



SERVICES OFFERED

**GUIDE TO
COMPREHENSIVE
CANCER CARE**

**PATIENT / FAMILY
RESOURCE CENTER**

SELF CARE GUIDES

TESTS & PROCEDURES

**COMPLEMENTARY /
ALTERNATIVE CARE**

HOME

In the Know

Connecting Patient / Family Library Patrons To Information, Ideas and Resources

September 2005

from

The Duke Patient/Family Resource Center

The Duke Patient/Family Resource Center is:

- A lending library offering books, audio and video tapes, magazines and free brochures dealing with cancer and certain blood disorders and with issues of coping, survivorship, caregiving, and grieving
- Open 8:30 to 5:00 every day the Morris Clinics are open
- Located in the White Zone, first floor, of the Morris Cancer Clinic, Room 15123.
- Our phone number is 919-684-6955. Our email address is FamilyLibrary@mc.duke.edu



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Telling the Children



Your children have very delicate antennae for picking up mood. When optimism becomes pessimism, they will know. When you begin to exclude them from unhappy truths, they will know. It is always better for them to know the facts than to sink deeper and deeper into uncertainty and fear of the unknown. [McCue, p. 164]

You have to do it sooner or later. Talk to the children about dad, or mom, or their sister, or their brother. Or yourself.

You have to try to keep from scaring them. At the same time, you have to keep from over-minimizing it. Worst of all, you have to break it to the kids that their lives are going to change for the time being. Maybe a little, maybe a lot. Maybe for a while, maybe for a long while. Maybe forever.

This isn't going to be easy, but it isn't going to be as hard as some may think. The natural resiliency of children and young people often comes to the rescue. While adults are trembling with anxiety, a child may say, "I know what, we'll help and help and help and

she'll get well. That's easy!"

Sometimes it helps to consult a little expert advice on the subject and resort to books written for - and by - kids who have had to face cancer in the family, or in themselves. The Patient/Family Resource Library has a nice collection of both advice and child-reading material, some of which will be reviewed below. I will be drawing much of what I have to say from these.

Talking about It



[Graphic from Doublesign.com]

One of the most useful books on the subject is Kathleen McCue's *How to Help Children through a Parent's Serious Illness*. She is the author quoted above. Her guiding principles are openness and honesty. Children have a right to know the basic facts, she argues. Evasions and delays and cover-ups just put children on the scent - like the press with a corporate scandal - and produce alienation and distrust between children and their parents. McCue writes, "There may be nothing more important in their lives than that they continue to trust the two people they love the most - the parent who is sick and the parent who will continue to care for them."

So best to come clean sooner rather than later, and with direct answers to questions rather than fudged ones. The children should understand that the illness is serious; they should know its name and characteristics. In the case of cancer, they will need to be told that no one else in the family can "catch it" from the sick person. In the case of any serious illness, children may need to be reassured that it is not their fault that it happened.

Children should also hear your understanding of what the treatment will involve, e.g. "Mommy will be going into the clinic a lot in the next few months to see the doctor and get injections of medicine." The older the child, the more medical details you can share.

Patterns of Response

The preschooler. The child's response has a lot to do with age.

Children at preschool ages will have short attention spans and may need to take play breaks between tidbits of information. Often, it is through play itself, that they come to grips with the information they have been given. A touching example is given by McCue of the little girl with her play "daddies."

At first, Maryanne seemed utterly terrified of her strange new father [he was quadriplegic]. In the hospital, she didn't want to see him. When they went to visit, she'd hide behind her mom.

During those visits we [counselor and child] began to get together in the playroom. Maryanne didn't have a lot of verbal skills yet, but almost all her play focused on "Daddy." She'd identify a doll or toy as Daddy, then play Daddy-this, Daddy-that. She'd put the Daddy toys in different hiding places around the room, bury them in our rice table, then carefully retrieve them. She seemed to need the reassurance that wherever she left her toy "Daddy," that's where she would find him.

At the end of the sessions, she'd always want to take all her "Daddies" home; I'd tell her she had to pick just one and bring it back next time.

At home, her mother told me, that Daddy toy would be very important to Maryanne. She always knew exactly where the toy was. She would carry it around, then put it somewhere, then go back to check on it.

