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NATIONAL ORGANIZATION FOR VICTIM ASSISTANCE®

Working with Grieving Children After Violent Death:

A Guidebook for Crime Victim Assistance Professionals

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About the Organizations

National Organization for Victim Assistance

The National Organization for Victim Assistance is a private, non-profit membership organization of victim and witness assistance practitioners, victim service programs, criminal justice professionals, researchers, former victims, health and mental health professionals, clergy members, and others committed to the recognition and implementation of victim rights. NOVA's activities are guided by four purposes: national advocacy, providing direct crisis services to victims, serving as an educational resource to victim assistance and allied professionals, and promoting better communication among its membership. For information about NOVA or other NOVA publications, contact:

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Working with Grieving Children After Violent Death:

A Guidebook for Crime Victim Assistance Professionals

Jim was twelve years old and Terry was nine when their single-parent mother was shot and killed on the way home from work.

Shelley was eight years old and Bobby was two when their mother was shot and killed by their father before he killed himself.

Vanessa was fourteen when she was stabbed and killed by an older teenage boy in her school yard. Her friends were witnesses.

Kenny was six when his older brother Mason was killed along with three other kids in a drunk driving crash.

Time stopped for them all when violent death tore their young lives apart in a pain that will live forever.

I. Introduction

Jim, Terry, Shelley, Bobby, Vanessa and Kenny are representative of the hundreds of thousands of children who experience traumatic death each year. It is estimated that as many as twenty percent of today's children will have survived the death of a parent by the end of high school; eleven children a day are killed by guns in accidents, suicides, and murders; an average of four students a year die in a school system of 6,000 students; and that a child by the age of 14 will have witnessed 18,000 deaths—mostly violent murders on television. (Linda Goldman, *Life and Loss: A Guide to Grieving Children*, 1994) These figures do not begin to account for the additional deaths of friends or loved ones caused by drunk driving crashes or violent deaths witnessed in the streets of our cities.

Victim assistance professionals deal with crime, violence and trauma routinely as part of their everyday work. Many respond to crisis calls at the scenes of crime and most have caseloads in the criminal justice system. Training and education is critical in order to provide them with the knowledge and skills they need in order to provide quality service. It is also important for their own mental health as they confront the pain and anguish caused by crime.

Perhaps some of the most difficult cases for victim assistance professionals are those in which they provide assistance to children and adolescents. Crime seems particularly cruel when it is perpetrated on the young. The devastation left in its wake after the murder of a friend, family member or acquaintance of children can last a lifetime. Victim assistance professionals are not expected to provide therapy or long-term grief counseling for children who have survived traumatic death, but some help with death notification and many provide guidance and comfort as children talk about their reactions, begin the mourning process and develop ways of remembering their loved ones.

This guidebook is *not* a training manual.

- It is designed to serve as a *quick reference* for victim assistance professionals in their work with children, parents, school teachers and counselors, clergy members and others as they address the needs of grieving children.
- It summarizes the state of knowledge on *grief and trauma reactions of children*, suggests methods and activities for intervention and supportive counseling, and presents sample age-specific support group curricula.
- It outlines a *sample protocol* for victim assistance programs and others who work with children to use to establish guidelines for responding directly to grieving children.
- It includes a *bibliography* of further resources for victim assistance professionals and their allies as well as a bibliography of useful readings for children.

The term “caregiver” is used throughout this guidebook to denote a person providing support to the child, because while victim assistance professionals are its primary audience, its message is designed for those who work in cooperation with them as well.

II. Background

“Nobody is born with a genetic diathesis to psychic trauma. If you scare a child badly enough, he will be traumatized — plain and simple. But if you combine the trauma with a death or a new disability, then you will see depression, paranormal thinking, and/or character change — count on it.” — Lenore Terr

Death is a difficult concept to understand and accept for adults and children alike. The end of life can be conceptualized in many ways, but the permanency of loss and the dying process cannot be explained until it is experienced. When a natural death occurs at the end of a long life, it may be expected and preparations made to adjust to the ultimate loss. Grief over the deceased may be painful and prolonged, but there has been time before death to consider its consequences for those who continue to live. When death is sudden and complicated by trauma, there is no time to adapt to the shock and pain of separation and finality. Sorrow may be a fundamental experience but the experience of extraordinary crisis may be equally overwhelming. The inability to make sense out of the death, to understand why it happened, and to comprehend how it has interrupted life can frustrate, anger and drive survivors to despair.

Children are particularly susceptible to the impact of traumatic death for several reasons. Children do not deny trauma; rather, they tend to record its full horror and impact. Trauma is terrorizing to them, rendering them helpless and unprotected. Death is unfamiliar. Their coping skills are often underdeveloped. They are still in the process of developing their own personalities and identities. They often do not have spiritual resources on which to rely.

Adult caregivers are critical in helping children through the trauma of violent death as well as the grieving process. Yet, many adults are unprepared for violent death themselves. Adult caregivers must consider their own reactions to death and trauma carefully before working with grieving children.

After caregivers consider their own reactions, they should learn as much as they can about the reactions of children, and explore resources and techniques to provide assistance to the grieving child.

III. Preparation of the Caregiver

This section is not designed as a primer on grief and trauma reactions. It is expected that caregivers who are working with children will have basic education and training on grief and trauma issues. Rather, the section is included in this guidebook to assist caregivers in clarifying their own responses to grief and trauma.

A. Grief and Loss

Most adults have lived through the death of someone they know. They realize the shock of recognition that they will never see that person again and often have endured disturbing thoughts concerning the dying process. But many consciously put aside their sorrow in order to “go on” with life and to maintain everyday functioning. As a result, many adults carry with them the pain of unresolved grief. Such grief may erupt unexpectedly when an individual is exposed to situations that remind him or her of the death and the loss. Even when individuals have made an effort to confront past deaths and actively mourn their losses, potent memories may be resurrected when they encounter other deaths. It is both unrealistic and undesirable to try to extinguish such memories and their consequences. The wisdom of Deitrich Bonhoeffer is compelling on this point—

“Nothing can make up for the absence of someone whom we love, and it would be wrong to try to find a substitute; we must simply hold out and see it through. That sounds very hard at first, but at the same time it is a great consolation, for the gap, as long as it remains unfilled, preserves the bonds between us. It is nonsense to say that God fill the gap; he does not fill it, but on the contrary, he keeps it empty and so helps us to keep alive our former communion with each other, even at the cost of pain.”

Caregivers should take the time and effort to explore their own losses and the consequent grief in order to be able to control possible intrusive recollections which may interfere with their ability to be helpful to those they are trying to help in the present. To facilitate this exploration, the following process may be useful. The process can be used with caregivers in training as a group or by individual caregivers in private. Caregivers should try to put their thoughts or memories into verbal or written responses because it helps give concrete form to their emotions and reactions.

1. *Remember* at least one of the most significant deaths in your lifetime. [It is useful for caregivers to identify all significant deaths they have survived, if they remember more than one.] With each death, try to:

a. *Remember* where you were when you were notified of the death. Describe the place.

b. *Remember* how you were told or how you learned of the death. Describe the words you read or heard.

c. *Remember* reactions you had when you learned of the death. Describe those reactions.

d. *Remember* what you and others did in the first twenty-four hours after you learned of the death. Try to develop a chronology of what happened. Describe any particularly powerful memories and the impact of those events.

e. *Remember* what you did from the time of notification until the funeral, burial or memorial service. Try to develop a chronology of what happened. Describe any particularly powerful memories and the impact of those events.

f. *Remember* what has happened since the death and how that death affects your life today.

2. As you think or talk about your memories, ask yourself how those memories relate to what is known as a common pattern of grief.

a. *Denial*— Did you or others find the death hard to believe or accept?

b. *Confusion and Protest*— Did you or others become angry about the death or try to argue about its reality? Did you or others become angry with what happened after the death? Did you or others feel anger at yourselves because of how or why the person died, or because of guilt or relief at the person's death?

c. *Despair*— Was there a time when you or others were so sad that life didn't seem worth living?

d. *Detachment*— Was it difficult to find energy to do things or to become emotionally involved with other people or current events in your life?

e. *Integration or Resolution*— Do you remember a time when you realized that you could acknowledge what happened and knew that you were going to go on with life? Did you make changes in your attitudes, values, goals, behaviors, or lifestyle because of the person's death?

3. *Describe* ways you mourned for the deceased.

4. *Identify* thoughts, reactions, or feelings about the death that bother you now.

a. Are there regrets that you have about how the person died?

b. Are there regrets that you have about your relationship with the person at the time of death?

c. Did the death help to affirm or raise questions about beliefs you had about life and death before the person died?

5. *Describe* how the death of that person affects you today.

a. Possible *negative* effects.

- Anxiety about your own death or the deaths of loved ones.
- Fear for or over-protectiveness of your children.
- Nightmares, thoughts or daydreams of death.
- A sense that you or others will die soon.
- Avoidance of death-related thoughts, images or rituals.
- Withdrawal from relationships with others.

b. Possible *positive* effects.

- A renewed sense of the meaning of life and its continuity.
- Increased enjoyment of everyday life and experience.
- A sense of connection with the deceased person.
- Comforting memories.
- Increased desire to become involved with others.

6. Describe your understanding of death—your beliefs, concerns or fears.

7. Describe how you have planned for your own death.

8. Describe how your experience of death affects the way you live your everyday life today.

B. Trauma and Violence

“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.”

—Judith Herman

While most adults have experienced death in their lifetimes, many but not all adults have experienced a violent, traumatic event or series of events. Violent trauma ruptures an individual’s psychic equilibrium and social environment. It fractures everyday existence and leaves the individual in a state of chaos and fear. It requires individuals to go beyond their normal resources to regain a sense of order and equilibrium and to restore value and meaning to their lives.

Caregivers who have experienced trauma may have sought help or found internal resources that gave them the strength to reconstruct their senses of safety, autonomy, trust, self-esteem, and ability to establish relationships with others. Caregivers who have not experienced trauma may yet have their lives tested. In either case, before caregivers begin to help trauma survivors, it is important to review their understanding of the impact of trauma and the processes of recovery. For those caregivers who have experienced trauma, it is also critical to identify vestiges of the traumatic experience that may interfere with their ability to provide care or non-judgmental support to victims.

The following exercise can be helpful in understanding and identifying trauma issues which may concern the caregiver. As indicated above, the exercise can be used with caregivers in training as a group or by individual caregivers in private. Caregivers should try to put their thoughts or memories into verbal or written responses because it helps give concrete form to their emotions and reactions.

1. *Remember* a violent event that was traumatic for you or someone you loved. As you remember, try to:

a. *Describe* where you were, who you were with, and what you remember seeing, hearing, smelling, touching, or doing in your immediate reaction to the trauma.

b. *Describe* what happened immediately following the traumatic event and your reactions and thoughts.

c. *Develop* a chronology of what happened and describe any particularly powerful memories and the impact of those events.

d. *Describe* what has happened since the trauma and how those events have affected your life today.

2. As you think or talk about your memories, *ask* yourself how those memories relate to what is known as a common pattern of trauma reactions.

a. *Shock and disbelief*— Did you immediately understand what had happened? Did your sense of time change; e.g., did things seem to happen slowly or very quickly?

b. *Anger*— Were you angry at what happened, who did it, people who came to help you, or others?

c. *Fear*— Were you frightened? Did you fear for your life or the lives of others? Was there a particular point in time when you were most fearful? Was there a particular point in time when you believed you were safe again?

d. *Confusion or frustration*— Did you become confused about what to do? Was there a period of time that went by when you didn't know what had happened, how it had happened or why it had happened?

e. *Guilt or self-blame*— Was there ever a time when you thought that something you had done or hadn't done had contributed to the traumatic event? Did you ever worry that you had survived or been less injured than someone else?

f. *Shame*— Did you ever think that somehow the event made you a bad or undesirable person? Did you ever think that someone else would think less of you for being traumatized?

g. *Grief*— Were you very sad about what happened? Were you unhappy and sorrowful because of what you lost?

3. *Describe* ways that helped you get through everyday life.

4. *Describe* things you did or thoughts you had that helped you to begin to help others again.

5. *Identify* thoughts, reactions, or feelings about the trauma that bother you now.

a. Are there situations that you avoid or about which you have anxiety because they remind you of the trauma?

b. Are there people whom you avoid or about whom you have anxiety because they remind you of the trauma?

c. Are there times when the memories of the event are particularly difficult to live with?

6. *Describe* how the trauma affects you today.

7. *Describe* how the trauma affects your view of the future.

C. Alphabet of Positive Caregiver Attributes for Working With Grieving Children

The following list of caregiver attributes and skills is presented alphabetically to help caregivers remember critical elements of supportive counseling for children.

- **A - Advocacy** - The willingness to advocate on behalf of the best interest of the children throughout their trauma and grief.
- **B - Belief** - The willingness to believe what children say and think.
- **C - Communication** - The skills to communicate with children through expressive and verbal techniques in language appropriate to their ages.
- **D - Desire** - The desire to learn from the children and their experiences and perceptions.

- **E - Empathy -** The ability to recognize and sympathize with feelings of children.
- **F - Feedback -** The ability respond to children with validating reassurance.
- **G - Guidance -** The ability to guide children as they clarify their thoughts and concerns.
- **H - Honesty -** The commitment to answer the questions of children as honestly and factually as possible and never to make promises that can't be kept.
- **I - Imagination -** The ability to join in the fantasy and play of children.
- **J - Judgment -** The ability to make good common sense decisions and to judiciously solve problems that children may face.
- **K - Knowledge -** The determination to seek new knowledge and information about childhood trauma and grief.
- **L - Laughter -** The capacity to express a sense of humor and join in the laughter of children.
- **M - Memory -** The ability to remember one's own childhood, traumas, and griefs in order to better understand the reactions of children.
- **N - Non-judgmental -** The ability to put biases, prejudices, and personal values aside in order to support children and their families.
- **O - Organization -** The ability to provide children with organized routines and structures to help them stabilize their world.
- **P - Patience -** The capacity to be patient as children tend to grieve sporadically.
- **Q - Quiet -** The willingness to use silence as a method of communication and to listen quietly and attentively.
- **R - Reliable -** The commitment to being on time and true to your word to help children rebuild their ability to trust.
- **S - Secure -** To have self-esteem and a personal sense of security in order to convey safety and security to children.
- **T - Thoughtful -** The willingness to think through new situations and problems with a child-centered philosophy.

- **U - Understanding -** The capacity to look at things and understand them both in a broad context as well as in the narrow perspective of the moment.
- **V - Values -** A clear knowledge of one's own purpose in life and the consequent values behind one's work.
- **W - Watchful-** The ability to be attentive to the needs and reactions of children.
- **X - XXX -** The ability to know when children need physical comfort (hugs and kisses) and being comfortable with reaching out to children physically (and knowing proper boundaries in providing physical comfort).
- **Y - Youthful-** The maintenance of youthful attitudes and behaviors in response to suggestions and thoughts of children.
- **Z - Zest-** **A capacity for experiencing the zest of life with its joys and sorrows and most of all its hope!**

IV. The Grieving Child

Trauma overwhelms a person's sense of control, connection and meaning in life. It causes an individual to experience fear, helplessness and isolation. For this reason, any death may be traumatic for a child. The death of an elderly grandfather who was the source of nurturing, caregiving, and protection may be a traumatic event and source of grief for a grandchild while it may be an expected moment of sorrow in the child's parent's life. Violent death is experienced as a *double* trauma. There is the trauma of death and there is the violent trauma that caused the death.

This section explores the typical developmental stages of children and their reactions to trauma, and concludes with a look at how trauma reactions are related to grief reactions.

A. Development Stages Affect the Trauma and Grief Reactions of Children

Reactions tend to mirror growth stages and focus on the level and nature of the primary needs at the time of the trauma as well as the ability to absorb information and remember. Children need to process their traumas and grief through each developmental stage. If the trauma and grief inhibit, delay, or cause a child to "skip" a developmental stage, there will be a need to go back and revisit that stage in light of the traumatic grief.

Children also process their grief more slowly than adults. This may be due to several aspects relating to their reactions to death. Children do not fully grasp the permanence of death. Children are unable to sustain conscious sadness for long periods of time. Children do not usually deny the trauma of death but they may deny the reality of the death. Further, they do not have an alternative reality that assures them of the possibility of finding new relationships to rely upon.

Children may become "stuck" in one phase of the mourning process for months or years at a time.

Denial of death's permanence may result in dreams, daydreams and nightmares of the deceased, waiting for the deceased's return, visions of reunification with the deceased, belief in reincarnations and paranormal behaviors (events that cannot be explained rationally or logically).

Anger and protest at death is often displaced on parents, peers, or adults in authority. Parents who have "failed to protect" children or are perceived to have been negligent in their duties may be the targets for rage. They may also become the focus of anger when they fail to exhibit open grief because children sometimes think that such failure means that the parents didn't care about the death. Children often manifest their anger at school or in the neighborhood because parents seem too busy to take notice.

Despair may be manifested through extraordinary self-blame and guilt by children over the death. Something they did caused someone else to die — even if the supposed cause is rooted in everyday behaviors or childhood thoughts. Despair can also be a consequence of emotional numbing such that the child sees no reason to live when life has no joy or meaning.

Eventual *resolution* of grief in children is often impeded because they do not know how to think about or plan for a future. They do not know how to develop new relationships and establish connections with others.

B. Childhood Developmental Stages

1. Infants and Toddlers (Ages 0-2)

- Infants have limited verbal capacity to express their needs or emotions. However, they exhibit significant physical distress if daily needs are not met. They also retain physical memories of traumatic events even though they may never be able to articulate these memories or retrieve clear images of the events. A physical memory (or “imprint”) occurs when the body recalls sensory perceptions of traumatic events. Much later, unexplained physical pains can occur that are related to these physical memories.

- Infants initially experience their mothers as extensions of themselves with no clear distinction between self and other. As they grow older, they may become more aware of differentiation but they still see their primary caretakers as existing solely to meet their needs.

- Infants lack a sense of object permanence until around one year of age. When people leave the immediate presence of infants, infants fear that they are gone forever. As infants grow to two years old they begin to explore their own independence and autonomy. However, they need constant reassurance that their adult caregivers will be available when needed.

- Death of a parent is experienced as a critical loss and leaves an infant fearful and anxious. It may also be experienced as absence — the death is defined not by the existence of a parent who is now gone but by the nonexistence of a parent who should be there. Deaths of significant others may also be experienced as loss if the child retains a sensory or emotional memory of that person’s presence. If the infant or toddler is exposed to the traumatic event that caused death, the exposure may leave the child numb and muted. It may impede the initial growth of autonomy and independent functioning.

- The child will have little conscious understanding of the loss or trauma, but as the child grows older may put words to the event as they seek to understand their impressions.

2. Pre-School (Ages 2 to 6)

- Children usually become verbal between two and four. Preschool children often talk well. They can tell about what they eat and toys they play with, but do not understand less tangible concepts. Death may be thought of as a different state but not permanent. Children often believe in and experience visitations from the dead person through ghosts, spirits or reincarnations.

- They may not be able to discuss events or incidents in terms of time and space, because their understanding of those concepts are related only to concrete or personal concerns. If children are asked when something happened — in terms of a month, day, or year, they may not be able

to answer. But if they are asked whether an event happened before or after their birthdays, specific holidays, the beginning of school or other significant events, they are likely to provide a reasonable response.

- The focus for children of this age is on their immediate life. Nonessential details, for them, are often forgotten or perhaps integrated with their own perception of important events.

- Children at this age are actively engaged in discovering a larger world than the home or the immediate family. This role of discoverer is needed to achieve greater independence in physical abilities and relationships, but it is quite challenging. Children must learn that they can trust their environment and their relationships to stay somewhat stable if they are going to venture into new worlds. Trauma and loss interfere with the development of an understanding of trust and security.

- The most common communication device for the preschool child is play. Playing remains a key form of communication for older children as well. It is a nonthreatening language which can mask direct confrontation with nonthreatening issues. But while playing is an important mode of communication for all children, it is extraordinarily important in pre-schoolers. Their verbal ability can be good, but their security remains more intact through “acting-out” than through language.

- Fantasy is an integral part of play. It serves a useful purpose in providing children with an outlet for their fears, hopes and dreams. Fantasy involves magical thinking and vivid imaginings but such thoughts are grounded in observed reality. Lack of conceptual development means that young children can't extrapolate well from concrete to abstract thought. Hence, many of their fantasies involve mimicry, anthropomorphisms, and variations on perceived reality.

