



Survivors and Loved Ones: Post-Trauma Reactions and Responses



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Definitions

- Bereavement – the condition of having had someone close die
- Mourning – encompasses the religious, ethnic, community, and/or cultural practices associated with bereavement

Uncomplicated Bereavement

- In children, resembles depression in many ways, sharing great sadness or grief, crying, withdrawing from others, not wanting to eat, being unable to sleep or pay attention in school, losing interest in normal activities, and perhaps (especially in younger children) searching or asking for the deceased person

Tasks of Uncomplicated Child Bereavement

1. Accepting the reality of death
2. Fully experiencing the pain of death
3. Adjusting to an environment and self-identity without the deceased
4. Converting the relationship with the deceased from one of interaction to one of memory

Tasks of Uncomplicated Child Bereavement

5. Finding meaning in the deceased's death

6. Experiencing a continued supportive relationship with adults in the future

Worden (1996); Wolfelt (1996)

Childhood Traumatic Grief

- The child's significant other died under traumatic circumstances (i.e., life-threatening, shocking, and/or terrifying)
- The child has symptoms of PTSD
- The child's PTSD symptoms are impinging on the child's ability to resolve the typical tasks of grieving
- The child has some degree of functional impairment

Themes

- Meaning of life
- Justice/fairness
- Coping
- Afterlife
- Blame
- Guilt
- Shame
- Control
- Attitudes toward medical and psychiatric care
- Discipline
- Corporal punishment

Factors Associated with Increased Risk of Psychological Morbidity After Death of Parent or Sibling

1. Loss in child younger than 5 years of age, or during early adolescence
2. Loss of mother for girls younger than 11 years of age, loss of father for adolescent boys
3. Premorbid psychological difficulties in the child or lack of prior knowledge about death

Factors Associated with Increased Risk of Psychological Morbidity After Death of Parent or Sibling

4. When the relationship with the deceased had been conflicted or when the parent remarries and there is a poor relationship between the child and the step-parent
5. When the surviving parent is psychologically vulnerable and excessively dependent on the child, or the environment is unstable and inconsistent

Factors Associated with Increased Risk of Psychological Morbidity After Death of Parent or Sibling

6. When there is a lack of adequate family or community supports, or when the surviving parent is unable to access available supports
7. When the death was unanticipated or the
8. Result of suicide or homicide



Themes

- Prejudice
- Violence
- Psychopathology
- Religious education
- Abandonment
- Peace
- Serenity
- Comfort
- Altruism
- Sexuality



Parents and Religion/Spirituality

- Question existence of God
- Question goodness of God who permits small children to suffer
- Why my child?
- God is punishing parents
- Reject spiritual/religious caregivers
- Reject medical caregivers for self and child

Parents and Religion/Spirituality

- Anger at God and organized religion
 - Empty, unable to pray
 - Loss of hope and comfort of religion/spirituality
 - Images of parenthood and childrearing challenged
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- Barnes et al 2000, Fosarelli 2003b

School-Age

- Forgiveness
- Punishment
- Afterlife
- Hospital and Medical Professionals viewed negatively
- God seen as powerful, often positive
- Sexson 2004

Adolescents

- Forgiveness
- Punishment
- Afterlife
- Anger
- Trust
- Honesty
- Legacy/survivors
- Spiritual crises may manifest as noncompliance, depression, anxiety

Suggested Guidelines for Responding to Families of Children with Life-Threatening Injury

Truog RD, Christ GH, Browning DM, Meyer EC. Sudden traumatic death in children: “We did everything, but your child didn’t survive”. In: SJ McPhee, MA Winkler, MW Rabow, SZ Pantilat, AJ Markowitz, eds. Care at the Close of Life: Evidence and Experience. New York: McGraw-Hill, 2011.

Assessment

- Clarify known facts about the situation in preparation for meeting the family
- Locate parents and assist in notification of important network members
- Consider other who may be at risk for adverse reactions (e.g. children at home without a caregiver, or distraught grandparents) and provide appropriate assistance

Assessment

- Clarify and intervene with conditions that warrant psychosocial concern (e.g., the event was accidental or intentional, individuals feel it could have been prevented, concurrent family stresses such as divorce, illness or disability, preexisting conflict, or poverty)
- Support realistic review of the event: credit family for efforts to protect their child

Assessment

- Assist with immediate family practical, informational, emotional and physical needs
- Identify potential strengths, vulnerabilities, and coping styles of the family for responding to trauma and loss

Ongoing Support and Information Clarification

- Obtain information from medical and nursing staff to assist the family response and decision making
- Facilitate timely discussions between the family and medical and nursing staff
- Alert family and medical and nursing staff to potential problems in the family network (e.g. conflict between individual members about treatment options, misunderstandings of the child's medical condition)

Ongoing Support and Information Clarification

- Assure patients of the patient's competent treatment and care
- Provide consultation on appropriate communication with siblings and other family members
- Assess referrals requested by the family, such as chaplains or spiritual leaders
- Prepare to assist with possible extreme fluctuation of emotionality as family members integrate the information over time

Preparation of Family for Worsening Prognosis

- Maintain open communication with physicians about the changing prognosis
- Anticipate an upsurge in guilt or self-blame, assist with heightened emotions and help with grief and help with grief expression
- Assist family to maximize final visits and positive contacts with child when death is imminent

Preparation of Family for Worsening Prognosis

- Assist family to maximize final visits and positive contacts with child when death is imminent
- Provide guidance and/or support on final decisions, including organ donation, burial preparations, and other questions of the family

Follow-up Contact with the Family

- Inform parents of the likelihood of later more intense reactions
- Provide a packet of information about resources for continued support in the community
- Provide follow-up telephone call to assess family's grief status and screen for problems

Follow-up Contact with Family

- Reinforce the availability of groups and other resources
- Assure that parents have informed their other children's schools about the death
- Provide information and guidance about the ongoing grief process in children and adults

Validate the Emotional Responses of Staff and Foster Sharing and Acceptance

- Provide opportunities for formal and informal debriefing
- Support recognition of the effectiveness of staff contributions that honor the patient's life and support the family's bereavement

Don't

- Minimize loss
- Judge parents' grief reactions of minimize their need to grieve
- Hurry their grieving process
- Expect expression of grief to fit a protocol or to be uniform
- Interfere with father's demonstrations of grief by reinforcing the male stereotype of strength

Don't

- Tell them what the “should” feel or do
- Offer platitudes or artificial consolation
- Avoid them because you feel helpless or uncomfortable

Davies, Worden, Orloff, et al.

Representative Case