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The older a child is, the more he needs and can understand a fuller explanation of his condition. Just because an older child is capable of deeper understanding, however, does not mean that a serious illness is any less stressful for him than it is for a younger child.

AGES SIX TO ELEVEN YEARS

Children between six and eleven years old generally have increased rational but literal understanding, are learning many new skills, have more self-control, and can concentrate for longer periods of time. They often still have terrific imaginations. They need friends as well as family, and are more likely to compare themselves to peers and base their self-esteem somewhat on that assessment. Although they are becoming more independent, they can easily regress to earlier behavior patterns if stressed.

Although these are general developmental trends, children between the ages of six and eleven, as with the younger age groups, show considerable differences from one another. By this point, children show different physical and intellectual skills and varying levels of confidence and self-esteem. They can be more or less anxious and impulsive and need more or less advance preparation for treatments. They need friends and some will feel more vulnerable than others if excluded. These characteristics will affect how you communicate with your child about his illness. You are the best person to judge the extent of explanation,

preparation, and ongoing communication that will be most appropriate for your child and can let the medical team know.

Stressful factors for most children aged six to eleven years about a long hospitalization

- Can affect learning new skills (intellectual and physical).
- Can affect what a child learns and how he does in school.
- Can limit what he can do physically.
- Can make a child feel isolated and different from his friends.
- Can lead a child to feel more dependent on his or her family.

What to say and do right away

Here are a few guidelines for talking to your six-to eleven-year-old about his illness:

- Make the conversations simple, direct, and clear.
- Have a matterofact attitude.
- Hold short meetings only with your child and the medical team (extended ones with you alone). Your child can tell you if he wants to be more included.
- Check afterward what your child has understood about what the doctors said and whether he wanted more or less information.
- Check for misconceptions your child may have about what caused the illness.
- Describe the treatment plan in small portions so as not overwhelm your child— although some older children may want a broad overview of the treatment plan with details later.

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- Moderate the extent of advance warning you give about treatment or a procedure with the style and age of your child— some older children may want several weeks rather than several days of advance notice about surgery so they can get questions answered or have more time to prepare themselves for what is going to happen.
- Allow your child a role in medical decisions where there are simple options so your child feels he is a partner in what is happening to him.
- Give fuller biological explanations about the illness and treatment.

Your Six- to Eleven-Year-Old's Reaction

Like younger children, school-age children show varied reactions. Some may show positive adjustment throughout treatment. Others may seem to adjust with little difficulty at first but seem more upset later. Some may withdraw or become depressed, irritable, angry, or anxious. They may seem more dependent on you or actively resist treatment. Some school-age children may, in addition, be anxious about school and keeping up with their schoolwork. A few may refuse to go to school or say they feel sick once they get there. Some school-age children may also be upset about temporarily losing strength or skills, which can prevent them from keeping up with friends or even being with friends. Some may feel different from their friends and feel quite isolated. Some children may return to using magical thinking and other earlier behaviors and thought patterns.

Helping Your School-Age Child

You can help your school-age child, particularly the six- to eight-year-olds, by encouraging them to use puppets and medical play (see p. 50).

Free play is also useful for preschool and school-age children who have a hard time expressing themselves verbally. A seven-year-old child in our pediatric oncology clinic would construct battles between the "good army" and the "bad army" that had plenty of casualties on both sides, but the good army always won (as we hoped the good cells would defeat the bad cancer cells). A nine-year-old boy who had a long and extremely difficult treatment and who was normally the most good-natured of souls would register his distress by engineering a massive pileup of his much-loved toy cars.

Art and drawing are very effective therapeutic tools for preschool and school-age children. Children are often able to convey their deepest feelings in poignant and heartfelt ways through their drawings. You can ask your child to create a drawing illustrating something about his or her situation specifically or generally. ("Draw your family before your treatment/illness" and then "Draw your family now." "Can you draw a picture that shows something about what is going on now?")

An older child can be given a specific task combining drawing and talking. ("A mandala is a circle that can be divided into different sections. Draw a mandala that shows your different feelings when you heard about your illness/on the first day you went back to school. Give each feeling a color. Color in the mandala, giving the appropriate size to each feeling, and we can then talk about what you've drawn.")

Stories can be another great therapeutic tool for preschool and school-age children. Stories about animals or children who overcome adversity and stories that use metaphors to convey a message of hope show the benefit of persistence and endurance are great to use with this age group and even younger children. *The Little Engine That Could* is a prime example of such a book. *Bravery Soup* is another. For older children there are many stories where a child succeeds despite adversity or overcomes a health problem to achieve a major goal. You can look at the children's book lists beginning on p. 400 to get ideas for appropriate books to get for your child.

Clay is a great medium for preschool and school-age children. Children can make the object of their fears and then change the feared thing into something they are not afraid of. An eight-year-old sister of a patient who was having a stem cell transplant was having difficulty staying in her own room at night because she thought of "scary things." She made some scary monsters out of clay. I had her change them into friendly animals and then suggested she keep the clay by her bed so she could do the same when she woke up at night. Though she still made occasional visits to her mother in the night, the clay animals

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helped her to stay in her own room more frequently. You can see how your child enjoys making her own monsters or friendly animals.

Therapeutic games for school-age children such as ShopTalk, a game for children with cancer ages seven to sixteen years, in English and Spanish, or The Angry Monster Machine, for children who appear very angry, can be extremely helpful. You can also tailor a game to suit the situation. These games often allow a child to be more open about their experiences and emotions than if they were asked directly without the protection and distance provided by playing a game.

I once designed questions for a suicide assessment with a ten-year-old child, Jill, using the board from the Thinking, Feeling, and Doing game, which allowed me to ask, “Do you ever think about hurting yourself?” and “Do you ever wish you were dead?” Jill answered yes to both questions, adding, “But I would never do it because Mommy would be so sad.” Jill earned tokens for each answer she gave and at one point said, “I know what you are doing, but this is fun.” This provided the springboard for more conversations about what was so hard and what else might help her not act self-destructively in her more desperate moments.

For some children and adolescents, certain music is distracting, absorbing, calming, and comforting. For others, it can be a wonderful form of self-expression. I worked with an eight-year-old, Mike, who was a young rapper. Mike held the microphone on my tape recorder while he rapped about how angry and sad he got about his illness, which made him act “mean” to people he loved—and how that, too, made him sad. See how your child responds to the idea of listening to some of his favorite music in the clinic or hospital.

Some children can talk directly about what is bothering them. As I mentioned, they often will find this easier if they are doing some other task at the same time like playing a game or doing an activity like coloring or knitting. So don’t be surprised also if your child starts a difficult conversation while she is doing something else. This other activity may give her a little distance from the conversation or a safe place to return to if the conversation becomes too anxiety-provoking. A child can talk about various worries: that the treatment will not work, that she will be stuck in the hospital for a long time; that friends will laugh at her when her hair falls out, that she will not be able to keep up in school, or that her friends will forget about her, as well as her fears about not getting better. Often, sharing the worries helps your child feel less alone and may allow strategizing about whether there are things to do or think that might help her feel better.