When her dad was sent on to a rehabilitation hospital, Maryanne continued to come by our playroom, play with all her toy "Daddies," take one home each time. And by the time her father came home for good, she had made the connection between the old daddy and the new one. She lost her fear. Because Daddy couldn't pick her up anymore, Maryanne would climb into his lap and give him a hug big enough for both of them. It worked for her, and it worked for him. [McClue, p. 156]



A healing practice for children of any age is to become involved in the more doable parts of helping the sick family member. For toddlers and pre-schoolers, the offering of hugs and of little tokens - a drawing, a flower, etc. - can make the child feel involved and valued in the family struggle. And for children of all ages, not just the preschoolers, an effort must be made to preserve as much as possible of their established routines.

Should the preschooler be reacting poorly to the situation, this is often signaled by sleep disturbance, eating disorder, or regression of various sorts, including loss of his or her toilet training. Eating disorders usually clear up when the stress lessens; your job here will simply be to find what precisely is the point of greatest stress on that child. (Don't assume a toddler's anxieties are the same as your own). Loss of skills should be greeted with understanding but also with a firm effort to get the child back on track. Unthinking indulgence of a child, because of a family crisis - or because of anything! - usually causes behavior to deteriorate further.

Sleep disturbances that persist can be treated with quiet talking sessions, with providing the child plenty of exercise during the day, and most especially with a happy, soothing bed-time routine. McCue says, "They shouldn't be going to bed while Mom is on the phone talking to Grandma about how sick Daddy is. Get off the phone, *get off the world*, snuggle up for fifteen minutes and read them a bedtime story with a happy ending."
(59)



Older children. Older children, those between approximately 5 and 10, are the ones most apt to have three classic anxieties, two of them mentioned already:

1. Did I cause this cancer by the bad thing I did?
2. Is my other parent going to catch cancer too? Am I?
3. Who's going to take care of me in the way my [sick parent] has always done?

The first two are rather easily answered with an "Absolutely not." The third involves more detail and group planning. Especially for the younger children, familiar routine is at the core of security. These children need to hear there is a plan in place for their care and that their little worries won't be brushed aside while the adults focus on the Big Worry. Even young children can be enlisted to make sacrifices, if it's clear to them that they are part of a caring team that must pull together to meet the new problem.

Older children will be interested in many of the medical details and more interested in offering specialized forms of helpfulness, like making sure Dad always has some ice water by his side and takes his pills on time, or helping Mom in the shower. When a sibling is ill, children can be enormously helpful with story reading, card playing, or group art work.



A sick parent must, however, not neglect to maintain his or her parental role even when being cared for by the little helpers. A sick parent who simply abdicates parental authority and responsibility will find his/her children's respect slipping away and may wind up being treated like the furniture. (There is a cruel side to children's resilience). There should, in most cases, be some parental task such as reading to children, or helping with homework, that a parent battling cancer can still undertake on a regular basis, a

task that allows the parent to continue to demonstrate his or her mature wisdom and usefulness - and authority.

Older children, while more easily reached verbally, can nonetheless still signal hidden miseries with "acting out." In their case, the acting out is often more alarming than that of the preschooler because it can take place outside the home. The older child has school to cope with as well as the disturbed home life. Here he can fight with friends, fail assignments, play hooky, or

engage in high-risk stunts. Flowing as it often does from the parents' overwhelmed situation, the unhappy child's behavior can tip the family into total chaos if something is not done. Frankness, inclusion, and attention to the child's own egocentric concerns are often the key to halting the slide. Remind yourself that children can be enlisted to "help" by *not doing* certain things - like neglecting homework, slamming doors, or fighting with their buddies.

If the deteriorating child cannot be engaged, it might be time to check out the "Getting Help" tips below. Also, for finding inspiration that even the most chaotic situation can be brought back under control, I highly recommend looking for re-runs of "Nanny 911" (was running on Fox).



An excellent website for advice on how to talk to children of different ages - about any topic - is <http://www.pbs.org/parents/talkingwithkids/agebyage.html>

Teens and preteens. This age range is hard to predict. All of the good features that can be relied upon in an older child - the greater understanding, longer attention span, helping skills - are magnified in the teen, but so are all the disruptive potentialities. The physical and mental ability to be a caregiver, both for the sick person and for the younger kids, is arriving on the scene. But so are cars, drugs and sex. The capacity to be brave is magnified, but so is the capacity to be wildly anxious. Worst of all is the developmental timing. Just as the young person is revving up to get away from home, parents, childhood restrictions, and in-house responsibilities, the illness comes along and drops a cage around him or her. It is not surprising that vacillations in attitude, from the helpful to the horrid, can occur in preteens and teens.

