

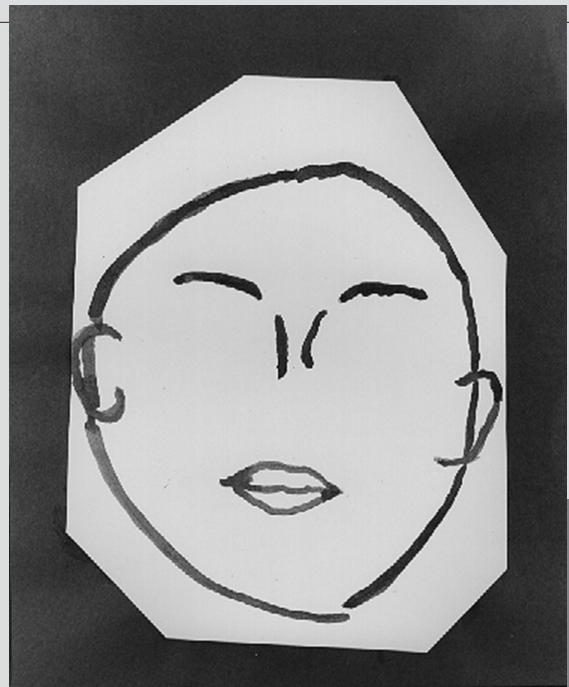
a time to grieve,

By Susan Gottshall Brandell

a time

KidsPeace Student Assistance Program
helps school children mourn, move on

to grow



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HEALING™



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The National Center for Kids Overcoming Crisis

Magazine

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“All grief must not be thought of as being awful or destructive. The world would be worse without it. If no person’s life were significant enough to cause weeping and if the measure of our years on earth were nothing, then we would not be ‘real’ human beings. Profound grief is preceded by deep love which gives life meaning.”

Roberta Beckmann
“Children Who Grieve: A Manual for Conducting Support Groups”

FEW PEOPLE consider grief constructive. But just as sleep relieves fatigue and food relieves hunger, grief relieves the pain of final separation in death. The process of grieving – a natural emotional response to loss – is “nature’s way of healing a broken heart,” writes **Roberta Beckmann** in “Children Who Grieve: A Manual for Conducting Support Groups”.

Even though a process is a natural one, however, its course does not always come naturally. A broken limb can heal on its own, but a cast assures that it heals straight. A laceration will heal on its own, but cleansing and antibiotic creams can prevent infection. So someone stricken with grief can struggle through the pain alone, but often guidance from a mental health professional can facilitate resolution and integration of the deceased’s memory into the individual’s life experience.

How children grieve

Because children lack the life experience that teaches stress-coping skills and, in the case of younger kids, the cognitive skills that enable the verbalization of feelings, they can be particularly vulnerable to grief. And because children often don’t express their grief in ways that adults recognize, their pain can be overlooked. A mental health professional can help identify grief in children and start that natural healing process.

For children who lose a parent through death, professional guidance can prove especially valuable. Often afraid to talk to the surviving parent because they don’t want to upset him or her, children “take care of” that parent by “stuffing” their feelings – that is, burying them deep inside where they will fester and remain a potential source of later problems.

At the KidsPeace Child and Family Guidance Center in Allentown, Pennsylvania, more than a dozen therapists and mental health professionals use a variety of techniques through individual and family counseling and a Student Assistance Program to help children externalize their feelings about the death of someone significant in their lives. Facing those painful feelings by talking about them, dealing with them, enables grieving children to move toward acceptance of the death so they can look toward the future.

“You want them to feel bad,” says psychologist **Dr. Jannice Bailey**, because that’s part of the healing

process that helps children see that “it’s okay to move on and devote new energy to other relationships” with family and friends.

Death in the school community

The death of a student or teacher in a school community can send hundreds of children into shock and varying degrees of grief, dependent upon each individual’s relationship with the



Puppets can help a young child express grief feelings.

deceased. When student assistance professionals – school-based educators trained to identify student problems that affect learning – recognize that a school population is struggling with grief that the school’s resources cannot handle, KidsPeace mental health professionals stand ready to provide assistance.

“They can hold a memorial service in the school or invite students to attend the funeral,” he says. “Opportunities to ventilate following these activities are integral to fostering an atmosphere that encourages healing.”

KidsPeace professionals assist the school in identifying children who may be at high risk for suicide and depression as a result of the death. “These children may have experienced other recent losses, or may exhibit behaviors similar

the help of the KidsPeace SAP team.

“This vitally important review of the emergency process evaluates the methods that worked successfully and identifies work yet to be done,” says Curran. “A closure debriefing at the end of the consultation period evaluates support systems that are in place and identifies additional services that might be necessary.”

Exploring the “normality and universality” of grief

In addition to emergency support services, KidsPeace mental health professionals run school-based grief groups when a number of children have experienced the loss of someone significant in their lives. “These support groups don’t focus on grief resolution,” says **Martha Harvie, MA**, “but rather seek to give children the skills and support that will enable them to continue working toward resolution on their own.”

The process of grief is not set in stone, says Harvie. “Everyone experiences varying intensities of grief at different stages, dependent upon the degree of loss. And it can take longer for children to ‘get into’ their grief than adults – often they are in denial longer – so, a child can be thrust into a group too soon.”

Harvie emphasizes that the timing of a child’s participation in a grief support group is critical. “Generally, we recommend group participation no sooner than three months after a loss,” she says. “However, children are eligible to participate up to two years afterward.”

For cohesiveness, support groups are structured with narrow age ranges since discussions will be influenced by a child’s psychological understanding of death, which, in turn, is influenced by chronological development.

School support groups meet biweekly for about eight to 10 weeks during regularly scheduled class times. Discussions focus on identifying

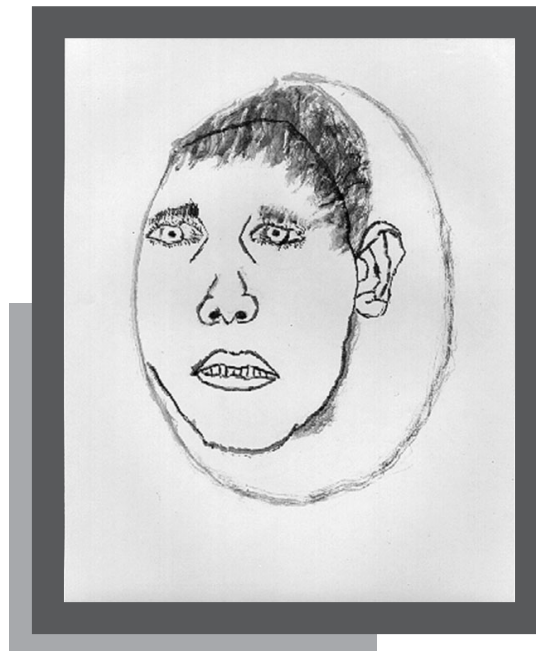
“KidsPeace SAP services range from consultation with administration and staff, to group and individual student counseling sessions during school hours, to assistance with interventions by the school’s emergency response team,” says Program Manager **Ed Curran, MSW**.

Typically, a death within the school population would trigger an emergency response. In such a situation, KidsPeace mental health professionals lend support and expertise to school staff who are developing methods to help the students deal with the loss.

“When there is a death, it is vital that the school provide students with age-appropriate information about the event,” says Curran. “It’s important to get the facts first, then communicate that information to the student population. And honesty is important; sugar-coating the news isn’t helpful.”

Curran also advises the school to give its students “an opportunity to share their feelings and reactions, either individually or in groups,” once they have been informed about the death.

Finally, Curran suggests that school staff create outlets for the students to express their grief.



to the symptoms of post traumatic stress syndrome,” says Dr. Bailey.

She looks for the following:

- Intrusive thinking, indicated by reports of dreams, nightmares and flashbacks.
- Avoidant behaviors, indicated by a reluctance to talk about the event.
- Increased arousal, indicated by reports of difficulty eating, sleeping or concentrating.

During the crisis period, daily staff debriefings for everyone from custodial and cafeteria workers to administrative personnel are given by the school’s student assistance professionals with

feelings, stages of grief, and coping and support skills. Along with discussion, group facilitators use worksheets that help children learn problem-solving skills, identify their sources of support, and explore appropriate and inappropriate grief reactions. Near the end of the group, they complete a “remembrance sheet” that helps them get in touch with concrete memories they shared with the person they have lost.

“The peer support children get from grief groups helps them recognize the normality and universality of their emotions,” says Dr. Bailey. By hearing others express similar reactions, children learn they are not alone in their feelings: someone else has been through this, too. The group’s nonjudgmental acceptance of each child’s emotions encourages individual acceptance of these feelings as well.

Breaking through the protective “wall”

Mental health professionals at KidsPeace utilize many techniques in individual and family therapy to break down the walls children may build up to protect themselves from the pain and confusion of grief. These techniques are used by the SAP emergency response teams, as well as the school support groups.

“Play therapy can be especially helpful with younger children,” notes Curran. “For example, dolls could represent a child’s family members. The therapist would ask questions about how these figures interact – or don’t – since the death, or what they will do in the future.”

