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PARENT-CHILD INTERACTIONS

Parents are the "gatekeeper" for how and when children learn about the diagnosis of cancer

Even before being told, children sense that something is wrong

Parents lack confidence about talking with their children

Lack of information leads to development of fantasies and misconceptions¹

In order to "protect" one another from being overwhelmed parents may:

- Avoid sharing thoughts and feelings²
- Try to be positive³
- Focus on giving children information rather than exploring emotional concerns⁴

¹Semple et al European Journal of Cancer Care 2013;22:219-231

²Hymovich Oncology Nursing Forum 1993;20:1355-1360

³Hilton et al Western Journal of Nursing Research 2000;22:428-459

⁴Shands et al Oncology Nursing Forum 2000;27:77-85

THE CONSEQUENCES ARE.....

Children may have significantly higher levels of distress than perceived by their parents¹

More than one-third of children with a parent with cancer felt their parents did nothing to help them cope²

Adolescents (especially girls) are particularly vulnerable³

¹Welch et al Cancer 1996;77:1409-1418

²Issel et al Oncology Nursing Forum 1990;17:Suppl 3:5-13

³Osborn Psycho-Oncology 2007;16:101-126

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Young children (up to about 8 years):

- Egocentric
- Magical thinking
- Authoritarian sense of morality
- Limited capacity to see that things happen by chance
- Anxiety is the most common emotion
 - Fear of abandonment
 - Express distress by behavioural disturbance
 - The child who is "extra good" may be trying to hold things together and "fix" the situation

Need to be aware of lack of understanding that behaviour is an expression of distress

Middle childhood (about 8 to 12 years):

- Need to be accepted by others importance of social connections
- Being different can be a big issue
- Insensitive comments from other children can be very wounding
- Value being brave and struggle with being distressed
- Limited capacity for abstract thought:
 - Play and physical activity remain important for discharge of tension

Changes in daily life

Mixed feelings about expression of emotional concerns

Adolescents:

- Capacity for abstract thought fluctuates
- Emerging identity/sexuality
- Negotiation of social roles and relationships
- Risk of parentification:
 - Struggle if feel that domestic responsibilities are "dumped" on them
- Social identity matters:
 - Stigma of having a parent who is "different", "not cool"

Risk of isolation:

- Reluctance to discuss with friends
- Imposition of domestic tasks

Anger and resentment at the injustice of the situation:

- Lack of emotional capacity to integrate powerful emotions: - "You're ruining my life"
- Potential for irreversible consequences pregnancy, sexual assault, STIs, injury in MVA, criminal record, drug overdose

Gap between parental expectations and adolescent reality Adolescents are not "junior adults"

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Things that will probably help	Things that probably won't
Allowing others to offer support	Feeling that accepting help is weak or will lead to loss of independence
Letting children talk even about difficult things	Rushing to reassure
Encouraging children to work out some problems themselves	Trying to fix everything for them
Letting the school know	Keeping everything private
Maintaining rules and consequences	Letting discipline slip because of guilt
Letting children see that parents are upset sometimes	Always adopting a façade and pretending everything is OK

PARENTS WITH ADVANCED CANCER

CONCERNS ABOUT CHILDREN

"I feel incredibly jealous if I die that someone else will raise my children ... cuddle my husband. It burns me up inside... so I don't think about it"

"I watched my father die from lung cancer – will she (daughter) see me rotting and smelling?"

"I don't feel the baby will remember me"

"How many sleeps till you die Mummy?"

Turner et al. Psycho-Oncology 2005;14:396-407

Children with a parent with advanced cancer experience:

- Low self-esteem and self-efficacy¹
- Difficulties in a number of domains:
 - School (35.5%)
 - Friends (37.8%)
 - Own physical health (39.9%)²
- Greater levels of distress than children who have experienced parental death³

¹Siegel et al Journal of the American Academy of Child and Adolescent Psychiatry 1992;31:327-333

²Leedman & Meyerowitz Journal of Clinical Psychology in Medical Settings 1999;6:441-461

³Christ et al American Journal of Orthopsychiatry 1993;63:417-425

QUESTIONS ABOUT DYING

WHEN A CHILD ASKS THEIR PARENT IF THEY ARE GOING TO DIE

"Well, some people with cancer live for a very long time, and I hope I am one of them. But sometimes people with cancer only live for a short time. That makes me sad – is that something you want to talk about?"

"I am doing everything I can to stay well but there are no guarantees"

"I guess that is possible. But you will always be safe, no matter what"

Turner et al Palliative and Supportive Care 2007:5:135-145

CHILDREN AND BEREAVEMENT

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3-5 *years:*

Intense separation anxiety when separated from primary caregiver

6-8 years:

Love talking about the deceased parent

9-11 years:

 Tend to compartmentalise grief e.g. by being very active at school

12-14 years:

Preoccupied with public control of emotions

15-17 years:

- Sense of losing part of themselves, grief about the future
- Often underestimated by adults

Christ Cancer Practice 2000;8:72-81

GENDER AND OUTCOMES

Bereaved boys consistently reported to do worse than girls Fathers more likely to develop a routine through unilateral rules

- Lack of clarity about expectations
- Less awareness of children's needs¹

Loss of mother:

- Before age of 11 associated with greater risk of depression in later life²
- Associated with poorer sense of well-being and confidence³

"If a mother dies in particular, it is not just the death of a parent but death of a way of life" 4

¹Boerner et al Omega 2001;43:201-216

²Brown et al British Journal of Psychiatry 1977;130:1-18

³Saler et al American Journal of Orthopsychiatry 1992;62:504-516

⁴Silverman et al American Journal of Orthopsychiatry 1992;62:93-104

WHAT HELPS?

Parenting qualities:

- Alert to child's feelings
- Helps the child to <u>find language</u> to express feelings
- Shows <u>respect</u> for the deceased
- Use of <u>humour</u> to modulate pain
- Acceptance of child's beliefs about fate of deceased parent

Nickman et al American Journal of Orthopsychiatry 1998;68:126-134

Protective against depression:

- Being able to talk freely
- Being able to <u>express sorrow</u>
- Being able to <u>ask questions</u> about the dead parent

Saler & Solnick American Journal of Orthopsychiatry 1992;62:504-516

Bereavement is painful but it does not necessarily make children ill

"While the pain of loss may be tempered by time, time does not heal. The bereaved do not recover, in the sense of returning to life as it was before the loss. Rather, they make an accommodation to their new situation, and this accommodation does not have an end product, but changes as the bereaved change over time"

Silverman Journal of Palliative Medicine

Silverman Journal of Palliative Medicine 2002;5:449-454 (p.450)

Health professionals need to resist the temptation to intervene and attempt to "cure" grief

Slavitt Journal of Pain and Symptom Management 2000;20:353-3577

RESILIENCE

Refers to the capacity of the individual to cope and flourish despite adversity - the ability to "bungee jump" through life

Our final destiny is not shaped just by an event, but the *consequences*, often adding together Protection from adversity does *not* confer resilience

"No child can walk between the raindrops"

Worden

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ROLE OF THE GP

Acknowledgement of parental grief and sadness
Information about needs of children
Importance of communication "even distressing things"
Early identification of risk factors for the family e.g. parental depression, high disease burden, isolation, avoidance
Supporting parents to be responsive to their children
Encouraging optimism that there are things which can be done to make this less dreadful for their child
It is less about the cancer and more about how it is handled that will influence the child's future