The trick will be to keep the negative reactions from hardening into a fixed pattern. It may be useful to set up a system where helpful behavior is rewarded with "grown-up" treats: permission to be out of the house longer, to stay up later, or to watch more adult programs on TV - all within reason, of course. This way, you harness the developmental drive for independence to your need for at-home harmony and help. Don't neglect praise, either. It works for all ages.



Chums. Probably the most important thing distinguishing the preteen and teen from younger children will be his or her need to have a peer to talk to about the home situation. The emotional processing that goes on between teens constantly - and that can account for such huge phone bills - is on a different plane from what goes on between the teen and any adult. *Both* are vital in a family crisis situation. It is essential that your teenager and you work together to see that (a) there is such a buddy available for him/her, and (b) it is someone who can respect the family's need for a certain amount of privacy. What gets said about the cancer situation between the two of them isn't always for general consumption.

Cancer and the Single Parent

When there's no fall-back parent. Speaking of friends, the best ones you'll ever have, if you are a sick single parent are those who can be called on to act, temporarily, *in loco parentis*, when you are sidelined by illness or disability. What you are looking for is a person whose assumption of the responsibility causes the least disruption in the children's lives. This usually means someone who lives locally - a relative, friend, neighbor, or faith-group associate with whom the children are already acquainted. Obviously, the children should be consulted in the decision.

Sometimes an "ex" will step into the role if you and the children are agreeable to him or her doing so. It will be necessary to make it clear to the kids that this does not mean a resumption of the old relationship, or marriage, between your ex and yourself. It is all too easy for small children to get their hopes up that a daddy or mommy who left, in the past, has now come back for good.

The temporary acting parent that you and your children choose need not be the same, indeed is unlikely to be the same, as the one you would choose to take over the children in the case of your death. But a single parent, facing cancer, is wise to make a decision about that situation too. Cancer is no guarantee of death, but it

certainly opens the door to the possibility. If you haven't made a long-range plan, your kids may wind up under the control of whomever wants to fight for them through the courts. Is this the person, you would pick? Ask yourself.

Getting Help



There should be no shame in reaching out for help in every direction when you or your family member is battling cancer. Indeed, I expect you are doing so already and I would expect that some of this help - from relatives, friends, neighbors and your faith-group - is directed at giving your children a hand, with their schedules, their schoolwork, their play-dates, their date-dates, whatever. What I want to talk about here is getting a professional level of help with serious emotional issues.

If several warning signs that a child is in trouble begin to turn on *and stay on*, that is the time to look for the professional. These signs include

- Sleep disturbance
- Eating disorder
- Losing toys
- Chronic unruliness
- Fear
- Developmental failure
- School failure
- Overly aggressive play or fighting
- Risk-taking (including with cars, drugs and sex)
- Suicidal talk, acts

Duke cancer patients and their families have one enormous resource in this respect that others may not: the Duke Cancer Patient Support Program counsels both adults and children for free if a member of the family is undergoing treatment for cancer here at Duke. Their number is 919-684-4497, or find them in room 15121 of the White Zone, Morris Cancer Clinic. Their services are described at the website:

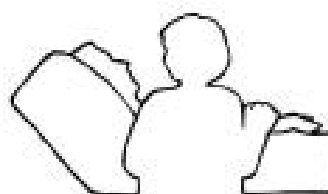
<http://cancer.duke.edu/support/counseling.asp>

For the children of adult patients admitted to Duke Hospital, social workers on every floor are available for family conferences.

If the sick family member is a child and one is seeking counseling for this child or a sibling, both the Duke Department of Pediatric Hematology/Oncology (919-684-3401) and the Duke Pediatric Bone Marrow Transplant Unit (919-681-5241) have social workers and child life specialists who work with every family that comes for treatment in their unit, as part of the larger service.

Should your need be for a closer-to-home professional, any of these services just mentioned can do referrals. It is always a good idea, as well, to work through the child's school, either for access to school counselors or for local referrals. Faith-group counseling is also an option for many people.