Curran adds that puppets can help a small child express feelings that he or she may have difficulty putting into words. “Gentle guidance from the professional can lead the child to a discovery about managing those feelings,” he says.

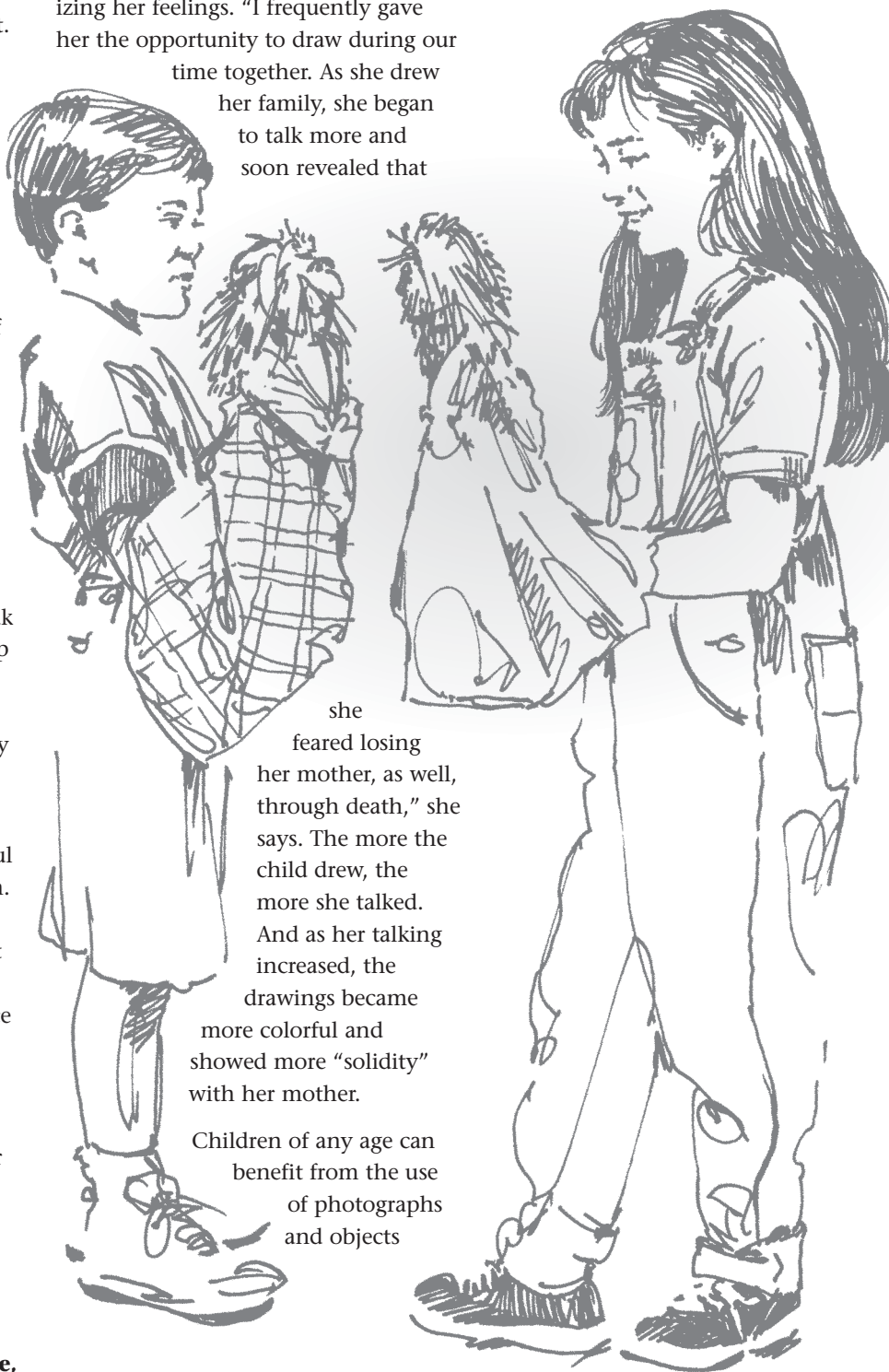
Mental Health Professional **Sue Hohe, M.Ed.**, says that younger children also

respond well to art therapy.

“Drawing, which comes naturally to children, helps them conceptualize their thoughts. This is a ‘safe’ activity; children don’t fear sharing themselves as much through this medium.”

Hohe recalls how 11-year-old Jill*, on medication for depression following her father’s death, had difficulty verbalizing her feelings. “I frequently gave her the opportunity to draw during our time together. As she drew her family, she began to talk more and soon revealed that

Groups can give students the skills and support to work toward grief resolution.



she feared losing her mother, as well, through death,” she says. The more the child drew, the more she talked. And as her talking increased, the drawings became more colorful and showed more “solidity” with her mother.

Children of any age can benefit from the use of photographs and objects

to uncover deep-seated thoughts and feelings. A miniature car helped one 12-year-old boy to remember and talk about the time his father gave him that gift. As he shared his feelings about his father, whom he saw only every few

feelings on a regular basis, can be effective. Also, writing letters to the deceased can help release feelings, even when there's no hope of response.

Often, there's unfinished business that remains between a child and the deceased – an issue that escaped resolution before death took that significant someone away forever. "We might use role playing to work toward resolution in these cases," says Curran. "The therapist could play the part of the deceased, to whom the child spills his or her anger or resentment. Or vice versa – with the therapist in the child's role expressing his or her confusion."

The "empty chair" technique is used in much the same way: the child expresses long-silenced words to the chair, pretending the deceased is seated there and hearing the child's cry for peace and resolution.

The SAP team agrees that the "ritual of burying", too, can help externalize trapped feelings. The unresolved issue or feeling, like anger, is written on a piece of paper and placed in a box that is then buried. "This act symbolizes putting the issue to rest, and can release many emotions long repressed along with any unfinished business," says Curran.

Never undervalue the importance of simple, direct education, as well, he says. "Teach children about the life cycle, so they understand that death is part of life. Teach them to identify their feelings, and let them know those feelings are normal. And, teach them to expect a flood of feelings on the anniversary of the death, or when a parent remarries, and that those feelings, too, are okay," Curran suggests.

With older children, cognitive therapy – particularly, talking about spiritual matters and belief systems – can also be helpful.

Getting on with living

"The goal of counseling children in grief is to help them acknowledge that



Children express grief feelings to the deceased with the "empty chair" technique.

years, it became clear to his therapist that the car was a symbol of the child's paternal need, highlighted by the loss of his father through death.

Activities that involve writing and verbal skills can be successful with older children. Journaling, where young people write about their thoughts and

there is a time for pain, and that's okay," says Dr. Bailey. "And that there's a time to move on, and that's okay, too." Children need to understand that their relationship with the deceased stays with them; it just changes.

"With the right type of support," Beckmann writes, "children learn to work through their grief and often become a stronger person for it." They integrate their loss into their personality. Although they have lost their "old self", they learn to redefine

their self-image and their roles, and reorganize themselves to "get on with life."

For more information about the KidsPeace Student Assistance Program, please call Mental Health Professional Martha Harvie at 1-800-25 PEACE.

** Children's names have been changed.*

USING BALLOONS to carry a message to "heaven"

Ronald (not his real name) was 14-years-old when three members of his family were killed in a violent accident. Ronald, who survived, was angry and bitter – both toward the person who caused the accident AND toward his family for leaving him behind. But there was also another component to Ronald's reaction toward the loss: he felt tremendous guilt for having lived while the others died.

The pain, anger and guilt led to emotional and behavioral issues that eventually brought Ronald to a KidsPeace residential program. While there, one of his teachers took a special interest in Ronald's situation.

