St. Jude India ChildCare Centres

SOP - Counselling

Guide for Counsellors and Staff

January 2026

Contents

Chapter 1: Introduction to counselling

St. Jude India ChildCare Centres provide safe, clean, and free accommodation along with holistic care to children from economically disadvantaged families who are undergoing cancer treatment. These children are accompanied by their parents or primary caregivers and reside at our Centres for the duration of treatment.

While addressing the physical needs of these families is an essential part of our work, supporting their emotional and psychological well-being presents unique challenges. Effective counselling in this context requires sensitivity, empathy, and a sound understanding of childhood cancer, its treatment processes, and the social, emotional, and financial concerns that accompany it.

This booklet has been developed collaboratively by St. Jude's experienced counselors as a reference guide for staff. It outlines commonly encountered concerns and offers guidance on how to respond appropriately and compassionately. It is important to recognize that every child and every family is unique; therefore, each situation must be understood in its full context before offering information, reassurance, or support.

Financial concerns are among the most frequently expressed issues across all locations. These are handled with care and consistency, keeping in mind that St. Jude does not participate directly in the first circle of care, namely medical treatment. Counselors and staff must remain aware of the child's treatment of hospital and guide families accordingly.

It is essential to clearly communicate to families that St. Jude staff are not medical professionals and cannot advise on the selection of treatment protocols. However, we play a vital role in helping families understand the information shared by doctors, anticipate possible outcomes, and address concerns related to daily care, emotional coping, and practical challenges—excluding decisions regarding the choice or modality of medical treatment.

This SOP aims to support staff in delivering informed, ethical, and empathetic counselling, while maintaining clear boundaries and upholding St. Jude's commitment to the dignity and well-being of every child and family we serve.

Chapter 2: Induction Counselling

Induction counselling is provided to families with the objective of ensuring that they settle comfortably into the Centre and begin to feel supported. This process focuses on building rapport between the family and the counsellor, familiarizing them with available counselling services, and ensuring that families know how to access or be referred for support when needed.

As part of induction counselling, an initial assessment and orientation are conducted for newly admitted children and their families. This includes identifying psychosocial needs, emotional concerns, family dynamics, coping mechanisms, and any observations related to developmental or disability-related needs. The information gathered during this stage helps guide appropriate support and referrals throughout the family's stay.

Key Points to remember during Induction Counselling:

- Centre staff may refer families for counselling sessions as required.
- Issues related solely to Centre rules and regulations should not be referred to counselors unless they require psychosocial intervention within the counselor's scope.
- Induction counselling must be conducted within the first four weeks following the family's admission to the Centre.
- Families may be referred for counselling earlier for reasons such as: A treatment gap requiring the family to return home early, or Urgent psychosocial concerns that cannot wait until the third or fourth week. The same should be recorded in MIS.
- For a Delay in Induction Counselling: In the story section, start the story with this preface – "Delay in Induction Counselling Reason. For a child who was hospitalized for a long time, the story will be written as: Delay in Induction Reason: The child was hospitalized from 3rd November to 20th November for Chicken Pox. Kindly consider. For a Delay in Induction Counselling: In the story section, start the story with this preface – "Delay in Induction Counselling Reason".
- e.g. For a child who was hospitalized for a long time, the story will be written as: Delay in Induction Reason: The child was hospitalized from 3rd November to 20th November for Chicken Pox. Kindly consider.
- In case of no exit counselling session for the released child, the preface should be – "No Exit Counselling Session Reason". E.g. No Exit Counselling Session Reason – The family returned home as there is a gap in the treatment and will be back by 20th November.
- Observations from the family's first three weeks at the Centre—such as adjustment to the environment, interactions with other families, and overall settling-in—should be shared with the counselor in advance.

- After the induction counselling session, families are free to accept or decline further counselling services.
- Counselling is intended for the well-being of the child and family; it is not compulsory.
- Counselors must maintain strict confidentiality and must not disclose any information shared by families, except where required by safeguarding, ethical, or organizational policies.

