

Grief and Loss

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August 14, 2023

About the Presenters

Graduated in 2007 with a MSW from the University of New England School of Social Work

Worked In:

- Hospice
- Community Mental Health
- Agency on Aging
- Non-profit offering services in grief support to children, families and communities
- Associate Clinical Professor at the University of New England School of Social Work.

Passionate about working with children and families in the area of grief and loss, teaching Social Work at the Bachelor and Master levels.



**Valerie Jones, MSW, LMSWc.c.
UNE MSW and BSW Faculty**

About the Presenters

Graduated in 2006 with MSW from Boston University
School of Social Work

Worked in:

- Day Treatment Program for Teens
- Outpatient Mental Health Agency
- Hospital setting providing patient navigation for patients and families receiving cancer treatment
- Non-profit agency providing grief support to children, families, and communities
- University setting providing field support and instruction

Passionate about supporting students and working with teens, families and those experiencing grief, loss, or serious illness



Rebecca Diggins, MSW, LCSW
Field Faculty at UNE

Learning Objectives

- Identify various types of grief and grief responses in youth
- Consider how culture, religion, spirituality, and stigma impact grief
- Discover aspects of resilience and recognize ways to foster resilience
- Identify and discuss how grief and loss impacts the work you do and those you support
- Examine strategies of support for those experiencing grief and loss
- Learn about resources available to support those experiencing grief and loss

Housekeeping

- Packets with additional information that may be helpful
 - grief throughout developmental stages
 - resources (books, websites, etc.)
- Stand and use restroom as needed
- Respect others opinions and experiences
- Will have 1 or 2 break out discussions

Why Grief and Loss?

No matter what kind of work you engage in when supporting others, you will practice grief and loss support.

When there is change, there is loss.
Where there is loss, there is grief.

(Kelly Goldsworthy, 2005)



Grief Basics

- U.S public health agencies recorded a total of about 3.2 million deaths in 2022
(US Centers for Disease Control and Prevention)
- 1 in 5 people will experience the death of someone close to them by age 18.
(Kenneth Doka, Editor of OMEGA, Journal of Death and Dying)
- Half of all American children will witness the breakup of a parent's marriage.
 - Of these, close to half will also see the breakup of parent's second marriage.
(American Academy of Child and Adolescent Psychiatry, 2017)
- Incarcerated parents:
 - More than 2.7 million children in the U.S. have an incarcerated parent. That is 1 in 28 children.
 - Approximately 10 million children have experienced parental incarceration at some point in their lives.
 - Approximately half of children with incarcerated parents are under ten years old
(National Resource Center on Children & Families of the Incarcerated/Rutgers University, 2014)

Grief Basics Cont'd

Grief is:

- Universal
 - Unique
 - Lifelong



and...

we all have the capacity to heal.

(Adapted from materials from the Center for Grieving Children, Portland, Maine)

Theories of Grief

Freud (1917 & 1961)

- grief is a temporary state
 - acknowledge, mourn, and let go to free yourself for new attachments.

Revised after the death of his daughter - acute feelings may resolve but never find a substitute

Lindemann (1944)

- grief is time limited
- 3 step process:
 - free oneself of bondage to the deceased
 - adjust to living without them
 - invest in new relationships

Theories of Grief

Elizabeth Kubler-Ross' (1969) - groundbreaking work that allowed grief and loss to be discussed more openly:

- The stages of grief are not linear.
- The stages reflect where the person is.
- Although developed in response to grief related to death, stages of grief are relevant to many different kinds of losses including the loss of a job, a failed marriage, loss of identity, pet loss and a lost sense of safety.
- Introduced grief as being experienced in 4 quadrants that make up individuals (physical, emotional, intellectual, spiritual)

Rando (1991) - The 6 R's of Grief Work:

- Recognize the loss
- React to separation
- Recollect the relationship
- Relinquish attachment
- Readjust to move into the world without forgetting the old
- Reinvest in life

Theories of Grief

Worden (2009) - 4 Tasks of Grieving:

- To understand/accept the reality of the loss
- To feel and process the feelings
- To go on living/adjust to the world
- To find an enduring connection while moving forward

Grief Basics Amongst Families/Groups

- Grief is experienced in different ways by family members
- Grief is individual, not uniform, even within close families
- Grief impacts multiple aspects of individuals lives. Consider changes to:
 - living arrangements
 - schools (move or new routine)
 - transportation
 - work
 - relationships
 - hopes and dreams



Professionals' and supportive role can be to:

- Identify and acknowledge different styles and meanings assigned to grief
- Respect differences
- Facilitate communication when possible
- Help families find a common language and focus for grieving

Anticipatory Grief

- Anticipatory grief is the normal mourning process that occurs when your loved one is still living and you are expecting his or her death. This type of grief reaction commonly occurs when someone has been diagnosed with a terminal illness or has been dealing with a chronic illness for a long period of time.
- Anticipatory grief reactions can be experienced by those who have a relationship with the dying person, but also by the person who is dying. This type of grief can be felt on many levels, including emotional, physical, social and spiritual.

Unique Symptoms of Anticipatory Grief

- Increasing concern for the person dying
- Imagining or visualizing what the person's death will be like
- Preparing for what life will be like after a loved one is gone
- Attending to unfinished business with the dying person

(whatsyourgrief.com)

Disenfranchised Grief

Grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, socially sanctioned or publicly mourned”. - Ken Doka



Why Does Disenfranchised Grief Occur?

- The loss isn't seen as worthy of grief (ex. non-death losses)
- The relationship is stigmatized (ex. partner in an extramarital affair)
- The mechanism of death is stigmatized (ex. suicide or overdose death)
- The person grieving is not recognized as a griever (ex. co-workers or ex-partners)
- The way someone is grieving is stigmatized. (ex. the absence of an outward grief response or extreme grief responses)

Examples of Disenfranchised Grief

- A death by suicide
- A death by drug overdose
- Death of a pet
- Infertility
- Loss of a home
- Grieving someone you didn't know well
- Grieving someone you didn't know at all (like a celebrity)
- Grieving someone you only knew online (cyber loss)
- The death of a sibling
- Grief that people think has gone on 'too long'
- Loss of someone elderly
- A death by homicide
- A death from HIV/AIDS
- Getting sober and the loss of drug

BREAK OUT GROUP

- How does grief and loss show up in the work you do?
- Name some challenges you have experienced supporting those experiencing grief and loss
- Name things that you have found are helpful in your setting/experience for supporting those experiencing grief and loss

** (designate a reporter who may be comfortable sharing during the debrief)

BREAK OUT GROUP Debrief

Who would like to share first about themes that emerged in your small group?



Cultural Considerations

- Death is a universal experience, yet our response to it is shaped by the culture in which we live. (DeSpelder & Strickland, 2005).
- Individuals construct their understanding of death in response to social, cultural & religious influences that make meaning of events in everyday life.
- Cultural beliefs and rites of passage are passed down through oral, written, and public practices such as funerals, shrines-markers, collective practices & public celebrations and other rituals.
- Rituals can also help people who are dying and bring comfort to the loved ones who are preparing for their loss. Understanding the rituals and personal histories of death in a person's life is instrumental to effective and compassionate service and support.

Grief and Cultural Humility

It may be difficult to know how to be sensitive to a grieving person from a different cultural background, however, here are some questions to consider:

- What emotions and behaviors are normal grief responses within the person's own culture?
- What are the bereaved family's beliefs surrounding death?
- Who should attend mourning ceremonies, and how are attendees expected to dress and act?
- Are gifts, flowers, or other offerings expected?
- What special days or dates will be significant for the bereaved family?
- What types of verbal or written condolence are expressed?

Guiding Principles for Difficult Conversations

- How you convey information is as important as the information itself
- Be prepared to listen to difficult feelings so as not be overwhelmed by them
- Practice curiosity and willingness to learn from the individual
- Practice hearing behind the question/comment for what they might need
- Lean in to supporting versus giving facts or trying to fix: What feelings are they experiencing? What is this like for them?