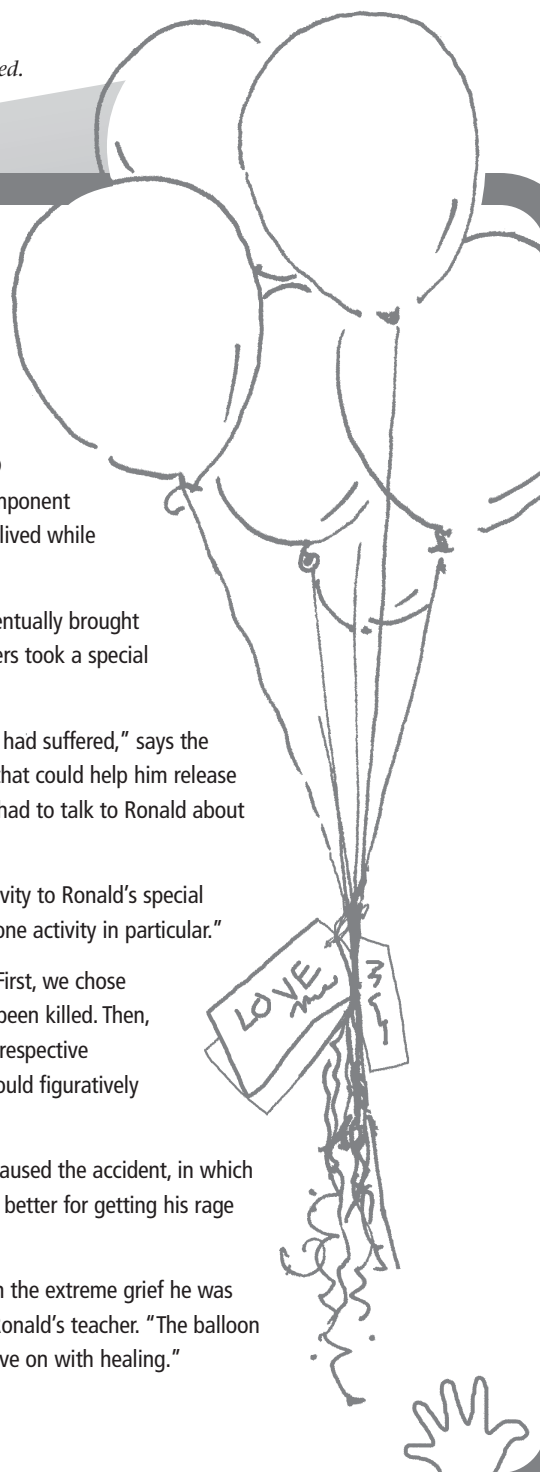
"Ronald was experiencing an intense amount of grief from the losses he had suffered," says the boy's teacher. "In trying to determine an exercise we might do together that could help him release some of his anger and begin to work through the healing process, I first had to talk to Ronald about his spiritual beliefs."

Armed with that information, the teacher then tailored a therapeutic activity to Ronald's special circumstances. "He told me he believed in God, so I knew we could use one activity in particular."

Ronald agreed to try the activity when the teacher explained it to him. "First, we chose balloons in colors that represented each member of the family who had been killed. Then, Ronald wrote letters to those family members and tied the letters to the respective balloons. We finally released the balloons to 'heaven' where the family could figuratively 'read' Ronald's words of grief to them."

The teacher also helped Ronald draft a letter to the individual who had caused the accident, in which the child poured out his anger. The letter was never sent, but the boy felt better for getting his rage down on paper.

"Ronald is a child just like any other child; however, he tried to cope with the extreme grief he was experiencing as a result of his loss in ways that were not helpful," says Ronald's teacher. "The balloon exercise helped him put a kind of closure on the incident so he could move on with healing."



“Everything has a beginning and an ending...”

Gently bringing children face to face with the reality of death



Karen Votta is a licensed social worker in the KidsPeace children’s therapeutic residential program.

At a KidsPeace residential treatment center in Bethlehem, Pennsylvania, **Karen Votta, LSW**, works with children whose life stories are lessons in loss. Even so, she’s found that these children often need extra help when they’re faced with that ultimate loss: death.

Since Votta joined the KidsPeace staff about seven years ago, she’s seen many children who have struggled with the death of someone significant in their lives. What the social worker whose clients include the center’s youngest male residents – ages seven to 11 – regularly observes is that “some kids

have no experience with death, or they have been given fairy tales.” So Votta developed what she calls a “gentle, reality-based, concrete therapy” that introduces children to death and its actualities.

“*Lifetimes*”*, the children’s book written by **Bryan Mellonie** and illustrated by **Robert Ingpen**, is an integral part of the therapeutic activity in which Votta engages a child who has recently lost someone significant in his life. Through colorful illustrations and few words, the book’s creators teach that human beings are part of the life cycle that all living things experience. Its simple message – “every living thing has a beginning and an ending, and the living is in between” – is realistic, yet concrete and gentle, Votta says.

After reading the book to the child, Votta sits quietly with him. “We read the book; we sit quietly; we let the words sink in. It’s very simple, but it’s all in there,” she says. Depending upon the child’s need, she may review the book two to three times during the first few weeks following the loss.

Once the book’s message ‘sinks in,’ Votta accompanies the child to a nearby cemetery. In the graveyard of the “very old” church they visit, she and the child look at the oldest stones, engraved in German. Votta then points out that people from different countries die, and people from centuries ago died. “In other words, death happens to everyone, everywhere.”

A new grave blanketed with fresh flowers offers the opportunity to anticipate and talk about how the blooms will wither – another lesson in the cycle of life. Votta also uses this out-of-doors exercise to open a conversation about the year’s cycle of seasons.

“A great amount of discussion can come from the seasons metaphor,” she says. “We always bring in their personal loss, too.”

The cemetery excursion helps children see the “big picture,” the whole life cycle of generations, says Votta. Some children need one trip; others need several over months of time. The experience helps to “bring out what is in the child’s mind,” she says, especially a child who has not reached the developmental stage of abstract thinking.

In certain cases Votta may take the child a step beyond the cemetery trip. For David (not his real name), a child already mourning multiple family losses, the death of a beloved friend presented a real struggle. Votta knew it was important for David to act on his profound grief in some way, so she helped the 11-year-old select and send a sympathy card and flowers in remembrance of his friend.

Votta’s concrete method of bringing David face to face with the reality of death and grieving worked for the little boy.

But how does she measure that success?

“When a child can tell me, in his own words, the message of ‘*Lifetimes*’ and our conversation in the cemetery, I know I have reached him. To me that is success,” Votta says. “When I feel secure that he has a good understanding on his level, then I am satisfied.”

Karen Votta, LSW, may be reached at 1-800-25-PEACE.

* *Lifetimes*. Text by Bryan Mellonie; illustrations by Robert Ingpen. Bantam Books: 1983.

Helping the grieving child in school



By Linda Goldman, Certified Grief
Therapist and Grief Educator
Center for Loss and Grief Therapy

Educators and students can exist in a more healthy living and learning environment by acknowledging the special needs of the grieving child. Foremost is the complex relationship between loss issues and a child's ability to function in and out of the classroom. The needs of the grieving child must be addressed in a new and fresh way within our school systems to create a safe haven for learning for our young people.

Children's grief should be seen as an ongoing life process that is approachable through words, activities and non-verbal communication. Educators can use this understanding to create a safe environment for parents, teachers and children to acknowledge and process difficult feelings.

Grief in the 'nineties

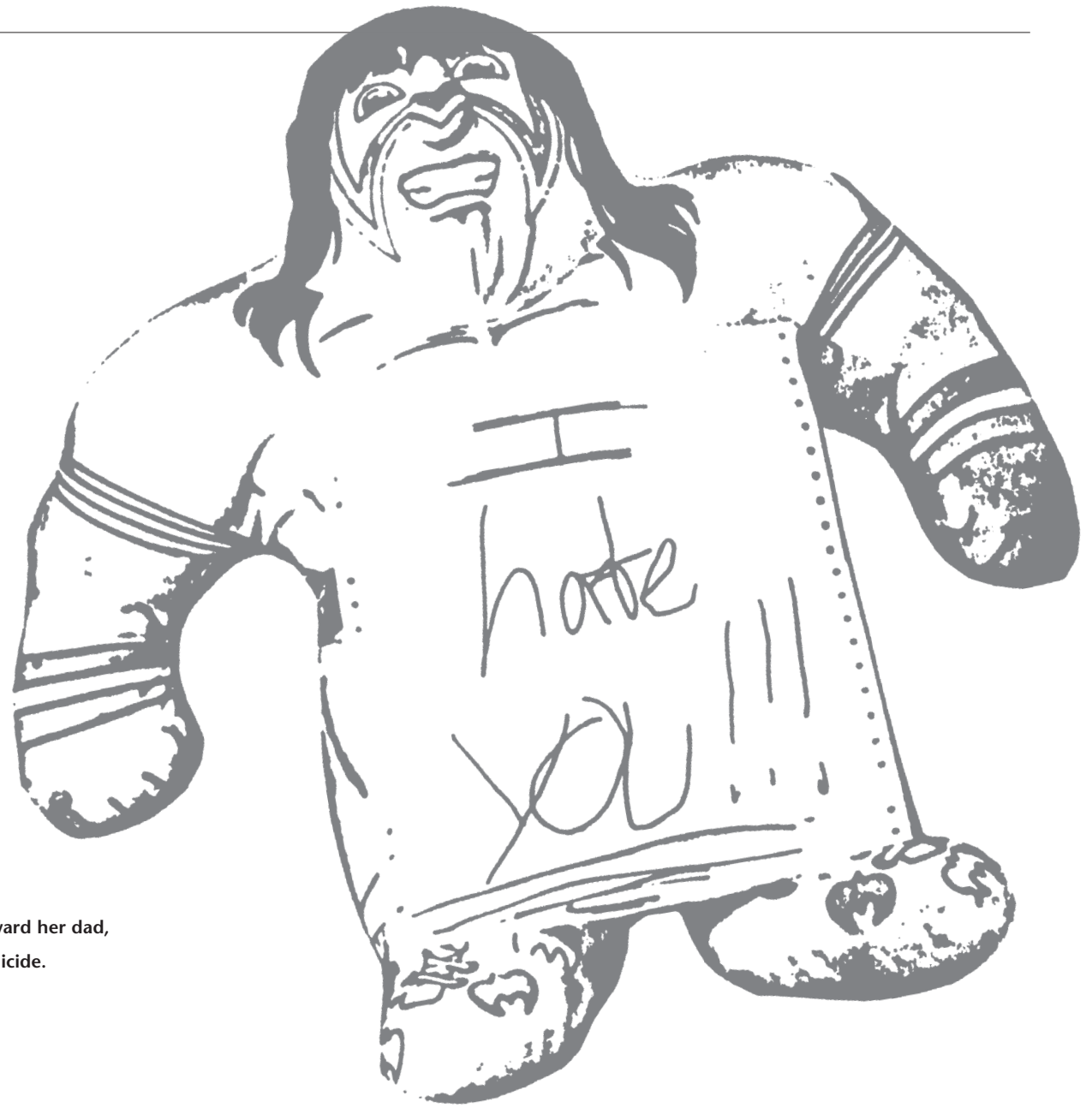
So often adults rely on the prevailing myth that children are too young to grieve. When a child is capable of loving, he is capable of grieving. Yet many of today's children are born into a world of grief issues that await them inside their homes and outside their neighborhoods. Boys and girls are becoming increasingly traumatized

by these prevailing social and societal loss issues in their homes, in their schools and in their communities.