- They may also believe that what they think about something can cause it to happen. Such egocentric thoughts may cause young children to believe that something they did or said caused the death of a love one. Children may use magical thinking to construct alternative realities when the world around them is painful. Most can distinguish concrete fact from fantasy but may have more difficulty understanding real versus imaginary causes for event. In today's world, sometimes they may become confused with what is “real” on television and what is real life.

3. School-Age Children (Ages 6-10)

- School-age is marked by rapid cognitive and competency development. Children tend to be able to formulate and articulate concepts, as well as understand multidimensional ideas, even though they may not be able to independently identify such dimensions. For example, they usually have been exposed to death and have thoughts about it, but may still think of it as reversible. Death may be externalized in concrete fears and images of monsters, scary animals or people, or animated inanimate objects. Their thoughts also may be shaped by misperceptions and myths overheard from others or seen in the media.

- Children become less egocentric and develop an ability to see things from another person's perspective. However, this ability may increase conflicted feelings about another person's death. The death of a sibling may cause a child to fear his or her own mortality, feel bad because the sibling is gone, feel angry with parents for their preoccupation with grieving to the exclusion of the surviving child, or feel guilty about wishing the sibling dead at some time.

- School-age children relate much better to time and space. In part this occurs because they begin to develop relationships with other people and things outside of their own home. The fact that they must be at school at certain times and days gives them a more precise frame of reference. Weekdays now become distinguishable from weekends.

- Children become increasingly able to sustain emotional affect but may find it difficult to tolerate the pain of grief for any length of time. Adults may view children's natural need to sporadically distance themselves from sadness as an absence of grief. Children rarely forget their sorrow but visit and revisit in short, intense periods of time punctuated by a determination to distract themselves with other things.

- As children grow older they often become more conscious of right and wrong. Things seem to be black or white. There is little room in their thoughts for the grays. If they think that they did something wrong, guilt may be overwhelming. If they think that others have done something wrong, anger and blame characterize their attitudes toward those persons.

- Play is an important part of communication for school-age children; however, they need to be able to explain the purpose of their play as they become more verbal. School-age children often create "savior" endings when they retell stories of trauma in an effort to reestablish a sense of safety and mastery over an event. As they grow older, they may become more interested in games or play that is governed by rules and conventions. This is a part of their developmental efforts to internalize control and become increasingly independent from adults.

4. Early Adolescence (10-13 for girls, 12-15 for boys)

- This stage of development may well be one of the most awkward and difficult for most children. The abruptness of physical change along with the related emotional upheavals that accompany increasing needs for independence and greater feelings of insecurity are major sources of stress to children. More children in this age group talk about stress-related symptoms: nausea, headaches, sleep disturbances, frequent crying spells, and so on.

- Preadolescence and adolescence brings with it a solid concept of death. But sudden death may undermine an emerging sense of autonomy at the same time as it may propel children into early adulthood. Death is not equated with imaginary monsters or incarnations but rather is perceived as a biological process. Fears about death may focus on the dying process and the consequences of the death for the living.

- The emotional roller-coaster that a child deals with at this age is manifested in wide mood swings. Their own identity is not clearly established and their self-esteem is shaky. Bravado and aggressive behaviors may be used to disguise their vulnerabilities.

- In early adolescence, children become more preoccupied with peer relationships and begin to distrust adult interpretations of the world.

- There is a tendency to invest emotional intensity in all phases of their lives. Events are often perceived symbolically. Increased abilities to understand abstractions may result in introspective searches for the meaning of life and death.

- Ideals and commitments are viewed as a sacred trust. Betrayal of promises, vows, or relationships is rarely tolerated even when being faithful to them may be harmful to the children who hold them.

- Words mean a great deal to the preadolescent and the adolescent child. Stories, plays, poetry, and music lyrics often serve as a basis for expression — both those written by others and those created by the child.

5. Adolescence (13-18)

- Normally, adolescence tends to increase the emotional upheaval of preadolescence. This adjustment period seems designed biologically to help us move to adulthood; however, the world is so complex that such growth still may seem to come too fast. Children often want independence but in reality are unable to work within such independence and hence may simultaneously want more guidance and structure in their lives. This may be particularly true if the child has been abused and feels out of control.

- Their behavior tends to seem inconsistent. Adolescents often love and hate the same person at the same moment. Anger may manifest itself as rage, and sorrow may become suicidal. As a corollary to their need for independence they often have a great need for privacy and hence become very secretive. Confidences may be offered sporadically and may be peppered with untruthfulness when shared with adults.

- The immediacy of death when it affects teenagers is in stark contrast to their desire to see death as a part of a far distant future. Sometimes their activities center around proving themselves more powerful than death. Involvement in risk-taking activities may be exacerbated by the loss of risk-inhibitions due to traumatization.

- They often express themselves by acting out and through experimenting with new behaviors. Violence may be used as an expression of manhood by some young males. Substance use and violation of the law may be perceived as a statement against adult standards or as admission to the adult world.

- Most adolescents are creative and energetic and want control over how those energies are channeled. They are likely to question adult authority and decision-making in which they are not active participants.

- Their creativity increasingly is manifested through the creation of their own symbols, activities and words to express themselves. Slang, fashion fads, dance fads and alternative music styles are all examples of this need for creative expression.

C. Children’s Reactions to Trauma at Any Development Stage are Affected by the Impact of “Parent Loss”

1. Actual Loss of Parent(s)

A violent, traumatic event may cause the death of a parent. Children then must cope with the shock of the event but also with the sudden loss of one of the most important people in the world to them. Parents are normally the source of nurturing, care, and stability. They are the focus of a child’s sense of security and protect their children from harm. If a parent suddenly dies, the child is left feeling scared and vulnerable. Infants and toddlers may only remember fleeting images or feelings associated with the parent, but they may experience the absence of a father or mother as a loss through adulthood. Some older children may regress to infant behaviors in an effort to recapture the time when they felt safe. However, many older children seem to accelerate their maturation process, taking on adult roles and behaviors.

Sometimes traumatic events separate parents from their children or cause them to abandon a child. If children can’t understand why or how the separation occurred, the loss of a parent under such circumstances harms children’s abilities to trust others, and also their self-esteem.

If a parent is the cause of the trauma, through accidental or criminal behavior, the loss of the parent may be complicated by feelings of alienation, betrayal, and even hate. Rage may become a dominant reaction toward the parent as well as others that the child views as conspirators with the parent. Children may blame themselves for their parent’s actions and carry a burden of guilt into adulthood.

2. Perceived Loss of Parent(s)

Children tend to look to significant adult figures in their lives for reassurance about their own reactions and to learn how to grieve. Parents and teachers are natural models of behavior. However, often parents and other significant adults in a child’s life are unavailable to the child after a traumatic event because parents are so involved with other concerns. They may also be perceived to be unavailable because they don’t understand children’s reactions, avoid or deny that such reactions are often intense and complex, or simply don’t observe the reactions.

Parent loss may be experienced when parents become consumed with their own losses or reactions to a trauma. It is often difficult to cope with the impact of violence and to offer comfort to children at the same time. Some parents may even fall into behaviors in which they assume a childlike role while their children take on adult roles in their relationships.

3. Actual or Perceived Parent Loss Can be More Traumatic Than the Trauma Event Itself

Parent loss can affect how children later cope with adulthood. Since children tend to model their own behaviors on parent behaviors, parent loss may have an impact on a child’s own

parenting skills. It may have an impact on how the child deals with other adversities and how children cope with trauma when they are adults.

D. Child and Adult Grief Reactions are Exacerbated by Violent Traumatic Loss

1. Intensity of Emotion Increases

Since most grief reactions are similar to trauma reactions, trauma and grief have a multiplier effect on emotional responses. Anger at the traumatic event or the perpetrators of the event are made more complex by grieving protest over loss. Fear or terror about the vulnerability of one's own life is complicated by the real knowledge of the death of others. Confusion about what happened, how it happened, or why it happened, mirrors confusion about the meaning of life and the meaning of death. There is also grief over the trauma, compounded by the grief over the consequent death.

2. Duration of Grief May be Extended for Years

Grieving reactions following expected death may last for a year or two. Grief spasms — when people are reminded of the death of someone whom they loved — often are felt for a lifetime. Grieving reactions following an unexpected death may be unresolved for five or ten years. The trauma of the loss must be dealt with before normal grieving may begin. This means an individual endures the crisis reaction of shock, disbelief, anger, fear, frustration, shame, guilt or grief in response to the trauma and may suffer long-term stress reactions due to the impact of the trauma. Often, in the process of coping with the trauma, people have little ability to face the finality and impact of death. Their abilities may be impeded because trauma issues are forced to be reexperienced repeatedly because of involvement in the criminal justice system, civil litigation, or reflections by the media. Grief may also be confusing because of the extent of losses. Someone loved has died, but the traumatic event may also have caused the survivor to suffer a loss of faith or trust in the world, a loss of innocence or belief in certain values, a loss of their own sense of identity or purpose, a loss of meaning of life. Each of these losses need to be mourned and marked by conscious remembrance of what existed and now is gone. This grieving process is separate and different from the grief that will be experienced as one realizes the full impact of the loss of a loved one.

E. Trauma and Grief Patterns of Children are Similar to Adults But Are Manifested Differently

1. Length of Grieving, Along With Acts of Mourning and Remembrance, Extend Throughout the Developmental Stages

As children mature, they should reprocess the impact of the trauma and loss in the context of their development. The loss of a father for a young toddler may be grieved over in terms of

the loss of a loving caretaker. The loss of that father for the school-age child must be grieved over in terms of the absence of a teacher, an authority figure, as well as how the father would have been perceived by new friends and peers. The loss of the father for the preadolescent may take on new meaning in the absence of a model for sex roles or in the construction of the child's growing sense of identity. The loss of the father for the adolescent can affect his or her understanding of stability and the growth of independence. A young adult may grieve over the loss of the father in terms of a loving companion and source of friendship. The meaning of the traumatic event may change as well through development. Memories of a sudden trauma are reprocessed in activities and attitudes.

2. Grieving is Interrupted by Current Needs or Events

Children must take time out from grieving to meet new challenges in life, cope with ongoing changes, establish new relationships, participate in school and to play.

3. Children's Communication Styles Differ from the Communication Styles of Adults

Children engage in activities to deal with trauma and grief. With young children, these activities involve spontaneous play, usually with objects or other children who are readily available. Older children and adolescents also engage in activities to express their reactions. These activities may include sports, drama, dance or song. Trauma or grief-related activities may be sporadic and repetitive.

4. Some Adults Have Spiritual Beliefs That Help Them to Cope With Trauma and Grief

Children have not fully developed such beliefs, and trauma or grief intrude upon their conceptions of life and death.

F. Traumatic Grief Reactions

1. Loss and Death

The experiences and concepts of loss and death are closely intertwined. Death is often expressed as the loss of life. Someone who has died has been "lost" to his or her survivors. The end of relationships or certain times in life are often talked about through death imagery: divorce may be experienced as the death of a marriage; memories of the past may be thought of as old, faded or dead. Grief reactions are normal when anything has been lost. When someone or something is gone forever, the grief may seem overpowering. The concept of death for children may be more difficult to understand when there is no tangible or physical evidence of finality. It is also difficult for children to comprehend or accept the permanence of death.

2. Denial

Adults often react to notification of traumatic death with denial. They can't believe that someone they love is dead or that they died due to violence or trauma. Denial occurs because the death does not fit into the adult's perspective of normal everyday life. Trauma may not be extraordinary — violence and death happen routinely in today's world — but traumatic death in a particular individual's life is extraordinary to that person.

Children lack the ability to deny trauma and death because they don't have a fully formed perspective of normal life. They live in a temporal world that is the present. What occurs today is reality even if it is an awful reality. If they have had little experience with loss or death, they have little experience in dealing with the emotions that accompany loss or death. They don't deny it, but they may be unable to sustain the sadness or the fears that they face.

Fantasy may be used to cope with those reactions and to escape from their intensity. Imaginary or magical thinking is a key source of emotional and mental processing. Children tend to replay the trauma or death through daydreams as well as nightdreams. They may not be as likely to experience intrusive thoughts or flashbacks about the event as adults. Rather, they let their minds wander into thoughts of the events and imagine ways to restore the past or to try to recreate relationships that might now exist but for the event. Sometimes fantasies are scarier than reality. Images of a loved one buried alive in a coffin, confusion over the state of sleep with death, concern over where the loved one is now are examples of sources of scary fantasies. On the other hand, younger children may create imaginary playmates or substitute parent figures in their dreams to help cope with their loneliness. Older children may idealize memories of the person who has died. Often dreams and fantasies focus on possible reunions. Some children may experience "visitations" by ghosts or spirits of the dead. Others may develop a belief in reincarnation of the deceased. Sometimes fantasy is used to explore alternative roles that they might have played in responding to the trauma or in preventing a death. Fantasy may also be used to imagine different endings to the traumatic event that could have happened and would have had more positive consequences.

3. Losses Caused by Death are Concretely Identified in a Child's Life; Explanations About Death and Loss are Often Interpreted Literally

Someone has died. If a child sees the person who is dead, they notice the absence of activity. However, the difference between life and death may not be otherwise obvious. Their concern about the physical aspect of death may be manifested through questions about how someone eats, breathes, or goes to the bathroom when s/he is dead. Since they don't comprehend death's permanence, they may worry about what will happen to the person when they live again. Caregivers need to be alert to behaviors or casual comments that might indicate children have unspoken questions. Simple, straightforward answers or acknowledgments that the caregiver has similar questions is helpful to children.

Because children's perspectives are tied to concrete, factual observations, it is particularly important to involve them in activities that acknowledge the mourning process and provide them with

rituals and symbols that help to memorialize what has happened. Children sometimes think that adults don't care what happened to the deceased because adults do not involve the children in funeral arrangements or memorials and may be uncomfortable with demonstrating their own grief in front of children. Children often resent what they perceive as attempts to replace loved ones or to forget them. When the deceased's clothes or property are removed quickly, children may see that as a betrayal of the deceased.

As children become more aware of the fact that the deceased will not return to their life, they also become more aware of the consequences of the death. They miss the behavior of the deceased—habits, routines, activities that they had learned to expect in their lives. They may miss physical reminders of the deceased, particularly if adults have removed clothes, personal property, or photographs from the child's home or school. They also miss the deceased when they are not a part of their life. If a child's father has died, dinner time may be particularly traumatic because the father doesn't sit in his usual place. Children may long for opportunities to discuss ongoing life events with a person who has died but who served as an advisor or counselor for children during their life.

Loss may also be marked by increased expectations in a child's life, such as role changes or the need to become more mature. Sometimes these expectations are driven by children's own interpretation of the death and their need to act or behave differently in order to become safer or to substitute their own life for the one that has been lost. Sometimes the expectations are defined by family or social connections. A grieving mother may turn to her son after the death of her husband and want him to assume the role of the "man in the family."

4. Trauma Reactions are Related to Grief Reactions

Traumatic death compounds grief but reactions to the trauma often take precedence over grief. There is shock and disbelief about the nature of the traumatic event. Emotional reactions such as anger, fear, frustration, guilt, shame and grief over the traumatic event prolong efforts to begin life again. Grief may be postponed over and over again, but it is also a part of the traumatic reaction. While there are common elements of grief—just as there are common elements of trauma reactions—every child is different. Some reactions may be illustrated in the following.

a. Protest or Anger Over the Loss or Death

Anger may be directed at the person who died—*How could he do this to me? How could he leave me?* It may be directed at parents or adult caretakers who failed to protect themselves or the child. It may be addressed to God or the supernatural—*Why did he have to die and someone else is still alive?* Sometimes it is directed internally by children themselves as they worry about what they might have done to cause the death.

b. Sorrow and Sadness About the Loss or Death

Children need to know that crying is a normal way to express sadness. They need to know that feeling lethargic or uninterested in things around them is also a sign of their grief. Some children misbehave or withdraw from ordinary activities. It is often important to reassure children that it is okay to laugh and play, and that it doesn't mean they didn't love the person who died.

c. Guilt or Self-blame

Children often believe that their thoughts or feelings can *cause* things to happen. If they wish that someone was dead and then that person dies, they may feel their thoughts made death happen. They may feel that if they had been better people, God wouldn't have let this happen to them. They may have deep regrets and guilt over times when they were angry or behaved badly towards the deceased.

5. Children Face Additional Risks Which Increase the Traumatic Grief Reaction

They may experience changes in the primary adult or adults who are responsible for their caretaking. They may be forced to relocate their home or to attend a different school because of the impact of the trauma. Sometimes they are sent away to homes of relatives or friends for a temporary time to give parents or significant adults a chance to organize their lives. Excluding children from transition activities and events adds to their sense of abandonment and isolation. Particular activities which children had enjoyed before the trauma may now cease because the person who died was the one responsible for promoting those activities or involving the children in those activities.

V. Interventions for Grieving Children

A. Caregiver Communication

Initial efforts at intervention should focus on communication techniques that are age-appropriate. Children should be encouraged to express themselves in play, artwork, music, dance or drama. Verbal communication through which children explain their activities should also be sought.

- Attention should be paid to helping children develop a narrative or a story of the traumatic death. Key components of such a story include placing the death in the context of time, space, understanding clearly what they observed and clarifying any particular misperceptions, and assisting children as they seek to find a meaning or purpose in what happened.
- Caregivers should remember that children need to take the lead in defining the parameters of discussion or expression. A child's questions should be answered factually and simply when possible. Caregivers should listen carefully to questions so that they don't make assumptions about what the child knows or what he wants to know. Often caregivers fall into the trap of providing too much information in response to a question.
- Behaviors should be non-judgmental with regard to the traumatic event, the traumatic grief reaction, and the child's age-related behaviors.

B. Goals of Assistance

1. Establish Safety and Security

- a. Respond to and provide opportunities for children to receive positive human physical contact to reaffirm needs for sensory comfort and care.
- b. Help children get enough sleep. This may involve responding to a child's concern about the safety of his bedroom or home, ensuring that someone is readily available to provide assurance after nightmares or sleep disturbances, or providing a soothing and calming environment before bedtime.
- c. Help children develop protective plans of action if another traumatic event were to occur. This may include educating them on what they might do if something happened again and providing them opportunities to practice their trauma response.
- d. Provide them with physical symbols of nurturing, love or remembrance. Teddy bears or stuffed animals are often a source of great comfort to children of all ages. Reestablishing routines and habitual activities gives children reassurance that life has returned to a kind of order. Rituals such as prayers, a regular "memory time", or special ceremonies may also be a source of security.

2. Allow Children to Tell What Happened and to Talk About Death

- a. Encourage them to tell or develop stories that help them explore intense reactions such as anger or fear.
- b. Ensure that children understand differences between life and death.
- c. Reassure them that sadness and grief are a necessary part of surviving the death of someone they loved. Help them to describe and understand reactions to trauma and reactions to the death.
- d. Talk with them about what they observed in the reactions of parents, peers, or other significant adults.

3. Predict What Will Happen and Prepare Children for the Future

- a. Encourage the reestablishment of comforting routines.
- b. Educate children about trauma, death, and loss.
- c. Help them develop reasons for living.
- d. Help them take time to think about their future.
- e. Support adult caregivers in their efforts to react appropriately.
- f. Work to help children solve problems they face because of the trauma.
 - Address what can and can't be done.
 - Help mitigate other changes in their lives.
 - Address estrangement from peers.
 - Help children frame their loss in the context of all of their relationships and their life as a whole.
 - Help children focus on the future.
- g. Give concrete aid and factual information.

C. Methods of Intervention

Much of what caregivers do when intervening is to try to help children tell the story of what happened and how they feel about it. The following methods can help children feel comfortable telling about their thoughts, emotions and concerns.

1. Oral Storytelling

Caregivers encourage children to tell a short story about the traumatic death, the person who died or about themselves. Caregivers can suggest the following types of introductory sentences or phrases:

- “Once upon a time there was a little girl named Mary who was very, very sad because...”;
- “A few days ago I woke up and it was bright and sunny and I was very happy, but then...”;
- “I’d like to tell you a story about my mother who was killed in an automobile crash.”

With younger children, caregivers may need to model telling a short story. It may be useful for caregivers to consider telling a story about their own life when someone they loved died. While this technique is not usually suggested for use with adults, children are often exceedingly curious about adults who have suffered traumas similar to their own.