The Dos:

- Listen patiently and give your full attention to the child and/or parents.
- Stay calm, reassuring and non-judgmental
- Ask “open-ended” questions
- Restate the experiences shared by the parent(s) and/or child in your own words
- Tell the truth and give honest answers

The Don’ts:

- Deny the feelings of the child and/or parents — “You “should not feel this way.”
- Ask leading questions
- Make promises that you cannot keep
- Push them to share details
- The counselor must not make any commitments on behalf of the Centre, its staff, or St. Jude India ChildCare Centres as an organization.
- Any remarks, concerns, or feedback should be communicated directly to the Centre Lead (CL).
- The counselor must document all comments, remarks, and feedback in the unit file immediately after the interaction.
- Situations requiring immediate attention must be escalated promptly to the Project Lead (PL) and Chief Programs Officer (CPO), without waiting for the month-end report.
- The counselor’s feedback is mandatory in relevant cases, and a **RED CARD** (as per the Operations Manual) may be issued to a family in instances of repeated non-compliance, where necessary.
- Bills from outsourced consultants must be submitted within the first week of every month.
- Follow-up reviews should be conducted on a quarterly basis.

Chapter 3: Emotional Counselling

Emotional counselling at St. Jude’s aims to provide families with timely support to address psychosocial, emotional, and treatment-related concerns. Counselling is offered as and when required and is delivered with utmost sensitivity by trained counselors. Sessions are conducted in various formats, tailored to the specific needs and requirements of the child and family.

- **Individual Counselling:** Ongoing individual and/or family counselling sessions to address emotional distress, treatment-related challenges, behavioral concerns, and the development of effective coping strategies.
- **Group Counselling:** Monthly structured group sessions for children and/or parents designed to promote peer support, shared learning, emotional expression, and resilience. CPP and POSH sessions are mandatory to ensure a safe and supportive environment for children at St. Jude.
- **Special Counselling:** Counselling support for children with suspected or identified disabilities and special needs, provided in accordance with the approved Disability SOP. Services focus on early identification, caregiver guidance, emotional support, appropriate referrals, and coordination with internal and external stakeholders.
- **Adolescent Counselling:** Structured group counselling sessions for adolescents focusing on key developmental and treatment-related topics such as self-esteem, body image, understanding medical treatment, and emotional wellbeing.

Key points to remember:

- Centre staff to ensure that if a family looks distressed, or needs counselling support, the staff should refer to the family for follow up/emotional counselling.
- The family has the right to avail or deny the service.
- The follow-up/ emotional counselling should be recorded in MIS.
- All ethics of confidentiality to be maintained.
- Avoid generalizing the cases, and each case should be looked with a lens of individualization.
- Incase any scenario of special attention comes to notice post the follow up counselling, the counsellor must inform the staff and it should be escalated to the CL/PL/CPO for further intervention wherever required.

Role of the Counselor: Supporting Parents

A child’s cancer diagnosis deeply affects parenting and disrupts the family system. Parents often experience shock, anxiety, helplessness, guilt, and loss of control, with coping influenced by the child’s age, treatment phase, prognosis, financial burden, and caregiving demands. Challenges include accepting the diagnosis, managing misinformation, arranging treatment and finances, relocating for care, and coping with separation from family and responsibilities toward other children. Prolonged treatment, hospitalizations, side effects, and behavioral changes in the child further increase emotional and physical exhaustion. When prognosis is poor, parents may experience fear, hopelessness, self-blame, and anticipatory grief. Protective factors that support coping include open family communication, spousal support, adaptability, use of available resources, and skills to manage emotional distress.

Key Messages to Reinforce

- You are **not responsible** for your child’s diagnosis.
- You have done your best by seeking appropriate treatment.
- Your primary role is to care for your child with love and consistency.
- Infections, low counts, and complications can occur despite good care.
- Seek accurate information only from doctors and trained professionals.
- Avoid spreading myths or unscientific information within the Centre.
- Accept help—both material and emotional—when needed.

Encouraging Parental Self-Care

- Do not skip meals.
- Avoid alcohol or tobacco as a coping mechanism.
- Practice calming strategies (breathing, relaxation).
- Participate in Centre activities for emotional diversion.
- Express emotions freely; crying and feeling overwhelmed are normal.

Recommended Parenting Behavior During Treatment

- Spend quality time with the child.
- Maintain healthy communication with spouses.
- Answer the child’s questions honestly or refer to appropriate professionals.
- Avoid collusion; hiding information is harmful.
- Do not over-indulge or encourage tantrums.
- Treat the child as a child with an illness—not as an invalid.
- Be gentle, consistent, and firm
- Avoid verbal or physical punishment.
- Do not use the illness or guilt to control the child’s behavior.