A major percentage of America's children face the loss of the protection of the adult world, as grief issues of homicide, violence and abuse infiltrate their outer and inner worlds. Issues involving shame and secretiveness when death is caused by such occurrences as suicide and the contraction of AIDS create a grieving child that is locked into the pain of isolation – which can be far more damaging than the original loss.

Normal signs of grief

Today's educators first need to become familiar with the normal signs of grief



How Mary felt toward her dad, who committed suicide.

in order to normalize them for parents and students. We then can develop ways to work with the grieving child within the school system.

Mary (names have been changed) was a fourth grade client whose dad had committed suicide on her birthday. During our grief therapy session, she told me she was enraged at her teacher, Mrs. Albert. Mary had told her the first week of school that her father had committed suicide during the summer. Mrs. Albert never responded to her and never addressed the subject again. Mary was furious and swore never to tell anyone else in school about this death.

I asked Mary what she wished her teacher would have said. She replied, "I wish she would have given me a hug, said she was sorry, and promised she would be there if I ever wanted to talk about my dad or the way he died."

Educators can develop ways to normalize and discuss these delicate subjects with children.

Normalizing grief

Educators need to understand that children don't like to feel different. When they have experienced the death of a parent, they often choose not to talk about it. Not talking about the

death allows some kids to feel some control over normalizing their life.

Andy was playing on the school basketball team, and the final tournament was a major event. Most of the moms and dads of the team members came to support their children for the game. Andy scored the final basket that won the victory for his team. Charlie, Andy's coach, ran over to Andy to congratulate him, and all the other boys and their parents joined in the celebration.

"Where's your dad?" Coach Charlie asked.

"He's working today, and couldn't come," Andy replied. Coach Charlie was unaware that Andy's dad had died of cancer three months earlier. Andy needed to save face and avoid his dad's death in order to "appear normal."

Normalizing grief response for children

It is normal for a grieving child to:

- Imitate behavior of the deceased.

- Want to "appear normal".
- Need to tell the story over and over again.
- Enjoy wearing or holding something of loved one.
- Speak of loved one in the present.
- Tend to worry about health and health of surviving loved ones.

If the school had a policy of maintaining a "grief and loss inventory", Coach Charlie could have reviewed this tool

for all of his students in order to identify Andy as a grieving child. The school guidance counselor can serve as a liaison to identify grieving children to all faculty who currently work with the child.

Grief and ADD, LD

So often today's children are misdiagnosed with attention deficit disorder and learning disabilities after their experience with traumatic loss.

Suicide
 The way I see it is that everyone who has died, except for elders, committed suicide

- Examples -

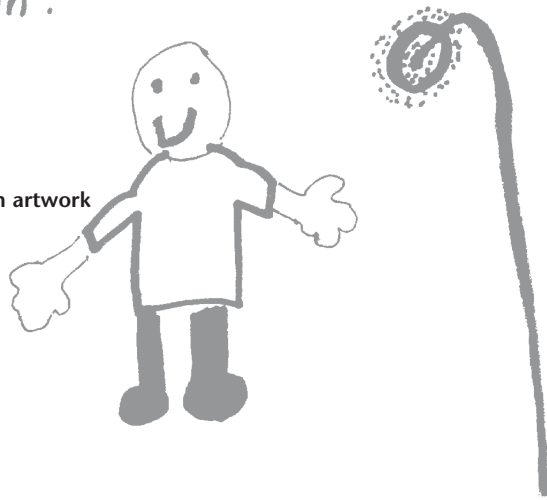
1. heart attack - overweight smoking (did nothing about it)
2. hit by car - didn't look both ways before crossing the street.
3. murdered - Was probably involved with some people who were killers.
4. Cancer - Smoking - Never quit

Definition of suicide -

Everyone does it sooner or later. (hurt themselves out of carelessness) ~~Dead~~

A 12-year-old's attempt to normalize suicide by writing her feelings about it.

This is me and this is my soul.
 The pain is in the center of my soul.
 It's kind of like a disease.
 Sometimes I feel like killing myself so I'll disappear
 and not have pain.



A child's deep pain expressed through artwork
 in a grief therapy session.

Hyperactivity, impulsivity and inability to concentrate are normal grief symptoms that too often become the behavioral criteria to diagnose learning problems.

Seven-year-old Sam was a second grader whose older sister Sally was murdered in a drive-by shooting the day before Christmas. He came back to school after the winter holidays with extreme restlessness and frequent swings of emotional outbursts and withdrawal. This continued for several months, along with a decrease in attention and school performance. The grief symptoms continued well into third grade, where Sam's teacher expressed concern that he might be exhibiting signs of attention deficit. She suggested to his mom that Sam receive an evaluation by his pediatrician.

Sam was placed on Ritalin and given this drug for the next three years. He continued to have the nightmares and bed-wetting that began with his sister's death. However, these anxieties were never addressed inside or outside of the school system. Sam became a part of the learning disabled population, and his deep grief and its symptoms remained buried.

Artwork can be used as a grief therapy tool to help children recognize unresolved grief feelings and buried or frozen blocks of emotion.

Sam also became a member of a school-based grief therapy group, which he attended with four other children between the ages of six and nine. He attended this group, led by his guidance counselor, for several months.

Children made memory books, commemorated loved ones, and shared photos and stories. Sam's concentration in school became more focused; eventually, he was taken off the medication. He continued going to a children's bereavement group in a neighboring hospice program for the rest of the school year.

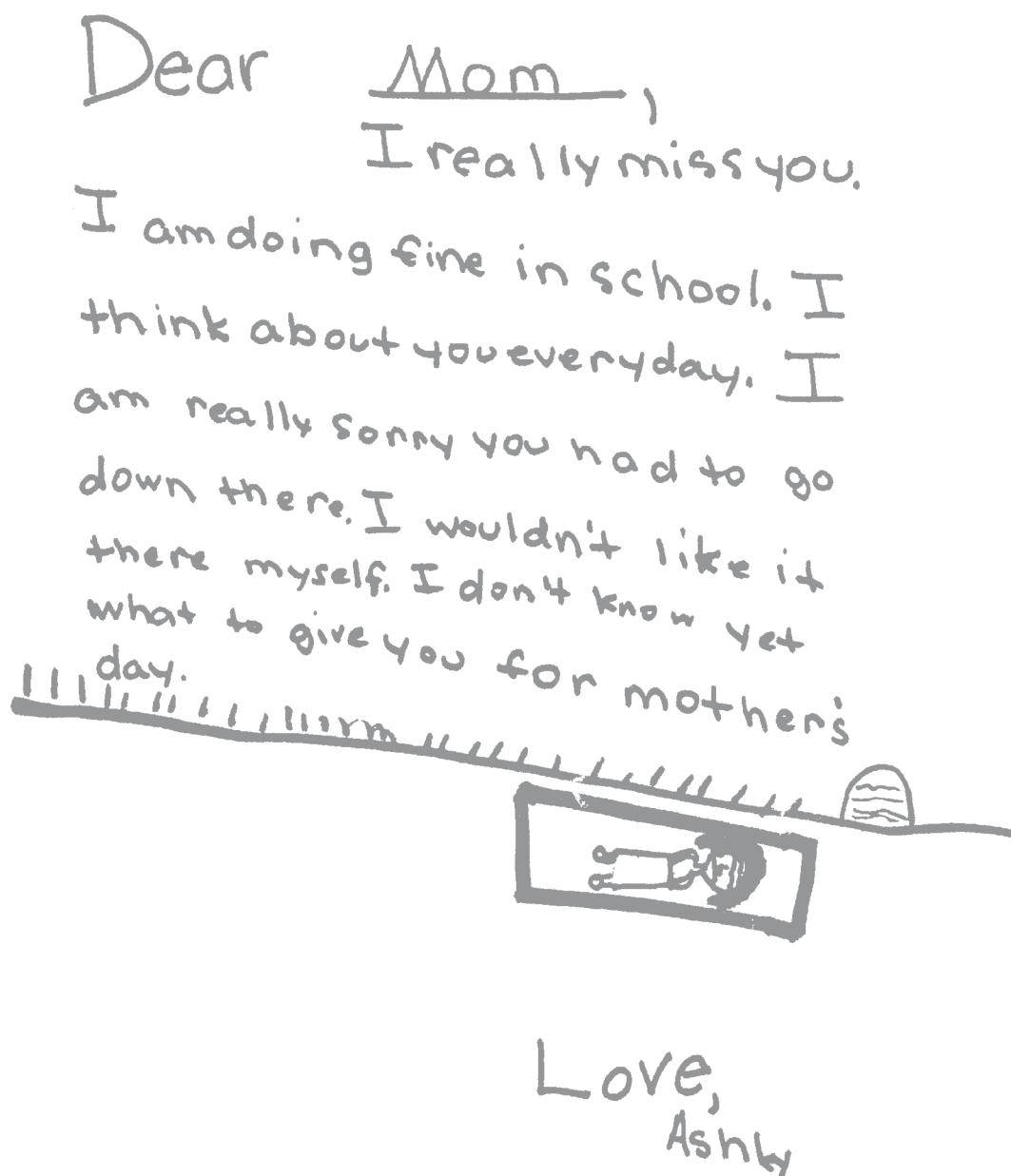
We, as caring adults, need to be educated in learning the signs of normal and complicated grief. Gaining a respect for and acceptance of the feelings of anxiety and depression that occur with normal grief can be a strong force in differentiating between grief and ADD or LD.