2. Guided Free Play

Traumatized children will often automatically use toys to reenact their trauma and their concerns. If caregivers have a range of toys available in a special box, shelf, or a bag, children can pick and choose their favorite mode of expression. Young children will run to the toys or immediately ask what is in the bag so they can start to play as soon as possible. Caregivers can observe children begin to play without prompting while doing preparatory things such as putting out refreshments, or hanging up coats. They can join the children with neutral questions such as, “That looks interesting. What are you playing?” Toys that are often helpful story tellers are: building blocks, cars, trucks, airplanes, human figures, dolls, stuffed animals, simple puzzles of people or people’s faces.

3. Stimulating Discussion

For children who are articulate and verbal, discussions can have a healing effect similar to that experienced by many adults who “talk out” their concerns and reactions. Caregivers can help children begin to discuss the traumatic death by showing photographs of the deceased, showing a video story about death and trauma, reading a short story, poem or parable relating to death and trauma, or presenting a news story or media article about the event for critique.

The videotape that accompanies this guidebook is designed to stimulate discussion about children's reactions, but other videos could be used as well.

4. Creative Writing

School age children and adolescents often find it helpful to write about what concerns them. Outlets for creative writing include journals, letters to loved ones, prose, poetry, articles, or memory books. Caregivers can help suggest titles for pages in memory books that may help children express potent feelings. Some ideas are:

- “Mary’s Name” [the child spells Mary vertically down the page and attaches a word to each letter that reflects what Mary meant to the child].
- “The thing I loved most about Mary is...”
- “My saddest memory of Mary is...”
- “My happiest memory of Mary is...”
- “My funniest memory of Mary is...”
- “Mary’s favorite hobby, color, bird, music, food, sport was...”
- “If you had been able to say good bye to Mary, what would you have said?”

5. Creative Art

Children love to draw, paint, play with clay, and do crafts. All can serve as useful media for expressing the message of grief and trauma. Finger painting and working with clay are both messy arts but can be particularly helpful because they seem to offer children a more interactive, visceral sense of expression. Clay is often soothing to the touch although some children like to pound or stab it in anger. One imaginative caregiver offered children the opportunity to finger paint shower stalls in the school locker rooms. They had plenty of room and the finished product could be washed away easily. The negative side of using impermanent art is that some children want to keep their creations because the expression of their feelings is so meaningful to them. When working with groups, caregivers might suggest that the group create a community mural.

6. Dramatic Enactments

Most children like to play-act, particularly if props, costume or makeup are available to enable them to become totally involved in being another person. Puppets can also be used. Young children may simply use the opportunity to reenact funerals or portions of the trauma stories. Older children and adolescents may want to create their own “mini” plays. Adolescents may also find playing parts or reading scripts from classic and modern tragedies helpful in expressing their concerns over death.

7. Music

Listening to, playing or singing music can be a wonderful release for children. It provides a reconnection to the sense of rhythm as well as the fact that certain musical instruments may echo sounds of grief reactions: anger might be expressed through the sound of drums or a blaring trumpet; reed and string instruments might remind children of weeping or feelings of loneliness; drum rolls and cymbals may reflect tensions, anxieties and fears; harps, flutes, and piccolos often sound like spirits talking, and so forth. Death-related lyrics are found in music as diverse as country-western, rap, opera, or hymns.

8. Prayer, Repetitive Meditations, and Chants

The power of prayers for many children rests in the affirmation of spiritual beliefs, but also in associated relaxation responses triggered by the repetition of familiar and comforting words. They add an air of solemnity and gravity to rituals and memorial activities.

D. Sample Questions, Exercises and Activities Useful in Working With Children

The following questions, exercises and activities have been used with individual children and with groups of children who are grieving after violent death. They draw upon the methods of intervention described above and illustrate how these interventions can be used to address common concerns children may have. To the extent possible, children should be allowed to choose exercises and activities they want to do or to suggest alternatives. It is useful for caregivers who work with grieving children to keep toys, art supplies and light refreshments readily available. If caregivers are responding immediately after a violent death, they should take paper and colored markers or crayons with them to use in talking to surviving children. Most children talk more readily when their hands are busy. When watching a videotape or listening to a story, many children also want to have something to do with their hands. While caregivers want to listen to children's stories and assist them to understand that someone they loved died in the immediate aftermath of violent death, most questions and activities will be addressed or used in the days or weeks following violent death.

1. Finding Out the Child's Version of What Happened

Underlying Questions: How did [person(s) name(s)] die? What happened when s/he died?

Activities that Help Address the Questions:

- ***Drawing or painting images of what happened.***

Hint: If children are reluctant to begin drawing or painting, caregivers may begin to draw and encourage the children to add to their drawings. Useful starting points include drawing a face or a person, a house, or the weather for the day.

Hint: Children should be encouraged to describe their drawings as they tell what happened. Often, children will add written words to their drawings that help them to articulate their fears.

- ***Guided free play: in working with grieving children who have survived or witnessed violent death, toys that give them an opportunity to play or act out the event may be helpful.***

Hint: Toys might include child and adult figures, policemen, firemen, doctors, ambulances, fire trucks, cars, buildings, pets.

Hint: Caregivers should ask the children how they might play with them. Often children have caregivers play the "bad guy" or someone with whom they are upset so they can express their distress at a real person.

Hint: Children often have an acute memory of the traumatic event and can replay vividly the most frightening part of that event. It may involve loud sounds, angry responses, or sporadic activity. Caregivers should be prepared to cope with such reactions and provide immediate nurturing to children to help them feel safe again.

- ***Dramatic reenactments: older children may want to develop a play to describe what happened, particularly in the weeks or months following the death.***

Hint: With older children, caregivers should be prepared to clarify any misconceptions the children may have about what happened when the violent death was a suicide, homicide or an accident.

Hint: Dramatic reenactments may be traumatic events for children and caregivers should be prepared to provide crisis assistance if the drama is overwhelming.

2. Exploring the Difference Between Life and Death

Underlying Question: How do you know that someone or something is dead?

Activities that Help Address the Question:

- ***Touching a dead person or animal may help children compare body warmth and identify a difference in the feel of the skin of someone living.***
- ***Listening for the heartbeat of a dead person or animal may help children to compare the heartbeat of someone living.***

Hint: Looking at what happens when eyeglasses or a mirror are placed close to the mouth of a dead person or animal and compare the results to what happens when the same things are placed close to someone living. Breath contains moisture that will cause a fog when it comes into contact with a cool pane of glass.

Hint: Some children never have the opportunity to see the dead body of a loved one or acquaintance because they are not permitted to attend the wake or go to the funeral home or funeral service. However, it is not uncommon for children to see a dead animal, either a pet or an animal who has died outside (baby birds that have fallen out of trees, for example).

Hint: It may be extremely difficult for the parent or other caregiver to assist a child to explore the meaning of death by viewing the body of a dead loved one. It might be easier for someone who works in the funeral home to help the child see and touch the body.

- ***Use an illustrative analogy through a glove exercise.***

Hint: Have the children put on a glove and then move their hand — pick up an object, shake hands with another person, or play with a toy. The glove moves with the hand because the hand is the life force within the glove. Have the children take off the glove and lay it on the table. Explain that when the life force is removed, the glove is similar to a dead body which has no life in it. It can no longer move, feel, touch, or play.

- ***Some children may want to see the body of the loved one who died.***

Hint: If the death was violent, this may not be possible due to law enforcement policy or parental objection. A viewing of the body is useful, if children are properly prepared for what they will see. If they cannot see the body, it may be important to let parents know that it may take some time for children to absorb the concept that the person is dead and will not return.

3. Exploring What Happens to a Person After He Dies

Underlying Question: What happens to a person after he dies?

Activities that Help Address the Question:

- ***Read a poem or story, or show a videotape about someone or something dying. Ask the children to comment on the ending. What are their beliefs or thoughts about what happened?***

Hint: Examples of short stories include: *Arvy Aardvark finds Hope*, a book by Donna O' Toole. More excellent stories will be in the local library.

Hint: Check the local library or video stores for videos that address death that would be appropriate for children of varying ages.

Hint: If children are school-age or above, the caregiver may ask them to help read the story.

Hint: Caregivers should encourage children to write their own stories about what happened to the body of their loved one and what they believe happens to the spirit of their loved one.

- ***Drawing or painting images of what happens. Common picture themes include:***

- ***Depiction of burial or funeral proceedings.***

- ***Spiritual concepts such as a person going to heaven or being in heaven, ghosts, good or evil spirits.***

- ***Thoughts on where the person is or what he looks like after death.***

Hint: Caregivers should be alert to frightening images, self-depictions of the child where the child might be shown in hiding or without important body parts, depictions of the deceased that are distorted or partially drawn, etc.

Hint: Caregivers should encourage children to describe the pictures and ask questions about any imagery that is disturbing.

4. Exploring Why a Sudden Death has Occurred

Underlying Question: Why do you think [person(s) name(s)] died?

Activities that Help Address the Question:

- ***Life Cycles Discussion***

Take children on a field trip to observe life and death in the natural world. In a park, children might be able to look at a living tree, a dying tree, and a tree killed by a storm or fire. Insects may be observed living and dead—some suddenly because a child stepped on them. A young animal may be viewed and contrasted with a very old animal.

Hint: This discussion is most helpful as an educational tool in preparation for death; however, it can be used in the aftermath of sudden death to try to place all death in perspective.

Hint: Caregivers should be prepared for questions about the differences between various kinds of life, how it is decided when life should end, why does someone I love die, etc.

- ***“Finding Answers” Game With Discussion***

Instructions: Provide a large sheet of construction paper that is divided into a matrix of three large squares by six large squares. Children are asked to write or draw six reasons they believe helped to cause the death of the person they loved in the first set of vertical squares. Caregivers then verify or correct each of those reasons in the second set of vertical squares. In the third set of vertical squares, caregivers and children together agree on the assessment that it was not the child’s fault.

Hint: This exercise explores magical thinking and the possibility that children blame themselves for things they do, think or feel prior to the death of a loved one. Caregivers can reassure children that their job in life is to be a child and that life and death decisions are not under their control.

Hint: This exercise also helps children to learn about the facts that surround the death of a loved one and to clarify misconceptions and rumors.

- ***“If I Could Say Good-bye” Exercise With Discussion***

Instructions: Ask children to write or to depict what they think their loved one would want them to know if that person would have had an opportunity to tell them they were going to die suddenly. After children express this idea, they are then asked to write or depict what they would have wanted their loved one to know.

Hint: This exercise helps children explore issues of abandonment, anger or grief over the sudden loss of a loved one. It also helps children to express their confusion over why death happens.

Hint: The second part of the exercise helps children think through how they might resolve these issues and go on living.

5. Identifying Trauma or Grief Reactions

Underlying Question: What do you remember feeling after you knew or found out that [person(s) name(s)] was dead?

Activities that Help Address the Question:

- ***“Color Me Blue” Exercise and Discussion***

Instructions: Distribute paper and colored markers and ask children to make a series of self-portraits identifying how they feel when they are angry, afraid, confused, ashamed, guilty, lonely, sad, excited, happy, feeling loved. These can be done on one page or a series of separate pages — one for each type of feeling. Ask children to use a special color for each feeling. After they have drawn those pictures, children are asked to identify which feeling they remember having first after learning of their loved one’s death. Then they are asked to identify other pictures that illustrate additional feelings.

Hint: In the initial stages of this exercise, caregivers should use simple, nonthreatening illustrations with younger children of what the various emotions might mean. For example, guilt might be described as “drawing how you might look if you felt bad because you did something wrong but didn’t want to tell anyone.”

Hint: Caregivers and children may want to keep these illustrations to use as they continue to meet and talk about traumatic grief. They can become a useful reference point. However, caregivers should note that children may want to change the color of different emotions as their feelings change.

Hint: Older children may not want to take the time to draw pictures; however, many may be able to think in terms of colors that correspond to their reactions more easily than naming their reactions. They might be asked if they can think of a color that fits how they felt. Sometimes a video projection of the color wheel might assist them in identifying the nuances of their feelings.

- ***Roadmap of Trauma Exercise and Discussion***

Instructions: Ask children to draw a line from the time that their loved one died until the present. Have them mark important events that have happened during that time on the line and indicate whether they were things that felt sad, bad, mad, or glad.

Hint: Events may include the first time they returned to school, the funeral, an interview by the police, a life change such as a divorce of parents or the birth of a new sibling, and so forth.

Hint: Most events will relate directly to the traumatic death or be interpreted in light of that trauma.

Hint: Caregivers should be prepared to talk about the ongoing impact of the trauma, clarify any misconceptions, and help with children’s understanding of ordinary life changes that take place and those that might have been precipitated by the impact of the trauma.

Hint: Many things in a child’s life will change as a result of traumatic death. The caregiver may seek to find positive resolutions in those changes, but some negative changes may take place. Caregivers should be prepared to help children cope with consequent and succeeding traumas.

6. Coping With Trauma or Grief Reactions

Underlying Question: How can you live with your feelings?

Activities that Help Address the Question:

- ***Clay-throwing — to Address Anger***

Anger and rage are the most volatile and potentially violent emotional reactions to trauma and grief. Older children may be able to express anger in writing, verbally or through constructive social action. Younger children may find it more difficult to find ways to adequately alleviate their fury. Clay-throwing has been used by some caregivers to assist them. A large plastic sheet or garbage bag is placed on the ground or floor. Unmolded soft clay is given to children. They may shape it or simply roll it in a ball. They are then allowed to throw the clay on the sheet as hard as they can. Each time they throw it down, they are encouraged to express what they are throwing it for.

Hint: If done in groups, this activity needs to be closely monitored so that children do not throw the clay at each other.

Hint: A modification of this exercise involves using different colors of clay and having children identify different feelings with each color and throwing the colors as they express different feelings.

Hint: Ventilation of anger is a useful exercise so long as it is followed by relaxation and defusing exercises so that the anger does not escalate in emotional intensity.

- ***Preparing Safety Plans — to Address Fear***

Children who have been traumatized by violent death need to have ideas about how they can protect themselves in the future. Practical safety plans may not be foolproof but they can provide children with a measure of reassurance. Caregivers should talk to children about their fears and try to provide them with skills to address basic problems. For instance, a child may have heard that they should call the police in an emergency, but they do not know what the number is or how to dial it. That is a simple lesson. The disaster education provided to children in earthquake and hurricane zones are examples of education programs that help children feel more competent when threatened with those disasters. Crime prevention and education programs can help children feel more competent when threatened with violence. Caregivers should also work with significant adults to ensure that children know what will happen to them if another traumatic death occurs in their lives. Where will they go? Who will they live with? How might they continue to be in contact with their friends if they must move to another neighborhood?

Hint: Children should be allowed to practice safety skills over and over again until they respond automatically to perceptions of threats.

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Hint: Children should be allowed to develop their own safety techniques and try them out to see if they work. If their suggestions or attempts reflect good thinking but need refinement, caregivers should reinforce their efforts. If their suggestions are dangerous or would be futile, they should be encouraged to consider alternatives.

Hint: Safety plans should have realistic chances of success. Carrying a good luck charm may provide reassurance, but will not provide a child with safety.

- ***Journal-writing — to Address Confusion***

Keeping a regular journal is something that all school age children can do. For young children this may involve keeping a scrapbook of things with a few printed words that describe feelings and thoughts. Older children can expand their ideas and reactions. The value of journal-writing is that it gives children a chance to narrate their story over and over again as well as to express their reactions. Each narration may help them sort through facts and emotions that confuse them.

Hint: Caregivers should assure children that their journals can be kept private but encourage them to share them voluntarily.

Hint: Children may find it easier to share the contents of their journals if they think that their experiences will help others who face similar trauma or grief.

- ***I'm OK Affirmations — to Address Shame***

Caregivers can talk to children who feel ashamed of what they did during a traumatic event, having survived a trauma, or how their loved one died to think about the good things they do and the good things their loved ones have done. Children may be asked to list the things that they are proudest of—in themselves or their loved ones—and to keep a chart of each time they do something or remember something that reaffirms that quality or attribute. Children may also feel ashamed of things that happen to them after a trauma. Sometimes children who have been perceived by adults to have been “heroes” during a trauma feel particularly ashamed because they “know” inside that they were scared and felt helpless. Caregivers can talk to children and develop plans for how to respond to embarrassing questions, comments or situations. Writing out “cue cards” that children can carry with them to remind them of how they plan to respond can provide extra security.

- ***Worry Beads — to Address Guilt and Anxiety***

Worry beads are common objects used in prayer and meditation in many parts of the world. In an adaptation of this use, caregivers may ask children to make a set of beads out of papier-mache, old jewelry, glue and paper or other materials. Each bead can be used to symbolize specific worries, guilt feelings or anxieties a child may have. They string and keep them to touch and feel whenever they are thinking anxious thoughts. They symbolize that these thoughts are within their control and can be soothed and calmed by their fingers.

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- ***Ritual: The Burden Basket***

This ritual, drawn from Native American Tribes, where burden baskets were constructed out of cedar to absorb anger and tears to carry everyday burdens, involves creating a basket out of the child's choice of material. The child then writes or depicts feelings that are overwhelming and deposits them in the basket. The basket then is burned and the ashes scattered to help defuse the intensity of the immediate feelings.

Hint: Children should be supervised closely if the basket is burned.

Hint: Sometimes children want to dispose of the basket in a different way — such as throwing it in a body of water.

Hint: Sometimes children might want to keep the basket and its contents and pick a specific time each day or week to look at their burdens and reexamine the issues in a new context.

- ***Ritual: The Healing Circle***

The shamani (natural medicine) tradition throughout the world suggests that a healing circle can help us connect with spirit and affirm our place in the universe. The Healing Circle uses each of the four directions in nature — South, West, North and East to identify specific tasks and processes of development for individuals and communities to attend to in their lives. Children may participate in a ritual adapted from the shamani tradition that uses these directions to address their needs. Music and rhythm can be used to accompany this ritual.

A circle is drawn on the ground and the child stands facing South. This is the direction of the healer. The child asks the winds of the South to help him deal with his trauma and grief. The child tells the south winds of his sorrow and loss as well as any sense of abandonment by the one he loved. A rhythmic drumbeat accompanies the story.

The child then faces West. It is in this direction that the child is asked to talk about his fears and his loneliness. This is the direction of courage. He calls upon the spirits of the West to help him face those fears. A time of silence is used to help the child gather his courage.

The child then faces North to ask for the ability to cope with his anger, fear, and sadness. He asks the spirits of the North to help him reconnect with family and community — to breach the gap the trauma has caused. A dance of remembrance and outreach to others is used to begin this process.

The child finally faces East to find a vision to guide him in the future. The task of deciding how to go on involves freeing oneself from the past so that one can be fully committed to the present and the future vision. Songs of hope accompany the child as he faces this direction.

Hint: This ritual should be planned in advance and involve participation and assistance of caregivers. It may be most appropriate for older children because of the complexity of the symbolism. Adolescents may want to create their own rhythm and musical accompaniment.

Hint: This ritual may be used in four different discussion sessions with the children involved.

7. Memorials and Remembrance

Underlying Question: How can you remember the one you loved and express your loss?

Activities that Help Address the Question:

- ***Funerals and Formal Memorial Services***

Consistent with the spiritual beliefs of the family, caregivers should encourage parents to include children in funerals and memorial services so they can express their own grief, say good-bye to their loved one and be more connected with the grief of their peers and significant adults. Children may want to bring “gifts” to such services or deposit letters or mementos in the coffin or at the burial site. Often traditional spiritual and mourning rituals help to accomplish the acknowledgment of death and the reaffirmation of life.

- ***Child-centered Memorial Services***

Many times children need to have their own memorial services in addition to the ones planned by and for adult grievers. Such plans should be encouraged and supported.

- ***Culturally-sanctioned Ritual: All Saints Day***

In Mexico, All Saints Day is a time to honor the dead. It centers around feasting and offering food to the dead as well as gift exchanges and family reunions. Caregivers could suggest that children and their families adopt a similar ritual — perhaps on the birthday of the deceased loved one or on a day with special meaning for the family.

- ***Culturally-sanctioned Ritual: Buddhist and Shinto Traditions***

Many homes have an altar honoring deceased ancestors. Pictures might be placed there and even an urn containing cremation ashes. Family members may make offerings to their loved ones, ask advice, or state opinions. The connection with the past lives in the present. Children may want to choose a special place in their own home where they feel especially close to a deceased family member and make a habit of communicating their ideas and feelings to that person.

