

Developmental Considerations To Facilitate Conversations with Children

	Piaget	Erikson	Concept of Death ^{1,2}	Promoting Coping ^{1,2}		
Birth – 1	Sensorimotor: learns about world through senses, especially touch	Trust vs. Mistrust: develop sense of trust when provided with reliable & consistent care	Not permanent, associated with inability to be in close proximity; viewed like sleep/wake	Consistent & simple statements; <i>Modality:</i> emphasize physical proximities and routines		
1 – 2						
2 – 3		Pre-operational: think symbolically, ego-centric perspective			Autonomy vs. Shame: develop control over personal events (e.g., toileting), success fosters autonomy	
3 – 4						Initiative vs.. Guilt: learn how to control environment, cause & effect has more meaning
4 - 5						
5 - 6					Industry vs.. Inferiority: beginning of new demands (social, academic), success fosters a sense of competence	
6 – 7						
7 – 8	Concrete Operational: concrete thinking, start of logical and organized thinking		Understand finality of others, believes death can happen to “them”	Honest responses to questions; when possible, offer simple choices to increase feelings of control and foster competence; <i>modality:</i> explore feelings through projection & symbols stories, drawings		
8 – 9						
9 – 10						
10 – 11						
11 – 12	Formal Operational: abstract thinking; reason about hypothetical situations	Identity vs.. Role Confusion: develop understanding of ‘true self’ & personal identity	Understand that death is final, and is real for “us”	Openly share information, provide reassurance to boost self-esteem; <i>modality:</i> conversations, drawings, story telling		
12 – 13						
13 – 14						

For the Child to Hear: Developmental Considerations in Palliative Care

Ideas into Actions

“By next Tuesday, I will.... “

1. What is one topic/issue that is challenging for you to talk about with children? *Examples:* disease prognosis; dying; end-of-life goals; spirituality

2. Have you ever talked to a child about this topic? YES NO
 - a. YES: Can you talk with someone younger? What age?
 - b. NO: What age group could you start with?

3. List the name of a child in this age group that you know:

4. What question could you ask?

5. What communication methods would you use:

Conversation

Story-telling

Direct Question

Drawings

Reading a story

Other:

~~~~~  

### Selected References

1. Hurwitz, C.A, Duncan, J., Wolfe, J. (2004). Caring for the child with cancer at the close of life. *JAMA*, 17, 292, 2141-2149.

*Table summarizing children's understanding of death at different levels of cognitive development and methods to improve coping.*

2. Nielson, D. (2012). Discussing death with pediatric patients: Implications for nurses.

*Journal of Pediatric Nurses*, 27, e59-e64. doi: 10.1016/j.pedn.2011.11.006

*Written summary of states of development and perceptions of death and dying.*

3. Wiener, L., Grady-McConnel, D., Latella, L, & Ludi, E. (2013). Cultural and religious considerations in pediatric palliative care. *Palliative Supportive Care*, 11, 47-67. doi: 10.1017/S1478951511001027

*Summarizes ethnic and religious beliefs regarding physical illness, death, and dying.*