Chapter 4: Exit Counselling

Exit counselling is provided to families after the completion of the child's treatment. Following cancer treatment, it is essential for families to continue maintaining proper hygiene, follow up visits to the hospital, ensuring balanced nutrition, and supporting the child's ongoing education once cleared by the doctor. During exit counselling, counselors reinforce the following key points with families to ensure the child's continued wellbeing and smooth transition back home and to school.

On the Way Home and Back – Hygiene Guidelines:

Cleanliness:

- **Berth:** Wipe down the seat with a sanitizer before use.
- **Bedsheets:** Wash and prepare any bedclothes brought from home before the journey.
- **Bathrooms: I**f the child cannot use an Indian-style toilet, place 2–3 layers of toilet paper on the Western commode seat to prevent contamination. Flushing: When using an Indian toilet during train stops or on bus travel, ensure to flush both before and after use.

Food:

- **Fruits:** Choose thick-skinned fruits washed at the center or home, e.g., bananas, papaya, apples. Prefer small-sized fruits. Cut and eat the fruit immediately to ensure freshness.
- **Water:** Carry enough filtered or boiled water from home or the center for the journey. Avoid buying bottled water from shops or stations, as its quality cannot be guaranteed.
- **Cooked Home Food:** Carry cooked home food, preferably items that will not spoil during travel, e.g., vegetables cooked with minimal water, puffed rice (kurmura), etc.
- **Juices:** Use small tetra pack juices for convenience and hygiene.
- **Dry Food Packets:** Take small, single-serving packs such as: Kurmura, Nuts like almonds, walnuts, cashews, pistachios, chana, peanuts, Chikki (nut or jaggery bars)
- **Bread and Spreads:** Carry a small packet of bread along with butter and jam packets for a quick snack or in case other food spoils.

At home:

- **Contact Numbers**: Please let the staff know of any change in your phone numbers, so that they can keep in touch with you and know of your welfare

- **Water**: Using filter water if filter available at home but not necessary to buy it. Clean filter on a regular basis. If no filter available, then boil water for drinking purposes. Method for boiling water:
- Draw water from tap / well in a vessel
- Take water in a vessel and put it on boil, lower the flame and let it further boil for 20 mins exactly; more is fine but not less.
- Take it down from the flame, cover it, and let it cool overnight. In the morning, pour the water into clean bottles and use it for a child's drinking purpose throughout the day.

Cleanliness at home:

Mud House: Use cow dung wash to clean the floor at least once a day as the dry mud dust would bother the child. **Permanent Structure:** Clean with any antiseptic / cleaning agent at least twice a day

- Light, Sunlight and fresh air: Make sure the room that the child sleeps in is well-ventilated and gets sunlight at least part of the day.

Personal hygiene:

- Make sure that the child and family bathe at least once a day
- If the Sitz bath has been recommended by the doctor for back home, please ensure that you follow the routine twice daily.
- If during winters it is very cold and giving the child a bath is difficult, then wipe down the child with a solution of antiseptic and water and make sure the child wears clean clothes.
- During winter make sure the child does the Sitz bath at least once if not twice.
- Wash hands before meals and after using the toilet following the 7- step hand-washing technique taught at SJICC.
- For a school going child, make sure that the child carries hand sanitizer which can be used before meals in case water and soap are not available at the school premises.
- If the doctor has recommended masks and the child is attending school, then always give them 1 or 2 extras to carry in their bag.

Clothes:

- Make sure that the child changes into fresh clean clothes every day.
- Wash clothes well and ensure that they are completely dry before the child uses them.
- If ironing clothes is possible to do so since it can kill germs on the clothes.
- During summer, please ensure that the child's head is covered with a cap / hat / umbrella.
- When out in the sun. Also carry water when out for long periods.

- Wash clothes and utensils of children together with other family members to ensure that the right message is passed along that ‘cancer is not contagious’.

Toilets:

- Make sure the toilet is clean before use.
- Before and after use wash with water in the toilet especially if it is a common toilet.

Food - non-vegetarian:

- Please ensure that the child does not eat non-veg food more than once a week or as recommended by the doctor
- Only chicken and no red meat till the doctors give the go ahead.
- To cook chicken, wash thoroughly and cook in a pressure cooker with water and cook well with at least 3 to 4 whistles of the pressure cooker. Throw away the water and add the chicken in a not very spicy masala.

