuals and as a family unit. They demonstrated the premises of Minuchin's structural theory and Bowlby's attachment theory as theoretical frameworks, and Social Constructionism as the philosophical framework, respectively. Family counselors will be informed of a stepfamily's relational associations, interactions, and cultural worldviews, thereby providing direction for clinical interventions from an empirically based perspective. The findings will inform better practice through the understanding of how the death of a custodial biological parent affects continued association between a stepparent and stepchild.

Abstract of journal article:
http://tfj.sagepub.com/content/early/2013/12/12/1066480713513556.abstract

4. Post-Death

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**Because I'm also part of the family. Children's participation in rituals after the
loss of a parent or sibling: A qualitative study from the children's perspective**

OMEGA – JOURNAL OF DEATH & DYING | Online – 10 March **2015** – The objective of this study was to
examine how Norwegian children today are included in death-related rituals after the loss of a parent or
sibling, how they experienced their own participation, and to explore the meaning the rituals had for them.
The study indicates that it was very important for the children to be included in the rituals and accordingly
be recognized as grievers alongside adults. Being included contributes to legitimating their status as a
"full" member of the family system, with an equal status to adult grievers in an important and vulnerable
phase of the family's life. The children were pleased that they through ritual performances were given the
opportunity to "see for themselves," both in order to better comprehend and accept the reality of the loss
and to take farewell with their loved ones.

Abstract of journal article;
http://ome.sagepub.com/content/early/2015/03/20/0030222815575898.abstract

Of related interest:

OMEGA – JOURNAL OF DEATH & DYING | Online – 10 March **2015** – **'Growing from grief: Qualitative
experiences of parental loss.'** Currently, there are 2.5 million children in the U.S. who suffered the loss of
a parent. Grieving children are more likely to experience symptoms of depression and anxiety compared
with their non-grieving peers. Adults who experienced a loss during childhood were interviewed to assess
what was most helpful and most harmful in coping through the years following the death. The qualitative de-
scriptions were coded and analysis of common themes determined. Five theoretical constructs were found:
adjustment to catastrophe, support, therapy, continuing a connection with the deceased parent, and rein-
vestment. The findings have clinical applications for bereaved children, their families, and clinical programs
targeting this population. The unique insights provide an emotionally salient expression of their experiences
and provide a framework for how best to support this group.

Full text of journal article
http://ome.sagepub.com/content/early/2015/03/09/0030222815576123.full.pdf+html

OMEGA – JOURNAL OF DEATH & DYING | Online – 6 March **2015** – **'Parentally bereaved children &
adolescents: The question of peer support.'** This study investigates peer interaction and peer support for
parentally bereaved children and adolescents. Major findings included: 71.4% of the sample received sup-
port from peers, although 71.4% preferred not to have bereavement-related peer interaction. A significantly
greater percentage of females versus males experienced peer support and a positive emotional response,
and a significantly greater percentage of children bereaved by anticipated deaths versus sudden deaths had
received bereavement-related peer interaction and support. No significant differences were found between
younger and older children.

Full text of journal article:
http://ome.sagepub.com/content/early/2015/03/06/0030222815575503.full.pdf+html

AMERICAN ASSOCIATION OF INTEGRATIVE MEDICINE | Online – 15 January **2015** – **'Emotionally-
focused therapy in adolescents grief work: What helps healthy grieving?'** This article presents Emo-
tionally Focused Therapy (EFT) as a simple, practical way to help adolescents cope with their normal grief
reactions of depression, anxiety, anger, feelings of rejection, and sense of worthlessness. Regardless of
what theoretical orientations or therapy models counselors are accustomed to using in their practice, EFT
can serve as a useful tool in helping clients successfully engage in healthy attachment styles within a secure
"safe haven" relationship. Moreover, for counselors of faith, the role of spirituality is explored as a way to fa-
cilitate healthy grieving for those struggling to cope with traumatic events of childhood.

Full text of paper:
http://www.aaimedicine.com/blog/wp-content/uploads/2015/01/Kurian_424.pdf

15

MORTALITY | Online – 18 December **2014** – **'Stability and change: The role of keepsakes and family homes in the lives of parentally bereaved young adults in The Netherlands.'** The authors highlight three themes in young people's relationship to material culture as part of their everyday lived experience of parental loss: first, the parental home as a space of departure, memory and return, and the potential for conflict, destabilisation and misunderstanding when the remaining parent transforms the home or embarks on a new relationship; second, the different strategies young adults use to commemorate their parent in their own temporary or shared accommodation and online space; and, third, the role of small, portable but effective keepsakes and adornment, such as jewellery or tattoos, that meet their need for the emotional experience of closeness with the memory of their parent.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/13576275.2014.958450

Supporting youth grieving the dying or death of a sibling or parent: Considerations for parents, professionals, and communities

CURRENT OPINION IN SUPPORTIVE & PALLIATIVE CARE | Online – 9 January **2015** – Although there continues to be much evidence about the distressing effect of such deaths on children and adolescents, there is a welcome emerging tendency to distinguish between adaptive and maladaptive grief. Although the literature strongly encourages parents to take an open and honest approach to supporting youth prior to a death, many barriers remain to them doing so. The literature identifies healthcare providers as being ideally positioned to provide guidance to families around best practice in the area of preparing youth for the death of a parent or sibling. Following a death, there is now encouraging evidence regarding the efficacy of certain interventions for bereaved youth, both in the short and long term, which is an important development in the field. Youth benefit from being involved in open and honest conversations about a family member's cancer diagnosis, treatment, prognosis, and end-of-life care.

Abstract of journal article:
http://journals.lww.com/co-supportiveandpalliative-care/Abstract/publishahead/Supporting_youth_grieving_the_dying_or_death_of_a.99654.aspx

16

Alternative link to abstract: http://www.ncbi.nlm.nih.gov/pubmed/25581448

The prevalence of multiple losses experienced by children from birth to 18 years in the National District Hospital in Bloemfontein

SOUTH AFRICAN FAMILY PRACTICE | Online – 6 January **2015** – Multiple losses, defined here as the loss of three or more personal, interpersonal or environmental assets, were experienced by 69% of the children interviewed. The majority of losses experienced occurred in the interpersonal (87%) and environmental (82%) categories. The death of a family member took place in 61% of cases. The prevalence of multiple losses in children in the National District Hospital in Bloemfontein was 69.4%. This figure warrants the need for support and bereavement counselling for children to prevent long-term problems with relationships and adaptation within society.

Abstract of journal article:
http://www.tandfonline.com/doi/full/10.1080/20786190.2014.975478#.VLJfyNLF_YQ

Cont.

Barry R. Ashpole 03.30.2015

Of related interest:

JOURNAL OF PALLIATIVE CARE & MEDICINE | Online – 30 September **2014** – **'A collaborative approach to improve support provided to bereaved siblings.'** There has been growing recognition that the experience of losing a sister or brother is different from that of losing a parent/caregiver. Consequently, supporting children who are bereaved siblings may require a unique, targeted approach. Unfortunately, at this time, there are no research-based recommendations for how to best support bereaved siblings. The authors discuss the challenges associated with sibling bereavement.

Full text of journal article:
http://omicsgroup.org/journals/a-collaborative-approach-to-improve-support-provided-to-bereaved-siblings-2165-7386.1000190.pdf

DEATH STUDIES, **2014**;38(9):557-562. **'Adolescents' experiences of having a stillborn half-sibling.'** Although there is an increasing interest in siblings' experiences of loss and grief there is limited knowledge of adolescent's own perspectives, especially in a unique situation as after stillbirth in a reconstituted family. The authors interviewed 13 bereaved adolescents. They were sad that their family was not the same and expressed feelings of being inside family grief, yet outside, because they did not have full access in their reconstituted family.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/07481187.2013.809034?queryID=%24%7BresultBean.queryID%7D

JOURNAL OF PAIN & SYMPTOM MANAGEMENT | Online – 28 May **2014** – **'Long-term psychosocial outcomes among bereaved siblings of children with cancer.'** Fifty-eight siblings completed surveys. They were approximately 12 years bereaved, with a mean age of 26 years at the time of the survey. Anxiety, depression, and illicit substance use increased during the year after their brother/sister's death, but then returned to baseline. Siblings who reported dissatisfaction with communication, poor preparation for death, missed opportunities to say goodbye, and/or a perceived negative impact of the cancer experience on relationships tended to have higher distress and lower social support scores. Almost all siblings reported that their loss still affected them; half stated that the experience impacted current educational and career goals.