Hospital Visits



Visits to the sick family member in the hospital put the child in a strange environment and expose him to a vision of the sick person, the sibling or parent, that may be disturbing. It may, in turn, be disturbing to the patient to realize that he or she causing this distress.

The situation is exacerbated if the patient winds up in intensive care or critical care. (This is uncommon for cancer patients, but it can happen.) Yet this is all the more reason why the child should attempt a visit. Writes McCue:

The sight of a seriously ill patient in a hospital critical care unit is frightening, and we must start off understanding that. All the masks are gone, even those minimal little cosmetic aids with which we face our loved ones daily - a shave, combed hair, shaped eyebrows, dentures. What remains is a pallid husk, hooked up to a terrifying array of catheters, drips, and monitors. How can we even think of inflicting such a sight on a child?

The answer is, once again, your child is *entitled*. The more menacing the situation, the more important for your child's future well-being that he have this opportunity - perhaps this final opportunity - to visit, if he wants to. That's still Mom or Dad on the other end of all that hardware, and most children are going to want to go. (Some won't, and that's okay. It's a decision best left to the child.) And I can assure you,

most children who want to visit can handle the visit just fine - we simply have to prepare for it. [110]

McCue advises a "dress rehearsal" before the visit, where the child is sat down and told - or shown, if some polaroids or digitals can be produced - what the patient will look like. (Be sure to clear picture-taking with the hospital staff). Another useful visual aid would be a doll that can be manipulated to show the child what part of the patient's body has been operated upon, how the drip goes into the back of the hand, etc. Older children will require more detailed explanations; often they will find the knowledge empowering rather than repellent. They can speak to the patient about his "nasal cannula" or ask to take a look at her "surgical drains." In the course of this dress rehearsal, reassure the child that it's OK if something causes her to cry or makes him want to turn away. "Mom will understand."

Planning certain details of the visit can be helpful as well. Children like to meet the doctor or the nurse(s), and it might be possible to set that up. But avoid specific expectations. "It's alright for the children to kiss the sick parent, but it's also alright for them *not* to. You make the suggestions; let them decide." (113) Lastly, make the visit short. The older the child, the more important is brevity. A young child's attention will wander off to her toys; an older child's attention will fasten more fully on the disturbing medical apparatus, for example, or the patient's disturbing physical condition.

If Things Get Worse



Acceptance is a process. I've seen children hear words like "We think Dad will probably die, the doctors say there's nothing more they can do," who've responded, "Oh, okay." And go on as if they hadn't heard. And hours later - that night - the next day - they burst into tears, acknowledging that they did hear, but weren't ready to handle it. [McCue 166]

I will have more to say about grieving children in next month's newsletter on Grief. Let us concentrate here more on how you go about shifting gears from optimistic disease-fighting to an end-of-life vigil, when there are children involved. For pointers on this transition, I recommend reviewing our June & July 2004 Newsletters on "Planning for Life's End." Excellent books on the issue are suggested in both newsletters.

It usually takes a while for patient and primary caregiver to come fully awake to the fact that things aren't getting better, in fact they are getting worse and will lead to death; in this respect, we are all like the children McCue mentions above. But once the realization hits home with the adults, there will be many things to organize, and, when family and friendship circles are large, there will soon be many more visitors than previously. Both of these add up to even more stress on the primary caregivers. All too easy, in a situation like this, for the children to wind up underfoot but at the same time out of the loop. Here are some thoughts.

- Regular family meetings of the inner circle, the children, the primary caregivers, and when possible, the patient, are a good way to explore feelings, negotiate tasks, deal with personal schedules and just get on the same page again. Whoever in the family is being resolutely "brave" in these grievous circumstances needs to give it up occasionally and cry. Sometimes children will not cry until they see the brave person do so.
- A quiet inner family circle is the best group for dealing with the patient's return home from the hospital. Once you have your inner circle act together, the flood of visitors is easier to deal with.
- Begin to develop stress-reducing routines for all the inner circle, especially the ones most involved in patient care. The person most apt to "burn out" is the adult primary caregiver, but adolescents who are participating heavily in care are at risk as well. Each of these individuals will need private time, private space and regular breaks for relaxing excursions outside the home.
- "Outer circle" visitors may be called upon to fill the gap when exhausted parties take their breaks or called upon to participate in the break itself. It can be an enormous boon to children to have a loved aunt show up and take them to the zoo, or favorite cousins arrive on the scene with a water balloon slingshot.
- Don't be shocked or offended if your kids sometimes blow off steam with wildly irreverent behavior like having a food fight or shooting water balloons over the house. Just as long as it's not dangerous...
- Keep looking for warning signs of a child in trouble and stay in touch with any counselor who has proved helpful with the