Eggs:

- Make sure that eggs are cooked completely and not left wet anyway. E.g. if cooking a half fry egg, then turn over and break the yolk and see that it is dry as is the white of the egg.
- Fully boiled eggs are most acceptable.
- Do not give your child raw egg or half boiled eggs because of the fear of the Salmonella virus.
- Omelets are acceptable if they are cooked well.
- Desi eggs / Chicken: They are preferred over the regular eggs as it is known if the chicken who has laid it is well or not. Similarly, for the chicken.

Vegetarian Food:

- Please ensure that the vegetables are washed thoroughly and then cooked well.
- If soaking any pulses at night, please throw away the water it was soaked in and cook in fresh water
- If using sprouts, please ensure that they are cooked and are made at home rather than bought from outside.
- If in summer some raw salads are desired, then ensure that they are first soaked in the salt solution for 15 / 20 minutes and then peeled thickly so that it can be safe for the child to eat.
- Fruits with thin skins too can be used as mentioned in the above point. ***Honey:*** Honey should not be consumed even if it is home grown as it could carry botulism spores and that could be dangerous for our children i.e. immunocompromised children.

Routine:

- Try to keep to our schedule for the child but do not be very strict and obsessive about it. The child and you need a routine only so that you can also take care of your other chores and look after your other children.

School:

- Ask the doctor for his recommendation on going to school.
- If the doctor has not informed the parents about the school, they should inquire about the child's health and obtain permission in written enrollment after discharge.
- Pressurizing children into studies and performing well is not a good idea.
- Informed parents to Share school-related information with central staff in a timely manner for effective assistance.
- Talk to the authorities at school to inform them of the child's health and any special permission that is required.
- If proper toilet facilities are not available at school, special arrangements should be made for the child.
- Hand sanitizers should be carried at all times and used before meals to maintain hygiene.
- Home-cooked food should be provided as much as possible until the doctor advises otherwise.
- If the child or family faces any negative attitude or misunderstanding from teachers or other students, it should be reported immediately so that we can intervene and help create awareness about cancer.

Mosquitoes:

- Neem leaves can be burnt on a bed of cow dung cakes in the room, and the room closes for a short while before the child goes to bed at night.
- Using the net at night is good practice.
- Ensure that the child is fully covered at night to give the mosquitoes the least bare skin to feast on.

Vaccinations:

- All vaccines are prepared using watered down disease which help a healthy body prepare antibodies which are used in fighting the disease if and when it attacks a person.
- These vaccines though helpful in a healthy body can cause the disease in our immunocompromised children.
- If any child in the family or neighborhood is being vaccinated, then our child should be kept away from them for at least 15 days.

Medicines and Tests:

- If CBC is to be done at home, then it is to be done at the interval of 2 weeks or as recommended by the doctor.
- Contact the TMH or referred doctor if the counts are low, or any other symptom is present.
- If unable to contact Doctor, then please contact your centre staff, so that they can contact the doctor on your behalf.
- Be regular in following the medicines schedule if any.
- If there is any symptom that persists, then the child must be brought to MPH without any delay even if it is not the follow up date.
- Always bring the child back for the follow-up as mentioned by the doctor on the file.
- Always bring the child back for the follow-up as mentioned by the doctor on the file.

Disability (Induction & Exit Counselling)

A. Pre-existing Disability (Induction Phase)

- Note functional concerns only if shared by parents or evident from medical history
- Record observations factually in the monthly counselling report
- Disability identification must be only as per treating doctor's assessment
- Do not diagnose, label, or name any disability
- Inform Centre Staff discreetly if mobility, learning, or safety support is required
- Maintain strict confidentiality

B. Disability During Treatment

- Avoid disability-related discussions during active treatment
- Focus on emotional support and reassurance
- If families seek guidance during treatment, refer them to the treating
- doctor and keep Centre Staff informed internally

C. Exit Counselling & Follow-up

- Review disability status only from the doctor's medical summary
- Discuss disability during exit/maintenance phase only
- Assess need for follow-up counselling

Ensure:

- Documentation in child's file (by counsellor)
- MIS update by Centre Staff
- Guide families to connect with Centre Staff for certification and future planning

- Since not all disabilities require long-term support, counsellors should encourage family independence wherever possible and avoid committing to long-term or high-end support or maintenance by St. Judes

Priority for Guidance

- Medically correctable issues
- Rehabilitation options
- Long-term care, only if required

SJFL

St. Jude's for Life (SJFL) is a vertical of St. Jude India ChildCare Centres dedicated to supporting children who have completed their cancer treatment and are stepping into life as survivors, five years from the date of their diagnosis. The program is designed to guide them through their journey toward becoming confident and independent for young adults, focusing on education, career development, life skills, and overall well-being.

