

<b>9-12 years</b>	<ul style="list-style-type: none"> <li>▪ Will usually fully understand the finality of death (irreversible, universal)</li> <li>▪ May lead to high death awareness, increased anxiety over own death/ death of others</li> <li>▪ Magical thinking may still be present</li> <li>▪ May feel guilty about being alive</li> <li>▪ May think about milestones without deceased</li> <li>▪ Will often formulate spiritual concepts</li> </ul>	<ul style="list-style-type: none"> <li>▪ May experience particularly strong emotions, heightened by physical changes</li> <li>▪ Mood swings</li> <li>▪ Loss of skills/ developmental regression</li> <li>▪ Fear of rejection, not wanting to be different from peers</li> <li>▪ Hiding feelings from others</li> <li>▪ Denial, guilt</li> <li>▪ Aggression, acting-out behaviours</li> <li>▪ Nightmares/ sleep disturbances</li> <li>▪ Concentration difficulties</li> <li>▪ Interest in illness and death</li> <li>▪ Loss of interest in activities</li> <li>▪ Anxiety/ increase in fears</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintain normal routines and discipline as much as possible</li> <li>▪ Allow regressive behavior</li> <li>▪ Expect and accept mood swings</li> <li>▪ Encourage expression of feelings</li> <li>▪ Peer support groups may be useful</li> <li>▪ Be available to listen and talk</li> <li>▪ Answer questions honestly</li> <li>▪ Give choices about involvement in death and mourning rituals</li> <li>▪ Erickson: Industry vs Inferiority</li> <li>▪ Piaget: Concrete operational (increasingly abstract understanding of death)</li> </ul>
<b>Adolescents (12 years +)</b>	<ul style="list-style-type: none"> <li>▪ Understands finality and universality of death</li> <li>▪ Magical thinking may still be present</li> <li>▪ May think about milestones without deceased</li> <li>▪ High death awareness</li> <li>▪ May confront feelings about own eventual death</li> <li>▪ Internal conflicts regarding dependence vs independence</li> <li>▪ May utilize spiritual concepts to cope</li> <li>▪ May believe showing feelings to be weak</li> <li>▪ May be highly conscious about being different due to grief</li> </ul>	<ul style="list-style-type: none"> <li>▪ May experience particularly strong emotions, heightened by physical changes</li> <li>▪ Mood swings</li> <li>▪ Changes in sleep and eating patterns</li> <li>▪ Excessive concern for others</li> <li>▪ Guilt, insecurity, withdrawal, restlessness</li> <li>▪ Anxiety</li> <li>▪ Wanting to be with family more / less than before</li> <li>▪ Preoccupation with death/ avoidance of discussing death</li> <li>▪ Changed values/ life philosophy</li> <li>▪ Poor concentration, memory, organization, planning</li> <li>▪ Reduced school performance</li> <li>▪ Anger</li> <li>▪ Argumentative</li> <li>▪ Changes in peer groups</li> <li>▪ Impulsive and high risk behavior</li> <li>▪ Denial</li> <li>▪ Need for control</li> </ul>	<ul style="list-style-type: none"> <li>▪ Will generally understand concept of death</li> <li>▪ May ask theoretical and philosophical questions about life and death</li> <li>▪ Mourning responses similar to that of adults</li> <li>▪ May find it easier to talk to someone outside the family, support relationships with trusted adults</li> <li>▪ Maintain normal routine and discipline as much as possible.</li> <li>▪ Peer group remains important, but may be ambivalent</li> <li>▪ Peer support groups may be useful</li> <li>▪ Expect and accept mood swings</li> <li>▪ Encourage expression of feelings</li> <li>▪ Allow hidden feelings (unless risk of harm)</li> <li>▪ Encourage parents to share own grief</li> <li>▪ Answer questions honestly</li> <li>▪ Allow choices about involvement in death and dying rituals</li> <li>▪ Help young person to create memories and connection to deceased.</li> <li>▪ Erickson- Identity vs Role confusion</li> <li>▪ Piaget- Formal operational</li> </ul>

(D'Antonio, 2011; Lyles, 2004; Machajewski & Kronk, 2013; Royal Children's Hospital, n.d.)