17

Abstract of journal article:
http://www.jpsmjournal.com/article/S0885-3924(14)00266-8/abstract

THE FAMILY JOURNAL, **2014**;22(1):119-126. **'Prevalence of complicated grief and post-traumatic stress disorder in children and adolescents following sibling death.'** The effects of complicated grief (CG) in children and adolescents following the death of a sibling have not been studied in depth until recently. Research indicates that siblings and families are affected in a variety of ways by an ever-increasing number of factors. Risk factors for CG include, but are not limited to, coping strategies of the parents, the number of years since the death, the type of death, family support systems and relationships, therapeutic interventions, developmental ages of the siblings at the time of death, and the idea of finding meaning in life following the death. A death by accident or suicide which provides little or no warning to the family can cause a significant impact on families as compared to a death due to chronic illness. CG resulting in the development of anxiety disorders and symptoms of post-traumatic stress disorder (PTSD) may arise if one or all of these risk factors are present. This article presents an overview of studies related to the development of CG and PTSD in children and adolescents following death of a sibling, factors that may precipitate development of symptomatology, and recommendations for therapeutic interventions and future studies.

Abstract of journal article:
http://tfj.sagepub.com/content/22/1/119.abstract

PSYCHO-ONCOLOGY | Online – 18 December **2013** – **'They still grieve: A nationwide follow-up of young adults 2-9 years after losing a sibling to cancer.'** The study was a Swedish population-based study of young adults who had lost a brother or sister to cancer, 2-9 years earlier. Of 240 eligible siblings, 174 (73%) completed a study-specific questionnaire. This study focused on whether the respondents had worked through their grief over the sibling's death and to what extent. A majority (54%) of siblings stated that they had worked through their grief either 'not at all' or 'to some extent' at the time of investigation. In multiple regression analyses with unresolved grief as the dependent

variable, 21% of the variance was explained by lack of social support and shorter time since loss. The majority of bereaved young adults had not worked through their grief over the sibling's death.

Full text of journal article:
http://onlinelibrary.wiley.com/doi/10.1002/pon.3463/full
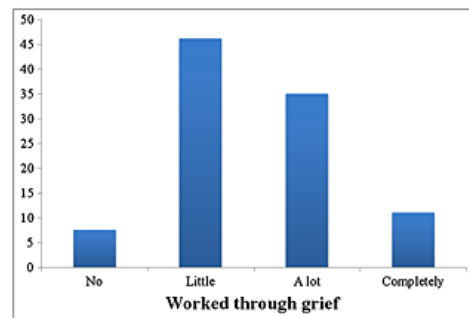
JOURNAL FOR NURSE PRACTITIONERS, **2013**;9(7):443-448. **'Childhood grief related to the death of a sibling.'** Events such as those at Sandy Hook Elementary School [Newtown, Connecticut, in which 12 students and 6 members of staff were fatally shot] bring the plight of the childhood sibling survivor to the forefront. Although previous literature and research have focused on the grief process of adults or teenagers, an urgent need remains to understand the grief process of the younger sibling survivor.

Full text of journal article (on Medscape):
http://www.medscape.com/viewarticle/807925_3

DEMOGRAPHY, **2013**;50(3):803-826. **'A sibling death in the family: Common and consequential.'** This article examines the prevalence and consequences of experiencing a sibling death during one's childhood. The authors show that even in a rich developed country, these experiences are quite common, affecting between 5% and 8% of the children with one or more siblings. They then show that these experiences are associated with important reductions in years of schooling as well as a broad range of adult socioeconomic outcomes. Their findings suggest that sisters are far more affected than brothers and that the cause of death is an important factor in sibling effects.

Abstract of journal article:
http://link.springer.com/article/10.1007/s13524-012-0162-4

DEATH STUDIES, **2013**;37(1):25-46. **'Parental perceptions of siblings' grieving after a childhood cancer death: A longitudinal study.'** Parents were interviewed 6 months and 18 months post-death. The following themes emerged: 1) expression of grief: missing deceased child (verbally, crying), behavioral problems, difficulty understanding the meaning of death (pre-schoolers), and avoiding talking with parents about feelings (adolescents); 2) what helps siblings grief: moving on, talking about deceased child and social support; 3) relationship with parents improved for most siblings; and, 4) bond with deceased sibling: pretend-play (preschoolers), dreaming, and career choices (adolescents).

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/07481187.2012.678262

CANCER NURSING, **2012**;35(5):347-354. **'Changes in siblings after the death of a child from cancer.'** This descriptive study identified and assessed the frequency of changes in siblings after a child's death from cancer. Participants were recruited from cancer registries at 3 hospitals in the United States and Canada, 3 to 12 months after the child's death. Thirty-six mothers, 24 fathers, and 39 siblings from 40 families were included. Semi-structured interviews using open-ended questions were conducted with each parent and sibling separately in the home. Content analysis identified emerging themes, and the McNemar tests compared frequencies between each paired set of reports (sibling vs. mother, sibling vs. father, mother vs. father). Sixty-nine percent of participants reported personal changes in siblings (e.g., changes in personality, school work, goals/life perspective, activities/interests). Forty-seven percent noted changes in siblings' relationships with family members and peers.

Full text of journal article:
http://journals.lww.com/cancernursingonline/Fulltext/2012/09000/Changes_in_Siblings_After_the_Death_of_a_Child.4.aspx

18

Changes in siblings after the death of a child from cancer:

	All Participants (N = 99)	Siblings (n = 39)	Moms (n = 36)	Dads (n = 24)
Personal changes	68 (69%)	27 (69%)	25 (69%)	16 (67%)
Personality	52 (53%)	17 (44%)	22 (61%)	13 (54%)
Maturity	15 (15%)	6 (15%)	8 (22%)	1 (4%)
Withdrawn	15 (15%)	2 (5%)	8 (22%)	5 (21%)
Compassion	14 (14%)	9 (23%)	3 (8%)	2 (8%)
Sadness	11 (11%)	3 (8%)	5 (14%)	3 (13%)
Anger	11 (11%)	1 (3%)	7 (19%)	3 (13%)
Fear of another death	3 (3%)	1 (3%)	2 (6%)	0 (0%)
School work	23 (23%)	10 (26%)	10 (28%)	3 (13%)
Goals/life perspective	21 (21%)	10 (26%)	5 (14%)	6 (25%)
Life priorities	15 (15%)	8 (21%)	3 (8%)	4 (17%)
Motivated by deceased sib	9 (9%)	4 (10%)	3 (8%)	2 (8%)
Activities/interests	7 (7%)	3 (8%)	3 (8%)	1 (4%)
Changes in relationships	47 (47%)	22 (56%)	17 (47%)	8 (33%)
Peers	21 (21%)	13 (33%)	5 (14%)	3 (13%)
Family relationships closer	20 (20%)	9 (23%)	7 (19%)	4 (17%)
Sibling role change	18 (18%)	7 (18%)	9 (25%)	2 (8%)
Family relationships more distant	5 (5%)	3 (8%)	1 (3%)	1 (4%)
No changes attributed to death	21 (21%)	6 (15%)	10 (28%)	5 (21%)
No changes	15 (15%)	6 (15%)	6 (17%)	3 (13%)
Changes attributed to development	6 (6%)	0 (0%)	4 (11%)	2 (8%)

Losing a parent: Analysis of the literature on the experiences and needs of adolescents dealing with grief

JOURNAL OF HOSPICE & PALLIATIVE NURSING, **2014**;16(6):362-373. The aims of this study were to describe the reactions, experiences, and needs of adolescents who lose a parent as a result of a chronic illness and to identify the factors that have proven to be useful in helping them deal with grief. The analysis of 14 publications included has led to the identification of four key factors on mourning in adolescents: 1) response to parent loss; 2) the teenagers' life after the death of their parent and of their needs; 3) coping strategies; and, 4) the factors influencing the grieving process, and relations with context.

Abstract of journal article:
http://journals.lww.com/jhpn/Abstract/2014/08000/Losing_a_Parent__Analysis_of_the_Literature_on_the.9.aspx

Of related interest:

JOURNAL OF THE ROYAL SOCIETY OF MEDICINE, **2013**;106(2):57-67. **'The long-term impact of early parental death: Lessons from a narrative study.'** While individual experiences of bereavement in childhood were unique and context bound, the narratives were organized around three common themes: 1) disruptions and continuity; 2) the role of social networks and affiliations and communication and the extent to which these dynamics mediated the bereavement experience; and 3) the subsequent impact on adult life. Specifically they illustrate how discontinuity, a lack of appropriate social support for both the child, and surviving parent and a failure to provide clear and honest information at appropriate time points relevant to the child's level of understanding was perceived to have a negative impact in adulthood with regards to trust, relationships, self-esteem, feeling of self-worth loneliness and isolation and the ability to express feelings.

Full text of journal article:
http://jrs.sagepub.com/content/106/2/57.full.pdf+html

JAMA PSYCHIATRY, **2011**;68(9):911-919. **'Grief in children and adolescents bereaved by sudden parental death.'** Three distinct trajectories of grief reactions were observed in the study participants. In one group grief reactions showed no change 33 months after death. Children and adolescents with prolonged grief reactions had higher rates of previous personal history of depression. Prolonged grief made unique contributions to increased levels of functional impairment, even after controlling for the clinical characteristics before and after the death. Conversely, prolonged grief in children, adolescents, and the surviving caregiver predisposed children and adolescents to an increased hazard of incident depression. Another group showed increased grief reactions 9 months after the death, which gradually decreased over time. Despite this finding, grief reactions in this group also were associated with functional impairment and increased risk of incident depression.