The bereaved child may:

- Become the class clown.
- Become withdrawn and unsociable.
- Bed-wet or have nightmares.
- Become restless in staying seated.
- Call out of turn.
- Not complete schoolwork.
- Have problems listening and staying on task.
- Become overly talkative.
- Become disorganized.
- Show reckless physical action.
- Show poor concentration around external stimuli.
- Show difficulty in following directions.

Creating grief awareness in the schools

So often adults tell children they “need to move on and get over their loss.” We, in the educational system, need



In a therapy session Ashley wrote this Mother's Day letter to her mom.



to recognize and build into our grief awareness the ongoing process of grief. Each child's grief is unique, and the grief experience is unique to each individual.

Ashley was a third grader whose mom had died of a sudden heart attack when she was in first grade. Her art class was making Mother's Day gifts, and she was flooded with memories as class members began talking about their moms. Ashley burst into tears and ran out of the room. Her teacher, Mr. Barry, rushed after her. Ashley explained that her mom had died two years ago, and it was still painful to remember her.

Uncle Bryan is a Flower Blooming

When he comes light-jogging
into my arms....he delights me.
Like a child getting his own pet,
And I still love him.
He always was playing sports
And he puts a smile on my face.

When he comes light-walking
into my heart
He opens his arms to me
Like vines wrapping around a tree
.....and I love him.

Even though he is gone
Uncle Bryan is a flower
blooming
.....that fills me with joy.


by Lila Feikin (3/92)

Mr. Barry admonished Ashley, "It's been two years since your mom has died. You need to get over it and move on!"

Ashley said she hated her teacher for saying that. The last thing she wanted to do was forget her mom. What she needed, instead, were concrete ways to remember her. During grief therapy session that day, Ashley and I lit a candle to remember Mom.

Mr. Barry could have responded to Ashley in a compassionate way that would have helped her feel safe to express her feelings of grief in school. An agreement between them designating a safe adult within the school whom Ashley could see when she missed her mom might have created a way to allow for her grief feelings. Mr. Barry could have also invited Ashley to create a symbolic Mother's Day card for her mom, write a poem about her mom, or plant a flower in her memory.

Letter and poetry writing are grief therapy techniques that allow children to create concrete ways to commemorate the death of a loved one.



Lila, a 10-year-old bereaved child, wrote this poem in memory of her Uncle Bryan.

My funniest memory of my father is when

He came home from getting his hair shaved off after being diagnosed with lung cancer. During his cancer he always kept a good attitude. That's just my Dad's personality - a good sense of humor. Why do the good people have to die?

*by Melissa
age 13*

Melissa is a 12-year-old whose dad died of cancer. She shared her funniest memory of her dad in this page of her memory book.

Interventions for the grieving child

Children gain a greater understanding of themselves when they can express previously hidden emotions. The awareness of unrecognized feelings also allows educators, parents and other caring adults to be more in touch with what is going on in the grief process. Grief feelings and thoughts are continuous and ever-changing, inundating their lives like waves on the ocean. These thoughts and feelings may arrive without warning, and children feel unprepared for their enormity in a school setting.

Remember:

- The bereaved child needs to acknowledge a parent or sibling who died by using his or her name or sharing a memory.
- The bereaved child needs to tell his or her story over and over again.
- The bereaved child needs to use tools such as drawing, writing, role-playing, and reenactment to safely project feelings and thoughts about the loss and present life outside of themselves.
- The bereaved child needs to be allowed to go to a safe place outside the classroom when these unexpected, overwhelming feelings arise, without needing to explain why in front of fellow classmates.
- The bereaved child often is preoccupied with his or her own health and the health of loved ones. Providing a reality check – such as allowing the child to phone the surviving parent during the school day or to visit the school nurse – can reassure boys and girls that they and their families are O.K.
- The bereaved child needs to use memory work to create a physical way to remember their feelings and share them. Memory books are a collection of drawn or written feelings and thoughts that allow the child to re-experience memories in a safe way. The books serve as useful tools to enable children to tell about

the person who died, and open discussion. Kids can tell about how the person died and share funny, happy or sad memories.

Educators can use a grief and loss inventory (Goldman, 1994) as a tool for creating and storing history on the grieving child throughout his or her academic life. This history includes all losses, and important dates of birthdays and deaths of loved ones that may have a great impact on the child through the years.

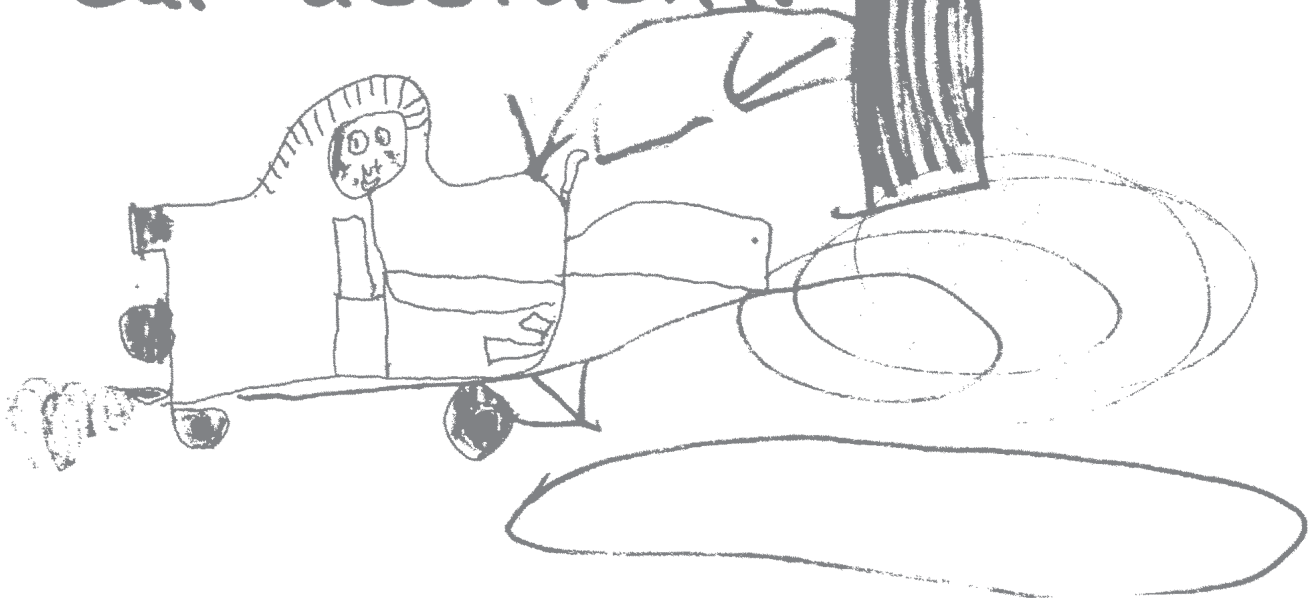
Educators can also use the concept of “teachable moments” to create a spontaneous lesson calling upon a life experience that is happening in “The Now”.

The death of Mrs. Arnold’s class’s goldfish, Goldie, was a huge loss to the kindergartners. Goldie’s death during school provided a “teachable moment” whereby the children could express their feelings about death and commemorate their loss with a burial ritual and memorial service.

Memory book example of seven-year-old Danny showing, through artwork, the way he perceived his dad's death.



