

The background of the entire image is white, covered with a pattern of small, dark blue stars and dots of varying sizes. Some stars are larger and more prominent, while others are tiny specks. The pattern is distributed evenly across the entire frame.

Helping Hearts Heal: Creating a Grief and Loss Group for Children

A Little Bit About Us

Carissa Howard

Carissa has been a child life specialist for over 20 years. Her areas of expertise are the ED and palliative care/grief and loss. Carissa has been full-time faculty at APU for 8 years. In addition to child life, Carissa is also an Associate Professional Clinical Counselor, working with children, teens and adults.

Elena Le

Elena has been in child life since 2015 and has served in leading pediatric healthcare settings, including Children's Hospital Los Angeles, Orthopaedic Institute for Children, Pomona Valley Hospital Medical Center, and Arrowhead Regional Medical Center. She began at APU as adjunct faculty in 2017 and has been full-time faculty for the past 2 years.

Why do kids and teens need a grief group?

The 2026 report, based on 2020–2024 data, estimates 9.1% — about 6.6 million children, or 1 in 11 — will experience the death of a parent or sibling by age 18. By age 25 that roughly doubles to 15.4%, or about 15.9 million. Broken out by relationship, 7.9% (5.7 million) lose a parent and 1.3% (970,000) lose a sibling.

(Childhood Bereavement Estimation Model, Judi's House, 2026)

The CBEM only counts parent and sibling deaths. It excludes grandparents, friends, and other significant figures, so it's a floor, not a ceiling — broader definitions push childhood bereavement prevalence as high as 62% when "close relative" is the criterion. (Hanauer et al., 2024)

Prolonged Grief Disorder

Prolonged grief disorder (PGD) is a formal diagnosis in the DSM-5. In children and adolescents it requires at least **six months** to have elapsed (rather than the 12 months used for adults) and must exceed **social, cultural**, and **religious** norms for the diagnosis to apply.

Risk climbs sharply with certain loss types.

- 48% of youth bereaved by a parent or sibling to cancer self-reported prolonged grief symptoms.
- 28% after parental death
- 59% after sibling death

Pre-existing depression, emotional difficulties, and insomnia predict higher symptoms.

(Bondy and Scott, 2025 & Low et al., 2026)

Bereavement & Mental Health

“The death of a parent or sibling (family bereavement) is associated with mental health problems in approximately 25 % of the affected children.” (Stikkelbroek et al., 2016)

“Bereavement in childhood is a risk factor for a range of psychological problems like anxiety, depression, posttraumatic stress disorder (PTSD), and intense grief.” (Breen, et al., 2023)

“Bereaved adolescents have been found to be two to three times more likely to experience depression than non-bereaved peers.” (Bjørndal et al., 2025)

Parental Loss

“A Swedish national cohort concluded that parental death from natural causes carries a small increased long-term risk, but children who lose a parent to suicide, accident, or homicide — and those who lose a parent at younger ages — are at particular risk and should be prioritized for preventive intervention.” (Berg et al., 2016)

“Kids who have lost a parent are more than twice as likely as nonbereaved kids to show impairments in functioning at school and at home, even 7 years later.” (Pham et al., 2018)

Impact of grief on learning & education

“Grief can meaningfully affect learning — decreased academic performance, social withdrawal, and behavioral problems — yet only 7% of teachers have had any bereavement training, while 92% of educators say childhood grief is a serious problem.” (New York Life, 2019)



Developmental Responses to Grief and Loss



INFANTS

DEVELOPMENTAL FACTORS

- Dependence on caregivers for all basic needs
- Limited object permanence
- Limited verbal ability
- Few coping strategies to regulate or relieve tension

UNDERSTANDING OF DEATH

Infants don't understand death but do experience loss of attachment figure or routine

REACTIONS TO DEATH

- Irritability
- Disruptions to sleep
- Inconsolable
- Sluggish/quiet/withdrawn



TODDLERS (2-3)

DEVELOPMENTAL FACTORS

- Ambivalence about independence
- Increasing comprehension and articulation of language
- Beginning mastery of gross and fine motor skills
- Learns by mimicking and following the example of others

UNDERSTANDING OF DEATH

Cannot cognitively understand death. Cannot differentiate between a parent's absence for a short or long time. Can sense a loss or change.

REACTIONS TO DEATH

- Crying or protesting
- Express sadness through withdrawal from activities
- Changes in eating/sleeping patterns
- Often show regression and display separation anxiety



PRESCHOOL (4-5)

DEVELOPMENTAL FACTORS

- Developing a larger vocabulary and mastery of language
- Learning letters
- Continuing to master fine and gross motor skills
- Express feelings through art and play
- Acquiring social skills through interactions and observing others

UNDERSTANDING OF DEATH

Beginning to understand death physically, but not the permanence of it.