children in the past. Making yourself emotionally available to your children, even in the midst of grief, isn't always easy, but for them it is essential.

- Remember that grieving is a process too. It will have already begun at the patient's diagnosis, and it will continue to wax and wane well after the patient's demise. The rule holds for children as well as adults.



Books for Kids, Books for Parents

Our child and child advice reading section is around the corner of the first bookshelves in the Patient/Family Resource Center, below the shelves on "Coping and Inspiration." We have a label on each book indicating the appropriate age range for the book and the illness situation depicted in the book. We suggest you look them up on Amazon for descriptive reviews. All of these books have been praised by reviewers.

To be read to/by children:

Am I Still a Sister? by Alicia M. Sims

Ages 4-8. Girl, about 6-8, copes with death of her baby brother by writing to him in heaven with all her news and thoughts.

The Canada Geese Quilt by Natalie Kinsey-Warnock, Leslie W. Bowman. Ages: later childhood. 10 yr old girl worries about new baby coming, then Grandma has a stroke. The girl is the one who pulls Grandma through by collaborating on a quilt for the new baby. Emphasis on changing family dynamics.

The Education of Little Tree by Rennard Strickland (Foreword), Forrest Carter. Ages: any. A long read for all ages about orphaned Cherokee boy. A good life-coping classic. Not specific for illness

Everett Anderson's Goodbye by Lucille Clifton, Ann Grifalconi

Ages: preschool. Child copes with loss of his dad. Verse and big

illustrations.

The Fall of Freddie the Leaf: A Story of Life for All Ages by Leo Buscaglia. Ages 4-8. A classic lesson in death.

Forever in My Heart by Jennifer Levine. Ages 4-8. A girl's mom is dying and her dog discusses death with us.

Fuzzy and Frankie by Susan Murray and Annie Lunsford.
Ages: For young child with brain tumor. Given out by Ronald McDonald House

Geranium Morning by E. Sandy Powell. Ages 4-8. For children with guilt feelings. The boy's dad dies in a car crash after the boy begs off going with him; a girl he meets at school has a dying mom and together they work through their feelings.

Gran-Gran's Best Trick: A Story for Children Who Have Lost Someone They Love by L. Dwight Md. Holden, Michael Chesworth.
Ages 4-8. A granddaughter whose grandfather battles cancer. Love is the best trick.

Grandad Bill's Song by Jane Yolen, Melissa Bay Mathis. Ages 4-8. A boy loses his grandad and goes around asking each family member what they did the day Grandpa died. They respond in verse covering a range of emotion.

The Hope Tree: Kids Talk About Breast Cancer by Laura Numeroff, Wendy Schlessel Harpham, David M. McPhail. Ages 4-8. From Publishers Weekly: Cuddly animal characters lay it on the line in the opening note of *The Hope Tree*: "Once a week we play games and talk about movies, our families, sports, school, books, and, oh yeah, our moms' cancer."

How Can I Help, Papa? A Child's Journey Through Loss and Healing by Elissa Al-Chokhachy. Ages 4-8. The ill "Papa" is actually a grandfather.

I'll Always Love You by Hans Wilhelm. Ages: preschool up to 2nd grade. Boy and dog age together, then dog dies, boy copes.

It Must Hurt a Lot: A Child's Book About Death by Doris Sanford. Ages 4-8. Little boy's dog dies; a playmates grandmother dies. They cope.

The Jester Has Lost His Jingle by David Saltzman. Ages: for young kids by young adult Hodgkin's patient. Poem-story format with big illustrations. Relates to unhappiness in the abstract, not cancer diagnosis, but the turning point comes when the jester is

able to get a little girl with a tumor to laugh again. Most often read by families with a sick child.