My Special Person died because...
there was a bad
car accident.



Classroom teachers can provide a safe haven for the grieving child by:

- Allowing the child to leave the room if needed.
- Allowing the child to call home if necessary.
- Creating a visit to the school nurse and guidance counselor periodically.
- Changing some work assignments.
- Assigning a class helper.
- Creating some private time in the day.
- Giving more academic progress reports.

Schools can help children commemorate a death in the school by:

- Creating a ceremony, releasing a balloon with a special note or lighting a candle.
- Creating a memorial wall with stories and pictures of shared events.
- Having an assembly about the student.

- Planting a memory garden.
- Initiating a scholarship fund.
- Establishing an ongoing fund raiser such as a car wash or bake sale, with proceeds going toward the family's designated charity.
- Placing a memorial page and picture in the school yearbook or school newspaper.
- Sending flowers to the grieving family.

Conclusion

What we can mention, we can manage. This idea is a useful paradigm for educators to understand when formulating a safe environment for the grieving child. If professionals in the school system can acknowledge and express thoughts and feelings involving grief and loss, they can serve as role models for the ever-increasing population of students experiencing traumatic loss.

Children of the 'nineties face losses in the form of sudden fatal accidents and deaths due to illness, suicide, homicide and AIDS. There are also many non-death related issues that have a similar or the same effect on children. Loss of family stability from separation and divorce, violence and abuse, unemployment, multiple moves, parental imprisonment, and family alcohol and drug addiction are a few of the many grief issues impacting today's young children.

Educators can provide grief vocabulary, resources, and crisis and educational interventions, preventions and "postventions". Administrators, teachers and parents can join in creating a safe haven for the grieving child within the school system. By opening communication about loss and grief issues, educators can create a bridge between the world of fear, isolation and loneliness to the world of truth, compassion and dignity for the grieving child.

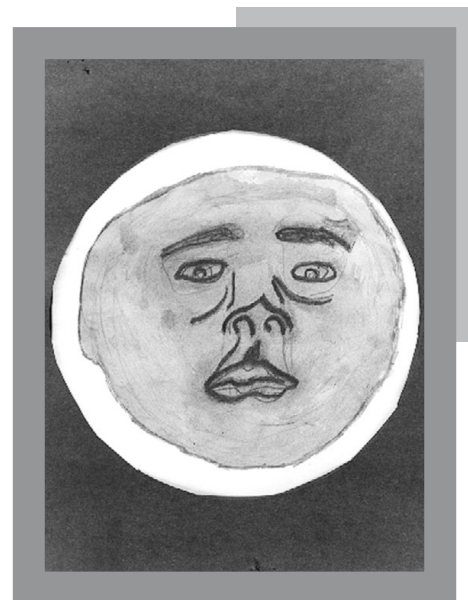
Linda Goldman may be contacted for questions or comments at the Center for Loss and Grief Therapy, 7801 Connecticut Ave. Chevy Chase, Md. 20815 phone: 301 6571151 fax: 301 656-4350 website: www.erols.com/lgold

Linda Goldman, MS, is a certified grief therapist and certified grief educator specializing in working with children and grief. She is the author of three books on helping children with grief issues: "Life and Loss: A Guide to Help Grieving Children" (1994) and "Breaking the Silence: A Guide to Help Children With Complicated Grief – Suicide, Homicide, AIDS, Violence and Abuse" (1996), published by

Accelerated Development/Taylor and Francis (1-800-821-8312), and "Bart Speaks Out: An Interactive Storybook for Young Children on Suicide (in press 1998), published by Western Psychological Services (1-800-648-8857). She spent 18 years as a kindergarten and second grade teacher, and elementary guidance counselor in the Baltimore County School system in Maryland. Goldman is a member of the continuing education faculty of the University of Maryland School of Social Work, Johns Hopkins University, and a consultant to Head Start. She offers workshops to school systems and universities to educate caring adults to respond to children's loss issues.

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About grief: Books to read...

For teachers and parents

Breaking the Silence: A Guide to Help Children With Complicated Grief-Suicide, Homicide, AIDS, Violence and Abuse by Linda Goldman. 1996.

Washington, DC: Taylor & Francis. A clearly written guide for adults to help children with complicated grief issues. It includes specific chapters on suicide, homicide, AIDS, violence and abuse, guidelines for educators, national resources, and an annotated bibliography.

Death in the Classroom by Kathleen Cassini and Jacqueline Rogers. 1990. Cincinnati, OH: Griefwork of Cincinnati. An informative teacher's textbook and resourceful guide that sensitively confronts ways to work with a death in the classroom.

Grief Comes to Class by Majel Gliko-Braden. 1992. Omaha, NE: Centering Corp. A practical book designed to help teachers and parents assist bereaved children.

Life and Loss: A Guide to Help Grieving Children by Linda Goldman. 1994. Washington, DC: Taylor & Francis. A resource for working with children and normal grief. It provides practical information, resources, hands-on activity, a model of a good-bye visit for children and an annotated bibliography.

Teaching Students About Death by Robert and Eileen Stevenson. 1996. Philadelphia, PA: the Charles Press. A comprehensive resource for educators and parents explaining childhood bereavement in the schools.

The Grieving Child by Helen Fitzgerald. 1992. New York, NY: Simon and Schuster. A wonderful guide for parents and other caring adults that speaks of children's grief and loss issues in a loving and practical way, with many ideas and techniques to include children in commemorating.

When Grief Visits School by Dr. John Dudley. 1995. Minneapolis, MN: Educational Media Corporation. School districts are encouraged to use this book to establish and train crisis response teams to prepare for tragedies that may occur.

For children

About Dying by Sarah Stein. 1974. New York: Walker & Co. (ages 3-6). This book contains a simple text and photographs to help the young child understand death and to provide ways to help children participate in commemorating.

Aarvy Aardvark Finds Hope by Donna O'Toole. 1998. Burnsville, NC: Mt. Rainbow Publications (ages 5-8). A story about animals that presents pain, sadness and eventual hope after death.

Badger's Parting Gifts by S. Varley. 1984. New York, NY: Morrow and Co. (all ages). Badger was a special friend to all the animals. After his death, each friend recalls a special memory of Badger.

Bart Speaks Out: An Interactive Storybook for Young Children About Suicide by Linda Goldman. 1997 (in press). Los Angeles, California: Western Psychological Services Publisher (ages 5-10). A useful interactive storybook for young children that provides words to use for the young child to discuss the sensitive topic of suicide.

Lifetimes: The Beautiful Way to Explain Death to Children by B. Mellonie and R. Ingpen. 1983. New York, NY: Bantam Books (ages 4-10). This book explains the life cycle of plants, animals and people.

Death Is Hard To Live With by J. Bode. 1993. New York, NY: Bantam Doubleday Dell Publishing. Teenagers talk frankly about how they cope with loss.

Fire in My Heart, Ice in My Veins by Enid Traisman. 1992. Omaha, NE: Centering Corporation. A wonderful book for teenagers to explore thoughts and feelings and record grief memories.

When Someone Very Special Dies by Marge Heegaard. 1988. Minneapolis, MN: Woodland Press (ages 4-7). An excellent workbook for young children that uses artwork and journaling to allow them to understand and express their grief.

Children and death: Simple journal bridges gap between past and present



By Susan Gottshall Brandell

Like a boat with strong wind at its stern, Molly* sailed through the first few years following her father's death on an even keel. Just four years of age when the brain tumor slowly stole him from her, "forever" had yet to creep into her vocabulary.

But at age eight-and-a-half, the wind that had guided Molly so steadily changed direction. Her mother began to observe volatile mood swings, irritability and disobedience in the usually even-tempered and kind child, along with increasing peer conflicts at school.

About the same time, Molly's questions about her father became more frequent. Time after time, following her mother's patient answers, Molly would demand, "That's not enough. I want more. I don't know him."

Ah, the wisdom of children.

The memory reconstruction journey

According to **Gretchen Gaines-Lane, MSW**, getting to "know" her father was

exactly what Molly needed to heal from the grief that had stricken her at such a young age.

"Grieving people look for ways to stay connected," says Gaines-Lane. And children, especially, need help in constructing a memory that will give them that connection.

That's why the bereavement coordinator at Hospice of Northern Virginia developed "My Memory Book: A Journal for Grieving Children", a work that guides children on a memory reconstruction journey.

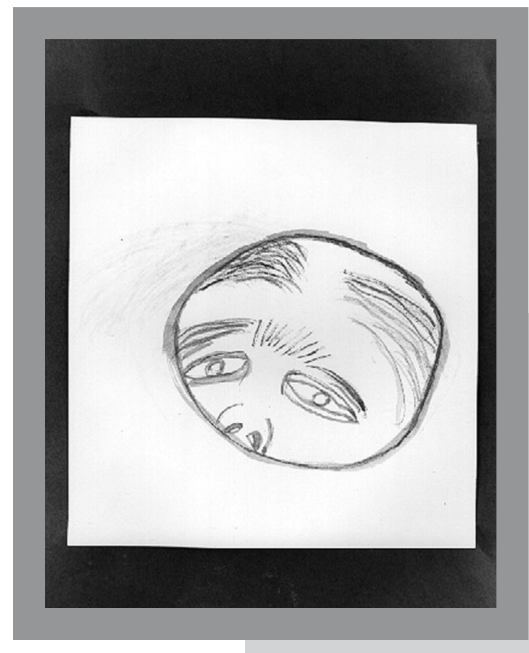
A generation ago, says Gaines-Lane, grief was considered "resolved" when a survivor accepted the death of a loved one, then moved on in life without that person and forgot about him or her. Today, she says, grief resolution is thought of as a "realistic renegotiation."