Once a child enters survivorship, they become part of the SJFL family, where St. Jude continues to stand by them beyond treatment, helping them build a strong, self-reliant, and fulfilling future.

SJFL's work is centered around key focus areas:

- **Education**- Support in the form of school or college fee assistance to ensure uninterrupted learning.
- **Health-** Access to medical consultations and follow-up support for long-term well-being.
- **Insurance-** Group health insurance coverage to provide financial protection during medical emergencies, and
- **Other areas like Employment**, Counselling, Career Guidance, and Support for Judians with Special Needs

Chapter 5: Palliative Counselling

What is Palliation?

Palliation is the care provided to relieve physical and emotional problems when active or curative treatment of a child is stopped for various reasons by the treating doctors. The reasons can be:

- The child is not responding to the treatment as expected.
- The child is very small, and the chemo cannot be continued.
- The child's body is not strong enough to take more cycles of chemo / any other treatment option.
- The family has decided not to continue the treatment for personal reasons.
- The disease recurs very early in the treatment and chances of cure seem limited

Treatment options like palliative chemotherapy or radiation are considered if the doctors think it will help. Intent is purely Palliative. (Here Palliative intent means that Chemo or RT is given either to contain the tumor or relieve the patient of pain and other symptoms by which they may be troubled. The treatment will not cure cancer.

When a child / patient is declared Palliative, they are referred to the Palliative Dept. of and are also asked to visit after regular intervals as suggested by the doctors. Referral to Palliative Care Dept. means that:

- The symptoms that the child might suffer from, because of cancer, will be addressed and he will be made comfortable.
- A referral to the local doctor will be given with a list of medicines for different symptoms and recommended dosages.
- A card with phone numbers of on duty doctors, so that the caregivers and/or the local doctors can call in an emergency.
- In Mumbai, sometimes the child is also referred to the Borges Respite Home if the child's condition is not stable enough to travel back home. (Borges Respite Home is a part of Palliative Care Dept, TMH Mumbai, where patients' symptoms are stabilized so that they can travel back home)

At the Centres:

- When a child is declared palliative, the family is required to leave the centre within 48 hours or as per the advice of the treating doctor. This has to be assessed on a case-to-case basis.
- The follow up with Palliative team at the hospital should be done and medicines if required taken in advance.
- The 3 Palliative Kits are provided to the families: Ration, Hygiene & 3rd Circle
- Families who leave the centre, can be helped as per their need with nutrition, ration, age specific games, air/waterbed. wheelchair, transport help and so on along with emotional support.
- The follow-up at the centre starts from the time family leaves from the centre for their native place.

If the child is asymptomatic: 1st follow up - Within five days -

Follow up on the 4th/5th day after family reaches back hometown, to know about

- Has the family reached at hometown safely?
- How are the child and the parents doing?
- Do they find any challenges?
- Have they connected with Local Doctor?
- Did the palliative Kit help them?

If the child is Symptomatic – 1st follow up

- Be in touch with the family till they reach their hometown safely.
- Encourage the family to connect with the local doctor.
- Keep an open-door policy so they can connect with us for support/guidance.

2nd follow-up

- Can be within a two-to-three-days period or as needed.
- How is the child doing? Example -
- Is the child eating food?
- Is the child feeling better with medication?
- Is the child spending quality time with the siblings/ with the family members?
- How are the parents and the other family members doing?
- Are the family members supportive?
- Encourage family to connect with the local doctor.

Name of the local doctor

- The contact numbers
- The doctor clinic/govt. hospital distance from children's house, the details need to update in the Palliative checklist

Example of Challenges faced by the family-

- While taking care of the child.
- While connecting with the local doctor. Making family members understand the child's present health condition (Prognosis).
- In case they cannot reach out to the treating hospital palliative care doctors
- Regular follow up -
- Connect with the family once in fifteen days.
- During the follow up, check on –
- How are the child and family doing?
- Address the challenges if any?

We need to check if the family has visited the local doctor.