REACTIONS TO DEATH

- Might worry about who will take care of them
- Anxious and worried that something bad will happen again
- May exhibit searching behaviors, looking for the deceased loved one



EARLY ELEMENTARY (6-9)

DEVELOPMENTAL FACTORS

- Relationships with peers and adults are important
- Striving for mastery of facts and information
- Superego and a sense of responsibility are evolving
- Concrete thinking

UNDERSTANDING OF DEATH

Beginning to understand the concept of death and the permanence but may still struggle to grasp the abstractness of it.

REACTIONS TO DEATH

- May become anxious or afraid of leaving the remaining adult
- May exhibit physical aggression or have trouble focusing
- Might worry about their own health
- May worry they caused the death
- Might withdraw from previously enjoyed activities



PRETEEN (10-12)

DEVELOPMENTAL FACTORS

- Interest and ability to understand biological processes
- Heightened sensitivity to others' emotions
- Increased awareness of vulnerability
- Regressive and impulsive behaviors to indicate stress
- Prepubertal changes

UNDERSTANDING OF DEATH

Death is permanent and unavoidable. No longer seen as a punishment. Death may be frightening, but it is associated with old people.

REACTIONS TO DEATH

- Reactions often reflect what they have been taught or what they have learned from others.
- A child may turn to their family's spiritual/religious beliefs.
- May withdraw from others, become depressed, perform poorly in school, and exhibit low self-esteem.



ADOLESCENTS

DEVELOPMENTAL FACTORS

- Searching for identity
- Exploring sex and intimacy
- Peer relationships are most important
- Exposure to maladaptive responses to stress
- Abstract thinking

UNDERSTANDING OF DEATH

Death is permanent, irreversible, and affects everyone.

REACTIONS TO DEATH

- May struggle with existential questions.
- Are at risk for maladaptive coping strategies and behaviors.
- May be a risk for parentification.

CCLS Qualifications/Skillset for leading group

- *Developmentally appropriate language and adapting each activity/intervention for the specific ages/stages*
- *Therapeutic play and expressive modalities*
- *Legacy-building and memory-making interventions*
- *Family systems orientation*
- *Skill in engaging caregivers alongside the child*
- *Coping assessment and intervention planning*
- *Interdisciplinary collaboration - working with and/or referring out to hospice, palliative care, spiritual care, and mental health colleagues*

William Worden's 4 Tasks of Mourning

1. To accept the reality of the loss
2. To process the pain of grief
3. To adjust to a world without the deceased
4. To find an enduring connection with the deceased while embarking on a new life

Baker's 3 Tasks of Mourning for children

1. **Early tasks:** *understanding (developmentally appropriate comprehension of the death) and self-protection (managing overwhelming affect)*
2. **Middle-phase tasks:** *acceptance and reworking (of the relationship and the loss)*
3. **Late tasks:** *identification and moving forward developmentally, integrating the loss into ongoing identity formation*

(Baker et al., 1992)



Group Games

Rationale & Goals

- *Build connection and community among children and staff.*
- *Help children discover shared experiences and recognize that they are not alone.*
- *Provide a safe, low-pressure way for self-expression without requiring verbal sharing.*
- *Celebrate both similarities and unique experiences in a fun, non-threatening environment.*



Object Lesson

Rationale & Goals

- *Provide a visual representation of grief to enhance understanding.*
- *Normalize that grief can feel different for everyone - strong and manageable at times and overwhelming at others.*
- *Reinforce that all feelings and grief responses are okay, even when they feel messy.*
- *Provide a concrete, hands-on way to explore the unpredictable nature of grief.*
- *Encourage children to recognize that new emotions may emerge and change, and there is no single “right” way to grieve.*



Coping/Creation Station

Rationale & Goals

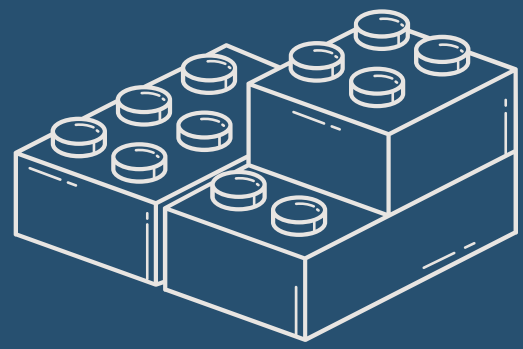
- *Promote positive coping and emotional regulation through sensory-based activities.*
- *Teach practical coping strategies, including deep breathing and mindfulness.*
- *Help children identify grief-related emotions and recognize how feelings can be experienced in the body.*
- *Provide a safe, low-pressure opportunity to connect with peers and discuss emotions.*
- *Create or learn a tangible coping tool children can take home and use at a later time.*