Full text of journal article:
http://archpsyc.jamanetwork.com/article.aspx?articleid=1107280

MORTALITY, **2011**;16(4):285-306. **'Childhood parental bereavement: The risk of vulnerability to delinquency and factors that compromise resilience.'** The authors found that parentally-bereaved children are significantly more vulnerable to delinquent behaviour than those who have not experienced parental bereavement. Thus there is a need for awareness of the variables that form protectors to the vulnerability to delinquency formed, in part by the experience of a parent's death. The findings present as a set of risk variables that increase a child's susceptibility to delinquent behaviour, with specific reference to children who have been parentally bereaved. Children who were parentally bereaved before the age of 16 were significantly more likely to display delinquent behaviour than those who were not.

Full text of journal article:
http://www.tandfonline.com/doi/pdf/10.1080/13576275.2011.613266

FAMILY SCIENCE, **2013**;4(1):87-94. **'Family bereavement program approach to promoting resilience following the death of a parent.'** The program is designed to enhance specific parenting and coping skills and to help caregivers and children accomplish goals they set for themselves at the outset of the program. The content of the 12 sessions and the approach to teaching and supporting parents work on their program and personal goals are described. Evaluation indicates that the program is effective in promoting resilient outcomes of children and of the bereaved parent 6 years following their participation in the program.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/19424620.2013.821763?queryID=%24%7BresultBean.queryID%7D

20

THE PREVENTION RESEARCHER, **2012**;18(3):3-9. **'Adolescent development and bereavement: An introduction.'** In order to provide the best support possible to grieving youth it is important to understand how bereavement impacts adolescent development and how adolescent development impacts bereavement. In this article, the author explores these two key components focusing on cognitive, behavioral, and affective responses during three stages of adolescence (early, middle, and later). He also examines traditional and more current understandings of human responses to bereavement, and also defines key terms in the grief and bereavement field (including disenfranchised grief, complicated grief, and the re-grief phenomena).

Full text of journal article:
http://www.tpronline.org/download-free-article.cfm?id=582

JOURNAL OF MENTAL HEALTH COUNSELING, **2011**;33(1):21-32. **'Promoting the adjustment of parentally bereaved children.'** The death of a parent is one of the most stressful life events to encounter during childhood. Given its detrimental impact on psychological development, a better understanding of outcomes associated with childhood bereavement and factors that affect these outcomes is necessary. The adjustment of bereaved children is linked to such factors as age of the child, sex of child and parent, circumstances of parent death, and the adjustment of the surviving caregiver. In this article the author highlights considerations that may increase children's positive adjustment to parental death and also discuss specific treatment recommendations.

Abstract of journal article:
http://essential.metapress.com/content/a2m06x0835352741/

JOURNAL OF INTERPROFESSIONAL CARE, **2010**;24(4):450-459. **'Death of a parent and the children's experience: Don't ignore the elephant in the room.'** The primary issue relates to communication and the competence and confidence of practitioners when working with this community of children. The paper suggests that related to this is the lack of training practitioners receive, both as students and through continual professional development, within the fields of social care and health. The metaphor of the elephant in the room is used to delineate how practitioners avoid such discussions and thereby miss opportunities to support children experiencing potentially the most traumatic life event they have faced.

Abstract of journal article:
http://informahealthcare.com/doi/abs/10.3109/13561820903274871

Childhood traumatic grief: How to provide support

CHILD CARE, **2014**;38(2). The death of a loved one initiates a grieving process – even in children. Sometimes, however, the child is too traumatized to grieve and suffers from childhood traumatic grief (CTG). Children with CTG often display characteristics of post-traumatic stress disorder. They are plagued by nightmares and traumatic reminders of the circumstances of the death. This article reviews the research on CTG, explores the myths and realities of a child's grieving process, and offers ideas to help parents and educators work effectively with children suffering from CTG.

Full text of journal article:
http://childcarequarterly.com/fall14_story1.html

Of related interest:

OMEGA – JOURNAL OF DEATH & DYING, **2013**;67(3):291-303. **'Complicated grief in children: The perspectives of experienced professionals.'** A total of 39 experienced clinicians and researchers worldwide responded to a survey consisting of both structured and open-ended questions on complicated grief in children. The questions assessed their opinion on: 1) what constitutes complicated grief in children; 2) whether to develop a diagnosis for children as suggested for adults and, if so, would adult criteria be sufficient for children; and, 3) other aspects of normal and complicated grief in children. The analyses showed that the professionals struggled with defining complicated grief in children, although they agreed that the major defining aspects were intensity, duration, and longevity of reactions.

Abstract of journal article:
http://baywood.metapress.com/app/home/contribution.asp?referrer=parent&backto=issue,3,5;journal,1,265;linkingpublicationresults,1:300329,1

BEREAVEMENT CARE, **2011**;30(1):29-36. **'Evaluation of a therapeutic residential intervention for traumatically bereaved children and young people.'** Child bereavement interventions are rarely subjected to rigorous evaluation, so there is scant evidence in the literature to support their efficacy. This article reports the evaluation of a residential group programme developed by the UK charity Winston's Wish for children and young people and their parents/carers bereaved in traumatic circumstances (murder or manslaughter). A number of validated psychometric measures were taken pre- and post-intervention, and the results indicated positive outcomes for participants.
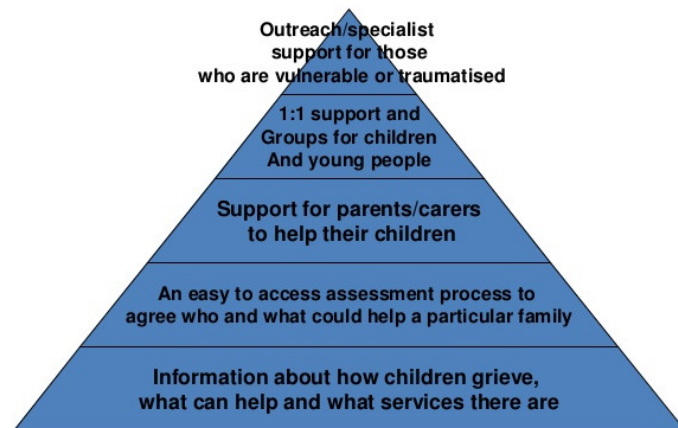
Abstract of journal article:
http://www.tandfonline.com/doi/full/10.1080/02682621.2011.555239

Bereavement in childhood: The impact on psychological and educational outcomes and the effectiveness of support services

THOMAS CORAM RESEARCH UNIT (Institute of Education, University of London) | Online – February **2014** – This paper provides a brief overview of educational and psychological out-comes for children and young people of a parent or sibling, and the effec-tiveness of services provided by this group. It finds that most children do experience some negative impact on their psychological well-being, which may continue to emerge – and in some cases intensify – for at least two years after death. When children do show a significant negative impact from their experience of bereavement, there is some evidence that specialist interven-

What Good Provision for Bereaved Children Looks Like

Outreach/specialist support for those who are vulnerable or traumatised

1:1 support and Groups for children And young people

Support for parents/carers to help their children

An easy to access assessment process to agree who and what could help a particular family

Information about how children grieve, what can help and what services there are

tions and programs can be helpful, especially those which also strengthen the protective factors within a child's life, for example by providing support to parents as well. Even children who do not exhibit clinical levels of distress may benefit in the longer term from programmes which normalize their grief and strengthen their coping strategies. Key conclusion from the evidence reviewed: 1) the importance of a dif-ferentiated response to childhood bereavement 2) taking account of each child's needs; and, 3) circum-stances.

Full text of article:
http://www.cwrc.ac.uk/resources/documents/Revised_Childhood_Bereavement_review_2014a.pdf

Of related interest:

BMJ SUPPORTIVE & PALLIATIVE CARE, **2014**;Suppl;234. **'Bereaved workgroup pilot with children aged 7 to 8 years old.'** CancerCare decided to undertake a pilot study to assess the feasibility of providing a therapeutic group for all bereaved children, not just cancer-related. The aims included: 1) normalising the children's experience of bereavement; 2) decreasing their sense of isolation; 3) allowing them to communi-cate their feelings around grief; 4) sharing their experience of bereavement with others; 5) receiving peer support; 6) building emotional resilience; 7) recognising support in their environments; 8) working creatively and expressively to process their feelings around loss; and, 9) the pilot study was for children aged 7 to 8 years old. Change was measured using feedback questionnaires and a pre/post intervention outcome tool, the Strengths & Difficulties Questionnaire completed by parents at the beginning and end of the groupwork. Children, who had high impact scores, indicating bereavement was greatly affecting their lives, showed a decrease in their scores at the end of the group; a shift towards greater emotional health. One child moved to a higher score at the end of the group; signifying an "unlocking" of some aspects of grief the child was holding. The child was offered an onward referral for 1-2-1 therapy within CancerCare, following the end of groupwork.