Lifetimes: A Beautiful Way to Explain Death to Children by Bryan Mellonie. Ages 4-12. Death in the abstract, through many examples. One Amazon customer finds it the main grieving book she would give to a stricken family. Soothing.

Mira's Month by Deborah Weinstein-Stern. Ages 4-8. 4 yr old Mira copes with mom's cancer, visits to hospital etc.

Moms Don't Get Sick by Pat Brack, Ben Brack. Ages: 9-11. A mother's struggle with breast cancer told from point of view of her and her 10 yr old son, alternating.

My Book for Kids With Cansur: A Child's Autobiography of Hope by Jason Gaes. Ages: any. Young Jason copes with Burkitt's lymphoma by recording his thoughts for other similarly afflicted children. His aim is to say kids don't always die. He relates how his cancer was discovered, describes operations, radiation and chemotherapy, and advises what to do in the hospital. Candid and authentic.

My Mommy Has Cancer by Carolyn S. Parkinson. Ages 5-9. Eric, about 6, and his parents. Visits to mommy in hospital. Very brief and unresolved at end, but child learns that cancer can kill people.

Once Upon a Hopeful Night by Risa Sacks Yaffe, R. Yaffe, Risa S. Yaffe, Troy Cramer. Ages 4-9. Verse explanation of how life will go on securely even though parent dies.

On the Wings of a Butterfly: A Story About Life and Death by Marilyn Maple. Ages 9-12. A dying older child, Lisa, befriends a caterpillar and watches it go through its transformation to butterfly; at her own death, Lisa joins the butterflies in their migration. Amazon customers liked this despite the weird ending and flowery prose.

Our Family Has Cancer, Too! by Christine Clifford. Ages 7-12. A 6th grader and his younger brother cope with mom's cancer and explain it to other kids (the readers). Mom OK at the end.

Our Mom Has Cancer by Adrienne Ackermann, Abigail Ackermann.
Ages 5-10. Preteen girls describing their mom's breast cancer experience; aimed at even younger readers. Straight shooting. Mom is going to survive.

The Paper Chain by Claire Blake, Eliza Blanchard, Kathy Parkinson.

Ages 3-8. Young sons and a mom with unspecified cancer, a story about how it all works out. Mom surviving at end.

Remember the Secret by Elisabeth Kubler-Ross, Heather Preston. Ages 5-9. Make believe story of a young girl, young boy and their imaginary playmates who get to make a trip to heaven in their dreams, where everything is wonderful. (It's not called heaven, but God is responsible for it). Because of this Suzy is well prepared psychologically when it turns out Peter dies.

Sad but OK – My Daddy Died Today: A Child's View of Death by Barbara Frisbie Juneau. Ages 8-12. Through the eyes of her nine-year-old daughter, the author shares the events that befell her family during the time the author's husband was faced with a terminal brain tumor.

Sammy's Mommy Has Cancer by Sherry Kohlenberg, Lauri Crow. Ages 4-8. Account of Sammy's mom surviving cancer treatment. Comforting guide to a parent's cancer experience. Written by a survivor who had young son.

Saying Good-bye to Grandma by Jane Resh Thomas, Marcia Sewall.

Ages 4-9. Seven year old girl goes to grandma's funeral with parents; discovers good family time.

Some Things Change and Some Things Stay the Same by Fred Rogers ("Mr. Rogers"). Ages: very young. For children who have cancer themselves.

Straight from the Siblings: Another Look at the Rainbow by Gloria Murray, Gerald G. Jamplosky (Editor). Ages 9-12. A group of thirty-four children share their experiences with terminally ill brothers and sisters

Talking about Death : A Dialogue Between Parent and Child by Earl A. Grollman. Ages: wide range, the read-along is about 5-9. A read-along picture book explaining death to young children with an extensive guide for parents. Includes lists of pertinent organizations, books, tapes, and films.

The Tenth Good Thing About Barney by Judith Viorst, Erik Blegvad.

Ages 4-9. In an attempt to overcome his grief, a boy tries to think of the ten best things about his dead cat. No mention of human death, but some discussion of cats in heaven.

There Is a Rainbow Behind Every Dark Cloud by Gerald G. Jampolsky. Ages 4-8. Eleven children share their experiences with terminal illness, especially the ways they helped each other cope

with the prospect of their own death.