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Rationale & Goals

- *Help children identify and understand emotions related to grief and loss.*
- *Normalize grief experiences by helping children recognize that others may have similar thoughts and feelings.*
- *Provide a safe, indirect way to explore difficult emotions through characters and stories.*
- *Encourage conversation and self-expression without requiring children to share personal experiences.*
- *Introduce healthy coping strategies and examples of how others navigate grief.*
- *Promote connection, hope, and meaning-making through developmentally appropriate stories.*



LEGO Build

Rationale & Goals

- *Encourage children to explore memories and maintain connections with the person who died.*
- *Building a physical model allows children to project their thoughts onto an object, minimizing pressure to put their loss into words.*
- *The playful nature of LEGO lowers defenses and reduces the fear of judgment.*

Week 1

Accept the Reality of the Loss

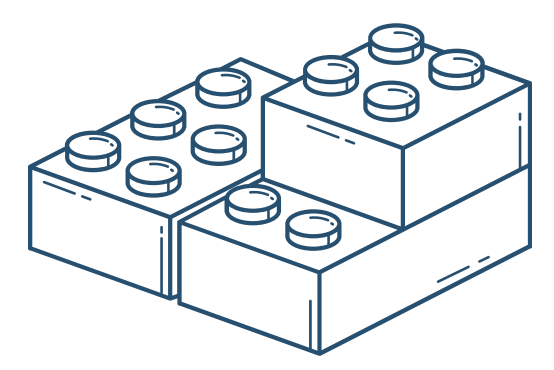
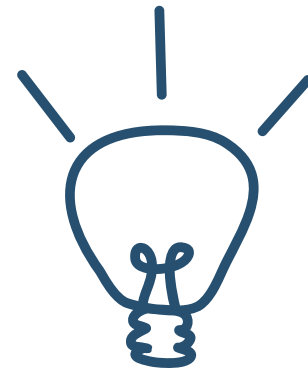
Group Game

Object Lesson

Coping Skill

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LEGO Build



Hula hoop pass

*Grief is like
toothpaste - Once
it happens, you
can't undo it.*

Coping Cards

***The Rabbit
Listened***

Word Bracelets

*Choose the following:
a brick to represent your
loss. A brick that represents
you. 1 brick for each person
in your family. 1 that
represents how you are
feeling at the end of our
first group. Now build
something using all of the
bricks you chose.*

Week 2

Process the Pain of Grief

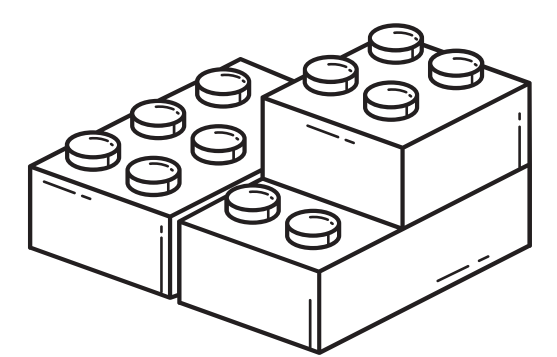
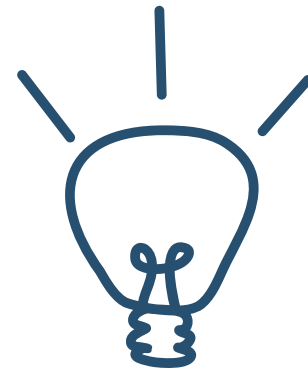
Group Game