Because children tend to grieve and mourn sporadically over long periods of time, individualized memorial activities should also be supported.

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- ***Treasure Map***

Caregivers can supply children with a large stack of old magazines, scissors, glue and a large piece of construction paper. Instruct children to go through the magazines quickly and find pictures, words, or captions that remind them of their loved one. Ask them to cut out those that catch their eyes. After they have assembled a pile of cutouts, tell them to write the name or draw a picture of their loved one in the middle of the construction paper and then glue the other items around in whatever order they want. They may want to draw lines from each item to the picture or name in the center. Or they may want to draw lines that connect all the items to each other and then end in the center. Whatever the order, the children have created a treasure map of their thoughts and feelings of the loved one.

Hint: A variation of this exercise for older children is to take a piece of paper, and in the middle of the paper put the name of the person. Then, they should be instructed to write words around that person's name that they associate with them.

Hint: Children may use this as a way to memorialize a loved one. It may also be used to explore unresolved feelings of the child about the deceased.

- ***A Memory Box***

Children may want to save items that remind them of their loved one in a special box that can be looked at when they feel sad or when they want to feel the presence of their loved one. Constructing and decorating an old cigar box or shoe box for this purpose can be creative and comforting work.

- ***Visits to Cemetery***

Caregivers might suggest regular monthly visits to the cemetery where the loved ones of children are. Children can write letters about their current activities in life, poems of remembrance, or choose songs to sing. This activity helps children keep a sense of communion and connection with the spirit of the loved one.

E. Support Group Activities

The following pages contain sample support group session topics that can be used with grieving children, broken down into age groups by developmental levels. While some caregivers may feel more comfortable if groups are limited to children of similar developmental levels, other caregivers have found mixed ages manageable in one group. Groups should be limited to no more than 20 children to facilitate communication. It is best to have at least two trained caregivers in attendance. Support groups with older children can be facilitated by peers or group members but should have adults available for resource and counsel. Younger groups may be facilitated by adolescents in partnership with adults.

Group sessions should usually last no longer than 1/2 to 1 hour with groups ages 2-6; 1 hour for groups ages 7-11; and 1 1/2 hours to 2 hours for groups over the age of 12. Refreshments should be provided, if possible. It is preferable if groups meet weekly for 6 weeks and then take a break before starting again, if needed. This allows time for the group members to get to know and trust each other, but also allows group members an opportunity to drop out after the first cycle, if the sessions are no longer needed or do not fit into their schedule.

Support groups may center around one particular traumatic event that affected a significant population of children such as a sudden death in a school setting or on the grief of children who have survived the death of a loved one in a variety of traumatic events.

The purpose of the group is:

- To help the children process the traumatic experience, its aftermath and their reactions.
- To identify troubling thoughts or emotions surrounding the experience and the death.
- To provide education for children on trauma, grief, and healthy coping strategies.
- To provide tools and skills for children to use in everyday life as they cope with traumatic grief.

1. Ages 2-6

Setting: When young children meet in a group it is best if the facilitators arrange for a comfortable environment where they can sit on the floor in a circle. Children may be encouraged to bring a favorite stuffed animal to the group. Alternatively, facilitators might provide the children with such a stuffed toy to hold on to while they participate in the group. Parents may be present but should not participate in the sessions. Parents should be kept informed of the subject matter of each group and any requests for children to do activities at home or bring things from home. Refreshments such as cookies and juice should be provided at the end of the session.

Tools: Paper, crayons, glue sticks, pictures cut from magazines, houseplants or flowers, a pitcher and paper cups, ribbon, and a ball.

Session One (2-6): Introduction; Discussion of Violent Death

A. *Facilitators Introduce Themselves and Explain the Purpose of the Group sessions.*

“Good afternoon. I am Suzie Wilson and this is Judy Martin. We are looking forward to talking and playing with you today. Did everyone bring a toy with them? [Alternative: Did everyone get a toy as they arrived?] Can you all hold your toy up for us to see? Thank you. Judy and I are going to play with you every week until Thanksgiving. [Facilitators should identify a holiday or season that corresponds to when the six weeks will end.] Everyone here has known someone they loved who died recently. That is what we want to talk about — what you think about that and how you feel. We also want to get to know you all a little better. So we want you to tell us your name and a little bit about the person you know who died. To help us do that, we are going to play a ball game.

B. *List Basic Rules; Tape Them to the Wall to Refer to Throughout the Session.*

Rules for Group Participation

- Only one person talks at a time.
- Everyone has a chance to talk but no one has to.
- No one should make fun of anyone else in the group.
- It’s okay to be upset and feel feelings.
- It’s not okay to hit or shove someone else.
- Any question can be asked, not all questions can be answered.

C. *Ball Game*

Facilitators hold a ball in their hands and give the following instructions.

“We are going to roll this ball to one of you. You will catch it. When you catch it, we want you to tell everybody your name, the name of your stuffed animal, and the name of the person who died. Then, we want you to tell us when the person died and how she or he died. When you are finished talking, you get to roll the ball back to us and we will roll it to someone else. When you have the ball, you get to talk; when someone else has the ball, you get to listen.”

Model this activity by rolling the ball to another facilitator and telling your name, the name of your stuffed animal, and the names of persons whom you have known who have died. When the ball is rolled to the children, facilitators should be prepared to help the children remember the questions by asking again, *“What’s your name? Who is your friend [indicate the stuffed animal]? Who did you know who died? Can you tell me when or how it happened?”* Facilitators should respond by saying they are sorry the person died and reassure children that being sad is okay.

D. *Thinking About Life and Death*

- **Begin** this exercise by saying,

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“When someone dies, they are dead. They don’t move, eat, sleep, or breathe. Their heart doesn’t beat. When they die, they can’t come back to life. What do you think being dead means?”

- **Ask** the children to choose a piece of paper and some crayons.
- **Ask** the children to draw a picture of death on one side of the paper.
- **Ask** them to draw a picture of life on the other side.
- **Ask** each of the children to explain their pictures.
- **Clarify** misconceptions and be prepared to answer questions.

E. Conclusion

- **Thank** them for being a part of the group and for playing together.
- **Serve** refreshments.
- **Encourage** the children to take their pictures home.
- **Remind** them that they might think about death or the person they loved during the next week and if they want to draw more pictures about what they think or feel, the facilitators would like to see those pictures at the next group session.

Session Two (2-6): Feelings

A. Introductions and Purpose of Group Session

Facilitators should begin by reviewing thoughts the children might have had during the week.

“Hi. It’s great to see you all again. I hope you all brought your friends (the stuffed animals). Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.]

“This week, we want to learn more about the people you know who died — what they were like and how you feel now that they are gone.”

B. Memory Pictures

- **Ask** the children to draw pictures of things their loved one liked or that remind them of their loved one.
- **Suggest** that the children select some pictures from magazines or other publications of common items such as candy, flowers, household appliances, cars, animals or furniture that remind them of their loved one and glue them on the picture paper. [Pre-cut pictures can save time.]
- **Ask** each child to talk a little bit about the memory picture.

C. Feeling Picturebook

Ask the children to draw one picture each of how they look when they experience the following feelings.

“How do you look when you feel happy?”

“How do you look when you feel mad?”

“How do you look when you feel afraid?”

“How do you look when you feel like you did something wrong?”

“How do you look when you feel sad?”

- **Help** the children staple or tape them together in a book with a cover on it that says “[Child’s Name]’s Feelings Book”.

- **Explain** that:

“Feelings aren’t wrong or right but they can make us feel good or bad.”

“Everyone has different feelings at different times but most of us have similar feelings to each other at some time.”

— Continued —

“Sometimes it is hard to talk about what we are feeling because we don’t think other people can understand, but it often helps to talk about what we are feeling because it makes us feel less lonely.”

- **Explain** that these books can be used every time the group meets to show each other how each child feels that day.
- **Ask** each child which feeling they have right now when they think about their loved one.
- **Use** the ball game to help children take turns talking and listening.

D. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Three (2-6): Fear

A. *Introductions and Purpose of Group Session*

Facilitators should begin by reviewing thoughts the children might have had during the week.

“Hi. It’s great to see you all again. I hope you all brought your friends (the stuffed animals). Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.] Remember our feeling books that you made last week [distribute the feeling books]? Can each of you pick out the picture that shows how you are feeling right now? [As the children pick out their pictures, ask them to tell why they are feeling that way.]

“This week, we want to talk about things that we are afraid of. Lots of times when someone we love dies, we get scared about the way they died, how other people treat us, or maybe whether we’re going to die soon, too. Everyone is safe here right now, but I know when I get scared of something sometimes I want to curl up into a little teeny ball and hide.”

B. *Scary Pictures*

- **Ask** the children to draw a picture of a scary thing.
- **Ask** each child to explain what it is that is scary in the picture.
- **Ask** the children to try to change the picture to make it less scary. This activity allows children to realize that they have some power over scary things.

C. *Stuffed Animal Play*

- **Ask** the children to pretend that their stuffed animals are very frightened of something.
- **Allow** each child to describe what their animal is afraid of.
- **Ask** each child to show the group what their animal might do if it were afraid or how they might make the animal feel safe again.

D. *Houseplant Activity*

- **Fill** a large pitcher with water and label the pitcher with a marker as “Fears”.
- **Give** each child a paper cup.
- **Ask** each child to name something they are afraid of. While the child is talking about it, the facilitators should:
- **Pour** their “fears” from the pitcher into their paper cups. When each child has a cup full of fears:

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- **Ask** the children to pour their fears into a houseplant.

• **Explain** that when we keep our fears to ourselves, they often make us more afraid. When we are able to pour them out, we can feel stronger and they can help us grow — just like the water will help the plant to grow.

E. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Four (2-6): Anger

A. Introductions and Purpose of Group Session

Facilitators should begin by reviewing thoughts the children might have had during the week.

“Hi. It’s great to see you all again. I hope you all brought your friends (the stuffed animals). Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.] Remember our feeling books [distribute the feeling books]? Can each of you pick out the picture that shows how you are feeling right now? [As the children pick out their pictures, ask them to tell why they are feeling that way.]

“This week, we want to talk about times when we are angry. Lots of times when someone we love is killed, we get mad at the person who killed them, at people who should have helped them, at other people who don’t understand. Sometimes people tell us we shouldn’t be angry, but no one can help it if they feel angry sometimes when someone dies suddenly.”

B. Working With Clay

- **Place** plastic garbage bags in front of each child and give the children balls of clay.
- **Ask** them to make something that makes them angry.
- **Make** something that angers you as well. It helps small children to see facilitators do the same things that they do.
- **Ask** each child to describe what they have made and why.
- **Ask** them what they would like to do with their clay — some may smash it, others may throw it on the plastic as hard as they can, or others may just roll it up.

C. Physical Activity

- **Guide** angry activity and teach children to connect their feelings with safe physical expression.
- **Adapt** the children’s song, “If You’re Happy and You Know It Clap Your Hands” to provide a safe outlet for anger. Teach the children the song using “If You’re *Angry* and You Know It” as a substitute for “*Happy*”. Encourage children to clap their hands, stomp their feet, and sing loudly in anger.

D. Stuffed Animal Play

- **Explain** to children that it is okay to be angry at someone, but it is not okay to hurt or hit someone with whom we are angry.

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- **Ask** the children to pretend they are very angry at their stuffed animal and then to demonstrate what they might do to show their pet they are angry.

- **Explain** that hitting or throwing is not a good way to be angry.

- **Encourage** them to alternatively deal with anger by not playing with the animal, drawing a picture of their anger and showing it to the animal, or by picking up their clay, making an animal likeness and smashing it.

E. Conclusion

- **Thank** the children for coming to the session.

- **Serve** refreshments.

- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Five (2-6): Grief and Mourning

A. Introductions and Purpose of Group Session

Facilitators should begin by reviewing thoughts the children might have had during the week.

“Hi. It’s great to see you all again. I hope you all brought your friends (the stuffed animals). Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.] Remember our feeling books [distribute the feeling books]? Can each of you pick out the picture that shows how you are feeling right now? [As the children pick out their pictures, ask them to tell why they are feeling that way.]

“We’ve talked a lot about the way we feel after someone we love is killed, but often the main thing we feel is sadness. There are a lot of reasons to be sad and most of them have to do with missing the person who is gone. Today we are going to talk about how we can remember the person we love so that their memory can be with us always.”

B. Funeral Activity

- **Explain** to children that many adults participate in memorial services and funerals to remember the person who died.
- **Find** out from the children if they attended such a service or funeral for their loved one.
- **Ask** them if they have any questions about the funeral and try to clarify any misconceptions or concerns.
- **Ask** them to draw a picture of things they remember at the funeral or memorial.
- **Ask** them to tell the story of the picture.

C. Memory Stories

- **Explain** to the children that one way of remembering someone they love is to tell stories about them to people they meet.
- **Encourage** them to practice telling stories about the person they love by telling a story to their stuffed animal for the group.

D. Color Memories

- **Explain** to the children that often certain colors remind us of other people. Sometimes the color was the favorite color of the person who died. Sometimes the color is a color that you saw on the day of the funeral.
- **Show** the children a color chart or box of colored markers and ask them to pick the color that reminds them of the person who has died.

— *Continued* —

- **Ask** the children to explain why the color reminds them of the deceased. If the color is associated with good memories, the child should be encouraged to do an entire picture in memory of the loved one in that color. If the color is associated with bad memories, the facilitator should talk to the child about how the color might be changed and the memory might be shaded in favor of a good memory. Example: A child may pick a red marker because he saw his mother killed and remembers the blood. The facilitator may be able to encourage the child to think about a good memory of his mother such as when they played in the sun. The facilitator can then take a yellow marker and show the child how to change red to orange to represent the sun rather than the blood.

E. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session. Since the next session will be the last session, ask the children to look around during the week for something — a memory object — that they can bring to the group that reminds them of their loved one.

Session Six (2-6): Going on With Life

A. *Introductions and Purpose of Group Session*

Facilitators should begin by reviewing thoughts the children might have had during the week.

“Hi. It’s great to see you all again. I hope you all brought your friends (the stuffed animals). Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.] Remember our feeling books [distribute the feeling books]? Can each of you pick out the picture that shows how you are feeling right now? [As the children pick out their pictures, ask them to tell why they are feeling that way.]

“Today is the last time that we will meet before Thanksgiving. It’s been very special getting to know each of you. But it’s time to say good-bye for a while. So today we want to talk about what each of us is going to do as you continue to grow up and get older. First, I want to see what memory object you brought to show us.”

B. *Memory Objects*

- **Bring** to the group a roll of ribbon and pre-cut hearts at least two inches in size. (Heart doilies can also be used.)
- **Allow** each child to show the memory object, describe it and tell why it is important.
- **Cut** a piece of ribbon and attach it to a heart. As the child says the name of the person who died:
- **Write** the name in block letters on the heart. (Allow the child to do this if he or she knows how to print.)
- **Attach** the heart to the memory object.
- **Tell** the children that in many cultures, people keep memory objects in their home or carry them with them to continue to feel that they can talk to their loved ones.

C. *Looking Into the Future*

- **Ask** the children to draw a picture of what they want to be when they grow up.
- **Ask** them to tell the story of the picture.
- **Provide** them with encouragement and validation of positive personality attributes that are reflected in their dream.

— Continued —

D. Conclusion

- **Thank** the children for coming to the sessions.
- **Give** each child a special memento to take home from the group (Examples: a large gold star with the group's name and the child's name, a certificate, a set of color crayons and paper, a small toy, and so forth).
- **Serve** refreshments.

2. Ages 7-11

Setting: Children should be seated in chairs around a table in a comfortable environment with the facilitators. Paper, crayons, and markers should be available on the table. Refreshments such as chips, cookies, fruit and juice or soda should be provided at the end of the session.

Tools: Paper, crayons, markers, name badge maker with colored paper, and assembly materials (alternatively: name tags with plastic holders), stickers, old magazines, paper bags, glue sticks, flip chart.

Session One (7-11): Introduction;

Discussion of Violent Death

A. Introduce Yourself to the Children and Explain Purpose of the Group Sessions.

"Good afternoon. I am Suzie Wilson and this is Judy Martin. We are looking forward to talking with you today. Judy and I are going to be here on Thursday afternoon every week for the next six weeks. Everyone here has known someone they loved who was killed recently. Violent death is a terrible thing and we're sorry that it has happened in your lives. That is what we want to talk about — what you think about homicide and murder and how you've been feeling. During these sessions there are some basic rules to follow so that everyone feels comfortable and has an opportunity to talk if they wish."

B. List Basic Rules; Tape Them to the Wall to Refer to Throughout the Session.

Rules for Group Participation

- Only one person talks at a time.
- Everyone has a chance to talk but no one has to.
- No one should make fun of anyone else in the group.
- It's okay to be upset and feel feelings.
- It's not okay to hit or shove someone else.
- Any question can be asked, not all questions can be answered.

C. Name Game

"We also want to get to know you all a little better. So we want you to tell us your name, something about the people who died and how they died. To help us get acquainted, we have handed out two name signs — one is a badge for you to wear and the other is a sign to place in front of you at the table. We want you to write your name on each, but we also want you to think about a picture or symbol that you think describes you or your loved one and to draw it or choose a sticker or cut out a picture that represents it and put that on the badge and sign as well."

After the children do this, go around the circle and ask each child to say their name, and describe the symbol or picture.

D. Videotape

- **Tell the children:**

"Many children have had parents, siblings or friends who were killed. These facts don't make it any easier to live with a personal loss but it may help to hear how other children have thought about violent death. The videotape was prepared to help children tell other children what they have felt after someone they loved had been killed."

— Continued —

- **Show** the videotape.

“You have seen some of the reactions of kids who have suffered a violent death among their families or friends. Everybody reacts differently. Each of you have your own stories. We want to hear those stories to learn more about how we are different and how much we are the same.”

E. Telling the Story of Violent Death

- **Ask** the children to take a piece of paper and some colored markers. Ask them to think about the day their loved one was killed, and what they remember. Facilitators can prompt their thinking by asking some of the following questions depending upon the event(s) group members have experienced.

- *Where were you when it happened?*
- *How did you find out what happened?*
- *What do you remember seeing?*
- *What do you remember hearing?*
- *What do you remember smelling?*
- *What did you do?*

As they are thinking about the day, **ask** them to draw a picture of the worst memory they have about that day. After they have completed their drawings, ask for volunteers to show their pictures or to tell the story of those bad memories.

- **Ask** the group try to remember if there was any good part of the day.
- **Ask** them to draw a picture of the best memory they have about the day.
- **Ask** for volunteers to show or tell those stories.

F. Thinking About Life and Death

Facilitators should begin this exercise by saying, *“What does it mean to be dead?”* Then ask the children to choose a piece of paper and some crayons. Ask them to draw a picture of death on one side of the paper. After they are finished, ask them to draw a picture of life on the other side. When they are through drawing, ask each of the children to explain their pictures. Facilitators should help to clarify misconceptions and be prepared to answer questions.

G. Conclusion

- **Thank** them for being a part of the group.
- **Serve** refreshments.
- **Encourage** children to take their pictures home.
- **Remind** them that they might think about death or the person they loved during the next week and if they want to draw more pictures about what they think or feel, the facilitators would like to see those pictures at the next group session.

Session Two (7-11): Feelings

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the children might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?” [If the children answer yes, facilitators should ask each one who wants to show something or tell something to do so.]

“This week, we want to learn more about the people you know who died — what they were like and how you feel now that they are gone.”

B. *Memory Pictures*

- **Ask** the children to create pictures of things their loved one liked or that remind them of their loved one.
- **Suggest** that children look through the magazines and cut out pictures of things that remind them of their loved one and glue them on the picture paper.
- **Ask** each child to talk about the memory picture.

C. *Feeling Picture Book*

- **Ask** the children to draw one picture each of how they look when they experience the following feelings.

“How do you look when you feel happy?”

“How do you look when you feel mad?”

“How do you look when you feel afraid?”

“How do you look when you feel like you did something wrong?”

“How do you look when you feel sad?”

- **Help** the children staple or tape the feeling pictures together in a book with a cover on it that says “[Child’s Name]’s Feelings Book”.

- **Explain** that:

— Feelings aren’t wrong or right but they can make us feel good or bad.