Guiding Principles for Difficult Conversations

- It's ok to say "I'm not sure how to answer your question. Can I take some time to think about it and get back to you?"
- Children often ask thought provoking questions at the most inopportune time (walking out the door to the next class, on the way to lunch, etc.) It's ok to say, "This is a really important question. It's time to go to _____, but let's find time to talk about this _____" - be specific about when that will happen
- Check your own pulse: Be attuned to your own feelings and responses to pain, anger, suffering and fear
- Develop confidence that you have knowledge and skills to share even when there is little that can be done to alter the outcome - I may not know what to say, but I do know how I can be supportive

(Adapted from material from the Center for Grieving Children, Portland, Maine and the Dougy Center, Portland, Oregon)

Language and Cultural Stigmas

Suicide - stigmatization of those who die by suicide and their relatives is linked to historical religious, legal and social sanctions against suicide, including its relatively recent decriminalization

- Instead of committed suicide, try died by suicide or took their life

Cancer and other diseases: general and based on where cancer is found: private, contagious, “dirty”, immoral

Addiction and Overdose: medical disease or moral defect?

- Instead of Addict/Abuser/Junkie/User, try person with substance use disorder or person who uses substances.
- Instead of Clean/Dirty, try negative, positive, substance free

Signs of Grief in Children and Teens

Adaptive VERBAL behaviors (still need to be acknowledged)

- Talking about the deceased or loss a lot
- Not talking about the deceased or loss at all
- Asking numerous questions
- Not asking any questions
- Wanting to hear story of the loss over and over
- Not wanting to hear the story
- Wishing to be with the deceased
- Engaging attention by talking a lot
- Saying clownish things
- Mentioning nighttime dreams about the person who died
- Voicing fears of almost everything and anything
- Voicing worries about safety, other people getting sick or dying

Signs of Grief in Children and Teens

Adaptive EMOTIONAL behaviors (still need to be acknowledged)

- Oceans of tears
- Crying at unexpected times
- Having strong feelings about seemingly small things
- Overreacting to a situation
- Under-reacting to a situation
- Inability to concentrate or focus
- Being angry at everybody and everything
- Noncompliance with adults
- Needing to be near an adult all the time
- Not wanting to leave home
- Lowered self-esteem
- Forgetfulness
- Irritability
- Clowning
- Seeing someone and believing it is the person who died

Signs of Grief in Children and Teens

Adaptive PHYSICAL behaviors (still need to be acknowledged)

- Eating a lot
- Not eating much
- Sleeping a lot
- Not sleeping
- Weariness and fatigue, even with enough sleep
- Aggressive behavior such as hitting, pinching
- Needing to touch people frequently
- Wanting to rip and destroy things
- Urine and bowel accidents (younger children)
- Pains in stomach and other areas that cannot be explained by physician
- Non-serious, recurrent illnesses such as colds, sore throats, etc.
- Older children wanting to do babyish things such as suck a bottle, play with dolls

Signs of Grief in Children and Teens

WORRISOME behaviors that may indicate the need of more immediate additional support:

- Dangerous risk taking: climbing too high, driving too fast, not being afraid
- Threatening to hurt self or others
- Self destructive behaviors: drug use, promiscuity, hurting or hitting self
- Violent play
- Total withdrawal from people and environment
- A dramatic and persistent change in personality or functioning over period of time
- Any of the “adaptive” behaviors happening over a very long time or to an extreme

(Adapted from materials from the Center for Grieving Children, Portland, Maine)

Trauma and Resilience

Not everyone who experiences a traumatic event is traumatized

Protective Factors:

- Caring adults outside family who can serve as role models or mentors
- The ability to cope with stress effectively and in a healthy manner (not avoiding)
- Being resourceful and having good problem-solving skills
- Holding the belief that there is something you can do to manage your feelings and cope
- Being connected with others, such as family or friends
- Holding a sense of self-efficacy and control over one's life
- Being more likely to seek help
- Spirituality
- Helping others
- Making meaning after loss

(Adapted from ACES presentation from Maine Behavioral Health)

Fostering Resilience

- Promote a sense of safety
- Promote calming, ability to self-regulate
- Promote a sense of self-efficacy
- Promote connectedness
- Promote hope (Masten, 2001)

One of the key factors in resilience is the capacity to manage strong feelings and impulses

(APA, 2011)

What Kind of Support Can Foster Resilience?

