



HEALTH & BEAUTY / PARENTING / DECEMBER 1, 2015

## How to Talk about Serious Illness with Children



What do you tell your child when a close family member is seriously ill? What do you say to your daughter when she has just received a cancer diagnosis? Navigating the emotional minefield of the medical system is hard enough as an adult — how can we best explain it all to kids?

The first thing to do is make sure a close support person communicates with the child. This could be a parent, friend, aunt or uncle, as long as it is a person with whom the child is comfortable. The job in that initial conversation is to break down the communication to an appropriate developmental level. Interestingly, the recommendations for a conversation with a pediatric patient or the child of an adult patient are similar, according to Certified Child Life

<http://www.portlandfamily.com/posts/how-to-talk-about-serious-illness-with-children/>

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Specialist Christina Becerra. She works at Providence St. Vincent Medical Center in Portland, and her job is to help children and teenagers understand and cope with the medical system, whether the patient is the child or a close relative. According to Becerra, the top three things to keep in mind when discussing medical diagnoses and treatment with children are 1) be honest with children, 2) involve the child in the medical experiences and 3) give the child choices about discussions around this difficult topic.

“Often with younger kids, it is better to use play and visual aids to help explain what is happening. Medical play is based on using real medical equipment that the kids can touch and play with,” Becerra explains. Medical play is typically developmentally appropriate for 2- to 7-year-old children, but some older kids or young teens also appreciate being able to handle the medical equipment being used on someone they love.

An important aspect of helping children understand illness and medical procedures is to include the kids in conversations and medical experiences along with other members of the family. Becerra says, “What children imagine in their heads is often worse than the reality. We want to invite kids into the hospital so they can see for themselves.” When Becerra is working with a pediatric patient, she first asks the child why he or she is at the hospital. The child’s answer guides her in helping the young patient understand his or her diagnosis and treatment. She uses the correct medical terminology and avoids euphemisms. Children will overhear words like “heart attack,” “stroke” or “cancer” during adult conversations, and it is better if the adults around the child use the correct medical terms with them as well.

Honesty is always best. The truth told in a developmentally appropriate way fosters the trust needed to emotionally assist children through the medical processes. A straightforward opening to a conversation could be, “Johnny, your mom is sick and is in the hospital. The name of her sickness is cancer. Our bodies are made up of small things called cells. Cells die but get replaced by new cells all the time in healthy bodies. Cancer is a disease where the cells don’t die and keep making more cells. They have overcrowded your mom’s body and are making her sick.”

During the chaotic time when a loved one is in the hospital, it can be difficult to attend to the needs of the children. But it is important to give kids choices and honor their wishes. Ask if they want to visit Grandpa in the hospital. If they want to go, make sure that is a possibility. If they only want to stay in the waiting room, don’t force them into the hospital room. This is a time when children, and really the entire family, will often have an acute sense of impotence. If

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you can give children some sense of control over their reality, it will help them best process their feelings and manage the situation emotionally.

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Becerra stresses that preparing a child for a hospital visit is important, so they are not shocked when they walk into the hospital room. "We want to prepare children for what they are going to experience prior to arriving at the hospital before the visit. We want them ready for what they are going to see, hear and smell." She suggests that an adult take a photo of the hospital room to show the child before the visit.

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Part of the caregiver's job is to help children learn coping strategies and to prepare them in case the illness becomes terminal. To help kids understand how to process grief and sadness, you might say something like, "When I feel sad, I like to hug someone. What do you like to do when you feel sad?" Helping a child develop these coping skills will serve him throughout his life.

Finally, Becerra stresses that the adults should provide children opportunities for play, even during a difficult hospital stay. She often asks children to help decorate a parent's hospital room, or has them draw with special markers on the windows. "Children cope through play." Some adults will question whether their child understands what is happening with the medical situation if the kids are playing and laughing. This is especially true if the adults are feeling deep grief and sadness themselves. What is happening is that kids often process the intense feelings more quickly than adults, and move in and out of sadness more fluidly. It's important to trust that the kids are processing all those feelings through their play. In what may seem an ironic paradox, family medical crises are truly important times to allow kids to be kids.



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Ariel Frager is a school counselor and has a private therapy practice that specializes in treating children, adolescents and families. She lives in Portland with her husband, son, dog and kitty cat.

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