It’s important to talk from the very beginning about the other children.

The minute one child gets diagnosed, all the focus, all the attention, all the learning ends up on that particular child and on that situation. Sometimes, though never intentional, but almost to the neglect of the other children. Parents become absorbed by the logistics of the sick child’s needs, but need to keep in mind that the other children still have to go to school, still have to get dressed, still have to eat, need to be picked up or need to be taken somewhere. It becomes about figuring out how we’re going attend to the practical pieces and the emotional pieces.

Even though they completely understand that it was not intentional, siblings often report feeling almost abandoned: they felt shuttled from person to person. Yes, there were always caregivers, people to feed them, pick them up, take care of them, help them do their homework, but it wasn’t their parents. They felt pushed aside.

Sometimes, jealousy can arise. Suddenly the sick sibling is getting all kinds of presents and people visiting, and the other children are sort of wondering Why Me.

Sometimes, the siblings are also experiencing some guilt around why this happened to one child and not the other. They may also be experiencing relief, but they don’t want to say that. They’re very worried about burdening their parents with sort of one more thing, so they’re not sharing about what happens.

This can manifest in all kinds of ways: you may have the perfect child in the back of the room because they don’t want to rock the boat. They know the family is already upset, things are already shaky, so they’re going to be super good. And then other times you see the very worried, sometimes acting out child, or the child who has a lot of separation anxiety - may have had it to begin with but maybe not - suddenly doesn’t want the parent to go, is having trouble sleeping or having trouble in school.

We have to keep a developmental frame all this time, so it depends on how old these children are that we’re talking about. It becomes important for parents to recognize that sometimes leaving the hospital while one child’s napping to go and be with the other child at home is really important.
Parents need to own how stretched they feel and even share that with the other children. Tell them how much you love them and that you are going to do the best you can.

You can’t be in two places at one time, and sometimes you will feel guilty about having to attend to the sick child and not being able to be with the other children. It is really important to talk to the children about that, so that they understand that you, their parents, want to be with them as well. Tell them that you are going to do the best you can to divide your time. Tell them that if they were sick, you would be doing this for them too.

Let them know that if there are special things or special events, at least one parent is going to try and be there.

You can model and teach communication skills to your other children.

Tell them that it is their job to let you know when they need something and that you want them to tell you how they are feeling – that is safe for them to do that. And then be sure to check in with them every day, even if it only by phone from the hospital.

If you’re staying at the hospital, make sure you call home to say “Goodnight” or call and say, “How was school? Tell me about your day.” You can use Skype or FaceTime.

You can also tell them what you’ve been doing at the hospital with their sibling. This helps keep the other children in the loop, letting them know what’s going on, so they don’t wonder or worry more than necessary.

Always give them a sense of what’s actually going on and invite them in.

We always want to make sure children have information in age appropriate ways. You don’t have to do this by yourself: you can get help from a psychologist, a social worker, a child-life specialist, or somebody at the hospital who can help communicate with the other children about what is actually going on and how they might participate too.

Wherever possible, invite your other children to be helpful. Kids like to help. They don’t want to feel excluded, so use the resources that you have at the hospital or the clinic or wherever the care/treatment is occurring to bring the other children in.

If your child is in the hospital, even just an hour in the hospital so they can see what is happening can be very helpful. Bring your other children in so they can see what the room looks like, what the playroom looks like, that it’s not a scary place. Excluding them only increases their fantasies about something bad happening.
They’re going to have questions. It’s important not to lie to them.

Depending upon how old they are, your children may ask lots of questions. They may ask a couple of questions and run away and then come back a few days later.

It’s important not to lie to them. Give them short pieces of information. Let them take it and think about it, and if they come back and say “Remember when you said...?” -- now, now they have another question.

It is helpful to prepare yourself for the questions.

Kids can be very bold and far less inhibited than adults, which means they sometimes ask really tough questions right up front, and it can throw you as their parent for a loop when they ask the questions. For example, they hear that their sibling is very sick and in the hospital— they may ask, “Is she going to die?” Depending on their age when they ask this question, they probably aren’t asking if the sister could die, but rather, is she going to die soon (today, this week).

Such questions can be very alarming to hear your child ask, and it can be helpful to get a professional – such as a psychologist or social worker – to help you anticipate what some of the hard questions might be. Then you can prepare for how you want to answer them, what you want your child to know. By preparing yourself, you can give answers in a compassionate and kind but confident way, so that it isn’t scary for the child, even if it’s difficult information to hear; and so you don’t feel panicked in the moment that you’re going to say the wrong thing.

Be careful: It’s important to know what the child is really asking. Don’t give them information they haven’t really asked for.

Sometimes, when a child asks “Is she going to die?” what they’re really asking is, “Is she going to die today?” and if the answer to that question is pretty clearly No, that’s really actually all they’re asking, and you can answer “No.”

It is also important to find out what your child thinks and already knows.

Children learn things from all different places and may have a lot more knowledge than you think they have. So it’s very important to understand what your children knows even if you haven’t been the one to share that information.

Also, if your child has an interesting question about what happens when somebody dies and you have your own very specific thoughts about that, you may end up providing way too much information that is not appropriate for a child who is young.

To deal with this, try answering instead: “That’s a great question. What do you think?” Then you can learn what your child is really thinking or already knows. They may have an entire framework and an answer for the question. They just needed to ask it to see whether you could tolerate the question.

Your child may also have a misperception or misunderstanding and you can help clear up their confusion, without giving them a big explanation that is more than they can handle.
**Selected Additional Tips from Parents**

Our older children helped give their younger brother his medication.

*If we couldn’t answer a question that our sons had about their brother, we asked the child-life specialist to answer it.*

We tell our older daughter, age 13, everything about her sister’s condition. **We don’t keep anything from her.**

I told my son that it was OK to be really sad and cry about his younger sister’s illness. **We cried together.**

“We got our older daughter grief counseling from the very beginning, so she would have someone to talk to, to share her sadness with in case she was trying to protect us.”

We had to teach our older daughter’s teachers about the situation at home, so they would know what she was going through at home with her brother.

Sometimes we let other family members stay with our daughter at the hospital, so we could be home with our other children.
Print Your Own Conversation Cards

Print and gift these cards to your children, giving them an outlet and opportunity to express their thoughts and questions. Be sure to set a time specific time each week to discuss anything your child would like to share from the cards. Setting and sticking to a discussion time will help your child to feel heard and taken care of. These cards can also be used as a tool for a grief counselor or school support person.

www.courageousparentsnetwork.org