Abstract of journal article:
http://spcare.bmj.com/content/4/Suppl_1/A95.3.abstract?sid=aa6dab2d-4ca6-42e3-95c3-5bf664fadcc4

NEW YORK LIFE FOUNDATION/NATIONAL ALLIANCE FOR GRIEVING CHILDREN | Online – April **2012** – **'The grief journey of a child.'** A survey of kids at bereavement programs across the U.S., billed as the first study of its kind, suggests that young people are still struggling with less-than-helpful reactions. Among the study's findings: While kids identified strongly with key statements such as "The death of my loved one is the worst thing that ever happened to me" and "You never stop missing your loved one," when they were asked to choose just one statement that applied to them the most, the largest group of kids (32%), chose "People don't have to give me special treatment; I just want to be treated like everyone else."

Overview of New York Life Foundation/National Alliance for Grieving Children survey:
http://www.newyorklife.com/newyorklife.com/General/FileLink/Static%20Files/NYLF%20KIDS%20Brochure%20FINAL%203.5.12.pdf

N.B. A review of the findings of the 2012 study was posted 23 February 2014 on the website of the U.S. George Lucas Educational Foundation http://www.edutopia.org/blog/supporting-grieving-students-anne-obrien?utm_content=blog&utm_campaign=supporting-grieving-students&utm_source=twitter&utm_medium=socialflow&utm_term=frist-image

BMJ SUPPORTIVE & PALLIATIVE CARE | Online – 4 January **2012** – **'Bereavement in childhood: Risks, consequences and responses.'** Children and young people often report feeling alone and different following the death of someone important in their lives. While no routine data are collected in the U.K. on this group, estimates suggest that, in fact, the majority of young people face the death of a close relative or friend by the time they are 16 years old. Five per cent of young people have been bereaved of a parent by this age. Around 1 in 29 school-aged children have been bereaved of a parent or sibling and 1 in 16 have experienced the death of a friend.

Background characteristics of bereaved children: Varying mortality patterns by social class and geography affect the risk of bereavement. At birth, children who go on to be bereaved of a parent are less likely than their peers to have parents with some experience of extended education or a father in a professional or managerial occupation, and more likely to have a father not in work. Higher levels of disadvantage persist: greater proportions of children bereaved of a parent or sibling live in economically inactive or low-earning households than their peers. These children are also more likely to have experienced other stressful events including a parent having a physical illness, serious mental illness or financial crisis and the child spending time in public care. These additional difficulties may precede or follow the death; some are linked to it while others are independent. The impact of bereavement in childhood: Common children's grief reactions include sadness and crying, anxiety (including about their own or others' safety), guilt, anger and acting out, physical difficulties including somatic symptoms, illness and accidents, problems at school, sleeping difficulties, and vivid memories. While many grief reactions abate, others can persist or emerge.

Extract of journal article:
http://spcare.bmj.com/content/early/2012/01/03/bmjspcare-2011-000029.extract

Page 1 of journal article:
http://spcare.bmj.com/content/2/1/2.short

CHILDHOOD WELLBEING RESEARCH CENTRE (U.K.) | Online – October **2011** – **'Long-term impact of childhood bereavement: Preliminary analysis of the 1970 British Cohort Study.'** There is a body of evidence suggesting that for some children there can be a profound effect on their life from the loss of a parent at the time of the bereavement. Case-study research suggests this effect can be felt throughout an individual's life, but less is known about how this emotional upheaval in childhood influences achievement in the different domains of adult life. To investigate the long-term effect of childhood bereavement, this preliminary analysis uses data from the 1970 British cohort study [BCS70] first to describe some of the characteristics of bereaved children and their families and second to investigate the correlates of childhood bereavement with measures of adult wellbeing. Measures of wellbeing outcomes for adults were available at age 30, namely educational qualifications obtained, general health, mental health, and employment status. The research analyses carried out and reported in this working paper are based on longitudinal information provided by 11,000+ adults who were born in 1970 and were members of the BCS70 who were interviewed at age 30.

> *"Every 22 minutes a child in Britain is bereaved of a parent which equates to 24,000 new children each year learning to live with a powerful range of confusing and conflicting emotions. Bottled up, these emotions can have damaging consequences in later life for the individual, their family and society as a whole"* (Winston's Wish)[1].

1.   Winston's Wish (U.K. charity for bereaved children) http://www.winstonswish.org.uk/

Full text of report:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181353/CWRC-00081-2011.pdf

Barry R. Ashpole 03.30.2015

Young children's grief: Parents' understanding and coping

DEATH STUDIES, **2014**;38(1):36-43. This article reports a qualitative evaluation of a Norwegian be-reavement support program where eight parents described their young child's grief reactions and coping and how these intersected with their own grief. Successful parental coping with their child's grief involves understanding the child's genuine concerns following the death and an intricately holistic balance be-tween shielding and including, between informing and frightening, and between creating a new life while cherishing the old.

Of related interest:

MORTALITY, **2012**;17(3):276-299. **'When grieving adults support grieving children: Tensions in a peer support bereavement group programme.'** Drawing on interviews with former volunteers, current volun-teers, and staff members, analysis illustrates how the feeling rules of the organisation shape interactional dynamics during group supervision meetings, and how these organisational processes reflect broader themes in contemporary talk therapeutic culture. Volunteers at the centre were socialised to believe that their ability to support others in their grief was produced through expressing their feelings during weekly su-pervision meetings, although some volunteers were not interested in talking about their feelings and others wished to speak about matters that could not be held so easily within the peer support model practiced at the centre. A tension emerged in the bereavement groups as well, as the focus on talk led some volunteers to privilege verbal expressions despite the understanding that children grieve most naturally through play. This paper questions whether training and supervision of volunteers who support grieving children should best take the form of a self-help group and proposes alternative approaches to supervision that would be consistent with the goal of offering non-clinical bereavement support.

24

OMEGA – JOURNAL OF DEATH & DYING, **2012**;66(1):1-16. **'Holding parents so they can hold their children: Grief work with surviving spouses to support parentally bereaved children.'** A child's ad-justment to the death of a parent is greatly influenced by the surviving parent's ability to attend to his or her own grief-related needs, to create and sustain a consistent and nurturing environment, and to encourage the child to express distressing or conflicting thoughts, feelings, and fantasies about the loss. Yet, the surviving parent's grief often compromises their ability to parent consistently and empathically. This article will illus-trate how, by providing a holding environment for whole families, clinicians can help parents to facilitate chil-dren's grief reactions and, thus, mitigate long-term adverse mental health outcomes. Family Matters pro-grams, designed and implemented in a community agency, use a holistic approach to family support and treatment in a milieu setting. Combining therapeutic work with surviving spouses and bereaved children supports children's grief while facilitating newly single parents as they adapt the structure of family life.

JOURNAL OF PALLIATIVE MEDICINE, **2011**;14(1):116-117. **'Supporting your grieving child.'** Given the demanding nature of grief, parents and caregivers find it challenging to take care of all of the needs of a grieving family, including their own needs. While it may feel natural for adults to focus on children, you will be better able to clearly see and respond to your child's needs if you also attend to your own grief. By honor-ing your own unique grief, you teach your child that grief is normal and that healing is possible. If you feel overwhelmed by the demands of your own grief, it is important to seek support for your self.

SINGAPORE MEDICAL JOURNAL, **2010**;51(2):e34-e36. **'Complicated grief in a two-and-a-half-year-old child.'** The clinical phenomenon of grief in a toddler is rarely described or analysed in the psychiatric literature. Early theorists felt that grieving does not occur until adolescence due to a younger child's psychological structure. However, data on grief reaction in preschool children has mostly been under-reported or neglected, especially since most of the studies on childhood grief have been conducted on school-age children. This report shows that even toddlers can mourn for loved ones, although the expression and process of grief differ from that of older children and may occasionally draw clinical attention. Suggestions on how to investigate this phenomenon more closely and how to avoid it in socio-cultural contexts are proposed.

Full text of journal article:
http://smj.sma.org.sg/5102/5102cr4.pdf

N.B. *Authors of a 1993 journal article address age-appropriate, theory-based interventions by clinicians and parents to assist children three and younger in their grief work*: 'Understanding death and grief for children three and younger,' *Social Work*, 1993;38(6):736-742. http://sw.oxfordjournals.org/content/38/6/736.abstract

Do circumstances of the death matter? Identifying socio-environmental risks for grief-related psychopathology in bereaved youth

JOURNAL OF TRAUMATIC STRESS, **2014**;27(1):42-49. The authors examined bereaved children's and surviving caregivers' psychological responses following the death of the other caregiver as a function of the stated cause of death. Surviving caregivers reported the causes of death as resulting from sudden natural death (34.9%), illness (33.3%), accident (17.5%), and suicide (14.3%). Results revealed differences between caregiver-reported versus child-reported cause of death, particularly in cases of suicide. Children who lost a caregiver due to a prolonged illness exhibited higher levels of both maladaptive grief and post-traumatic stress symptoms [PTSS] when compared to children who lost a caregiver due to sudden natural death (e.g., heart attack). In contrast, surviving caregivers did not differ in their levels of maladaptive grief and PTSS as a function of the cause of death; however, caregivers bereaved by sudden natural death reported higher levels of depression than those bereaved by prolonged illness.