— Everyone has different feelings at different times but most of us have similar feelings to each other at some time.

— Sometimes it is hard to talk about what we are feeling because we don’t think other people can understand, but it often helps to talk about what we are feeling because it makes us feel less lonely.

— Continued —

- **Explain** that these books can be used every time the group meets to show each other how each child feels that day.

- **Ask** each child to demonstrate a feeling that they have now when they think about their loved one.

D. Conclusion

- **Thank** the children for coming to the session.

- **Suggest** that they take their memory pictures home.

- **Keep** the “Feeling Books” until the next session.

- **Serve** refreshments.

- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Three (7-11): Fear

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the children might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?”

- **Ask** for volunteers who want to show or tell something.
- **Distribute** the Feeling Books.
- **Ask** children to pick out a picture that shows how they feel right now.
- **Ask** for volunteers to tell about the picture they chose.
- **Introduce** the topic for the day.

“This week, we want to talk about things that we are afraid of. Lots of times when someone we love dies, we get scared about the way they died, how other people treat us, or maybe whether we’re going to die soon, too. Everyone is safe here right now, but I know when I get scared of something sometimes I want to curl up into a little teeny ball and hide.”

B. *What Makes You Scared?*

- **Ask** each child to name something that scares them and to tell why it scares them.

C. *Letter Writing*

- **Ask** the children to write a letter to someone whom they think is very important or powerful and tell them in the letter what they should do about the scary thing. (Examples of people to write to include: The President, God, a policeman, a teacher, their parents.)

D. *Action Planning*

- **Divide** the children into small groups of 3-5.
- **Tell** them to talk and think about three things they want to know how to do that would make them feel safer.
- **Ask** each group to list those three things on a piece of paper.
- **Ask** each group to report their list to the full group.

— Continued —

- **Identify** things that children can learn in order to feel safer.
- **Demonstrate** how to do simple things. Examples include:
 - *How to use a fire extinguisher.*
 - *How to call the police or emergency services.*
 - *What to do if there is an earthquake (or tornado or hurricane or flood, etc.).*

E. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Four (7-11): Anger

A. *Introductions and Purpose of Group Session*

- **Review** thoughts children might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?”

- **Ask** for volunteers to show or tell something.
- **Distribute** the Feeling Books.
- **Ask** for volunteers to choose a picture to show how they feel right now.
- **Introduce** the topic for the day.

“This week, we want to talk about times when we are angry. Lots of times when someone we love is killed, we get mad at the person who killed them, at people who should have helped them, at other people who don’t understand. Sometimes people tell us we shouldn’t be angry, but no one can help it if they feel angry sometimes when someone dies suddenly.”

B. *Puppet Play*

- **Distribute** paper bags, markers, colored paper, scissors and glue to the children.
- **Ask** them to make a paper bag puppet of their favorite animal.
- **Ask** the children to name the puppet.
- **Make** a paper bag puppet of yourself or an animal.
- **Use** your paper bag puppet to ask the question of each child’s puppet —
“What makes you really, really mad?!”
- **Ask** the puppets: *“What do you do when you get mad?”*
- **List** all the ways that the puppets respond on the flip chart.
- **Distribute** handout on good ways to be mad and bad ways to be mad.
- **Talk** to the children about good ways to be mad and bad ways to be mad.

— Continued —

C. Physical Activity

Anger creates energy that needs to be released. Facilitators can guide that activity and teach children to connect their feelings with safe physical expression.

- **Give** the children a piece of paper and a pencil or marker.
- **Ask** the children to write or draw about the thing that makes them angry.
- **Tape** a large piece of paper with a big red circle on the wall.
- **Ask** the children to wad their anger [paper] into a ball.
- **Ask** the children to throw their anger at the circle on the wall.
- **Allow** them to pick up the paper balls and throw them again and again.

D. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session.

Session Five (7-11): Grief and Mourning

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the children might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?”

- **Ask** for volunteers to show or tell something.
- **Distribute** Feeling Books.
- **Ask** for volunteers to choose a picture to show how they are feeling right now.
- **Introduce** topic for the day.

“We’ve talked a lot about the way we feel after someone we love is killed, but often the main thing we feel is sadness. There are a lot of reasons to be sad and most of them have to do with missing the person who is gone. Today we are going to talk about how we can remember the person we love so that their memory can be with us always.”

B. *Funeral Activity*

- **Explain** to children that many adults participate in memorial services and funerals to remember the person who died.
- **Ask** the children if they attended such a service or funeral for their loved one.
- **Ask** them if they have any questions about funerals.
- **Clarify** any misconceptions or concerns.
- **Divide** the children into small groups.
- **Ask** each group to plan a funeral or memorial.
- **Reconvene** the children as a large group and ask each group to tell or demonstrate the funeral or memorial they planned.

C. *Memory Stories*

- **Explain** to the children that one way to remember someone they love is to tell stories about them to people they meet.

— Continued —

- **Read** a short story about someone who has died.
- **Ask** the children to write a short story about the person they loved.
- **Ask** for volunteers to read their stories when they are finished.

E. Conclusion

- **Thank** the children for coming to the session.
- **Serve** refreshments.
- **Ask** the children to remember to draw pictures of what they might feel during the week so that they can bring them to the next session. Since the next session will be the last session, ask the children to look around during the week for something—a memory object—that they can bring to the group that reminds them of their loved one.

Session Six (7-11): Going on With Life

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the children might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share? Does anyone have a story of something that happened during the week that you would like to tell?”

- **Ask** for volunteers to show or tell something that happened.
- **Distribute** the Feeling Books.
- **Ask** for volunteers to choose a picture and describe their feelings right now.
- **Introduce** topic for the day.

“Today is the last time that we will meet before Thanksgiving. It’s been very special getting to know each of you. But it’s time to say good-bye for a while. So today we want to talk about what each of us is going to do as you continue to grow up and get older. First, I want to see what memory object you brought to show us.”

B. *Memory Objects*

- **Have** a roll of ribbon and pre-cut hearts at least two inches in size. (Heart doilies can also be used.)
- **Allow** each child to show the memory object, describe it and tell why it is important.
- After each child tells about the memory object, the facilitators should **cut** a piece of ribbon and **attach** it to a heart.
- **Allow** each child to write the name of the loved one on the heart.
- **Tie or glue** the ribbon and heart to the memory object.
- **Explain** that in many cultures, people keep memory objects in their home or carry them with them to continue to feel that they can talk to their loved ones.

C. *Looking Into the Future*

- **Ask** the children to think about what they want to be when they grow up.

— Continued —

- **Divide** the children into small groups and ask them to talk with each other about what they want to be and plan how to “act out” their future for the whole group.

- **Reconvene** the children as a large group. Ask each small group to “act out the dreams” of each group member.

D. Conclusion

- **Thank** the children for coming to the sessions.

- **Give** each child a special memento to take home from the group (examples: a photograph of the group together, a card with autographs from each group member, a poem or quotation.)

- **Serve** refreshments.

3. Ages 12-18

Setting: Youth should be seated in chairs around a table in a comfortable environment with the facilitators. Paper and pencils should be available on the table. Refreshments such as chips, cookies, fruit and juice or soda should be provided at the end of the session.

Tools: Paper, crayons, markers, name badge maker with colored paper, and assembly materials (alternatively: name tags with plastic holders), stickers, old magazines, small notebooks, glue sticks, flip chart.

Session One (12-18): Introduction; Discussion of Violent Death

A. *Introduce Yourself and Explain Purpose of the Group Sessions.*

“Good afternoon. I am Suzie Wilson and this is Judy Martin. We are looking forward to talking with you today. Judy and I are going to be here on Thursday afternoon every week for the next six weeks. Everyone here has known someone they loved who was killed recently. Violent death is a terrible thing and we’re sorry that it has happened in your lives. That is what we want to talk about — what you think about homicide and murder and how you’ve been feeling. During these sessions there are some basic rules to follow so that everyone feels comfortable and has an opportunity to talk if they wish.”

B. *List Basic Rules; Tape to the Wall to Refer to Throughout the Session.*

Rules for Group Participation

- Only one person talks at a time.
- Everyone has a chance to talk but no one has to.
- No one should make fun of anyone else in the group.
- It’s okay to be upset.
- It’s not okay to hurt someone else.
- Any question can be asked, not all questions can be answered.
- Nothing said in the group should be repeated to others except for general ideas.

C. *Name Game*

“We also want to get to know you all a little better. So we want you to tell us your name, something about the people who died and how they died. To help us get acquainted, we have handed out two name signs — one is a badge for you to wear and the other is a sign to place in front of you at the table. We want you to write your name on each, but we also want you to think about a picture or symbol that you think describes you or your loved one and to draw it or choose a sticker or cut out a picture that represents it and put that on the badge and sign as well.”

After the youth do this, go around the circle and ask each person to say their name, describe the symbol or picture.

D. *Videotape*

- **Tell** the youth:

“Many kids have had parents, siblings or friends who were killed. These facts don’t make it any easier to live with a personal loss but it may help to hear how others have thought about violent death. The videotape was prepared to help kids tell other kids what they have felt after someone they loved had been killed.”

— Continued —

- **Show** the videotape.

“You have seen some of the reactions of people who have suffered a violent death among their families or friends. Everybody reacts differently. Each of you have your own stories. We want to hear those stories to learn more about how we are different and how much we are the same.”

E. Telling the Story of Violent Death

- **Ask** the youth to close their eyes and think about the person who has died and when they first learned about the death.

- **Ask** them to think about the following questions:

- *Where were you when it happened?*
- *How did you find out what happened?*
- *What do you remember seeing?*
- *What do you remember hearing?*
- *What do you remember smelling?*
- *What did you do?*

- **Ask** them to open their eyes and ask for volunteers to tell what they thought about.
- **Record** common crisis reactions on the flip chart.
- **Explain** the pattern of trauma and grief reaction.
- **Distribute** handouts on trauma and grief reactions (see Appendix I).
- **Ask** the youth to take a piece of paper and draw a straight horizontal line across it. Tell them to mark the start of the line and indicate that the start of the line will symbolize when the death happened. The end of the line will symbolize today. Now ask them to mark on the line any significant events that have taken place since the death— indicate those things that were unhappy events or sad times underneath the line and those that were positive or good events above the line.
- **Show** the youth an example of such a line on the flip chart.
- **Ask** for volunteers to describe what they have drawn on their paper.

F. Thinking About Life and Death

- **Begin** this exercise by asking—
“What does it mean to be dead?”
“What happens when you die?”

— *Continued* —

- II).
- **Distribute** poem, “*Dirge without Music*” by Edna St. Vincent Millay (see Appendix II).
 - **Read** the poem and ask the group for comments and thoughts on their own perspectives of death.

- **Ask** the group to help you list the most common conceptions of death. Include:

- *Death as an ultimate finality — with no afterlife.*
- *Biological decay of the body.*
- *Death as a release of the spirit.*
- *Death with an afterlife in which there is a heaven, purgatory and hell.*
- *Death with an afterlife through reincarnation.*
- *Death with an afterlife in heaven.*

G. Recording Your Thoughts and Reactions

- **Distribute** small notebooks to each person.
- **Ask** them to write or draw about thoughts or reactions they have about the person who was killed during the next week. Tell them that the notebooks are to be confidential but everyone will be given an opportunity to read or show what they have recorded if they choose to do so.

F. Conclusion

- **Ask** the group to each bring a photograph or picture of the person who was killed to the next group session.
- **Thank** them for being a part of the group.
- **Serve** refreshments.

Session Two (12-18): Trauma and Grief Reactions

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the youth might have had during the week.

“Hi. It’s great to see you all again. Did anyone make any journal entries last week that you would like to share?”

- **Introduce** topic for the week.

“This week, we want to learn more about the people you know who were killed — what they were like and how you have been reacting since their death.”

B. *Picture Collage*

- **Ask** the youth to create a collage of things their loved one liked or that remind them of their loved one.
- **Have** group members select a piece of colored construction paper.
- **Glue** the photograph or picture of the loved one on the paper.
- **Suggest** that group members look through the magazines and cut out pictures of things that remind them of their loved one and glue them around the picture.
- **Ask** each young person to talk about the picture collage and describe their loved one.

C. *Reaction Exercise*

- **Tape** six sheets of colored construction paper with different reactions written on them in different locations around the room. The six reactions should be:

Red - Anger
Yellow - Fear
Green - Guilt
Orange - Shame
Blue - Sadness
Pink - Happy

- **Explain** that:

— None of these reactions are wrong or right but different reactions can make us feel good or bad.

— Continued —

— *Everyone has different reactions at different times to different things but most of us have similar reactions to others at some time.*

— *Sometimes it is hard to talk about how we react or what we are thinking because we don't think other people can understand, but it often helps to talk about our reactions because it makes us feel less lonely.*

- **Ask** the group to choose one of these reactions to think about and then to go to the location marked by the appropriate paper.

- **Ask** group members to tell the rest of the group:

 - *what they thought about when they picked the particular reaction.*

 - *how they react when they feel angry, fearful, guilty, ashamed, sad, or happy.*

 - *what they usually do or what they would like to do when they feel angry,*

 - fearful, guilty, ashamed, sad or happy.*

- After each person has responded, **ask** the group members to select another color and reaction and move to it.

- **Repeat** the exercise until each group member has commented on each reaction.

- **Ask** the group to sit down.

D. Coping With Reactions

- **Explain** that reactions can be expressed in positive or negative ways.

- **Ask** the group to help you create a list of positive and negative ways of dealing with anger, fear, guilt, shame, sadness and happiness.

- **List** their responses on the flip chart.

E. Conclusion

- **Thank** the group members for coming to the session.

- **Suggest** that they take their picture collage home.

- **Remind** them to continue to write or draw in their journals over the next week.

- **Serve** refreshments.

Session Three (12-18): Fear

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the youth might have had during the week.

"Hi. It's great to see you all again. Did anyone record something in your journals that you would like to share?"

- **Ask** for volunteers to respond.
- **Introduce** the topic for the day.

"This week, we want to talk about things that we are afraid of. Lots of times when someone is killed, people become scared about the way they died, how other people react, what is expected of us, or maybe whether we will be killed or die soon, too. Many people are afraid of lots of things about death."

B. *Fears About Death*

- **Distribute** worksheets on fears about death (see Appendix III).
- **Ask** each group member to spend ten minutes thinking about various fears and complete the worksheets.
- **Instruct** them not to put their names on the worksheet.
- **Collect** the worksheets, mix them up, and distribute them back to the group making sure that no one gets their own worksheet back.
- **Taking** each fear, one at a time, ask each group member to read what is written on the worksheet he or she now has.
- **Discuss** the difference between practical, realistic fears and improbable fears.

C. *Action Planning*

- **Divide** the youth into small groups of 3-5.
- **Distribute** fear action planning worksheets (see Appendix IV).
- **Tell** them to identify three practical things that they worry about or are afraid of in their everyday life.

— Continued —

- **Ask** them to work together to develop a plan for what they can do to make themselves feel safer.
- **Emphasize** that the plan should include practical action steps that they can implement by themselves or with the help of other members in the community.
- **Ask** them to identify what action that they will take during the next week to begin to implement their plan.
- **Ask** each group to report their group plan to the full group.

D. Conclusion

- **Thank** the group members for coming to the session.
- **Serve** refreshments.
- **Remind** the group to continue to record thoughts and reactions in their journals.

Session Four (12-18): Anger

A. *Introductions and Purpose of Group Session*

- **Review** thoughts that group members might have had during the week.

“Hi. It’s great to see you all again. Did anyone record anything in your journal during the last week?”

- **Ask** for volunteers to show or tell something.
- **Ask** for small group reports on what they accomplished on their action plans developed last week.
- **Introduce** the topic for the day.

“This week, we want to talk about times when we are angry. Lots of times when someone we love is killed, we get mad at the person who killed them, at people who should have helped them, at other people who don’t understand. Sometimes people tell us we shouldn’t be angry, but no one can help it if they feel angry sometimes when someone dies suddenly.”

B. *Discussion of the Physiology of Anger*

- **Read and distribute** excerpt from *Anger: The Misunderstood Emotion*, by Carol Tavris (see Appendix V).

- **Distribute** anger worksheets (see Appendix VI).
- **Ask** the group members to fill out the worksheets.
- **Ask** for volunteers to read the comments they made on the worksheets to the group.

C. *Burning up Your Anger*

- **Give** the group members a piece of paper and a pencil or marker.
- **Ask** the group to list the things that make them most angry about the death of their loved one.
- **Instruct** them to check off things that they can do something about.
- **Divide** the group into small groups of 3-5.
- **Distribute** anger action planning worksheets (see Appendix VII).

— Continued —

- **Tell** them to work together to create a personal action plan for each member to address the issues over which they have some control.
- **Emphasize** that the plan should include practical action steps that they can implement by themselves or with the help of other members in the community.
- **Ask** them to identify what action that they will take during the next week to begin to implement their plan.
- **Pass** a metal waste can or bucket around the room and ask the group members to throw the remaining list of angry things that they can't control into the can or bucket.
- **Set fire** to the paper to symbolically burn away the anger.

D. Physical Activity

Anger can also be “burned up” or defused through physical activity.

- **Ask** each member of the group to think of a specific type of physical activity which they enjoy that they can use to burn up anger when they become upset. Some examples might be:

- *running or jogging*
- *playing football*
- *playing a musical instrument*
- *dancing*
- *rowing a boat*

E. Conclusion

- **Give** the group the reading assignment of “Funeral and Mourning Customs”, from *Giving Sorrow Words* by Candy Lightner and Nancy Hathaway, and distribute copies of the chapter (see Appendix VIII).
- **Thank** the group for coming to the session.
- **Serve** refreshments.
- **Remind** the group to continue to record entries in their journals and to implement their fear and anger action plans.

Session Five (12-18): Grief and Mourning

A. *Introductions and Purpose of Group Session*

- **Review** thoughts the youth might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share?”

- **Ask** for volunteers to show or tell something.
- **Ask** for group reports on what people have done to implement their fear or anger action plans.
- **Introduce** topic for the day.

“We’ve talked a lot about the way we feel after someone we love is killed, but often the main thing we feel is sadness. There are a lot of reasons to be sad and most of them have to do with missing the person who is gone. Today we are going to talk about how we can remember the person we love so that their memory can be with us always.”

B. *Funerals and Memorials Activity*

- **Explain** to the group that funerals and memorials are a way of saying good-bye to people who have died and often help people to grieve their loss. Funerals and memorials can be painful and grim for some survivors.
- **Ask** the group how many attended such a service or funeral for their loved one.
- **Ask** them if they have any questions about what they saw or heard.
- **Clarify** any misconceptions or concerns.
- **Ask** them to help you list examples of funeral or memorial customs that are used in different cultural groups or different parts of the country.
- **Divide** the youth into small groups.
- **Ask** each group to plan a funeral or memorial the way they would like to see one held.
- **Reconvene** the youth as a large group and ask each group to report on the funeral or memorial they planned.

— Continued —

C. Video and Memory Stories

- **Explain** to the group that one way to remember someone they love is to tell stories about them to people they meet.
- **Show** the video, “Shadow of the Dream”. (Contact NOVA for information on how to obtain a copy of this video.)
- **Explain** that Betty Jane Spencer agreed to do the video as a memorial to her boys.
- **Ask** the group members to write a short story about the person they loved.
- **Ask** for volunteers to read their stories when they are finished.

D. Conclusion

- **Assign** the group members to bring a memory object to the next and last session.
- **Assign** the group members to write a letter to the person who was killed telling them anything they would especially like them to know.
- **Thank** the group for coming to the session.
- **Serve** refreshments.
- **Remind** the group to continue to record entries in their journals.

Session Six (12-18): Going on With Life

A. Introductions and Purpose of Group Session

- **Review** thoughts the group might have had during the week.

“Hi. It’s great to see you all again. Did anyone draw any pictures last week that you would like to share?”

- **Ask** for volunteers to show or tell something from their journals.
- **Ask** for group reports on the progress of their fear or anger action plans.
- **Introduce** topic for the day.

“Today is the last time that we will meet before Thanksgiving. It’s been very special getting to know each of you. But it’s time to say good-bye for a while. So today we want to talk about what each of us is going to do as you continue to grow up and get older. First, I want to see what memory object you brought to show us.”

