Pediatric Deaths:
Behavioral Health Support

Paramedic Refresher Program
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Objectives

• To increase awareness of key terms and concepts specific to Pediatric Deaths.

• To become familiar with steps for notification of family members.

• To summarize the common responses to a pediatric death.

Objectives (cont.)

• To practice compassionate responses to pediatric deaths.

• To identify personal and professional self-care strategies related to the death of a child.
Over 70% of Emergency Service Providers state that pediatric deaths are the most stressful part of their jobs.

Less than 20% of Emergency Service Personnel report having any training in managing a pediatric death.
What are the factors that make the death of a child so personally and professionally difficult?

*When a parent dies, you lose your past; when a child dies, you lose your future.*

- Anonymous
A wife who loses a husband is called a widow. A husband who loses a wife is called a widower. A child who loses his parents is called an orphan. But...there is no word for a parent who loses a child, that's how awful the loss is! – Neugeboren 1976

Types of Pediatric Deaths:

- Unintentional Injuries:
  - Motor vehicle collisions
  - Drowning
  - Fire
  - Firearms
Types of Pediatric Deaths (cont.):

- Congenital Malformations
- Malignant Neoplasms/Cancer
- Homicide
- Suicide

Pediatric Emergencies Resulting in Death

1. Confirm the identity of the persons with whom you are speaking, and their relationship to the child.

   - Always have one designated person responsible to communicate with the family and/or those present.
2. Explain the recitation efforts:
   - Avoiding “jargon,” explain in detail all of the efforts and medical interventions performed to assist the child.
   - Emphasize that everything medically possible was done.

3. State in clear, direct terms that the child has died.
   - do NOT use euphemisms (passed away, is gone, has left us, etc.).
   - DO use the word “died.”
     “I am sorry to share with you that Johnny has died.”
     “I am so sorry to say that Johnny has died.”
4. **Always** use the child’s name.
   
   - NEVER refer to the child as “the deceased,” “the body,” “the remains,” etc.

5. Always be honest.

6. Answer questions directly.

7. Provide as much information as possible (without jeopardizing an investigation).
8. Know the protocols of your jurisdiction related to contact with a child who has died.

- Respect cultural traditions when possible.

9. Do not leave the parents/caregivers alone.

10. Include siblings in the discussion
    (2 years old and up…)
    - age appropriate language and concepts
Pediatric Emergencies Resulting in Death (cont.)

11. Ask if you can contact a relative, friend, neighbor, clergy, co-worker, grief specialist, etc.

12. If at all possible, do not give a death notification over the phone…

Pediatric Emergencies Resulting in Death (cont.)

13. Be prepared for the wide range of “normal” responses to the death of a child.

14. Know, and offer appropriate community referrals for the family and loved ones of the child.
Common Responses:

- Shock
- Horror
- Disbelief
- Confusion

Common Responses (cont.):

- Physical/Somatic Responses
- Outbursts
- Anger/Rage
- Guilt
- Profound Sadness/Despair
Common Responses (cont.):

• Culturally-specific reactions.

Pediatric Death “Do’s & Don’ts”

DO:

• Say you are sorry.
• Say nothing.
• Remain in compassionate presence.
• Offer appropriate touch and physical support.
Pediatric Death “Do’s & Don’ts” (cont.)

**DO:**
- Listen.
- Answer questions directly, honestly, and tactfully.
- Offer community referrals if appropriate.

**NEVER:**
- Say any of the following:
  - “I know how you feel…”
  - “This too shall pass…”
  - “God works in mysterious ways…”
Pediatric Death “Do’s & Don’ts” (cont.)

NEVER:
• Say any of the following:
  – “You are young, you can always have more children…”
  – “At least you had Johnny for xx time…”
  – “God never gives us more than we can handle…”

Compassionate response role play exercise…
Personal & Professional Self-Care Strategies

• Recognize normal feelings and responses, including:
  – Sadness
  – Anger/rage
  – Feelings of failure and/or inadequacy
  – Guilt
  – Frustration

Personal & Professional Self-Care Strategies (cont.)

• Share your thoughts and concerns with co-workers, family, and trusted others.

• Laugh, cry, exercise, and touch – the natural “reset buttons…”
Personal & Professional Self-Care Strategies (cont.)

• Keep a realistic perspective on your actual capacity to effect positive outcome.

• Your compassionate presence is the greatest gift you can ever offer.

• Do your best to make meaning of the event.

Summary

Pediatric deaths are extremely challenging for Emergency Service Personnel.

Proper training and established protocols related to the death notification and compassionate presence increase our capacity for effective service.
Summary (cont.)

An extremely wide range of “normal” responses are exhibited under the acute trauma of a pediatric stress.

EMS Personnel must have effective self-care strategies to successfully mitigate the personal and professional affects of pediatric deaths.