- If yes, check if the details are updated in the Palliative checklist.
- If no, the family needs to make understand the importance of visiting and keeping in touch with the local doctor in advance so -The doctor will see the child without hesitation.
- The local doctor is the bridge between the family and treating hospital doctors as the family members do not understand medical terms.

Follow up as and when needed -

- As and when the family needs any guidance or support, be in touch till it is ensured that the family has received the required guidance or support.
- Any kind of follow up needs to be updated in MIS to follow up on the same date or maximum next day.

What can we do?

A. For Parents:

- Listen: let them talk, listen to them. This is a very difficult time for them and there could be a flood of different emotions: anger, guilt, despair, fear.
- Often the father may not want the mother to be told the truth about the situation till they are back home. Respect their decision.
- Sometimes the family is so disturbed they do not want to wait to meet the Palliative Department and want to leave for home as soon as possible. We cannot stop them but can only explain the advantages. If at a later stage staff can get in touch with them, it may help.
- Often parents are reluctant to leave and go home as they feel scared about facing any problem the child may suffer. They have to understand that staying in the city may not help as the hospital will not treat the child for the disease anymore. The sooner they are back with the rest of the family, the better for the child and the family. The medicines of the palliative Care department will keep the child comfortable. Parents at this stage often ask about alternative medicine. It is not for us to recommend or stop them. We should say we don't know enough about it. Only suggestion can be not to spend unrealistic amounts of money on untested medicine as unscrupulous people may be exploiting them.
- Parents might feel guilty when their child is declared palliative. You do not agree or disagree with them but let them have their say.
- Let them have a cry if they need to.
- Make sure that the child is not within hearing distance when they are talking.
- Consider use of touch, to show concern as culture and gender appropriate skill
- Ask them if they have visited the Palliative Dept. If not tell them why it is necessary for the above reasons listed.
- Refer them to a counselor:
- Do not try to counsel them yourselves as it is very stressful for you too as you are involved and invested in the family.
- A counselor is trained in this and can help the family with their questions and other practicalities.

A. For Children:

- Children are counseled at the Palliative Dept.
- Children younger than 6 yrs (depending on their understanding) can be referred to as counselors/ music therapist.

- Children older than 8 years should definitely be referred to the counselor.

B. For Centre Families:

- After the family leaves, have a community meeting without any children around and let them not lose hope about their child’s treatment.
- If it is difficult for you to handle, please ask a counselor to join the community meeting.

C. For Staff:

- Seek help if you require it.
- Talk to your significant others, friends, or counselors to help you deal with it.
- Carve out some time from your daily routine and either meditate (15 min. is enough) or do yoga or walk listening to music or maintaining a journal or paint. Any of these will help you to deal with your feelings and stress.
- Address your feelings, be aware of possible burnout.
- Coping with stress need to learn attachment n detachment technique.
- Try to separate your personal and professional life.

Chapter 6: Concerns of Adolescents and Teenagers:

Adolescence is a sensitive stage marked by emotional and physical changes, and a cancer diagnosis during this time can be especially challenging. Along with fear and uncertainty, adolescents may struggle with loss of independence, social stigma, and emotional distress. Cancer affects not only physical health but also psychological and social well-being. Sudden changes such as separation from family, disrupted schooling, hospital stays, painful treatments, and lifestyle restrictions can lead to irritability, withdrawal, fear, anger, and helplessness.

Physical changes like hair loss, weight changes, scars, and altered appearance often impact self-esteem and may lead to mood swings, anxiety, or depression. Prolonged treatment and absence from school can result in learning difficulties, social isolation, and concerns about future education, relationships, and adult life. Parents also worry about delayed developmental milestones and long-term outcomes.

To support adolescents, structured group counselling sessions are essential to address issues such as body image, self-esteem, emotional well-being, and coping skills, helping them adjust better during and after treatment.

Developmental stage: (Pre-Teens)

Level of understanding of 9- to 12-year-olds and Characteristics of Pre-teens:

They are more independent than younger children and can manage normal activities better. They may try to hide their feelings to avoid being called “childish”.

- Pre-teens are beginning to focus more on friends than family.
- They absorb new information quickly and want to know how things work.
- They think logically most of the time and are beginning to develop abstract reasoning.
- They are conscious of what is socially acceptable and want to be part of the norm.
- The meaning of illness at this age revolves around how visible symptoms impact them socially.