Resilience does not come from rare and special qualities but from the everyday magic or ordinary human resources in the minds, brain, and bodies of children, in their families, and in their communities. (Masten, 2001)

Natural Community Supports – parents, friends, family, school, coaches, church

Peer Support Groups

Therapy

Natural Community Supports - How to Help

- Listen with attention
- Don't try to fix it - grief can't be fixed!
- Show up, stick around, act normal, and listen. Or sit quietly with them if that is what they need.
- Allow for the expression of all feelings/grief and validate them
- Keeps the focus on the person in pain



(Adapted from material from the Center for Grieving Children, Portland, Maine and the Doughy Center, Portland, Oregon)

Natural Community Supports - How to Help (cont'd)

How do you help a grieving friend?

<https://www.youtube.com/watch?v=I2zLCCRT-nE>

What to Say and What NOT to Say

Try to AVOID saying...	DO say...
<p>“I know just what you’re going through.” You cannot know this. Everyone’s experience of grief is unique.</p>	<p>“Can you tell me more about what this has been like for you?”</p>
<p>“You must be incredibly angry (another emotion).” It is not helpful to tell people how they are feeling or ought to feel. It is better to ask. People in grief often feel many different things at different times.</p>	<p>“Most people have strong feelings when something like this happens to them. What has this been like for you?”</p>

What to Say and What NOT to Say

Try to **AVOID** saying...

“This is hard. But it’s important to remember the good things in life, too.”

This kind of statement may shut down the full expression of grief. When people are grieving, it’s important that space and support be provided to experience and express whatever feelings, memories, or wishes they’re having.

“At least they’re no longer in pain” or “At least they lived a long life, some die young”

Efforts to “focus on the good things” are more likely to minimize the individual’s experience. Any statement that begins with the words “at least” may want to be reconsidered.

DO say...

“What kinds of memories do you have about the person who died?”

“What sorts of things have you been thinking about since your loved one died?”

What to Say and What NOT to Say

Try to AVOID saying...	DO say...
<p>“I lost both my parents when I was your age.” Avoid comparing your losses with those who you are supporting. These types of statements may leave individuals feeling that their loss is not as profound or important.</p>	<p>“I know how I’ve felt when someone I loved died, but I don’t really know how you’re feeling. Tell me more about what this has been like for you.”</p>
<p>“You’ll need to be strong now for your family. It’s important to get a grip on your feelings.” Grieving children and adults are often told they shouldn’t express their feelings or that their feelings could be upsetting to others - this message may prevent individuals from learning to cope, manage, and express difficult feelings.</p>	<p>“How are you and your family doing?”</p>

What to Say and What NOT to Say

Try to **AVOID** saying...

“I know you’re hurting but we have to focus on other things.”

This may shut down a conversation or leave an individual feeling that they shouldn’t feel grief rather than to allow the person to share their experience of grief.

DO say...

“I wish I had the right words. What has this been like for you?”