The former Children's Hospice International consultant puts it this way: "You do not forget the person, but your relationship to the person changes. The relationship is transformed. You 'incorporate' them and go on."

The format of "My Memory Book" gives children the opportunity to create the book without a lot of supervision,

says Gaines-Lane, because children like Molly "lead themselves to their own healing."

Produced with lots of empty space and few words, the journal is simple and direct: "Recount a favorite memory," one page instructs; "What don't you miss about the person who died?"

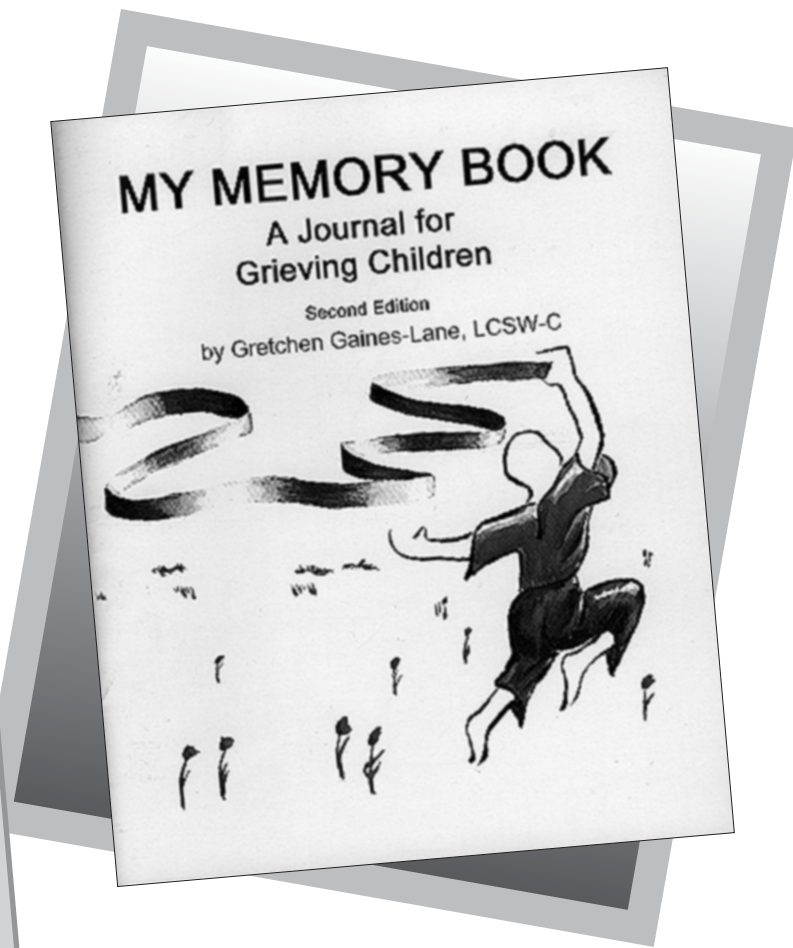


another asks. In all of the empty space – some with lines, some without – a child documents memories, thoughts and feelings in words or pictures.

Recognizing grief in children

Early in her bereavement counseling, Gaines-Lane, who has worked at

Gretchen Gaines-Lane, MSW, is the author of "My Memory Book: A Journal for Grieving Children".



Georgetown University Medical Center and Montgomery Hospice Society, had found that grief-stricken parents often don't include their children in discussions about the family's loss. Many adults believe death and the process of dying frighten children, she says, so they try to shield kids from harsh end-of-life realities.

Not so a hundred years ago in a predominately rural, agrarian America where people died at home and children experienced death as a natural "fact of life".

At the turn of the century, 25 percent of Americans had already lost one parent by age 15. In September 1997 "Newsweek" reported that the number had decreased to about six percent – most likely because of improved medical care. Yet, says the report, more

than 160 bereavement centers – aimed at helping children to express and channel grief – have opened throughout the country in the last few decades.

It is evident that fewer encounters with death coupled with a general avoidance of the topic have increasingly involved mental health practitioners in the childhood grieving process.

Where do they begin?

Children's grief differs from adult grief, says Gaines-Lane, and can be hard to detect.

"A grieving adult might sit down and cry and say, 'I miss that person,'" she says. "But children without an adequate vocabulary to express experiences and feelings, and the basic coping skills that come from life experience act out their grief."

Gaines-Lane says actions really do speak louder than words when it comes to children because behavioral changes are often indicators of their grief. For example, active and playful kids may become withdrawn. Or even-tempered children like Molly might find themselves in the middle of frequent arguments with peers and adults.

"Children may also grieve in short spurts of time, then run off and play," Gaines-Lane adds.

Journaling helps

A complex process that includes all aspects of personality, environment and inner being, grief can be "ever new and changing" as children's cognitive and physical abilities – along with emotional development – come together in different ways at different stages of growth, says Gaines-Lane. Children

have a special need to “re-grieve” as they move into each new developmental stage. Answers to questions that arise in succeeding developmental stages help them understand their loss in a new way.

Grief, says Gaines-Lane, is “far more than an emotion.”

Fascinated with the process, she began counseling grieving children in 1987. Since play is the language of the child, the therapist “became intrigued with how we could use creativity with children in bereavement.”

Gaines-Lane knew journaling worked for adults. Why couldn’t it work for children, as well?

A successful technique of self-exploration for centuries, journaling is “age old” in value, she says. It compels the journal keeper to express pain and confusion in words or pictures, putting him or her in touch with the “self” that is deep and hard to reach – what Gaines-Lane calls “the self with the capital ‘S’”. The activity teaches children, first of all, that they have a deeper self. But, what’s more, by acknowledging and appreciating the journaling itself, children learn the importance of that big ‘S’ self, she says.

And so, “My Memory Book” was born.

Gaines-Lane says this grief journal for kids can be used either at the time of loss or years afterward.

Immediately following a loss, Gaines-Lane says, journaling can be utilized as “a preventive measure”. Used in this manner, the journal can collect current, fresh memories rather than those brought back with “lots of layers”. The grieving child can, thus, get as much as possible down on paper before those memories become buried or blurred.

Gaines-Lane says “My Memory Book” is appropriate for group as well as one-on-one settings.

For groups, she suggests setting up six or seven sessions in which children complete several pages each meeting

and employ group time to talk about the person they lost. During the fourth and fifth sessions, the children can bring in objects for group sharing that remind them of the person. At the closing session, the group leader can facilitate a discussion of feelings and coping simply by following the format of the book.

Healing takes time, shift in perspective

Whether the journal is used individually with a parent or counselor, or used in a group, it’s most important that the book be completed slowly, says Gaines-Lane. In an individual setting, especially, only one page should be completed at one seating. It’s okay if a child does not complete the book.

“Trust the child’s instinct about what he or she needs to do,” Gaines-Lane says. “That is the first rule for me.”

When family members and other significant adults can help children understand that death is part of life, says Gaines-Lane, death can be strengthening and affirming – even for a child who has lost a person as important as a parent.

“Help the child see that the person’s death is part of a cycle of ancestors, people who came before and people who will come after,” she says. And point out that we build tradition by remembering and honoring the memory of that person’s values and beliefs.

“These values and beliefs are our heritage, our tradition, our gifts,” she says.

From this perspective, death can affirm life as the child learns how he or she fits in the big picture, says Gaines-Lane. “Children need to acquire part of their identity from the past, to which they add their own new pieces,” she says. “‘My Memory Book’ can help a child do this.”

With a firm image of the person who died, children develop an “inner representation” or “construct” (memory) that continues to grow and expand

with new information from others who also remember the person. This kind of strong, dynamic memory is the connection that becomes easily accessible to a child in a future crisis... A time when he or she needs parental support despite a parent’s permanent physical absence.

“Little by little, tiny bits of grief go away.”

Gaines-Lane says Molly is “one of the strongest cases” that shows the contribution journaling can make toward healing children’s grief. After several months of short-term work with “My Memory Book”, guided by Gaines-Lane, Molly’s behavior changed dramatically. Along with increased cooperation “we saw very clear mood changes and changes in behavior with friends,” says Gaines-Lane.

But even in the midst of healing, Molly – with her childlike wisdom – saw the struggle of her own pain.

“You think this will never happen,” the nine-year-old wrote in her journal, “but then when it does it comes as a shock. You think you will never get over it. But little by little tiny bits of grief go away, but you always wish it never happened.”