Ways to help the Pre-teens to cope with Cancer:

- They might hide negative feelings from their peers but take them out on family members. Make sure they understand they are safe lashing out at family members.
- Encourage your child to be involved with friends and outside activities.
- They can assume additional responsibilities, but they shouldn’t be overloaded.
- Don’t let the child assume the role of either parent.
- Pre-teens might seem selfish about the way the illness affects them. Try to be patient with them. Instead of punishing the child, talk with them.
- Show them affection. Model ways for them to deal with feelings and worries.
- Preteens want specific information about prognosis and treatment. Answer their questions and promise them more information as it becomes available. Many children will use the internet to get further information. This can be scary if the information is negative or too technical. Be aware of where they are gathering information.
- Explain that sadness, anger, and guilt are normal feelings
- Allow your child to keep feelings private, if that is preferred
- Suggest personal recording of thoughts, feelings through writing, drawing
- Arrange for physical activity, when possible
- Provide explanations your child can understand about diagnosis and treatment plans including your child, when appropriate, in discussions about diagnosis and treatment.
- Listen for unasked questions
- Facilitate communication with siblings, friends, and classmates, if desired
- Arrange contact with other patients to see how they have dealt with diagnosis
- Repeated assurance to the child to be given that he/she is not responsible for the cancer.

Developmental stage (Teenage)

Level of understanding of 13 to 18 years and Characteristics of a teenager: The world of a teenager is full of energy and enthusiasm. At the same time, they are more aware and informed.

- They understand the significance of cancer and other serious illnesses.
- Teens want to be self-reliant.
- Teens are self-centered and think a lot about their future.
- They can be moody and self-conscious, particularly about their bodies.

Friends are an important source of support, advice, and companionship, but they still need the security and love of their parents.

- They understand reasons and possibility of death.

Ways to help teenagers to cope with Cancer:

- Children may hide negative emotions from their peers but express them at home. Help them understand that while their feelings are valid, it is important to express them safely and respectfully.
- Encourage children to stay connected with friends and participate in age-appropriate activities whenever possible.
- Allow them to take on small responsibilities but avoid overburdening them or expecting them to take on adult roles.
- Do not allow the child to assume the role of a parent within the family.
- Pre-teens may appear self-centered due to the impact of illness on their lives. Respond with patience and understanding rather than punishment.
- Show affection regularly and model healthy ways of coping with emotions and stress.
- Provide honest, age-appropriate information about the illness, treatment, and prognosis, and reassure them that more information will be shared as it becomes available.
- Be aware that children may seek information online; guide them and monitor the accuracy of what they access.
- Reassure the child repeatedly that they are not responsible for the illness.
- Normalizing emotions such as sadness, anger, fear, and guilt, helping them understand these feelings are common and acceptable.
- Respect the child’s need for privacy if they choose not to share their feelings openly.
- Encourage expression through writing, drawing, or other creative outlets.
- Promote physical activity whenever medically possible.
- Include the child in discussions about diagnosis and treatment when appropriate, using language they can understand.

- Answer all questions honestly, including difficult ones such as concerns about death, with guidance from the healthcare team if needed.
- Listen attentively for unspoken fears or concerns.
- Facilitate communication with siblings, friends, and classmates if the child wishes.
- Arrange opportunities for interaction with other children who are undergoing or have undergone similar treatment, to help them feel less alone.

Developmental Stage: Adolescence (13–18 Years)

Level of Understanding and Characteristics of Teenagers

- Teenagers are energetic, enthusiastic, and increasingly aware of their surroundings.
- They are capable of understanding serious illnesses such as cancer.
- They can comprehend symptoms, causes of illness, treatment processes, and even the possibility of death.
- Adolescents strive for independence and want to be self-reliant.
- They tend to be self-focused and often think about their future.
- Mood swings and self-consciousness, especially regarding body image, are common.
- Friends play a major role in their lives and provide emotional support, though parental love and security remain essential.