B. Memory Objects

- **Have** a roll of ribbon and pre-cut hearts at least two inches in size. (Heart doilies can also be used.)
- **Allow** each group member to show the memory object, describe it and tell why it is important.
- After each young person tells about the memory object, **cut** a piece of ribbon and **attach** it to a heart.
- **Allow** each person to write the name of the loved one on the heart.
- **Tie or glue** the ribbon and heart to the memory object.
- **Explain** that in many cultures, people keep memory objects in their home or carry them with them to continue to feel that they can talk to their loved ones.

C. Letters to Loved Ones

- **Ask** for volunteers to read the letters they wrote to the person who was killed.
- **Offer** to collect the letters from the group and make a book of all the letters to be distributed to all the group members.

— Continued —

- **Ask** if there is anything else they would like to do with the letters.

D. Thinking About the Future

- **Break** the group into pairs of young people.
- **Ask** each pair to take turns interviewing each other about what they want to do when they grow up and how they plan to accomplish their goals.
- **Tell** them to be specific because after they have talked for fifteen or twenty minutes, each person will be asked to “introduce” their partner to the group as if they were now thirty-five years old.
- **Have** the group members make their presentation.

E. Conclusion

- **Thank** the group members for coming to the sessions.
- **Give** each young person a certificate of completion of the group process.
- **Take** a picture of the group together as a “graduation” picture.

F. The Need for Professional Help with Grieving Children

While this guidebook can be used by victim assistance professionals and other caregivers to help grieving children, many children who survive the traumatic, violent death of someone whom they love may need professional mental health help.

The following may be symptoms of the need for additional help:

1. When children don't talk about the deceased, don't mention his or her name, and avoid hearing any conversations about the deceased.
2. When children become destructive to property, other people, pets or themselves.
3. When school performance goes down and remains low.
4. When children become overly concerned with doing anything wrong.
5. When children show a preoccupation with death.
6. When children reenact the death experience over and over. (Some reenactment is a part of ventilation, but obsessive reenactment over time may indicate extraordinary distress.)
7. When children use the death experience as an excuse for undesirable behavior.
8. When children overidentify with the deceased and begin to take on a similar personality.
9. When children show signs of having trouble eating or sleeping.
10. When children complain of not feeling good without any evident physical symptoms for a long period of time.

VI. Protocols for Working with Grieving Children

A. Background Considerations

1. Victim assistance professionals are often called upon to respond to children who have survived the violent death of someone they know or love, or who have witnessed violent death. Some professionals are called to the scenes of violence and must assist children in the immediate aftermath of a crime. Others may be asked to work with children in the process of helping other family members deal with the criminal justice system. Still others become involved with aiding communities or school systems develop and implement plans for helping children cope with the impact of death on their daily lives. These guidelines describe appropriate steps for such assistance, and age-appropriate responses and provide a variety of skills, tools and techniques.

2. The goal of victim assistance with grieving children is:

To help children understand and live with their grief in a healthy and constructive way.

3. Most children feel afraid and isolated after exposure to violent death. Successful interventions are predicated on developing social networks of support for them involving family members, school personnel, peers, and community members.

4. The impact of death on children and their ability to cope with grief in its aftermath is dependent upon:

- a. Their age of development.
- b. The attributes of the death — how the person died.
- c. The relationship of the child to the person who died.
- d. The nature of the death notification.
- e. Children's previous experience and exposure to death and loss.
- f. Their existing coping skills.
- g. The nature of their support network.
- h. The information received from and the behaviors and attitudes of caregivers around them.

5. There are five critical activities that must be accomplished in order to live with grief:

- a. Understanding what happened.

- b. Experiencing the pain of the loss.
 - c. Mourning the loss.
 - d. Commemorating the loss.
 - e. Adjusting to and integrating the loss into a new life.
6. Violent death compounds grief. There are five issues to be addressed in coping with the trauma of violence:
- a. Reestablishing order and safety.
 - b. Addressing the impact of the trauma event.
 - c. Acknowledging the distress caused by the trauma.
 - d. Reframing the trauma through meaning, purpose or hope.
 - e. Reconciling trauma and loss in a new life.
7. It is essential to address both trauma issues and grief over death when working with children who have survived violent death.
8. Most victim assistance professionals have survived the death of a loved one themselves and must address their own issues prior to trying to help others — particularly children.

B. Definitions

Child— For the purposes of this protocol, a child is defined as an individual between the ages of 0-18. Three developmental stages are addressed within that definition: 0-6, 7-11, and 12-18. It is recognized that such definition and the development stages are arbitrary; that a person may be developmentally a child past the age of 18; and that a person who is under 6 or 12 may be in a higher developmental stage.

Grief— The feelings and thoughts that reflect emotions in the aftermath of loss. For the purposes of this protocol, grief would be caused by violent death.

Mourning— The behaviors and actions that an individual uses to cope with grief.

Grieving Child— The grieving child may be a survivor of or witness to the death of a loved one, acquaintance, or pet.

Victim Assistance Program— A program that provides one or more of the following services to victims of crime: crisis intervention, supportive counseling and advocacy, information and referral, assistance during crime investigation, assistance during any stage of prosecution, and assistance after case disposition. A program may serve one or more types of crime victims such as sexual assault

victims, victims of domestic violence, survivors of homicide victims, child victims, elderly victims or victims of bias crimes.

Victim Assistance Professional— A person who provides any of the services listed above as a paid or unpaid staff person. The person may be employed by a victim assistance program or be a teacher or counselor in a school, a law enforcement professional, a lawyer or prosecutor, a judge, a member of the clergy, a mental health professional, or any other individual who becomes a caregiver to grieving children.

C. Victim Assistance Professional's Responsibilities

When working with grieving children, the victim assistance provider shall:

1. Work with the significant adults and peers in their lives to create a safe, compassionate, caring environment that fosters communication and acknowledgment of the grief and loss.
2. Strive to provide concrete and timely information about the trauma, the death, and what may happen to the child or around the child in the aftermath.
3. Recognize that grief and mourning is a long-term process and requires guidance throughout developmental stages.
4. Utilize a range of techniques and skills in order to accommodate different developmental stages as well as to address different learning capacities of the child.

In order to accomplish the above, at the scene of a crime, the victim assistance provider shall:

1. Talk with an adult who has a significant relationship with the child, prior to informing the child of the death, if possible.
2. Work with law enforcement to find out what information the police may need from the child.
3. Establish a safe place to tell the child about the death or talk with the child in the aftermath of notification.
4. Make a preliminary assessment of the child through:
 - a. Identifying any possible physical injuries or reactions that might need medical attention.
 - b. Identifying the names, ages, genders, addresses, schools, or grades of children witnessing or surviving the death.
 - c. Identifying the relationship of the deceased to the child.

- d. Obtaining as much information as possible about the nature of the death.
 - e. Obtaining as much information as possible about the child and his or her previous experiences with death.
5. Ensure that the child is warm and comfortable, and offer physical comfort, if the child responds to it.
 6. Be calm and reassuring when telling the child about the death or talking about his or her initial reactions.
 7. Convey sympathy to the child about the death.
 8. Ask the child if he or she has any questions about the death.
 9. Be prepared to answer questions honestly, factually and briefly.
 10. Work with significant adults to arrange for a safe and reassuring place for the child to stay for the next 24-48 hours.
 11. Spend time with significant adults preparing them to work with the child during the next 24-48 hours.
 12. Arrange for or plan to provide additional support for the child within the next 24-48 hours.

If victim assistance providers are requested to provide death notification to children, they shall:

1. Take them to a safe place to do so. If a trusted adult is available to be there, encourage participation.
 - a. Even when a child has witnessed a violent death, a notification is necessary since death is not readily comprehended.
 - b. A safe place is one which is comfortable, secure and removed from other major activity. While it may be within their own home, it should not be their bedroom or kitchen because they may associate the death and their accompanying reactions with these places and that association may interfere with sleeping or eating habits in the aftermath.
2. Provide them, if age-appropriate, with a blanket, toy or stuffed animal (a favorite item, if available) to hold on to while you tell them what happened.
3. If they are crying or agitated, hold or soothe them until they can concentrate on what you have to say.

4. Sit down with them—on the floor if appropriate—and tell them you have something sad to talk with them about.

5. Tell them in short, factual statements what happened.

“Your father was killed tonight. He is dead. Someone shot him with a gun. It is very sad and your mother is very sad.” If the person who did the shooting is already identified, name him. *“Mr. Smith shot him.”*

6. Ask them if they have any questions, and listen carefully to their concerns. It is important to try to find out what is happening inside their minds.

7. If children have witnessed the violent death, encourage them to relate all the details they saw so you can find out what they think happened. Try to reconcile their perceptions with what you know happened and immediately begin to dispel any distortions or feelings of guilt or self-blame.

Victim assistance providers working with children in the aftermath of a crime shall:

1. Make an assessment of the grieving children’s needs through:

a. Working with adults in their social support network to identify information on:

(1) Each child including: names, addresses, genders, ages, schools, grades, and responsible and significant adults or peers in their lives.

(2) The nature of the death and the relationships of children to the deceased.

(3) The social, economic, religious, and cultural background of the children’s families.

(4) The children’s school histories.

(5) Other critical events in the children’s lives such as the experience of previous deaths, divorce, serious illness or injury, loss of home, exposure to substance abuse, or significant school or community changes.

b. Working with the children to solicit information on:

(1) The meaning of the death to them.

(2) Their understanding of the relationship of the deceased to them.

(3) Their understanding of the nature of the death.

(4) Interests and special abilities that may be helpful in involving the children in meaningful activities.

(5) Significant adults or peers who may be helpful to them.

(6) Attitudes towards themselves and others in the past and present.

2. Ensure that the children have a safe and reassuring environment within which to continue their lives.

a. A safe physical environment is one characterized by:

(1) A lack of violence.

(2) A lack of substance abuse.

(3) Adequate nutrition, opportunities for rest or sleep, and adequate physical exercise.

b. A reassuring environment is one characterized by:

(1) The presence of a caring adult.

(2) The opportunity for expressions of grief.

(3) The presence of adults who are acquainted and sympathetic with the grieving processes found in children.

3. Develop a long-term plan for helping children cope with grief. It should include:

a. A cooperative partnership between adults in the family, school, religious institutions, criminal justice agencies, and medical institutions.

b. Participation in funeral or memorial plans and events.

c. Opportunities for death education.

d. Opportunities for the exploration and expression of grief.

e. Opportunities for education on trauma and trauma reactions.

f. Opportunities for the exploration and expression of trauma reactions.

g. Opportunities for the development of peer support.

h. Minimization of encounters with the criminal justice system.

i. Support during the criminal justice process.

j. Monitoring for health and mental health changes in the child.

k. Long-term attention to changes in children's reactions to death as they grow older.

D. Protocol for Working with Children 0-6

1. Background Information

a. Infants have a limited understanding of the world around them. They do react to the loss of stability in their environment and the absence of caregivers to whom they have become attached. They also react to traumatic events to which they have been physically exposed. Such reactions usually involve manifestation of high anxiety through crying, biting, throwing objects, thumb sucking and other agitated behaviors. Some may refuse to eat or become unable to sleep comfortably. The greatest need of infants is for nurturing, attentive, physical contact. A risk in the aftermath of a traumatic death is that infants receive less physical attention and care because their primary caregivers are traumatized.

b. Children under the age of six are in an age of exploration. Most experiences are new. The ones which are best understood are concrete day-to-day situations. Conceptual thinking is not yet developed so that ideas about time, space, life and death are only vaguely understood. Children develop ideas by imitation, association, and observation. Their imaginations provide fertile ground for drawing conclusions. This results in what some have termed “magical thinking”.

In this age group there is less denial of tragedy than with older children or adults. If traumatic death occurs in children’s lives, it becomes a part of their developing sense of reality — a standard for measuring future experiences. Death is usually viewed as reversible, impermanent, and an extension of life. The absence of someone who is loved is grieved but usually in short, concentrated periods punctuated by other interests and activities. If death and loss are not explained or responded to, children develop their own explanations that are often a combination of magical thinking and their observations.

Despite these cognitive differences between a young child and older children and adults, the common pattern of reactions to trauma and loss are similar: anger, fear, confusion, self-blame, shame, and grief.

2. Victim Assistance Professionals Responsibilities

a. Work with supportive adults to provide them with education and understanding concerning the children’s needs.

b. Communicate with children through age-appropriate expression — play, art, drama, words, and so forth.

c. At the scene of a violent death:

(1) Ensure that any infants involved are kept warm, picked up, held and comforted. Ensure that regular routines for infants such as feeding, bathing, and sleep are maintained to the extent possible.

(2) Help children be reconnected with supportive, caring adults as soon as possible. Encourage physical, loving contact.

(30 If requested or necessary, provide a death notification to children.

(4) Explain what will happen next— who will take care of them over the next few days, if changes will occur in their immediate lives (disruption of vacation, absences from day care or pre-school, travel to a friend or relative’s home for several days).

(5) Ensure their safety and care and reassure them of it.

d. In the aftermath of violent death:

(1) Ensure that children have a safe and a secure environment.

(2) Talk to children about the death and their understanding of it.

- Ask them to tell you what happened.
- Reconcile any differences between their story and what you know happened.
- Let children know that showing emotion is okay.
- Encourage and be prepared for questions about death.
- Ask them to tell you what they think is happening to the deceased after death.
- Be prepared to distinguish between “magical thinking” and other beliefs.

(3) Be prepared to explain disruptions in routine.

(4) Explain what will happen at funerals, investigations, and in the criminal justice system.

(5) Provide comfort when children seem sad and depressed.

(6) Help children think about the future and develop positive thoughts of a new and different life.

(7) Reassure children that their loved one will not be forgotten and that they can and should remember them.

3. Victim Assistance Professional’s Skills

- a. Assessment of children’s vulnerabilities.
- b. Knowledge of and ability to help children access different services and resources.
- c. Ability to talk and communicate with children.

- d. Understanding of children's developmental stages.
- e. Understanding of children's reaction to trauma.
- f. Knowledge and skill to use child-oriented techniques to respond to trauma and bereavement.
- g. Ability to communicate effectively with supportive adults in order to provide adequate education on child bereavement.

E. Protocol for Working with Children 7-11

1. Background Information

a. School-age children expand their horizons to include different spatial environments. They accommodate social definitions of time, increase social relationships, and begin to solidify conceptual ideas. They develop ideas by imitation, association, and observation, but they examine such ideas in the context of their own past experiences as well. Memories have increasing meaning for interpreting the present, but this increased capacity for understanding often creates confusion. It is not unusual for a child of this age to confuse words and their meanings.

b. As they grow more independent, children in this age range learn to use their resources to analyze problems or situations and make choices in how to respond. If this development occurs in a stable environment, children learn to trust their reactions and judgment as well as the responses of those around them. Violence or sudden death disrupts that stability and children often become tentative, radically change behaviors and withdraw from relationships. The concept of death at this age is often personified. A desire to strike out at a “killer” is often a desire to overcome death itself.

c. Pre-adolescents are prone to extreme reactions physically and emotionally. Such reactions are often conflicting and confusing. They may exhibit sudden mood swings or feel both exhilarated and depressed by a tragedy. They are self-oriented but tend to suffer low self-esteem as a result of the physical changes of puberty. This, augmented by egocentrism, may result in self-criticism. Pre-adolescents tend to have an acute sense of morality. Ceremony and ritual is very important in manifesting this sense of right and wrong. Relationships become central to their existence, so questions about death may shift from what death is to how they will survive without their loved one.

2. Victim Assistance Professional’s Responsibilities

a. Work with supportive adults to provide them with education and understanding concerning the children’s needs.

b. Communicate with children through age-appropriate expression — play, art, drama, words, and so forth.

c. At the scene of a violent death:

(1) Help children be reconnected with supportive, caring adults as soon as possible, but allow them to remain in contact with their peer groups, if they are present. Encourage physical, loving contact.

(2) If requested or necessary to provide a death notification to children, take them to a safe place to do so. If a trusted adult is available to be there, encourage participation.

(3) Ask them to tell you what happened — what do they remember?

(4) Explain what will happen next—who will take care of them over the next few days, if changes will occur in their immediate lives (disruption of vacation, absences from day care or pre-school, travel to a friend or relative's home for several days), or what will be expected of them. Describe in detail what the next 24-48 hours will hold for them.

(5) Ensure their safety and care and reassure them of it.

d. In the aftermath of violent death:

(1) Ensure that children have a safe and a secure environment.

(2) Talk to children about the death and their understanding of it.

- Ask them to tell you what happened. Be alert for any confusing concepts or words used in the description.

- Help them clarify their stories and reconcile any differences between what they say and what you know happened.

- Let children know that showing emotion is okay.

- Encourage and be prepared for questions about death.

- Ask them to tell you what they think is happening to the deceased after death.

- Ask them to describe any problems that they might be having since the death.

- Ask them to describe what the next month, the time before an upcoming holiday, or the next few months will be like without the person who died.

- Be prepared to distinguish fact from fantasy and address judgmental self-reflection.

(3) Arrange for peer group discussions with others who have survived a violent death.

(4) Be prepared to explain disruptions in routine.

(5) Explain what will happen at funerals, investigations, and in the criminal justice system.

(6) Provide comfort when children seem sad and depressed.

(7) Help children think about the future and develop positive thoughts of a new and different life.

(8) Reassure children that their loved one will not be forgotten and that they can and should remember them.

3. Victim Assistance Professional's Skills

- a. Assessment of children's vulnerabilities.
- b. Knowledge of and ability to help children access different services and resources.
- c. Ability to talk and communicate with children.
- d. Understanding of children's developmental stages.
- e. Understanding of children's reaction to trauma.
- f. Knowledge and skill to use child-oriented techniques to respond to trauma and bereavement.
- g. Ability to communicate effectively with supportive adults in order to provide adequate education on child bereavement.

F. Protocol for Working with Children 12-18

1. Background Information

a. Adolescents respond to the world and to trauma in ways that are similar to adults; however, they should still be treated with the kind of care that is provided to younger children.

b. For adolescents, the world is constantly fluctuating. They shift back and forth from being dependent and childlike to being independent and acting as adults. As they shape their worlds, they question, criticize and seek information. They understand the permanency of death, the fact that it is universal, and that it seems to occur randomly. If they have previously experienced violent death, they may also view death as inevitable and as part of their immediate future. Death, for some, may even be romanticized as an alternative to their pain in life. They experiment with values and behaviors to try to develop their own sense of an independent life style. Their primary relationships are with their peers. The adult world may seem foreign and adults may be perceived as untrustworthy.

2. Victim Assistance Professional's Responsibilities

a. Work with supportive adults to provide them with education and understanding concerning the adolescents' needs.

b. Communicate with adolescents in adult language but use drama, art, and physical activity to stimulate their thoughts and help them to express their feelings.

c. At the scene of a violent death:

(1) Help adolescents reconnect with people they trust and feel safe with.

(2) If requested or necessary, provide a death notification to adolescents.

(3) Ask them to tell you what happened — what do they remember?

(4) Explain what will happen next. Explain why routines may vary and why things will happen.

(5) Ensure their safety and care. Reassure them that someone cares about them and their lives.

d. In the aftermath of violent death:

(1) Ensure that adolescents are living in an environment in which they can sleep, eat and function comfortably.

(2) Ask adolescents about the death and how it affects their lives.

- Ask them to tell you what happened. Be alert for any confusing concepts or words used in the description.

- Help them clarify their stories and reconcile any differences between what they say and what you know happened.

- Let adolescents know that reactions such as anger, fear, frustration, self-blame, shame, and grief are common and understandable.

- Encourage and be prepared for questions about death.

- Ask them to tell you what they think will happen to them in their future.

- Ask them to describe any problems that they might be having since the death.

- Ask them to describe what the next month, the time before an upcoming holiday, or the next few months will be like without the person who died.

- Be prepared to cope with expressions of anger and frustration directed at you, institutional authorities, or others.

(3) Arrange for peer group discussions with others who have survived a violent death.

(4) Explain what will happen and why at funerals, investigations, and in the criminal justice system.

(5) Provide comfort if they are sad or depressed.

(6) Provide them with tools to deal with intrusive thoughts and overwhelming emotions.

(7) Work with other adults to develop programs of activities that divert adolescent energies into constructive behaviors and allow for the expression of grief.

(8) Help adolescents think about the future and develop positive thoughts of a new and different life.

(9) Reassure adolescents that their loved one will not be forgotten and that they can and should remember them.