25

Full text of journal article:
http://onlinelibrary.wiley.com/doi/10.1002/jts.21877/pdf

Are children's grief camps effective?

JOURNAL OF SOCIAL WORK IN END-OF-LIFE & PALLIATIVE CARE, **2013**;9(1):43-57. A review of the existing literature on child bereavement camps was conducted. Selection criteria employed resulted in a total of eight studies for an in-depth examination. While camps had differences in their lengths, camper acceptance, restrictions, and theoretical frameworks used, many shared similar camp goals and objectives, activities, and outcome measures.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/15524256.2013.758927?queryID=%24%7BresultBean.queryID%7D

Of related interest:

QUALITATIVE SOCIAL WORK | Online – 11 December **2012** – **'Coping with parental death as seen from the perspective of children who attended a grief camp.'** Researchers interviewed 16 parentally bereaved children and their 11 surviving parents in order to conceptualize the emotional impact of losing a parent to death and to understand the possible influence of one bereavement program's attempt to address these issues. Themes revealed: sadness, anger, being set apart, worries, trauma, and contemplation of suicide.

Abstract of journal article:
http://qsw.sagepub.com/content/early/2012/11/27/1473325012465104.abstract

From the archives:

GROUPWORK, **2004**;14(3):91-111. **'Listening to the language of children's grief.'** This qualitative study, utilizing participant observation, explored children's expression of grief in a peer support group of five, eight to ten year old children -with a life-threatening illness in their family. The research took place at The Center For Grieving Children, a specialized grief center in New England, which provides grief services based upon a peer-support model. The themes arising from the participant observation of the study group were: (a) connection and cooperation; (b) attempts to understand and explain; (c) physical expression and play; (d) view of self, and (e) avoidance of feelings and (f) regression of language. A crucial need of a grieving child is being able to have a safe space in which they can express their own feelings, thoughts, and behaviors, without feeling judged by adults who may hold different or contradictory views. The availability of such a space in combination with supportive adults, who can provide age-appropriate activities and interests, appears to be of paramount importance.

Abstract of journal article:
http://essential.metapress.com/content/f6006077p712656u/

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**Developing an Islamic model of grief intervention on behavioral and
emotional problems and grief symptoms in adolescent bereaved girls**

INTERNATIONAL JOURNAL OF PSYCHOLOGY & BEHAVIOURAL RESEARCH, **2014**;3(5):365-373.
This research was performed in two stages. In the first stage, the design of this study was a qualitative
research of grounded theory and intervention in grief of Islamic doctrines and Islamic traditions. In the
second stage, the design of research was experimental. The authors conclude that the model is an effec-
tive intervention for bereaved adolescents.

>   Full text of article:
>   http://ijpbrjournal.com/wp-content/uploads/2014/10/Intl.-J.-Phys.-Beh.-Res.-Vol.-35-365-373-2014.pdf

**Children and young people with refugee backgrounds: Their experiences
of change, loss and grief and the seasons for growth program**

GRIEF MATTERS, **2014**;17(3):80-84. The change, loss and grief experiences of children and young peo-
ple with refugee backgrounds is explored through a consideration of their resilience and also the chal-
lenges they have faced during their life in their home country, exile and resettlement, and the normal
day-to-day experiences of people living in Australia. The role of school in the lives of children and young
people with refugee experience is discussed, and the use of a small-group grief and loss education pro-
gram, Seasons for Growth, to support these children and young people in strengthening their social and
emotional wellbeing, is described.

>   Abstract of journal article:
>   http://search.informit.com.au/documentSummary;dn=907211920759446;res=IELHEA

Grief counseling for Muslim preschool and elementary school children

JOURNAL OF MULTICULTURAL COUNSELING & DEVELOPMENT, **2010**;38(2):112-124. This article
describes Sunni Muslims' view of death, mourning and burial rituals, and accepted healing practices. In-
terventions for addressing death with Muslim children, group counseling, play therapy, and community
outreach are discussed.

>   First page of journal article:
>   http://www.readcube.com/articles/10.1002/j.2161-1912.2010.tb00119.x

>   ***N.B****. There is a paucity of literature in this category. Most articles, etc, on end-of-life focus on dying and death in a
>   broad context, as opposed to addressing children's issues, for example:*

>>   'End-of-life: Jewish perspectives,' *The Lancet*, 2005;366(9488):862-865. First page of journal article.
>>   http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67219-4/abstract

>>   'End-of-life: A Hindu view,' *The Lancet*, 2005;366(9486):682-686. The author cites *Dying, Death and Bereave-
>>   ment in a British Hindu Community*. First page of journal article:
>>   http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67141-3/fulltext.

>>   'End-of-life: The Islamic view,' *The Lancet*, 2005;366(9487):774-779. First page of journal article:
>>   http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67183-8/abstract

>>   'End of life: The Buddhist view,' *The Lancet*, 2005;366(9489):952-955. First page of journal article:
>>   http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(05)67323-0/abstract

>   ***N.B****. A copy of each of* The Lancet *articles is available on request. See also 'Death & Dying Religious
>   Practices Wall Chart' p.37 (Under 'Resources').*

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**Attitudes and practices in the bereavement care offered by
children's hospitals: A survey of the pediatric chaplains network**

OMEGA – JOURNAL OF DEATH & DYING | Online – 9 March **2015** – Fifty thousand children die annually in the U.S. No best practice standard exists regarding what services should be offered by children's hospitals to grieving families. The authors sought to identify the bereavement services most commonly offered, the departments primarily responsible for their dissemination, whether resources differ based on the patient's diagnosis or place of death, and whether the services offered are adequate. A 13-item anonymous online survey was emailed to 201 pediatric chaplains using the Pediatric Chaplains Network email list. Seventy respondents (34.8%) participated. Respondents described offering a variety of resources, but 47.8% of respondents believe the resources provided are not adequate. Increased staff and financial resources, and more consistency in services provided, were cited as needing improvement. The breadth and depth of bereavement services varies among children's hospitals. More studies are warranted to define the optimal approach to care for families grieving the loss of a child.

Full text of journal article:
http://ome.sagepub.com/content/early/2015/03/06/0030222814568287.full.pdf+html

Childhood grief and the church's response

JOURNAL OF RESEARCH ON CHRISTIAN EDUCATION, **2013**;22(2):113-138. The study investigated how previous childhood grievers viewed the church's effectiveness in ministry following their loss. The phenomenological qualitative nature of the study was based on semi-structured interviews that were reflective in nature; participants were age 18 to 22 years at the time of the study, but were age 6 to 12 years at the time of their loss. The interview sessions were analyzed, compared with other interviews, and then reviewed by sample group participants in order to identify reoccurring themes. Suggestions for effective ministry to childhood grievers (such as education on the topic for parents, clergy, and lay members) were located at the conclusion of the data analysis section.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/10656219.2013.808980?queryID=%24%7BresultBean.queryID%7D

28

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**Academic and behavioral reactions of children with disabilities to the loss
of a firefighter father: The New York City World Trade Center attack 9/11/01**

REVIEW OF DISABILITY STUDIES, **2015**;2(3).This five year comparative case study explores how children with disabilities responded to the loss of their firefighter father in the World Trade Center attack. Preliminary findings presented will be useful for teachers and researchers interested in designing appropriate interventions for children traumatized by the death of a parent.

> Abstract of journal article (w. list of references):
> http://www.rds.hawaii.edu/ojs/index.php/journal/article/view/338

> Full text of journal article:
> http://www.rds.hawaii.edu/ojs/index.php/journal/article/view/338/1040

Strengthening grief support for children with developmental disabilities

SCHOOL PSYCHOLOGY INTERNATIONAL, **2011**;32(2):179-193. Although a sizable literature investigates and describes children's grief, the majority of information focuses on typically developing children. Far less has been published about the loss and grief of children with developmental disabilities (DD), even though this population experiences significant and multiple losses, increasing their vulnerability to negative outcomes. Addressing this gap in scholarship, this article explicates common losses and important grief-related challenges experienced by children with DD. An overview of practice guidelines is provided.

29

> Abstract of journal article:
> http://spi.sagepub.com/content/32/2/179.short

> **N.B.** There is a paucity of literature in this category with most research or published studies focusing on adults with physical or intellectual disabilities and in the context of end-of-life care.

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The taunting of parentally bereaved children: An exploratory study

DEATH STUDIES | Online – 12 January **2015** – This exploratory study addresses the rarely mentioned, minimally investigated topic of peer taunting of parentally bereaved children. It suggests that social support cannot be adequately conceptualized or measured on an essentially one-dimensional scale from high to low support. The data are derived from lengthy semi-structured transcribed research interviews of bereaved children. Using conservative criteria, 7 of the 35 children were found to have experienced direct, raw taunting about their loss. The varied forms of taunting experienced are described, as well as a range of victim reactions. Suggestions of foci for future research are presented.