Gretchen Gaines-Lane is available for consultation and leading workshops at 11433 Encore Drive, Silver Spring, MD 20901/(301) 681-5964. To order “My Memory Book: A Journal for Grieving Children”, send your check to Chi Rho Press, P. O. Box 7864, Gaithersburg, MD 20898, or phone/fax your request to (301) 926-1208. Books are \$10.95; six or more copies are \$8.95 each. Shipping costs are as follows: 1 copy – \$2.50; 2-3 copies – \$3.50; 4-6 copies – \$4.50; 7-8 copies – \$5.50; 9-11 copies – \$6.50; 12 or more copies – 7% of total order. Add a \$2 handling charge for orders that are not prepaid.

* Name has been changed.

Hospice of Lancaster County offers children a retreat from grief

By Lois A. Weber

Grief is a “given” in all of our lives. When we love, we become vulnerable to the pain of loss.

By adulthood, though, most of us will have acquired a better understanding of the processes of grief – either through our own experience with the death of a loved one or through others’. We will have learned that, over the course of time, the tears, anxiety, stress, depression, anger, guilt and loneliness subside, and acceptance comes. And that our losses help to strengthen us emotionally and enable us to better cope with future tragedies.

But what about a child who loses a parent or other significant person in his or her life? Or perhaps the child who witnesses the slow demise of a parent diagnosed with a terminal illness? How does a child, so emotionally unprepared, understand and deal with the profound grief that surely will follow the loss? What resources do these children draw upon to cope?

Helping children cope with illness and death

Patti Homan, a certified grief counselor and bereavement program manager for **Hospice of Lancaster County**, is very much aware of the extreme emotions that can overwhelm grieving children. “Illness and death are family crises; they create changes in all aspects of the family’s functioning,” Homan says. “Children who are excluded from the family’s grieving process can feel abandoned, lonely, angry, confused and scared. Children going through this time together with the adults who love them can find their relationships with those adults strengthened.”

Homan oversees the hospice’s “**Coping Kids**” program, - clinical support group exclusively for kids dealing with the illness or death of a loved one.

Coping Kids helps both the children and their families understand the grief process and come to terms with the crises they are facing.

“It is our philosophy grief and the readjustment to an illness or death in a family begins at



the time a diagnosis is made, not solely at time of death," says Homan.

Coping Kids was founded almost a decade ago as a result of a nine-year-old Lancaster County, Pennsylvania, girl's school essay. The girl had written that she longed to talk with other kids who understood what it was like to have a dad with cancer – as she did. In that letter community leaders recognized a great unmet need... and Coping Kids was born.

At first Coping Kids was run entirely by volunteers who met weekly with the children in a church basement. However, Homan said, the program's originators soon realized they would need much more help to serve the volume of children in need. In 1994 Coping Kids was taken under the umbrella of Hospice of Lancaster County.

Today the program is divided into two groups: Loss and Illness. Both meet twice a month. About 50 members are actively enrolled, with 20 to 30 children attending groups regularly. Some past members return for special events such as the yearly memorial service or holiday festivities.

"The meetings foster socialization, self-esteem enhancement and the exploration of feelings while at the same time allowing the children to be children and simply have fun," Homan says. "Often their lives are surrounded by medical personnel, hospital settings or other situations and circumstances familiar to illness or death. Coping Kids strives to bring normalcy back into their lives."

Play is balanced with creative exercises that encourage children to recognize and name the different emotions they are experiencing. For example, the children may trace one another's bodies onto paper, then color in the tracings of their own bodies with their feelings, where they are feeling them. In a journaling exercise the children might be asked to think about the person who is

ill or has died and to write about what life was like before the illness or death, what life is like now, and what they want or expect it to be in the future. Other activities might include discussion about how the children felt while attending a funeral or during another emotionally challenging situation.

Children are able to openly express their thoughts, feelings and fears, and find comfort in the understanding of others, Homan says. "The most important thing these sessions accomplish is that they show the children that they are not alone with these feelings, they are not abnormal for feeling what they feel."

Special programs for special needs

Hospice of Lancaster County also offers two other bereavement programs for children: "Camp Chimaqua" and "SoulMates".

Camp Chimaqua is a three-day children's bereavement camp organized for children ages six and up who are grieving the loss of a loved one. The camp was named for a young boy who died of cancer at the age of 12. Its format intermingles therapeutic "reflective" activities with fun to help children identify and better understand the emotions they are feeling. Through interaction with others at the camp and the supporting influence of their "buddies", trained volunteers who help at the camp, the children learn they are feeling the same fear, guilt, anger and anxiety about their loss and about their future as the child sitting next to them.

Camp Chimaqua, which began in 1996 and hosted 33 children in 1997, is considered a great success by the hospice workers. "Hospice accomplished what it



hoped with Camp Chimaqua,” Homan says. “By the end of the weekend camp, the children realize they are not alone with what they are feeling, and they have a better understanding of their grief process.”

The hospice’s SoulMates has a concept and a beginning unlike any other Hospice program. When 18-year-old **Alexandra Weitzel** was dying of colon cancer, she told friends, family and caretakers that what meant most to her was “just having someone to talk to, just a friend, just to be there” while she was sick. With \$1,000 in her bank account and the desire to spend it on “one last thing” – to leave something lasting behind – Alexandra founded SoulMates with Hospice of Lancaster County.

SoulMates pairs a teen affected by illness or loss with a teen of the same age. SoulMates partners basically “hang out” just like other teens: they talk on the phone, go to the movies or head for the mall. “SoulMates is simply about friendship and sharing all of the things that friends share with one another,” says Homan.

Before her death in February of 1997, Alexandra wrote a mission statement for SoulMates: “To provide reliable, unbiased friendship, compassion and support on a peer level to an adolescent in need.” She also expressed hope that “teens volunteering for the program would know how to listen, how to be open, nonjudgmental and just supportive without being too pushy or overbearing.”

The SoulMates program adheres rigorously to Alexandra’s wishes. To become a “SoulMate”, teens must apply and undergo an interview to be accepted for training. Trainees then receive seven hours of instruction before becoming a SoulMate. Currently, 23 teens have completed training, and 12 have been matched up with a teen.

Homan says, “At the moment there is a waiting list of volunteers for this

program.” However, she adds that teens should not be discouraged from applying. “We are exploring new opportunities for them to work with us in the community until they can be matched with a SoulMate.”

“Good Grief” instruction aids educators, counselors

Adding to its already wide array of bereavement support, Hospice of Lancaster County launched three “Good Grief Club” pilot programs in 1995. Good Grief Club materials provide elementary as well as middle to high school students with a background on grief and loss, and an opportunity for personal reflection.

The hospice’s bereavement staff also teach a 15-hour course approved by the Pennsylvania Department of Education on how to lead a Good Grief Club series in school. The course equips educators and counselors to understand grieving children. It also prepares them for facilitating their own grief support groups.

The Good Grief Club course includes instruction on understanding personal experiences and beliefs about loss; comparing different ways of handling loss; clarifying the differences between grief, loss and mourning; understanding a child’s grief and perception of death and grief; understanding the impact of sibling loss on the family system; and developing comfort levels for talking with grieving children and their families. Participants also receive a copy of Lancaster County Hospice’s publication, “A Teacher’s Guide to the Grieving Student.”

Homan says, “The Good Grief Club provides opportunities for discussion and a supportive atmosphere to help students better understand and experience their grief.” She notes, “The overall focus has a positive, preventive and educational emphasis. It is based on the philosophy that grief is normal, not an illness to be treated.

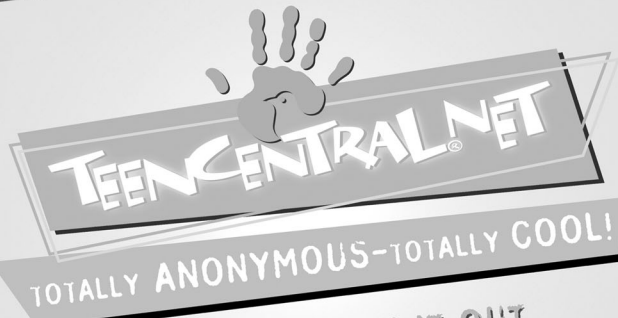
It is, instead, a process that must be understood and normalized.”

She says that her work with Coping Kids, SoulMates and Camp Chimaqua has taught her a lot about the ways in which children express grief and learn to cope with it. She says, “I am always amazed at their honesty and their strength.”

It is Homan’s hope that Hospice of Lancaster County’s bereavement programs for children will continue to grow and be utilized by her community. And, she says, more importantly, that the hospice’s work in these areas will enhance community awareness of children’s grief issues.

“Children need to know that grief is a normal human response to loss. They need to know that it is okay to mourn, and that this need to mourn is recognized and accepted by others.”

To learn more about the Good Grief Club, SoulMates, Coping Kids or Camp Chimaqua, contact Patti Homan, CGC, LCPC, Hospice of Lancaster County, 685 Good Drive, P.O. Box 4125, Lancaster, PA 17604/(717) 391-2412.



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