3. Victim Assistance Professional's Skills

a. Assessment of adolescents' vulnerabilities.

- b. Knowledge of and ability to help adolescents access different services and resources.
- c. Ability to talk and communicate with adolescents.
- d. Understanding of adolescent developmental issues.
- e. Understanding of adolescent reactions to trauma.
- F. Knowledge and skill to use adolescent-oriented techniques to respond to trauma and bereavement.
- g. Ability to communicate effectively with supportive adults in order to provide adequate education on adolescent bereavement.

Appendix I — Trauma and Grief

| Trauma | Grief |
|---|---|
| Shock, disbelief, denial | Shock, denial |
| Anger Fear Confusion Shame Guilt | Protest Anger Guilt Bargaining |
| Grief | Despair Detachment Resolution |

Appendix II, Dirge Without Music, by Edna St. Vincent Millay

Dirge Without Music

*I am not resigned to the shutting away of loving hearts in the hard ground.
So it is, and so it will be, for so it has been, time out of mind:
Into the darkness they go, the wise and the lovely. Crowned
With lilies and with laurel they go; but I am not resigned.*

*Lovers and thinkers, into the earth with you.
Be one with the dull, the indiscriminate dust.
A fragment of what you felt, of what you knew,
A formula, a phrase remains, — but the best is lost.*

*The answers quick & keen, the honest look, the laughter, the love,
They are gone. They have gone to feed the roses. Elegant and curled
Is the blossom. Fragrant is the blossom. I know. But I do not approve.
More precious was the light in your eyes than all the roses in the world.*

*Down, down, down into the darkness of the grave
Gently they go, the beautiful, the tender, the kind;
Quietly they go, the intelligent, the witty, the brave.
I know. But I do not approve. And I am not resigned.*

— Edna St. Vincent Millay

Appendix III. Worksheet

Fears About Death

Fears about Death

The following fears of death are placed in order of *lowest* priority to *highest* priority in their emotional content for most people. Under each heading, write a sentence or two expressing your reaction or thoughts about such a fear. Add other fears if you can think of them.

1. Practical Fears

- Fear for what may happen to the person who has died
- Fear of changes in roles or expectations
- Fear of loss of family and friends
- Fear of dying process

2. Fears of Unknown

- Fear of God or spirits
- Fear of judgment and finality
- Fear of being alone

3. Fears of Loss of Connection with Life

- Fear of loss or destruction of body
- Fear of forgetting or being forgotten

4. Other Fears?

Appendix IV. Worksheet

Fear Action Plan

Three Fears I Have Since My Loved One Died:

- 1.
- 2.
- 3.

Things I Can Do To Be Less Afraid:

- | | |
|-----------------|-----------------------|
| Fear #1: | What I Can Do: |
| Fear #2: | What I Can Do: |
| Fear #3: | What I Can Do: |

What We Can Do To Make Our Lives Safer?

1. Goal: _____

Action Steps to Accomplish Goal:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Goal: _____

Action Steps to Accomplish Goal:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

3. Goal: _____

Action Steps to Accomplish Goal:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Appendix V. Excerpt

Anger: The Misunderstood Emotion

by Carol Tavris

Simon and Schuster, New York, 1982

The following excerpt, from the beginning of Chapter 3 of Dr. Tavris's book, is included for educational purposes only, as an example of the kinds of materials that can be used to discuss this topic. Additional copies may be reprinted only for educational use and are not to be duplicated for profit.

3. The Anatomy of Anger

“O, preposterous and frantic outrage, end thy damned spleen!”

—RICHARD III, II, iv

When you get angry, what happens to your body? How do you feel? Try to recall a recent incident of anger and compare your reactions to the following list of symptoms:

- changes of muscle tension
- scowling
- grinding of teeth
- glaring
- clenching your fists
- changes of arms and position of body
- flushing (getting red in face or body)
- paling (losing color)
- goose bumps
- chills and shudders
- prickly sensations
- numbness
- choking
- twitching
- sweating
- losing self-control
- feeling hot
- feeling cold

These are a few of the items from the first modern, scientific effort to study anger. In 1894, psychologist G. Stanley Hall collected 2184 questionnaires from people who answered his complicated queries in revealing detail, and Hall certainly wanted detail. He asked people to provide examples of their angriest episodes—what provoked them, what they did, how they felt later, any physical and mental changes. By today’s standards, Hall’s survey was too demanding, unsystematic, and imprecise. It was also lots of fun, and its findings entirely contemporary.

One of Hall’s most curious results was the *physical* variation in people’s experiences of anger. Some said that anger made them feel good, and others that it made them feel sick. “I have found it a not altogether unpleasant sensation to be in a great rage,” wrote one informant; “It wakes me up and makes me feel very much alive.” But another said, “I am often frightened that I can get so angry, and often have a nervous headache later.” And some reported they had both reactions, depending on circumstance:

When angry I feel all of a sudden burning hot, stifled and compelled to make a noise.
Sometimes I grow icy cold and feel as if I was all blancmange inside. This feeling is worse than the heat, for I seem to be a stone.

Hall’s respondents told him that anger produced “cardiac sensations, headaches, nosebleed, mottling of face, dizziness,” tears, snarls, or “a complete inability to vocalize.”

This array of physical reactions to anger was matched by the array of causes of anger. One category of provocation was what we might call the Stupid Inanimate Object, the idiot thing that produces

immediate (usually brief) fury. “Our returns abound,” wrote Hall calmly, “in cases of pens angrily broken because they would not write, brushes and pencils thrown that did not work well, buttonholes and clothes torn, mirrors smashed, slates broken, paper crushed, toys destroyed, knives, shoes, books thrown or injured, etc.” When inanimate objects don’t behave as they “ought,” said Hall—There is that moralizing ought again—we lapse momentarily into the child’s confusion between objects that are alive and those that are not, and act as if the offending brick, pen, or tool were capable of feeling our resentment. By so doing, naturally, we compound the injury—as when you kick the vending machine that has swallowed your quarter, thereby breaking your toe. You are not alone.

But another category of anger was more cerebral, and consisted of the idiosyncrasies, the “special aversions” that irritate us. These are the habits and affectations that some people have, no matter how nice or kind they are otherwise, you want to throttle them for. One hundred and thirty women spontaneously told Hall that earrings on men were abhorrent to them. (I was surprised that enough men were wearing earrings in 1894 for this to be of such concern.) Men and women alike reported irritation at “thumb rings, bangs, frizzes, short hair in women, hat on one side, baldness, too much style or jewelry, single eye glass, flashy ties, heavy watch chains, many rings,” and the like.

But it was the third category of angry incidents, anger caused by one person’s treatment of another, that drew the greatest numbers and the greatest passion: Injustice. Stupidity (one’s own or another’s). Cheaters. Bootlickers (the modern equivalent still infuriates, although the term has advanced up the anatomy). Insults. Condescension: “To be treated as if I were of no account.” One woman summarized the lot:

The chief causes are contradiction, especially if I am right; slights, especially to my parents or friends, even more than myself; to have my veracity questioned; the sight of my older brother smoking when we are poor; injustice, dislike or hate from those who fear to speak right out; being tired and out of sorts, etc. In the latter mood the least thing [will make me angry] like finding books out of place . . . stupidity in people who will not understand—these make me feel as a cat must when stroked the wrong way.

The angers that fell in this category seemed to combine both physical reactions, in all their startling variety, and mental perceptions of insult, condescension, and the like, in all of *their* startling variety.

Appendix VI. Worksheet

Anger

What signs do you have when you get angry? Check those that apply.

- changes of muscle tension
- scowling
- grinding of teeth
- glaring
- clenching your fists
- changes of arms and position of body
- flushing (getting red in face or body)
- paling (losing color)
- goose bumps
- chills and shudders
- prickly sensations
- numbness
- choking
- twitching
- sweating
- losing self-control
- feeling hot
- feeling cold

What kinds of situations cause you to become angry? Write one or two examples.

“Stupid Inanimate Objects”

“Special Aversions”

“Injustice”

Other Examples

Appendix VII. Worksheet

Anger Action Plan

What makes me angry? List the top ten things.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Place a check after those things on the list that you can do something about.

Things I can do to reduce my anger:

Angry Situation #1:

What I Can Do:

Angry Situation #2:

What I Can Do:

Angry Situation #3:

What I Can Do:

Angry Situation #4:

What I Can Do:

Angry Situation #5:

What I Can Do:

Appendix VIII. Excerpt
Giving Sorrow Words
by Candy Lightner and Nancy Hathaway
Warner Books, New York, 1990

The following excerpt, chapter 4 of the Lightner-Hathaway book, is included for educational purposes only, as an example of the kinds of materials that can be used to discuss this topic. Additional copies may be reprinted only for educational use and are not to be duplicated for profit.

Chapter 4. Funerals and Mourning Customs

I wanted to dig my son's grave. They wouldn't let me. They used machines to do it. I would have had great satisfaction if I could have dug the grave.

—RAY TANGUAY

Our attitudes toward death and mourning have changed dramatically in the last two centuries. In the nineteenth century, people threw themselves into dramatic, impassioned mourning. They used parasols, handkerchiefs, stationery, and even tea sets designed exclusively for mourning; they wore mourning rings and pendants which might encase a lock of hair of the deceased. The excesses of the age can be seen most vividly in Queen Victoria, who mourned for her husband, Albert, nonstop from his death in 1861 to her own in 1901. For forty years, she put out his shaving supplies every morning and kept a picture of him propped up on his side of the bed. Nor was her extended mourning for Albert the only example of her sense of propriety about such matters. In 1859, when her great-grandmother died, Victoria was outraged to learn that one of her great-grandmother's descendants in the Prussian court was not dressed in mourning—despite the fact that the child was only five months old. Lilac and white, she suggested, were proper mourning colors for babies.

Black, of course, was the preferred color for adults, and especially for women, who unlike men were expected to be clad entirely in that color. During the first year, widow's weeds were made of dull black and accessorized with veils, hats, and "weeper cuffs." During the second year, shiny black, such as silk, was permitted. Afterward, one might gradually look toward other colors—beginning with white, also a color associated with mourning.

During this period, although there was much overt mourning, death was romanticized. Nineteenth-century novels are filled with tear-jerker scenes such as the deaths of Beth in *Little Women* and of Little Nell in Dickens' serialized novel *The Old Curiosity Shop*—an event which caused weeping crowds to gather in the port of New York avidly awaiting the next installment in the futile hope that Dickens wouldn't let her die.

In the twentieth century, there was a rebellion against the maudlin extreme of the Victorians. In its place, people embraced twentieth-century repression. In an essay originally published in 1955 and titled "The Pornography of Death," British anthropologist Geoffrey Corer explained that, during the Victorian era, sex was unmentionable but "death was no mystery, except in the sense that death is always a mystery." By the middle of the twentieth century, it was the other way around. "Whereas copulation has become more and more 'mentionable,' particularly in the Anglo-Saxon societies, death had become more and more 'unmentionable,'" he wrote. Mourning costumes disappeared; houses were no longer draped in black; black mourning wreaths were no longer in fashion (in part because, on the day of the funeral, they provided an easy mark for burglars); death became a private affair.

Today, although a considerable movement is concerned with the process of conscious dying as a significant life experience, the prohibition against mourning remains. But turning away from mourning is ultimately as self-defeating as drowning in grief. The balanced way to travel through grief is to acknowledge its varied emotions. In many ways, that journey begins with the funeral.

The funeral is the first major event of the mourner's life without the deceased. More than an unhappy gathering, more than a formalized farewell, the funeral is the pivot between before and after. Like other rituals, it is a rite of passage that provides a framework for change. At the funeral, if at no other time, the awesome passage from life to death is seriously addressed. The funeral is a ceremony of separation that provides an opportunity to express strong feelings, to be recognized and comforted as a mourner, to say farewell with structure, solemnity, and support, and to realign ourselves with the community of mourners—the living. For all those reasons, the funeral or memorial service can help enor-

mously in the process of grieving.

This is true even under the worst of circumstances, when death has come in an untimely and brutal fashion. Elizabeth Pearson is a Shakespearean actress whose brother Billy died in 1971 when he was in the armed forces. He was shot in the head at a military base, and the details of his death were never entirely clear:

My brother was a budding hippie, just getting into his own thoughts about the war. He should have been a conscientious objector. He was shot in the head, and they said it was suicide. But were his fingerprints on the gun? I don't even know. People I've spoken to since have said, "Your brother was fragged, shot by one of his own men. Without a doubt. Your brother got wasted." It was my mother's choice to have a military funeral and it astounded me because I felt it was the military that killed him. I was angry at the decision.

But in retrospect, I feel differently. There was protocol and that comforted me. Family and close friends sat in rows under a canopy and faced a brand-new aluminum coffin with a flag draped over it. There was a thirteen-gun salute. It was outrageously dramatic—which I think helped, first because there was no denying that this boy was dead, and second because I knew he was going to be properly laid to rest.

There's no way to know what elements of a funeral will make an emotional impact. The most reassuring aspect of a funeral may be the number of people who appear; it may be words said by the minister or rabbi or a eulogy spoken by a friend; or it may be a small, symbolic gesture that provides emotional release. That's something Lee Shelton noted after his eighty-year-old father was killed in an automobile crash:

I don't place a lot of credence in ritual. But at my father's funeral, one part of the ceremony did affect me. I went out of my way to toss the first bit of soil onto his coffin. Tossing that handful of soil onto the coffin was like the final good-bye. It brought everything into such focus at that moment but it was freeing thereafter.

At Cari's funeral, I was especially touched when her classmates filed past the casket and one by one placed a single rose on top. That gesture told me that her death would be mourned by many. Over three hundred people were there; my sorrow was shared. This is one of the great benefits of funerals: they place the death in a social context by giving us an opportunity to mourn together, and in so doing, they help us to feel less alone.

CULTURAL AND RELIGIOUS TRADITIONS

While death is universal, ways of dealing with it are as varied as the languages people speak and the ways they think. Some cultures, such as those of the Mediterranean, encourage strong emotional reactions at funerals; others favor the stiff upper lip. The Balinese, who are not known to cry at all, at least in public, actually encourage laughter at funerals by dropping the coffin into a creek—sometimes more than once. The Samoans have an extremely brief period of mourning, whereas in Greece, widows are expected to wear black for the rest of their lives. In Southeast Asia, emotional reactions are considered perfectly acceptable in public but in private grievors are expected to maintain some control. The English generally take the opposite approach. What feels natural to one group may seem deeply unnatural to another; what is meant to be comforting in one tradition may, in the context of another, appear disrespectful.

In the United States, styles of mourning vary widely. The funeral of a jazz musician in New Orleans with its syncopated parade resembles very little the subdued farewell given their loved ones by the Quakers of Pennsylvania. At the funeral and during the period of mourning that follows, a behavior considered utterly natural and important by one group, such as wearing black or visiting the grave, may strike another group as unnecessary. Among Afro-Americans, funerals are occasions for large family

and community gatherings, and attendance is given enormous emphasis, even for distant relations. But after the funeral, according to research conducted in 1974 by David K. Reynolds and Richard A. Kalish comparing ethnic groups in the United States, Afro-Americans put the least emphasis on visiting the grave of a deceased spouse. Americans of Japanese and Mexican descent, on the other hand, overwhelmingly thought it was important to visit frequently.

Even within the context of a single ethnic heritage, patterns can vary markedly as families develop their own styles. Lisa Curran contrasted the ways the two sides of her family—both Irish Catholic—cope with death:

I've heard wild stories about wakes from one side of my family. My great-grandfather owned a hotel that had a saloon and my Uncle Timmy told a story in which a dead body somehow ended up propped up in the saloon. You hear stories like that. As far as I know they never actually happened. But everyone drinks a lot and it becomes a party.

On the other side of the family, the wakes are morbid, downtrodden, and depressing, filled with guilt and remorse. When my grandparents on that side of the family died, we stayed at the funeral home for several days. Since my Uncle Denny was a priest, everybody up to the bishop said the funeral mass. There were maybe fifteen people—definitely holier than thou.

The goal in every era and in every culture is the same: to provide a proper conclusion to a life and to begin the process of living without the deceased. Those tasks are generally considered to fall into the realm of religion. Whether the service takes place in a church, synagogue, or funeral home (as is increasingly the case), the solemnity of the proceedings, the religious trappings, and the presence of clergy underscore the gravity of the event.

Protestant customs vary, depending on the denomination. Generally, there is a brief service at the church or funeral home that includes a reading from the Bible, prayers, organ music, possibly the singing of hymns, and a funeral sermon or meditation. Selections of poetry or prose are sometimes read. The casket may be open or closed, depending on the denomination, and there may or may not be a eulogy. At the grave, there is a brief committal service. Afterward, as in other groups, people usually gather together for a meal.

In Catholicism, the rites ideally begin prior to death, when the dying person receives the final sacraments. (When death is sudden, the priest is permitted to give penance and extreme unction up to several hours after death.) The funeral itself is comprised of three parts: the wake, the funeral mass, and the graveside service. The wake, which occurs the night before the funeral, is conducted in the presence of the body, which is in an open casket. Held either in the funeral parlor or in the mourner's home, the wake service may include psalms, prayers, a rosary, and a short homily on the meaning of life, death, and resurrection. For many hours, friends and relatives come to offer condolences, to pray, and to view the body; indeed, the term "viewing" is sometimes used instead of "wake." The next day, there is a funeral or requiem mass. The coffin is closed and covered with a white pall upon which a cross might be placed. Holy water, incense, and candles accent the solemnity of the highly structured service, which emphasizes the concept of the new life the deceased has found with God.

After the funeral mass, the "final commendation and farewell" takes place either in church or at the grave site, which is blessed in advance. It used to be that the family would avoid watching the casket being lowered into the earth. Today, the tendency is to stay, so that the reality of the death cannot be denied.

In Judaism, burial takes place immediately—within twenty-four hours, if possible. The simple, wooden coffin is closed, and there are few flowers. At the funeral, which is a short one including prayers and a eulogy, members of the immediate family are given a black ribbon which is then cut to indicate their grief.

After the funeral, there is a brief service at the cemetery during which the casket is lowered into the ground and the mourners shovel dirt on it. "Shoveling the dirt is an incredibly healing thing to do. Although I would never require it, I encourage it very strongly because I find that the actual act of burying is the beginning of the acknowledgment that this horrible thing has happened and the world is forever different," states Rabbi Laura Geller, director of Hillel at the University of Southern California. Following the burial, friends and relatives gather for a traditional "meal of condolence."

Perhaps the most distinctive aspect of the Jewish tradition is not the funeral but the mourning period that follows, when mourners return home for seven days of "sitting shiva" (*shiva* means "seven"). Traditionally, they light a candle that burns for seven days, sit on wooden stools or benches, and receive visitors. All activities cease except for one: mourning.

The Islamic religion specifies five rituals concerning death: washing the body in a ceremonial manner; wrapping the entire body in clean, preferably white, cloth; prayer; the funeral itself, during which music and crying are forbidden; and burial. If possible, the body is buried directly in the ground, without a casket, and with the face turned toward Mecca. A stone, a few bricks, or some soil can be put under the head, but nothing else is permitted in the grave. Afterward, people bring food to the family.

According to Islam, there is one God, known as Allah, and many prophets, of whom Mohammed is the last. "Moslems believe Allah is all and He can decide when man has to live and when our life should be ended," states Abdal Mageed Nasouef, vice-coordinator of the Islamic Center in Los Angeles. Death is expected to be met with equanimity. Consequently, the mourning period is short. For a three-day period after the funeral, known as *Azah*, mourners accept condolences. After that, talking about the deceased with the mourners is not encouraged. "It is reminding him of his sadness," Nasouef explains. "So after three days we should return to normal life." (The sole exception occurs when a husband dies, in which case the wife is expected to stay home for three months and ten days.) Mourners are not supposed to become so immersed in their grief that it distracts them from their relationship with God.

Buddhists and Hindus believe that life, death, and rebirth are part of the same continuum, waves on the ocean of existence. The body dies; consciousness remains. The traditional purpose of the funeral, which includes chanting, prayers, the reciting of sacred texts, and eulogies, is to help the deceased adjust to the after-death state and prepare for rebirth. At Buddhist funerals, the priest speaks directly to the deceased. The funeral is followed by a forty-nine-day period during which the person who died theoretically completes the journey from death to rebirth. During that time, mourners repeat prayers intended to ease the transition.