Ways to Help Teenagers Cope with Cancer

- Provide clear information about normal emotional reactions to a cancer diagnosis.
- Encourage expression of feelings with parents, family members, or healthcare staff.
- Respect their reluctance to talk at times and allow space when needed.
- Encourage journaling or other forms of self-expression to track emotions and coping.
- Reassure them repeatedly that they are not responsible for their illness.
- Include them in discussions related to diagnosis and treatment planning.
- Encourage them to ask questions; parents should also listen for unspoken concerns.
- Address spiritual or emotional questions such as “Why me?” with sensitivity.
- Allow private time for interaction with healthcare professionals when appropriate.
- Reassure them that their parents and family will be able to manage the situation.
- Encourage sharing information with friends and classmates if they are comfortable.
- Facilitate contact with other adolescents undergoing similar treatment, if desired.
- Encourage participation in normal social activities as much as possible.

- Avoid placing adult responsibilities on them but involve them in decision-making where appropriate.
- Many children gradually return to their normal routine once treatment is completed.

Things for Parents to Consider

- **Maintain Routine:** Keep daily activities like sleep, meals, school, and play as normal as possible. Inform school and friends for support.
- **Show Interest:** Stay involved in the child's daily life to help them feel secure and valued.
- **Be Honest:** Give simple, truthful information to build trust and reduce fear or confusion.
- **Encourage Communication:** Invite questions and listen patiently, even if answers need time.
- **Be Available:** Let the child know you are always there when they feel ready to talk.
- **Prioritize Family Time:** Spend quality time together and avoid making illness the only focus.
- **Keep the Child Informed:** Share information directly and clarify what they understand.
- **Address Misinformation:** Encourage sharing of doubts or fears so myths can be corrected.
- **Coordinate with School:** Keep teachers informed and respect the child's wishes about sharing information with classmates.
- **Prepare for Hospital Visits:** Explain procedures in advance and discuss the child's feelings afterward.
- **Seek Professional Help:** Watch for signs like anxiety, withdrawal, poor school performance, or changes in sleep and appetite.
- **Maintain a Positive Attitude:** A calm and hopeful environment helps the child cope better.
- **Create a Cheerful Atmosphere:** A pleasant home environment that supports emotional well-being.
- **Offer Reassurance:** Repeatedly assure the child that the illness is not their fault.
- **Encourage Emotional Expression:** Allow children to express feelings in healthy and acceptable ways.
- **Model Emotional Sharing:** Share your feelings appropriately to help them open up.
- **Promote Peer Support:** Arrange interaction with other children who have undergone similar treatment.

Chapter 7: Coping Skills for Staff:

Staff face many personal and professional pressures that can affect their well-being. While some stress can be motivating, unmanaged stress can become harmful if ignored. Recognizing warning signs such as irritability, anxiety, poor concentration, or fatigue is important, and mistakes should be viewed as opportunities to learn. To begin the discussion, staff can reflect on recent stressful situations and share how they felt during those moments.

Causes and symptoms of Stress

Work-Related Causes

- **Work Pressure & Deadlines:** Unrealistic timelines, heavy workload, or lack of expertise can create constant pressure and stress.
- **Workplace Challenges:** Team conflicts, personality differences, favoritism, or lack of trust can affect emotional well-being.
- **External Factors:** Unexpected emergencies, improper training, or personal family issues can interfere with work performance.

Emotional Symptoms

- **Anxiety & Distress:** Ongoing stress may lead to constant worry, nervousness, or emotional overload.
- **Feeling Overwhelmed:** Individuals may feel helpless, lose confidence, or feel unable to cope with responsibilities.
- **Loss of Interest:** Reduced motivation and withdrawal from activities once enjoyed are common signs.

Physical Symptoms

- **Body Discomfort:** Stress often presents as headaches, body aches, or a general feeling of uneasiness.
- **Fatigue:** Persistent tiredness or a feverish feeling may occur due to prolonged stress.
- **Sleep & Appetite Issues:** Stress can disturb sleep patterns and cause poor appetite or digestive problems.

Coping with Stress

- Counselling services are available for staff
- All counselling sessions are strictly confidential

Healthy Ways to Cope

- Focus on what you can control and accept limitations.
- Celebrate small achievements.
- Talk to family, friends, or colleagues for support.
- Seek help from seniors or counselors when needed.
- Exercise, meditate, eat well, and get enough rest.
- Engage in hobbies and relaxation activities.
- Maintain a routine and practice gratitude.

Unhealthy Coping (Avoid)

- Alcohol, smoking, excess caffeine, isolation, or ignoring problems.

Burnout

- Long-term stress can cause exhaustion, low motivation, and poor emotional well-being.
- Early recognition and healthy coping help prevent burnout.

Counsellors