

DEVELOPMENTAL CONSIDERATIONS

Stage of development	Concepts and beliefs	Examples of common signs of grief (physical, emotional and behavioural)	Considerations / How to help
Infant (0-2 years)	<ul style="list-style-type: none"> ▪ Concept of death beyond understanding ▪ Capable of grief once sense of object permanence developed (approx. 6-8 months) ▪ Aware of the absence of loved one, can miss their contact, sound, smell, and sight. ▪ Can notice changes to routine ▪ Can notice changes in family emotions 	<ul style="list-style-type: none"> ▪ Increased crying ▪ Altered sleep patterns ▪ Changes in eating ▪ Altered elimination patterns ▪ Increased sucking, biting behaviour ▪ Increased restlessness ▪ Detachment (not responsive to holding or cuddling) ▪ Changes in weight ▪ Failure to grow and thrive 	<ul style="list-style-type: none"> ▪ Need immediate physical needs met in a consistent way ▪ Be aware of disruption to attachment if loss is primary caregiver (or primary caregiver becomes less responsive) ▪ Keep routines consistent ▪ Need abundant love, contact, cuddling, reassurance ▪ Erikson: Trust vs Mistrust- infant needs to learn the world is safe by their needs being met. ▪ Piaget: Sensorimotor- infant learns the world by caregivers responding to their needs.
Toddlers and Preschoolers (2-5 years)	<ul style="list-style-type: none"> ▪ Do not have abstract understanding necessary to understand death, for example: <ul style="list-style-type: none"> – Causality (death is caused by something) – Irreversibility (a dead person cannot come alive again) – Cessation (bodily functions/ feelings cease with death) – Universality (all living things die) ▪ Death the same as being asleep or on a trip (separation as temporary/ reversible) ▪ May wonder what the deceased is doing (believes they continue to function) ▪ May wonder what will happen if parents die ▪ Are egocentric and use magical thinking- may feel they have caused the sadness and grief around them. 	<ul style="list-style-type: none"> ▪ Enuresis ▪ Loss of skills/ developmental regression ▪ Headaches, stomachaches ▪ Sleep issues, nightmares ▪ Increased separation anxiety ▪ Increased fears (e.g. the dark) ▪ Increased attention-seeking behaviours ▪ Increased displays of anger, tantrums, aggressive behavior, ▪ Withdrawn behaviour ▪ Apparent lack of reaction / indifference ▪ Shyness ▪ Feelings of guilt ▪ Death themes in play ▪ Repetitive questions about the death/ person that has died ▪ Interest in dead things 	<ul style="list-style-type: none"> ▪ Death as a loss of security ▪ Regression common (e.g. thumb-sucking, toileting accidents) ▪ Will take frequent breaks from mourning- encourage to play/ have fun ▪ Will often use play to demonstrate understanding and express grief ▪ Grief responses can re-emerge at a later stage of development as cognitive capacity increases. ▪ Benefit from appropriate preparation where possible– e.g. opportunity to see ill sibling ▪ May ask repetitive questions- provide honest, simple answers ▪ Do not use euphemisms- concrete understanding means they are not capable of understanding them (e.g. may develop fear of sleep if sleep used as euphemism). ▪ Provide information in developmentally appropriate way- address misunderstandings that arise from incomplete concept of death- be concrete <i>(e.g. Person died because they were very, very sick, we won't be able to see them anymore, nothing you said/did caused the death, they do not need to eat/cannot feel cold /scared, mum/dad are staying here and will take care of you")</i> ▪ Include child in family rituals and mourning where possible