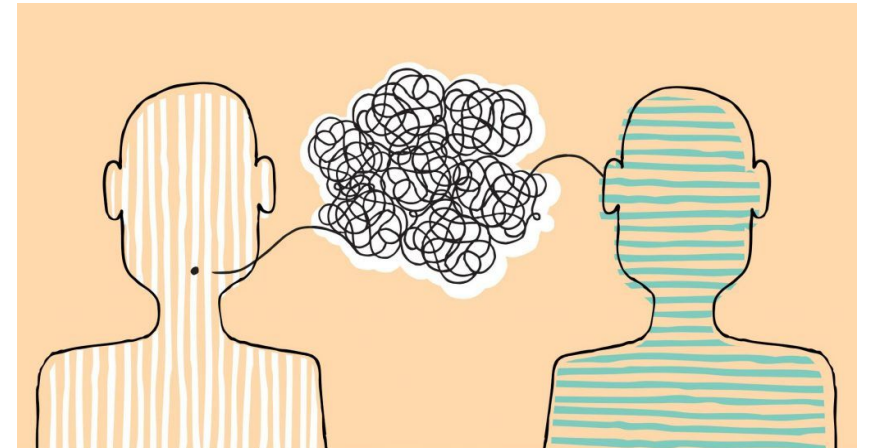
or

“I can see that you are upset. Can we find a time to talk about how you are doing after class”

(Adapted from materials from the Center for Grieving Children, Portland, Maine and Grief.com)

Other helpful things to say...

- I am so sorry for your loss. (this is a good start but may feel empty if not followed by more of an interaction/conversation)
- I wish I had the right words, just know I care.
- I don't know how you feel, but I am here to help in any way I can.
- I will be holding you and your loved ones close in my heart.
- My favorite memory of your loved one is...
- I am always just a phone call away
- Ask if giving a hug is ok
- Saying nothing, just be with the person (Grief.com)



Wrap Up Discussion

- Based on the information we've discussed so far, how might it inform your support/practice moving forward?
- Has any information surprised you, challenged you, or expanded your thinking?

Share with us 1 thing you are taking
with you from this training



Thank you for sharing your time and
experiences with us!

Rebecca and Valerie

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whatsyourgrief.com/

UNE/Educate Maine 1st Annual Social Services and Education Professionals Symposium

Grief and Loss Handouts

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August 14, 2023

Developmental Stages

Children, teens and adults will grieve anew at each milestone and developmental stage throughout their life span .



Age 0-3, Development Level

- Cognitively may not understand the changes – but notices adult’s reactions
- Does experience the emotion or heart experience of the changes
- Realizes when someone is missing

Information adapted from: Talking with Children about Loss by Maria Trozzi, A Tiny Boat at Sea by Izetta Smith, M.A., The Center for Grieving Children and the Dougy Center

Age 0-3, Common Responses

- Fear of abandonment/ Rejection
- Crying
- Clinginess/need to be held
- Irregular sleep

Age 0-3, What Helps

- Consistent, loving routine
- Minimize change
- Lots of physical and emotional nurturance
- Tell a story or draw a picture
- Encourage play
- Allow participation
- Provide surrogate primary caregiver if needed



Age 3-6, Development Level

- My believe death as reversible from t.v. or movies
- May equate illness or death with punishment
- Matter of fact curiosity
- May not be able to put feelings into words
- Emotions often expressed through behavior and play

Age 3-6, Common Responses

- Regression – e.g. clinginess, thumb sucking, or toilet training problems
- Increased aggression
- Escape to play
- Can appear unaffected, as if nothing happened
- Fearful: “Who will take care of me? Will you die”
- May ask questions repeatedly

Age 3-6, What Helps

- Use simple words to explain
- Give choices about involvement in medical treatment or after death services
- Tolerate need to become/behave younger
- Maintain/ create consistent routine
- Create big energy outlet and times for fun
- Maintain consistent discipline
- Spend time with the child, offer lots of physical and emotional nurturance



Age 6-9 Development Level

- Beginning to understand death is irreversible/permanent
- May see death as only happening to elderly or handicapped
- May demonstrate magical thinking – might worry they caused illness or death in some way
- May express feelings primarily through behavior, body, and play
- May be fascinated by physical details
- Family likely remains very important

Age 6-9, Common Responses

- Short periods of strong reaction, mixed with acting as though nothing happened
- Blames self – guilt
- Feels helpless and responds with increased aggression
- Disrupted sleep, changes in eating habits
- Concerns about own safety and abandonment
- Physical complaints - stomachaches, body aches, pain
- Reactions can be delayed