    Abstract of journal article:
    http://www.tandfonline.com/doi/abs/10.1080/07481187.2014.975870

**Investigation of guidance and counseling services offered to
bereaved pupils in Asego Division, Homa Bay Sub County, Kenya**

INTERNATIONAL JOURNAL OF PHYSICAL & SOCIAL SCIENCES, **2015**;5(1):192-204. Two hundred and forty Luo pupils in classes four to eight in the sampled schools were purposively sampled as participants and descriptive survey research design was used. Questionnaires were administered to the sampled pupils. Focus group discussions for teachers were held in the sampled schools chaired by the researcher with the assistance of two enumerators. DaThe findings showed that the 64 teachers offered educational guidance to bereaved pupils when they come back to school through giving missed tests and exercises and having talks with pupils on study skills. The teachers offered grief counseling through giving financial support to the bereaved pupils, expressive art, play therapy, music, writing stories or letters, drama, grief therapy and home visits to the bereaved.

    Abstract of journal article:
    http://www.indianjournals.com/ijor.aspx?target=ijor:ijpss&volume=5&issue=1&article=017

30

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**"No rights or wrongs, no magic solutions":
Teachers' responses to bereaved adolescent students**

DEATH STUDIES, **2014**;38(10):654-661. Participants described how they engage in six central processes: 1) flexibility; 2) openness; 3) support; 4) emotionality; 5) sharing; and, 6) communication. The authors conceptualized these processes as *continua* with opposing actions at each end. Teachers' movement on the *continua* is fluid, influenced by systemic factors, student-specific factors and factors individual to the teacher. Responses on the *continua* in relation to each student's bereavement are unique to each teacher-student relationship.

    Abstract of journal article:
    http://www.tandfonline.com/doi/full/10.1080/07481187.2013.840018

Grieving students: The response and support of educators in Irish schools

JOURNAL OF POSTGRADUATE RESEARCH, **2014**;XIII It is estimated that bereavement has affected between 36,000 and 60,000 young people in Ireland. Little academic research has been conducted to ascertain the response of Irish schools to bereavement and grief support. The research outlined in this paper documents the approach and response of Irish primary and post-primary schools regarding policy and provision of support to students who have experienced bereavement as well as providing preliminary analyses of exploratory interviews with key stakeholders. The Bereavement Audit Survey was administered to a representative sample of primary and post-primary schools throughout the Republic of Ireland. The results demonstrate that in the absence of clear advice and support, Irish schools are being proactive and supportive of the students in their care, however, they also indicate the desire for further support in terms of policy, curricula materials, practice direction, staff support, and a Continual Professional Development programme.

Abstract of journal article:
http://www.tara.tcd.ie/xmlui/handle/2262/72482

Suggestions for the ideal follow-up for bereaved students as seen by school personnel

EMOTIONAL & BEHAVIOURAL DIFFICULTIES | Online – 2 September **2014** –Although the school personnel [i.e., study participants] obviously have high levels of empathy and commitment towards grieving students, they expressed limited knowledge about how child bereavement affects school performance, concentration, and learning, and how this restricted their own efforts to arrange for grieving children during the school day. They also signalled tensions created by the need to mediate too many tasks in the teacher's role, school staff's lack of grief knowledge, and guilt for not doing more for bereaved children at school. Despite the existence of solid theoretical and research base in the field of grief in children, opportunities for provision of evidence-validated intervention by teachers and other school personnel in response to grief, and prompt referral of bereaved children suffering more complex grief reactions, appear to be severely compromised. The school personnel pointed out the necessities for action plans and written routines, resources and clarifications of roles, and some basic help principles, key help measures, and improvements to improve the support for bereaved schoolchildren.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/13632752.2014.955676

Parental death during childhood and subsequent school performance

PEDIATRICS | Online – 10 March **2014** – The authors investigated the association between parental death before age 15 years and school performance at age 15 to 16 years, taking into account potentially contributing factors such as family socioeconomic position (SEP) and parental substance abuse, mental health problems, and criminality. Parental death was associated with lower grades (Ors) for paternal and maternal deaths, respectively. Adjustment for SEP and parental psychosocial factors weakened the associations, but the results remained statistically significant. The higher crude impact of death due to external causes (i.e., accident, violence, suicide) compared with natural deaths was not seen after adjustment for SEP and psychosocial situation of the family.

Abstract of journal article:
http://pediatrics.aappublications.org/content/early/2014/03/05/peds.2013-2771.abstract

Barry R. Ashpole 03.30.2015

School social work with grieving children

CHILDREN & SCHOOLS, **2014**;36(2):93-103. This research aimed at answering the following question: 1) What are school social workers' experiences working with grieving children? Fifty-nine school social workers in the Twin Cities, Minnesota, agreed to participate in the preliminary e-mail survey. Of these participants, 22 school social workers were interviewed in person for approximately 45 to 60 minutes. The data analysis identified four main themes in the responses: 1) barriers to helping grieving students; 2) variations on how grief is defined; 3) social workers' preparation for dealing with grief and loss issues; and, 4) referrals of grieving students to outside resources.

Abstract of journal article:
http://cs.oxfordjournals.org/content/36/2/93.short

Development and piloting of a school-based intervention on bereavement and severe illness

AMERICAN JOURNAL OF HOSPICE & PALLIATIVE MEDICINE | Online – 10 September **2013** – The intervention entailed the screening of a topic-related movie and a classroom meeting. Eight classes from two high schools participated, and a before-after evaluation was used to assess intervention feasibility and impact. Valid questionnaires, including 2 open-ended questions focusing on bereavement and strategies for coping with loss, were filled in by 89% (before) and 84% (after) of the 159 students.

Abstract of journal article:
http://ajh.sagepub.com/content/early/2013/09/04/1049909113503394.abstract

Teacher' perceptions of their role facing children in grief

EMOTIONAL & BEHAVIOURAL DIFFICULTIES, **2013**;18(2):125-134. A questionnaire was sent to teachers in the western part of Norway to survey the attitudes and thoughts teachers have about grief in young people and how they look upon their supportive role. In addition, six focus group interviews were conducted to get in-depth knowledge from the same population of teachers and headmasters. Participants in both groups had extensive experience from working in schools. Results showed that Norwegian teachers were well aware of children's needs and were understanding of their situation. They did not perceive grief to be something that children easily forget and they were aware of how important it is to show empathy for their grieving students. Most agreed that grieving students were overlooked in school.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/13632752.2012.754165

Least said, soonest mended? Responses of primary school teachers to the perceived support needs of bereaved children

JOURNAL OF EARLY CHILDHOOD RESEARCH | Online – 28 January **2013** – This article expands upon research with primary school teachers articulating something of their knowledge and experience in encountering bereaved children. The discussion elucidates teachers' confidence – or reluctance – in broaching the topic, highlighting the lack of specific training within teacher education for understanding and supporting bereaved children. Compassionate understanding is offered to some children, but many others detect a wall of silence, which, when encountered in early childhood, can have detrimental consequences for their personal, social and academic development.

Abstract of journal article:
http://ecr.sagepub.com/content/early/2013/01/25/1476718X12466201.abstract

Strengthening classroom emotional support for children following a family member's death

SCHOOL PSYCHOLOGY INTERNATIONAL, **2012**;33(3):243-262. This article reviews research and practice related to children's grief and specifies strategies for classroom-based interventions. School psychologists are encouraged to assist teachers in addressing the needs of children following the death of a family member. A list of resources is included to assist school psychologists in sharing critical information with teachers, preparing them to implement suggested strategies. Additionally, two ready-to-use classroom lesson plans integrate classroom discussion and activities with grief-themed children's literature.

Abstract of journal article:
http://spi.sagepub.com/content/33/3/243.short

Peer relationships of bereaved siblings and comparison classmates after a child's death from cancer

JOURNAL OF PEDIATRIC PSYCHOLOGY, **2012**;37(2):209-219. Teachers [i.e., study participants] reported bereaved siblings were more pro-social than comparison classmates. Peers perceived bereaved boys as more sensitive-isolated and victimized, while bereaved siblings in elementary grades were perceived by peers as less pro-social, more sensitive-isolated, less accepted, and as having fewer friends. Peers and teachers viewed bereaved siblings in middle/high school grades as higher on leadership–popularity. Bereaved siblings who were male and in elementary grades were more vulnerable to social difficulties, while those in middle/high school may exhibit some strengths.