The philosophy and practices of Eastern religions have become increasingly attractive to Westerners during the last several decades. Ron Hammes, a Pennsylvania artist, spent a month at a Buddhist monastery after his wife, editor Tobi Sanders, died in a car crash. He told us about some of his experiences there:

They offered a service for Tobi. There was an altar with a Buddha, flowers (which represent earth), water, incense (representing air), and fire. So it was quite beautiful. They also wrote a poem and gave it to me on a scroll with lovely calligraphy

One of the things I experienced at the monastery was, you can get support, but they don't soothe. If there is such a thing as the dark night of the soul, I've been through it. I could hardly speak. When I was sitting Zazen, I was in physical agony because the tendons in my legs were not used to sitting for two-hour stretches. The lesson was not to run from pain. It had an impact that carried me over. Not to be a born-again Buddhist, but it comes down to the fact that with every great religious mystic or searcher, whether it was the Buddha or whether it was Christ, at the heart of their teaching was their empathy for the suffering of mankind and their search, not for an escape from it, because there isn't an escape

from it, but for a way to go beyond that. This is what sitting Zazen is all about in my life: not calm, not relaxation, but the issue of death, life, suffering. Beneath sitting is that issue. In sitting is the resolution.

BURIAL CUSTOMS

Throughout history, people have buried their dead in vastly different ways. Fifty thousand years ago, the Neanderthals rubbed the bodies of their dead with red ochre and buried them in the fetal position. The Egyptians mummified the deceased (including their dead cats) and, in the case of the pharaohs, erected the most elaborate and permanent tombs the world has ever seen. The Scandinavian Vikings put their dead on boats, set them afire, and sailed them out to sea. The Plains Indians placed the corpse on a high wooden platform or in the branches of a tree and only later buried the skeleton in a sacred burial ground. The impulse to treat the body in a special ritualized way seems to be universal; but nothing else is. In some places in Europe where land is scarce, for instance, burial plots are not yours for eternity. They are temporary residences, and after a while the bones are removed and the space is freed for someone else's use. If this sounds disturbing, it might be because we're not accustomed to the idea. Nikolas Stefanidis, Ph.D., a counselor at the Center for Living in West Hollywood, California, described his experience when he returned to his native Greece to pay his respects to his dead grandmother:

On the Greek island where I grew up, because of space limitations, we exhume the bones of the deceased. There's an interesting ritual that goes with it. They clean the bones with red wine and rosemary. They count every bone and put them in a box with the person's name, the date of birth, and the date of death. Then they have a memorial service. And then you put the bones to rest in a communal mausoleum, a big building where all the bones are stored in boxes. Some people put pictures of the deceased on the boxes. When I went back to Greece I went in and found my grandmother's skull, and I felt as if I had seen her again. It was a good experience.

For most people today, the choice is between burial and cremation. The chief benefit of burial, and it is an important one, is that it provides a safe place to mourn, a place that belongs to the deceased. "I visit my husband's grave every year on his birthday," said New Yorker Anna Shapiro. "I prune the shrub I planted there, and I clear away any weeds that might be growing, and I feel as if I am taking care of him. It's a connection—a physical connection." There can be great solace in that.

Cremation is the preferred mode in many cultures, including India, Japan, and England, where it has become so popular since the turn of the century that it now is the usual choice. In 1989, according to William Hocker, former president of the National Funeral Directors Association, cremation was chosen approximately 15 percent of the time in the United States—and in Southern California, one death in three results in cremation. What once seemed an exotic ritual is becoming commonplace.

Although cremation can be less expensive than burial, most people who choose cremation do so for deeply personal reasons that have little to do with cost. Some people, disturbed by the idea of the body gradually decomposing, as it does with burial, find cremation aesthetically less distressing. Cremation may also be appealing because of the many ways of dispensing the ashes. Although they may be kept in a cemetery vault known as a columbarium, they may also be scattered at sea or in a garden. The idea of the body being returned to the earth in this manner—possibly in a spot the deceased person loved—brings comfort to many people.

Cremation has drawbacks too. People sometimes hope that because cremation is so quick and final, it will shorten the grieving process. It will not. Another difficulty can arise when the remains are not kept in a special spot. When they are scattered over a large area, there is no marker, no plaque, nothing—now or ever.

For that reason, the final resting place should be chosen with care. There's nothing wrong with the ocean, but if it doesn't have personal associations for you, the situation of "no place to go" may prove disturbing. Choosing an accessible spot can alleviate that problem. Solomon Berg buried his son's ashes among the trees and bushes in his front yard and then marked the spot with a statue tucked in among the foliage. Marcy De Jesus buried her husband's remains in the backyard, where I helped her plant an olive tree. And more people than you might expect keep the ashes inside the house, at least for a while. Sara and Paul Grisanti put the tiny box containing their baby's ashes in the large closet that their older children had excitedly transformed into a brightly colored nursery—a room the baby never saw. Joni Schaap put her son's remains on the mantel in the living room, where it is surrounded by athletic trophies and pictures of the blond teenager. The urge to create a spot devoted solely to the deceased is a deeply human one. In Japan, mourners of the Buddhist and Shinto religions typically create household altars that include the ashes and photographs of the deceased along with other objects such as rice and flowers. Cremation not only permits a wide choice of location, it also allows the mourners to create that spot in a variety of ways when they're ready. With a sudden death in particular, that can be a benefit.

Many people, including myself, like the idea of donating organs to people who require transplants. I was unable to do so with Cari because her body had been so seriously injured that it was impossible, and in any case, it didn't occur to me to ask until almost twelve hours after she died. By then, it was too late. Organs need to be harvested (yes, that's the word they use) immediately.

Finally, there is the option of donating the body to "science." That, too, is a decision that must be made quickly—and generally with the knowledge that it was what the deceased wanted. As a rule, when the body is donated to a school or research facility, mourners hold a memorial service without the body rather than a funeral. But it is also possible to have a funeral in the presence of the body if the funeral director is immediately notified the body has been donated. The undertaker can then prepare the body in the manner specified by the institution, and after the funeral, it will be sent there.

THE CASKET: OPEN OR CLOSED?

Another question that may arise is whether to have an open or a closed casket. Experts in the field of death and dying almost universally favor open casket. "There's a real catharsis involved, a kind of release," said William Hocker. "After the first time they see the body, the tension is broken and it's very therapeutic. With some people, it's not helpful. It has to do with personality differences. But overwhelmingly, I would say it's better for a person to see."

The reason to see the body is not that it will make you feel better. It certainly did not make me feel better to see my daughter in a casket. But it did help me to accept the finality of her death. Seeing the body will not stop mourners from yearning for their loved one or dreaming that the deceased is still alive. But with an open casket, grievors are less likely to harbor fantasies involving mistaken identity or loved ones wandering around with amnesia. Seeing the body dispels any lingering doubts, for no matter how skilled the undertaker is with makeup and wax, when you see the body, you know. A person you love is dead. That's the reality.

Some people worry that seeing the body will be a horrible experience; they want to remember the deceased as vibrant and healthy and they are afraid that the positive images will be obliterated by the final vision. But often, the way the body looks in the casket can actually be an improvement over how the person looked while ill. Nurse thanatologist Sherry Gibson of Louisville, Kentucky, described her experience when her mother died:

When my mother died, she was forty-two years old and I was twenty-six. I took care of her through her illness. She was a very beautiful woman, a very proud woman, and when she was in the hospital, she had tubes everywhere. She lost all dignity and she lost so much weight and looked terrible. I was in the medical profession and knew all about that kind of

stuff, but it was awful for that to be the last image of my mother in my mind.

I couldn't believe it when I went to the funeral home. She looked so good. That was the woman I remember. No, it wasn't the same. Dead is dead and there is no way that a dead body looks like it is alive. But she certainly looked better than she looked when I left her at the hospital the night she died. And that was so comforting to me.

Seeing the body provides a final opportunity to gaze at the face of the person you love, to touch them, to say good-bye in their presence. It can also bring a great sense of relief because at last the person looks at peace. Bookseller Diane J. Williams of Venice, California, spent many nights in the hospital with her eight-year-old cousin who was dying of cancer. She describes her regret at not seeing her cousin's body after death:

Lauren had been puffy and she had no hair and she looked awful, but as she approached death, she got her eyelashes back and then she got thin again and her hair grew back jet-black and curly—a different color, a different texture. She looked luminous, beautiful, and perfect. But she was full of rage and you could read her pain in her face. After she died, my aunt said it was the most extraordinary thing: her whole body relaxed and there was no pain and her face was clear. I'm so sorry I didn't see her.

Seeing the body doesn't have to occur at the funeral. Indeed, many religions oppose open-casket funerals. Many people today are terrified by the thought of seeing, no less touching, a dead body. But keep in mind that throughout most of history, people died at home, and family members would have naturally seen the person after death. Seeing the body, whether it's in a casket or on the deathbed, can provide both a jolt of reality and a degree of acceptance. It won't be a wonderful moment, but in the months and years to come, it usually proves to be beneficial.

It also used to be customary for mourners to dress the body. Although this is much less common today, it does occur. When my mother died, her friend Dotty Ward, who is a nurse (and hence was not afraid of the body), wanted to dress her and brush her hair. Many parents whose infants have died have found solace in dressing their dead child for the burial. And within traditional Judaism, there is a special group called the Hevra Kadisha whose function is to prepare the body for burial. Rabbi Geller explains, "The notion of a mortuary that you just send the body to is not an essential part of Jewish tradition. You would volunteer to be a member of the Hevra Kadisha society, and your job would be to wash the body of dead people in a ritualized way. The body is covered so that only the part that's being washed is uncovered. It's very respectful of the body. I read an article in a magazine called *Lilith* by a nontraditional woman who joined the Hevra Kadisha of her nontraditional synagogue, and she talks about what an incredibly important experience and privilege it is to prepare a body to be buried."

THE CONTEMPORARY FUNERAL

The primary trend in funerals today is toward personalization. People want funerals that reflect the life of the departed. In the past, that hasn't always happened. In a survey conducted in the 1960s among 169 Protestant ministers of various denominations, only 39 percent actually referred to the deceased by name during the funeral services, according to Paul Irion, author of *Funeral: Vestige or Value?* In many funerals, the lofty questions of life and death and life after death may have been addressed, but the person lying there in the casket was barely mentioned. The funeral may have succeeded as a staged ritual, but as a ceremony meant to comfort the mourners and to put the life of the deceased into a context, it failed miserably. (The same might be said for a bizarre recent invention: the drive-in funeral. You pay your respects to the deceased without having to unbuckle your safety belt.)

Depersonalizing death makes it easier for everyone except the mourners to bear. Even the clergy—who may never have met the deceased or the family of the deceased—may find it far easier to preach about death in some grand theoretical sense than to think about an actual human being whose life is

over. “The first time I dealt with a person who was grieving, I was a deacon fresh out of school and I felt unprepared,” said the venerable Hartshorn Murphy, Jr., of the Episcopal Archdiocese of Los Angeles. “Many of us cope with that situation by hiding behind prayers. In one respect, it’s healthy, in that it tries to put death in a larger picture. In another way, it’s hiding. I would put on this aura of the priest and so was untouched by the pain.”

For mourners, that pain is unavoidably present. Personalizing the funeral or being involved in its planning can offer a way to assuage some of that pain by doing something for the deceased. Being involved facilitates mourning by turning the grieving into an active rather than a passive process.

However, many mourners are far too grief-stricken at the time of the funeral to do anything at all. Getting dressed is hard; walking to the front door is hard; saying “hello” is hard. Fortunately, there are many small ways of personalizing the service. Choosing your own music has that effect. My father loved the big-band music of the forties and fifties, and that’s what we played at his funeral. Reading from a favorite book can also turn a standard service into something intimate and moving. At Cari’s funeral, we read from *The Little Prince*. Other mourners have chosen selections ranging from T.S. Eliot’s *Four Quartets* to poetry written by the deceased.

Having a eulogy is an excellent way to make sure the deceased is reflected in the service. “It’s important to talk about the person,” states Archdeacon Murphy. “We didn’t used to do eulogies. That’s changing. People want to mark the life that has passed.”

Mourners often feel incapable of giving a eulogy themselves, which is one reason why most of the time, the clergy does it. But you might ask a friend or relative, someone who had a real relationship with the deceased, to speak a few words. Those personal reminiscences are good to hear at that time. If it’s possible, you might speak a few words yourself, as Diane J. Williams did at her cousin’s funeral:

On the day she died, Lauren’s parents asked me to speak. It scared me—I’ve never spoken like that before. I talked about how Lauren and I became friends over a box of crayons and how she liked gruesome movies, and everyone laughed. I talked about the three days Lauren and I spent together when my brother got married.

I was glad I spoke because most of the time, nobody wants to hear you talk about someone who’s dead. It was a relief to say, this is why I loved her, this is why I’m going to miss her so much. Afterward, there was an awkward space and then people started coming up and introducing themselves to me and thanking me. It made me feel good.

At many funerals today, friends and family members are invited to share anecdotes about the deceased. The picture that emerges can be tremendously moving.

Another way to personalize the service is to incorporate photographs into the surroundings, possibly by placing them around the funeral chapel or at the grave site during the burial service. Or set up a memorabilia table filled with photographs and objects reminiscent of the deceased—things that can help the living find ways to talk about the dead.

Technology has also affected the funeral industry, and some may be surprised that its impact has been both positive and personal. When my friend Carol Shamhart’s husband, Val Humphreys, died of cancer, she played a cassette tape in which he talked about his impending death. I hardly knew the man, but I sobbed, as did everyone else.

Video displays are another recent innovation. “A video screen is placed in front of the funeral chapel,” states William Hocker. “Pictures of the person who died, beginning with their youth and continuing through their marriage and into their old age, are flashed on the screen interspersed with scenes from the person’s area or his state. Nothing is said but music is played. It can be terribly touching and beautiful.”

Probably the most creative funerals are those held for people whose deaths were anticipated, allowing the dying person to make special requests and the mourners to plan a personalized funeral. In some

cases, the requests are very small. For instance, Harry Rosenzweig, who was chairman of the Republican Party in Arizona for over fifteen years, was surprised when he read his wife Sandy's will after she died. "She had picked out eight very close women friends to be her pallbearers," he said. "The mortician said he's never seen that."

Occasionally, people are extraordinarily inventive. Shortly before his own death, Los Angeles artist Benjamin Cole attended the funeral of a close friend in New Orleans who died of AIDS: "He was cremated. His friend Emily mixed his ashes with glitter and confetti and everyone got a small box. Then they had a parade to the Mississippi River and they threw him in." It's certainly not a traditional service; but because it reflects so much about the deceased, it must have been incredibly moving. And surely those who participated must have felt both connected to the deceased and bound to each other.

MEMORIAL SERVICES

Many cultures, recognizing how agonizing the first few weeks of mourning are also hold another ceremony a few weeks after the funeral. Traditionally, for example, the Greek Orthodox have a forty-day ceremony, as do many Muslims. Catholicism marks the first thirty days with a "Month's Mind Mass," although those are not as prevalent as they once were. Our discomfort with death has caused us to turn away from many of the religious observances that traditionally provided a structure for grieving and a way of releasing some of those feelings.

Secular memorial services, however, often accomplish the same goal of recognizing that initial period. Weeks or even months after the funeral, these services provide additional opportunities to make personal gestures, to acknowledge the loss, and to connect with other mourners. "I went to a memorial service for Sam Peckinpah," states actress Mariette Hartley. "Jason Robards and I had never met before, and we sobbed in each other's arms. It was an extension of our lives. Memorial services are vitally important because you're surrounded by friends, and words are spoken, and you can say good-bye with witnesses."

Because memorial services are less rigidly structured than funerals, they can be created in a form the deceased might have appreciated. When twenty-nine-year-old Benjamin Cole died of AIDS, his bereaved friends held a memorial for him. One of them told us about that event:

I attended a party for Benjamin. It was difficult because people were drunk and emotional and weeping. The best part was that a friend of his made an incredible altar, covered with mirrors and candles and, in the middle, Ben's hand-painted jeans jacket. People were asked to bring photographs and items that belonged to him and to place them on the altar.

When we left, we were each invited to take something as a memento.

Memorial services can be small gatherings at which people simply share memories. "I attended a memorial service for an art teacher who had very devoted students," a Los Angeles biographer said. "A former student, a colleague, a childhood friend—an old man he grew up with—and his wife all spoke. His recent artwork had been hung on the walls, and there was a strong sense of completion and wholeness about them. The service really was a celebration of his life." Hearing that story reminded me of the one regret we had at my father's funeral, which was that we hadn't displayed his photographs. He was a wonderful photographer. It would have been nice to see his pictures at the funeral, and I believe he would have liked the gesture.

When the deceased had a very wide network of friends and acquaintances, memorial services can provide a more public kind of mourning. A few months after his wife died, Ron Hammes received a call from the publishing house where she had worked, asking him to take part in planning a memorial service:

I arranged for a service to be held at Barnard College, where Tobi went to school. She was very fond of Barnard. Trying to do it in the style she would have liked, I had it catered

with lots of her favorite foods. I ordered champagne and caviar. I got in touch with a young woman from the Manhattan School of Music who came and played all the wonderful songs from the sixties that Tobi loved so much. There were a few speakers, including representatives from Barnard and Bantam, a friend of Tobi's who has since died of AIDS, and Tobi's writing teacher, Joy Chu, who died only a month or two later, and Tobi's sister. I made a toast to Tobi's life. Over three hundred people were there, which I felt was a wonderful tribute to Tobi. People wanted to know what to do, and I asked that contributions be made to the American Foundation for AIDS Research. That was the way she would have wanted it.

ANNIVERSARY RITUALS

The first anniversary of the death is recognized as important in many cultures. The loss is still so fresh, the grief so strong. Yet the desire to move away from grieving and into the enjoyment of life is also present. For that reason, the end of the first year is often marked by a ritual observance of some kind.

Among Western religions, Judaism is most specific in its guidelines for mourning. Each day during the first years, mourners recite the Kaddish, a prayer in praise of life. On the anniversary, known as *Yahrzeit*, a candle is lit and the Kaddish is said. Afterward, it is no longer spoken daily. "The folk tradition is that the soul now finds peace," Rabbi Laura Geller explains. "Another way to see it is that the soul needs you to let go of it. It's not just for the mourners that there needs to be a time when mourning is less intense, but for the dead person as well." From then on, Kaddish is spoken only on certain high holy days and on the anniversary—for the rest of your life. "As long as you're alive to say Kaddish, you're effectively saying in a ritual way that this relationship continues," Rabbi Geller states. "It's different now, but it never ends."

The first anniversary isn't the only one that hurts. "Grief returns with the revolving year," wrote the poet Percy Bysshe Shelley, and he didn't just mean the first year; it happens every year for a long, long time. That's why many cultures and religions set aside one day in the year when mourners can take special note of the losses they have suffered. In Judaism, special services accompany Yom Kippur, the Day of Atonement, the most important day in the Jewish year. In Catholicism, on All Souls' Day, November 2, the names of those who have died are read aloud and mourners light candles. Possibly the most extensive yearly ritual is a variation of All Souls' Day: the Mexican Day of the Dead. Prior to the actual day, people create altars at home featuring photographs, flowers, cakes, candles, and the favorite foods of the deceased. *Memento mori*, including little toy skeletons doing everything from playing in mariachi bands to getting married, are ubiquitous. On the Day of the Dead, people spend the night at the cemetery, dancing, eating, drinking, and offering candy skulls and coffins to their dead relatives and friends. The idea is not to dwell on death in a morbid way but to demystify it, to allow mourners to think about death in a general way, to remember the particular deaths in their own lives, to grieve, and to move on.

Those ritual acknowledgments serve the psychological purpose of recognizing the continued grief that mourners may feel. Those feelings are most likely to arise on the anniversary: the anniversary syndrome can even affect people who do not consciously remember the date. Some years are more difficult than others. One year when I was feeling particularly sad about Cari and was far from the cemetery where she is buried, my friend Michael Bissonette and I bought a bouquet of roses, walked to the beach, and tossed them into the ocean. Symbolic gestures like that can provide powerful release and a great deal of comfort that goes beyond what you might gain from crying on your bed (although that's also something you should allow yourself to do). By acting on your sorrow, you begin to release it.

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What did you find **most** beneficial?

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Number of years of experience in victim assistance or in working with grieving children field:

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