Age 6-9, What Helps



- Set aside a daily “check-in time” to talk. Answer questions honestly
- Give choices about involvement in medical treatment or after death services
- Make it clear the illness/death is not their fault and not contagious (if that is true)
- Encourage outlets for big energy, creative play, and lots of hugs
- Normalize feelings

Age 9-12, Development Level

- May be very interested in biological basis of illness/death
- May want black and white answers
- Worries and emotions may be unrecognizable to others
- May intellectualizes
- May appear stoic or uncaring
- Since children are not used to seeing adults express difficult emotions, may decide to keep emotional waters calm by distancing or intellectualizing
- May cognitively had the ability to understand death is final, irreversible

Age 9-12, Common Responses

- Wide range of emotions: guilty, sadness, relief, worry, rage, revenge
- Withdrawal from social situations
- May have physical symptoms – headache, stomachache, etc.
- Lack of attention/focus
- Reluctant to admit feelings
- May ask a lot of questions
- Phobic behaviors can appear
- Fascination with details of death
- Express big energy which may be seen as acting out
- Anxiety/concern for others, feeling the world is no longer safe

Age 9-12, What Helps

- Watch for teachable moments
- Don't be strong – be real.
- Provide truthful answers – don't shield. Get support for self if needed to prepare for difficult conversations
- Assess areas of guilt. Assure death/illness is not their fault
- Acknowledge changes in routine and work to re-establish safety and predictability in daily routine
- Peer support is important
- Reassure they are safe, have people who can take care of them
- Hugs and cuddling when they initiate
- Model ways to express emotions in healthy ways – art, physical activities, journaling, etc.



13-Young Adult, Development Level

- May be interested in the philosophical as well as the psychological and physical
- Emotions may be intensified by hormones
- May want to feel normal, as though things are the same
- May downplay the significance despite the significance
- Peers may become more important but still needs family – goes back and forth
- May need outlets to express worries and emotions
- Likely understands death is permanent, irreversible, universal, and inevitable

13-Young Adult, Common Responses

- Uncomfortable discussing death with parent and caregivers
- Unpredictable mood changes - sometimes intense
- Withdrawal from family or other support networks - focused on connections with peers
- Acts like nothing has changed although feel like everything has changed
- Increased risk taking: drugs/alcohol, unsafe behaviors, reckless driving
- Inability to concentrate (school difficulties OR pushing themselves to succeed and be perfect)
- Changes in sleep, eating, increased worry

13-Young Adult, What Helps



- Sit and dialogue. Provide information about what is happening, what to expect. Help with problem solving. Get support for self if needed to prepare for difficult conversations
- Mostly listen. Accept and validate all emotions.
- Be available, but don't push - allow space
- Encourage physical and expressive outlets – sports, drawing, journaling, music, etc
- Encourage peer relationships
- Let teen cuddle with you if they initiate
- Encourage relationships with other trustworthy adults and brainstorm other sources of support.
- Reinforce assurances of safety and security - maintain routines, set clear expectations, and be flexible when needed.

Resources - Books

Books can be helpful tools in both explaining and supporting children after a death.

Books help by:

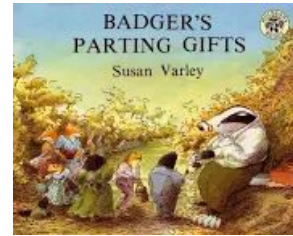
- Providing language and explanations of what illness/death means
- Helping children, especially very young children, to understand the concepts related to illness and death
- Providing coping skills and ideas for activities and ways to process the illness or death
- Reduce feelings of isolation by letting children know that they are not the only ones who have experienced these circumstances or feelings
- Validating and normalizing the wide range of feelings experienced during times of family illness and loss
- Providing the opportunity for quality time, closeness, and the opportunity to talk about the illness or loss