Full text of journal article:
http://jpepsy.oxfordjournals.org/content/37/2/209.full.pdf+html

Supporting children with traumatic grief: What educators need to know

SCHOOL PSYCHOLOGY INTERNATIONAL, **2011**;32(2):117-131. Following traumatic deaths children may develop Childhood Traumatic Grief (CTG), a condition in which trauma symptoms interfere with adaptive child grieving. Key contributions that educators can make are to: 1) recognize CTG symptoms in school settings; 2) refer children for mental health evaluations when appropriate; 3) recognize reminders that trigger trauma symptoms and identify ways to manage these triggers and responses in school settings; 4) support CTG treatments in school by reinforcing children's use of stress-management strategies; 5) respect confidentiality; 6) recognize the importance of cultural issues in CTG; and, 7) maintain good communication with parents and other helping professionals.

Abstract of journal article:
http://spi.sagepub.com/content/32/2/117.short

Grief, loss and trauma: Frequent visitors to school communities

GRIEF MATTERS: THE AUSTRALIAN JOURNAL OF GRIEF & BEREAVEMENT, **2011**;14(1):8-10. This article discusses the significance grief and trauma can have on the school community following the loss of a student or multiple students. The author discusses her experiences and the school response in a school that has lost four students over 12 years, three of which in complex, unexpected and traumatic incidents. Staff responsibilities and grief responses are discussed, and the Building Resilience Program, developed by the Israel Center for the Treatment of Psychotrauma, a teacher-based intervention program is examined...

Abstract of journal article:
http://search.informit.com.au/documentSummary;res=IELHEA;dn=944282698571419

A comparative examination of schools' responses to bereavement and the associated needs of the school community in Galway, West of Ireland and Derry, Northern Ireland

PASTORAL CARE IN EDUCATION: AN INTERNATIONAL JOURNAL OF PERSONAL, SOCIAL & EMOTIONAL DEVELOPMENT, **2010**;28(3):235-252. The schools in both Galway and Derry rate bereavement (and parental separation) as highly important in terms of priorities. In terms of policy, some of the respondents in both study sites report that loss is included in their school's policy documents, but not formally included in the curriculum. A designated staff member (who would speak to the pupil experiencing the death of a family member or significant other) is evident in 37% of Derry schools and 23% of Galway schools. Some members of staff in both study sites have attended training in bereavement, although the courses are relatively short term. Schools request assistance from other agencies outside the formal schools arena in times of need. In Galway the psychology services are most commonly consulted, while in Derry the Western Education and Library Board Bereavement Counselling teams and Cruse Bereavement Care are identified as additional resources from which help is sought. This paper outlines recommendations on schools' training needs in the area of child bereavement and the request for support to help further develop and formalise school policies.

4.6 Post-Death: Suicide

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Suicide-bereaved siblings' perception of health services

DEATH STUDIES | Online – 17 December **2014** – The authors investigated suicide-bereaved siblings' reported reasons for seeking or not seeking professional support, their reported satisfaction when receiving it, and their recommendations to health services when meeting suicide-bereaved siblings. Using qualitative content analysis of 18 interviews with suicide-bereaved siblings, the authors found that the perception of health services as being helpful was influenced by both the participants' and by the deceased siblings' experiences with health services. They conclude that the bereaved sibling's and the deceased sibling's unmet needs may generate negative attitudes toward health services, which reduces the likelihood of seeking professional help as well as medication acceptance in some cases.

Abstract of journal article:
http://www.tandfonline.com/doi/full/10.1080/07481187.2014.946624#abstract

Effects of suicide on siblings: Uncertainty and the grief process

JOURNAL OF FAMILY COMMUNICATION, **2013**;13(4):321-339. Over 33,000 people die from suicide each year in the United States, leaving nearly 200,000 family members grieving. Much has been written about suicide loss and grieving, yet not about the sibling survivors of suicide, called the "forgotten mourners." This qualitative study of in-depth interviews with 45 sibling survivors of suicide extends the literature on uncertainty management and grief by investigating multiple ways in which sibling survivors of suicide experience uncertainty and loss, and the management responses that result.

Abstract of journal article:
http://www.tandfonline.com/doi/abs/10.1080/15267431.2013.823431

The psychological impact of losing a friend to suicide

AUSTRALASIAN PSYCHIATRY, **2013**;21(6):545-549. Ten young people who had experienced the suicide death of a friend completed self-report measures to assess levels of depression, anxiety, coping and prolonged grief. Participants reported increased levels of stress, depression, reduced coping capacity and prolonged grief symptoms that have continued considerably beyond the death of their friend. Psychological distress for young people bereaved by a friend's suicide is of concern given the developmental changes and life transitions associated with this age group. Implications include the significant health and wellbeing challenges associated with suicide bereavement for young people.

Abstract of journal article:
http://apy.sagepub.com/content/21/6/545.abstract

5. Miscellaneous

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Bereavement care services: A synthesis of the literature

The final report, published in **2010**, of a review undertaken by the University of Nottingham for the Department of Health to support implementation of the End-of-Life Care Strategy in England & Wales. There is discussion of – and reference to – support services for bereaved children throughout this report; specifically, see pp.35-37.

> Full text of the report:
> https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215799/dh_123810.pdf

Figure 1 – Process of administering NHS trust questionnaire
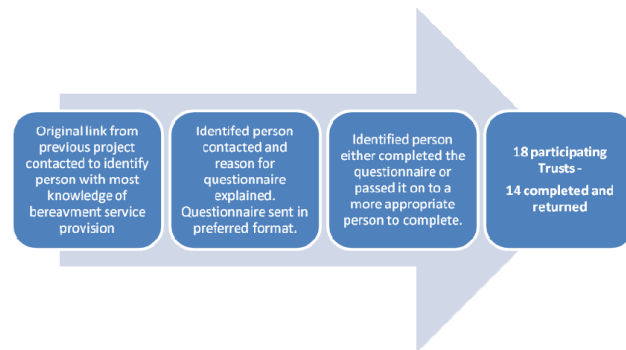
Literature Search

An extensive literature search from 1974 on was conducted by Atle Dyregrov PhD, Center for Crises Psychology, Bergen, Norway.

> Full text of literature search:
> http://krisepsy.netflexcloud.no/media/References%20Children%20and%20grief.pdf

> **N.B**. I have been in contact with Dr. Dyregrov who has provided a recently updated version. A copy of which is available on request.

Populations at risk

Young caregivers in the end-of-life setting: A population-based profile of an emerging group

JOURNAL OF PALLIATIVE MEDICINE | Online – 21 September **2010** – Most active care was provided by older, close family members, but large numbers of young people (ages 15-29) also provided assistance to individuals with advanced life-limiting illness. They comprised 14.4% of those undertaking "hands-on" care on a daily or intermittent basis, whom the authors grouped together as active caregivers. Almost as many young males as females participate in active caregiving (men represent 46%); most provide care while being employed, including 38% who work full-time. Over half of those engaged in hands-on care indicated the experience to be worse or much worse than expected, with young people more frequently reporting dissatisfaction thereof. Young caregivers also exhibited an increased perception of the need for assistance with grief. Young people can be integral to end-of-life care, and represent a significant cohort of active caregivers with unique needs and experiences. They may have a more negative experience as caregivers, and increased needs for grief counseling services compared to other age cohorts of caregivers.

> Abstract of journal article:
> http://www.liebertonline.com/doi/abs/10.1089/jpm.2010.0004

> **N.B.** See 'Young Canadians Providing Care' (Spotlight on Canadians: Results from the General Social Survey), September 2014. http://www.statcan.gc.ca/pub/89-652-x/89-652-x2014003-eng.pdf

6. Resources (Random Sample)
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The National Centre for Childhood Grief (Australia):
http://www.childhoodgrief.org.au/

This handbook is a resource for people involved in palliative care services, and for others involved in the care of the dying and bereaved. Children's bereavement support groups have many similarities to adult support groups, and to support groups with a different focus. They also have many differences which are highlighted in this handbook. The material is presented in clear and simple form so that those who are new to the experience of facilitating children's grief support groups will have clear guidelines to follow. Once confidence has been developed, you will be encouraged to be creative by developing strategies that are relevant to your participants, your skill level, and your geographical area.
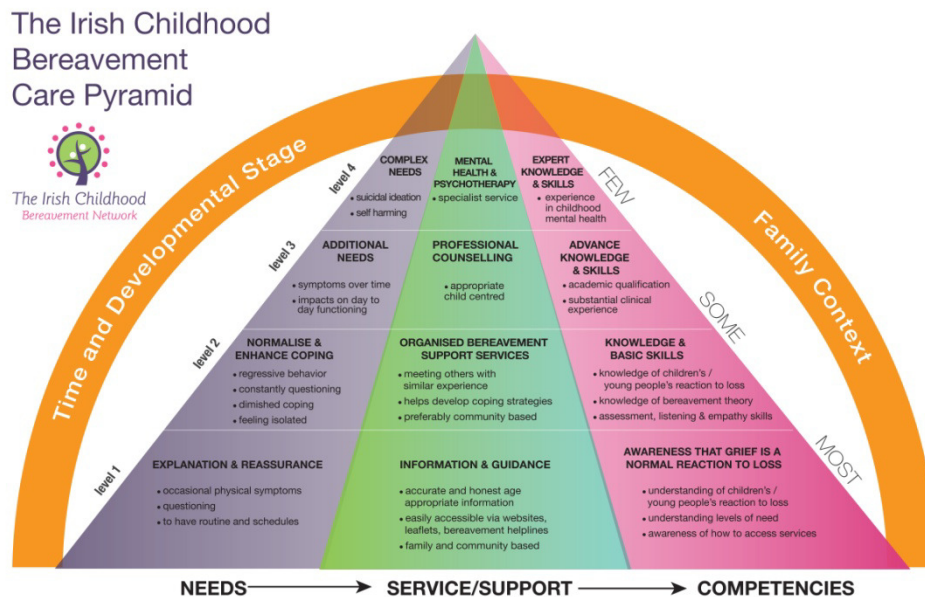
The Temmy Latner Centre for Palliative Care (Canada):
http://www.tlcpc.org/patients/childrens-grief/our-resources/living-dying

> *Living Dying: A Guide for Adults Supporting Grieving Children & Teenagers* explores common fears and struggles in a question-and-answer format. It provides clear, concrete suggestions to help you talk about illness and death with young people, include them in the care of the dying and maintain a meaningful connection after a loved one has died.