When Eric's Mom Fought Cancer by Judith Vigna. Ages 4-8. Young boy and sick mom who's still doing OK at the end. Covers the phases of her treatment and the changes at home.

When Mommy Is Sick by Ferne Sherkin-Langer, Kay Life. Ages 4-7.

A distressed little girl expresses her feelings when her mother goes to the hospital. When her mother comes home, normal life happily resumes. The nature of the woman's illness is not specified, but she is hospitalized periodically, which would make the book appropriate for children whose parents require chemotherapy, for example, as well as being generally useful for any parental hospital stay. The text is gentle, empathetic, encouraging, and easily understood.

When Pete's Dad Got Sick : A Book about Chronic Illness by Kathleen Long Bostrom, Cheri Bladholm. Ages 4-8.

A dad with unspecified illness is no longer able to run and play with Pete, he helps Pete deal with that.

When You Have an Operation on Your Head or Back by Nursing Staff of Henrietta Egleston Hospital. Ages 5-12. Picture explanations of what will happen in the hospital, for young brain-spinal patients. There's a lot in it, so don't try to read all at once.

To be read by teens:

I Will Remember You: A Guidebook through Grief for Teens by Laura Dower. Ages: teenage. From Amazon reviewer: Through stirring words by well-known personalities (E.B. White, Emily Dickinson, Rainer Maria Rilke, Dr. Seuss, Mother Teresa, Woody Allen, even Pooh and Piglet!), as well as from fellow teens who have lost a loved one, grieving teens can begin to take comfort that they're not alone.

The Kid's Book About Death and Dying by Eric Rofes. Ages 9 - adolescent. Fourteen children offer facts and advice to give young readers a better understanding of death.

Straight Talk about Death for Teenagers : How to Cope with Losing Someone You Love by Earl A. Grollman. Ages: teenage. An insightful theologian/grief expert suggests that teen grief is often overlooked or minimized. Addressing this gap, he presents just a few on-target, incisive lines on each page - to be read like poetry - on topics such as 'the first days after a death' and 'facing your future.' The occasional humor is not inappropriate.

To be read by adults about children or teens:

The Grieving Child by Helen Fitzgerald. Ages: covers the full range, but not in separate chapters. Advice to adults.

Helping Your Children Cope with Your Cancer by Peter Van Dernoot.

Ages: covers full range. Advice to adults. Described as "exceptionally moving."

How to Help Children through a Parent's Serious Illness by Kathleen McCue. Ages: covers the full range. Advice to adults. The book on which this newsletter is largely based.

The Last Day of April by Nancy Roach, Erin Roach. Ages: adult
Story for parents of a dying child

Learning to Say Good-By: When a Child's Parent Dies by Eda J. Le Shan, Paul Giovanopoulos. Ages: full range. Advice to adults about children losing a parent.

We Can Cope: When a Parent Has Cancer

Ages: small to adolescent. Advice to parents from a drug company. Looks decent and basic.

When a Parent Has Cancer : A Guide to Caring for Your Children by Wendy S. Harpham. Ages: Adult. Excellent resource for parents.

When Someone Has a Very Serious Illness: Children Can Learn to Cope with Loss and Change by Marge Heegaard. Ages 4-8, and adult. Considered an excellent guide to helping children cope.

Videos:

Aarvy Aardvark Finds Hope. Ages: all. With the help of his friend Ralphie Rabbit, Aarvy Aardvark comes to terms with the loss of his mother and brother.

Kids Tell Kids What It's Like When a Family Member Has Cancer
Ages 5-11. Designed to be watched by parents and children together. Covers ill mom, dad, brother and sister.

Standing Tall: A Video about Teen Grief

Ages: teen. Seven young people share how they heard the news when a loved one died, their feelings, what helped and how they moved on.

We Can Cope: When a Parent Has Cancer, Child Tape

Children discuss their feelings and reactions about having a parent

with cancer.

We Can Cope: When a Parent Has Cancer, Teen Tape

A group of teenagers discuss their parents' cancer and how they coped, learned and grew from facing the challenge of cancer.

We Can Cope: When a Parent Has Cancer, Parent Tape

The parents from seven families talk about how their families coped after a parent was diagnosed with cancer and share practical strategies for helping children adjust.

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