General Books for Grief and Loss

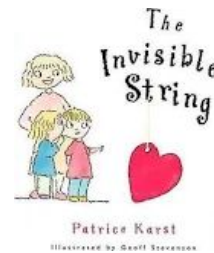
For Children Ages 3-10

For Parents

Badger's Parting Gifts
by Susan Varley



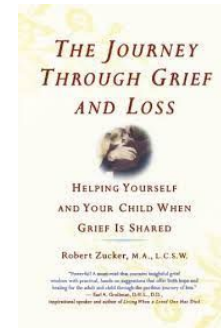
The Invisible String
by Patricia Karst



Life is Like the Wind
by Shona Innes and Irisz Agocs



The Journey Through Grief and Loss: Helping Yourself And Your Child When Grief Is Shared
by Robert Zucker, M.A., LCSW



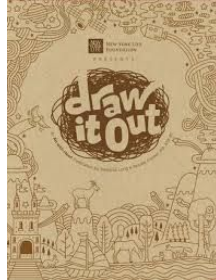
A Parent's Guide to Raising Grieving Children by Phyllis Silver and Madelyn Kelly



General Books for Grief and Loss

For Tweens and Teens

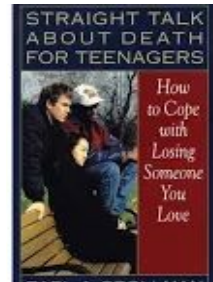
Draw it Out by Steffanie Lorig
and Rosalie Frankel, MA, ATR-BC



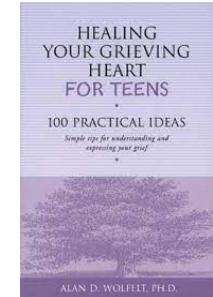
***The Grieving Teen: A Guide for Teenagers
and Their Friends*** by Helen Fitzgerald



***Straight Talk about Death
for Teenagers*** by Earl A. Grollman



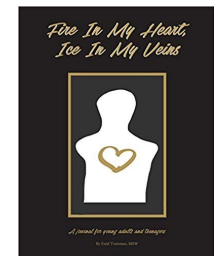
***Healing Your Grieving Heart: FOR TEENS.
100 Practical Ideas*** by Alan Wolfelt, Ph.D.



Chill and Spill by Steffanie Lorig
and Jeanean Jacobs



***Fire In My Heart Ice in My Veins: A Journal for
Young Adults and Teenagers***
by Enid Samuel Traisman, MSW

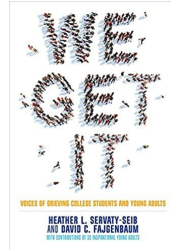


General Books for Grief and Loss

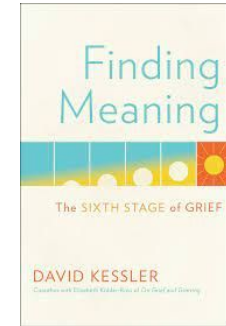
For Young Adults

For Adults

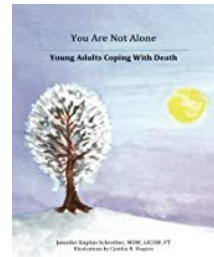
We Get It: Voices of Grieving College Students and Young Adults by Seib Heather Servaty and David C. Fajgenbaum



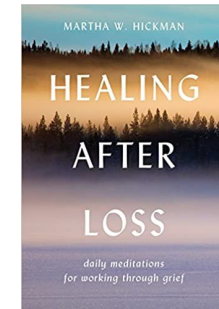
Finding Meaning: The Sixth Stage of Grief by David Kessler



You Are Not Alone: Young Adults Coping With Death by Jennifer Kaplan Schreiber



Healing After Loss: Daily Meditations for Working Through Grief by Martha Whitmore Hickman



Resources - Websites

The Center for Grieving Children - www.CGCMaine.org

The Doughy Center - <https://www.dougy.org/>

Grief.com – David Kessler - <https://grief.com/>

Modern Loss - www.ModernLoss.com

What's Your Grief - www.WhatsYourGrief.com

After Talk – Dr. Neimeyer - www.AfterTalk.com

Maine Behavioral HealthCare: Adverse Childhood Experiences and Trauma:
<https://www.mainehealth.org/Services/Kids-Health/Adverse-Childhood-Experiences-and-Trauma>