Irish Childhood Bereavement Network: http://hospicefoundation.ie/bereavement/

The Irish Childhood Bereavement Care Pyramid is supported by a document which includes more detail on each of the components of the pyramid.


Link:
http://www.childhoodbereavement.ie/pyramid/

Link:
http://www.childhoodbereavement.ie/wp-content/uploads/2014/10/ICBN-28pp-Report-PRINT.pdf

Barry R. Ashpole 03.30.2015

St. Christopher's Schools Project (U.K.):
http://www.stchristophers.org.uk/public-education/schools-project

St Christopher's schools project has been operational since 2006. Promoting good and effective palliative care has always been part of the aims and objectives of the modern hospice movement. St Christopher's is committed to taking this further by working with a range of community groups and hospice service users to dispel myths and promote healthier responses to death and dying. Although most people realise that death is inevitable, it is something they would rather not engage with until absolutely necessary. Hospices have a responsibility to address this issue and work with communities of people to integrate the concepts of death and dying into everyday lives in a healthy and non-threatening way. The St Christopher's schools project has been one way of addressing these issues.
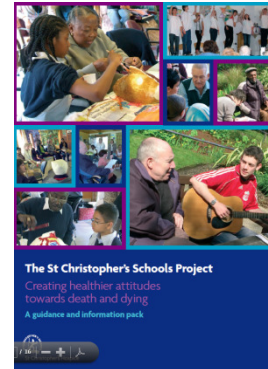
Together for Short Lives (U.K.)
http://www.togetherforshortlives.org.uk/

Facilitating children's grief

A program of education and support is essential for children and their parent or adult caregivers when the children have experienced the death of a significant person. Children need guidance on how to deal with their profound feelings of grief. The purpose of this article is to give school nurses the ability to help children face the strange new world that follows the death experience. The review of literature defines commonly used terms, describes the mourning process experienced by children, and offers school nurses basic information about grief. The article presents the critical elements necessary for planning and implementing a 6-week grief education and support program that offers children and their parent or adult caregivers permission to grieve and the tools with which to process grief.

Link:
http://www.togetherforshortlives.org.uk/professionals/service_planning/research_abstracts/1078_facilitating_childrens_grief

Death and Dying Religious Practices Wall Chart
A guide to general principles

	As death approaches	When death is imminent	Immediately after death	Method of Disposal	Funeral Customs	Mourning Practices
Buddhism	Dying person needs peace and quiet to allow for meditation. A monk or religious teacher should be invited to talk to the dying person and chant passages of scripture.	The ideal is to die in a fully conscious and calm state of mind. If a monk is not available, a fellow Buddhist may chant in encouraging a peaceful state of mind.	No special requirements relating to the care of the body. Buddhists from different countries will have their own traditions regarding care of the body. If a monk or religious teacher is not present, inform the monks of the appropriate school.	Buddhists bury or cremate according to local traditions.	Usually within 3-7 days a service may take place in the house prior to going to the cemetery or crematorium. Monks may be invited to remind the mourners of the impermanence of life	There is great variations according to country of origin, e.g. Sri Lankan Buddhist mourners may return to work in three or four days and place no religious restrictions on widows. Some Vietnamese have a series of rituals; mourning may last 100 days and mourning for a husband or father, three years.
Christianity	Some Christians may wish for prayers and anointing with oil by a minister or priest.	Where appropriate, a priest or minister might be notified. Many Christians will wish to receive Communion (which will induce some form of repentance and forgiveness). Prayers of commemoration may also be said	No special requirements.	Either burial or cremation. Increasingly only close family are present at the burial of the body or the ashes.	It is customary in some areas to hold a prayer service in the house of the dead person before the funeral. For Orthodox, Roman Catholics and some Anglicans the funeral involves a church service with a Mass or Communion. Sometimes the body is placed in the church the night before and in Orthodox funerals the casket remains open throughout the service. Priests etc services are similar and the body is usually, not visible	There is usually no official mourning period or mourning dress. There may be a service of memorial and thanksgiving some months after the funeral.
Islam	Other Muslims, usually family members, join the dying person in prayer and recite verses from the Qur'an. Dying person may wish to have face towards Mecca (south east).	The Declaration of Faith (Shahada) is said and, if possible the dying person responds 'I bear witness that there is no God but Allah and Muhammad is His Messenger'.	Non-Muslim health workers should ask permission to touch the body, then use disposable gloves. The body must be kept covered. Soon after death, there is a ritual washing of the body by same-sex Muslims. Post-mortems are discouraged but accepted if there is a legal requirement.	Always burial.	Ideally burial is within 24 hours of death. Women are not included at the burial. Male family members carry the coffin either to the mosque or directly to the cemetery where the funeral prayer is said. The body is buried in a deep grave facing Mecca. In larger cities there are special areas for Muslim burials and in some they are allowed to bury the shrouded body without a coffin. In some instances the body is embalmed and taken back to the country of origin for burial	Islamic law requires friends and relatives to feed mourners for three days. After this the family should officially return to normal though unofficial mourning may continue until the 40th day. It is ended by Quranic readings and similar.
Judaism	The patient should be given the opportunity to have a rabbi visit or other Jewish representation.	The dying person should not be left alone. The Shema (Declaration of Faith) is recited by the dying person or by those present if this is not possible.	Health workers should handle the body as little as possible and cover with a white sheet. The Jewish Burial Society will collect the body and perform a ritual wash before burial. Post-mortems are discouraged but accepted if there is a legal requirement.	Burial as soon as possible in simple coffins. Some non-orthodox Jewish communities permit cremation. Funerals do not take place on the Sabbath or holy days	The service takes place in designated Jewish burial grounds. Prayers are said in a chapel and at the graveside. The male and in some cases female mourners recite the prayers and place the coffin in the grave.	After burial there are three periods of mourning throughout which designated mourners recite prayers three daily and refrain from certain activities. The first week (shiva) mourners remain at home; the 30 days (shloshim) concludes mourning for all but the children of the deceased who mourn for a year. When mourning is concluded the tombstone is consecrated with a ceremony at the cemetery.
Hinduism	Hindus may receive comfort from hymns and readings from the Hindu holy books. Some may wish to lie on the floor. The family should be present.	The family may wish to call a Hindu priest to perform holy rites. A dying Hindu should be given Ganges water and the sacred Tulsi leaf in the mouth by the relatives. A person should die with the name of God being recited. Hindus often wish to die at home.	The family will usually want to wash the body themselves. If no family is available health workers should wear disposable gloves, close the eyes and straighten the limbs. Jewellery and religious objects should not be removed.	Cremation as soon as possible with the exception of children under three who are buried.	Part of the service takes place at home. The pandit (priest) chants from scriptures and the chief mourner (usually the eldest son) performs the rituals. Mourners walk around the coffin which is then cremated and taken to the crematorium for further prayers.	Mourners and friends return to the deceased's house In India the period of mourning and austerity (10-16 days) culminates in rituals enabling the dead person's soul to join the ancestors. In Britain these very important rituals occur soon after the funeral and involve gifts to priests or to charity. There may be further rituals at one, three, and 12 months.
Sikhism	A dying Sikh may receive comfort from reciting hymns from the Sikh holy book. A relative or any practising Sikh may do so instead	A Sikh person should die with the name of God, Waheguru (Wonderful Lord) being recited. Some Sikhs may want to have Amrit, holy water, in the mouth	Health workers should not trim hair or beard. The body should be covered by plain white cloth. The 5Ks should remain on the body. Family members may wish to bathe the body themselves.	Cremation as soon as possible.	Similar to Hindus but dressing the person in the 5Ks. After a short ceremony in the home the body is taken to the gurdwara (temple) for a service and then to the crematorium for funeral prayer.	Up to 10 days of readings from the scriptures attended by relatives and friends. At the conclusion the eldest son is given a turban as a sign that he is now head of the family.

Barry R. Ashpole 03.30.2015