Object Lesson

Coping Skill

Bibliotherapy

LEGO Build



*Would you
rather?*

*Grief is like a
snowflake - every
loss is different
and unique*

Coping Kits

***Grief is Like an
Elephant***

*Use playdough to
build or draw the
animal your grief
feels like*

*Build something
that represents
your person*

Week 3

Adjust to a World Without the Deceased

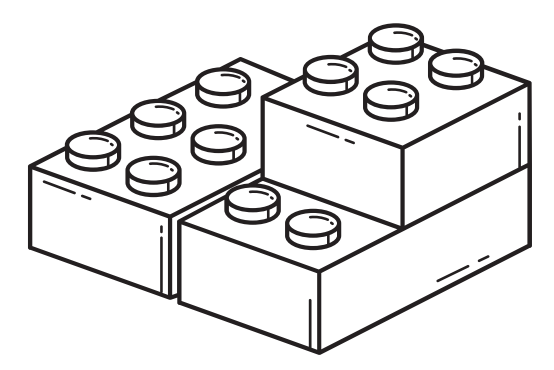
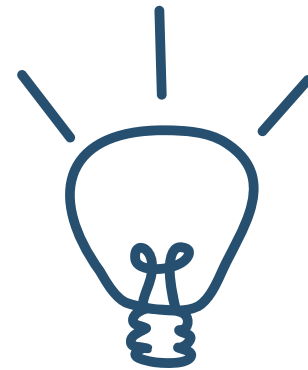
Group Game

Object Lesson

Coping Skill

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LEGO Build



*Rock, Paper,
Scissors, Evolution*

*Grief is like a
mosaic - using
broken pieces into
something new*

*Practice addition
and subtraction
in your workbook.*

***What Does Grief
Feel Like***

*Body Outline -
color or create
what your grief
feels like and
where you feel it*

*Build a model
that represents
your life before
your person died.*

Week 4

Adjusting to a World Without the Deceased

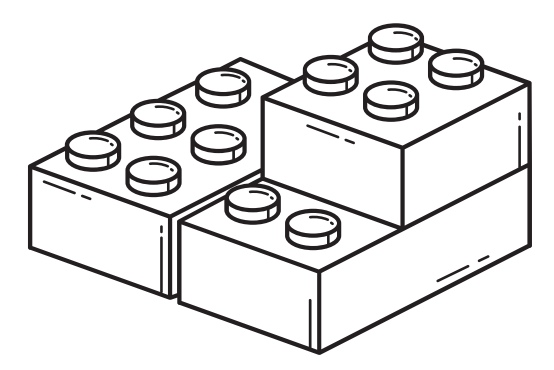
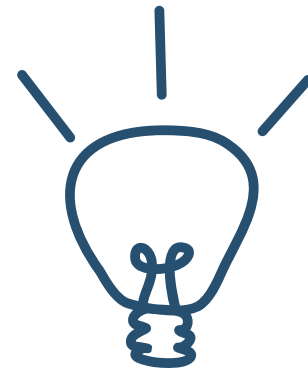
Group Game

Object Lesson

Coping Skill

Bibliotherapy

LEGO Build



*In the River, On
the Bank*

*Grief is like a
volcano*

*Practice addition
and subtraction
in your workbook.*

A,B,C's of Grief

*Make a collage or
paint your letter
on a canvas.*

*Build a model
that represents
your life after your
person died.*

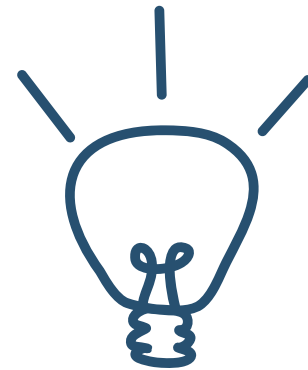
Week 5 Finding an Enduring Connection

Group Game



*Head, Shoulders,
Knees, Cup!*

Object Lesson



*Grief is like a
flame -
sometimes big,
sometimes small.
Other times it
feels like its gone
but it comes back*

Coping Skill



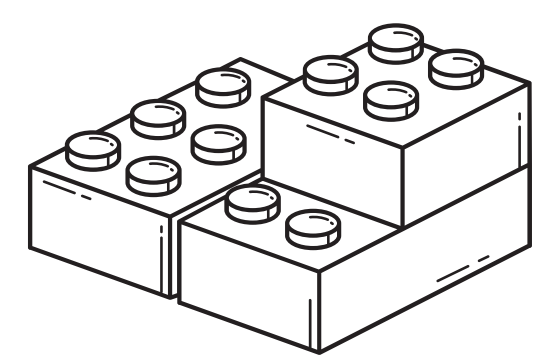
*Practice addition
and subtraction
in your workbook.*

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My Memory Box
*Create a memory
box for your
person*

LEGO Build



*Choose a brick
that represents
your person. Build
a model to
represent your
future - include
your chosen brick.*

When to Refer Out

- *Suicidal ideation or self-harm — always an immediate referral, non-negotiable, regardless of group model*
- *Persistent functional impairment beyond a few months — can't attend school, sustained withdrawal from previously enjoyed activities, or extreme behavior change (aggression, or the opposite: shutting down)*
- *Symptoms suggesting PTSD or trauma response — intrusive re-experiencing, hypervigilance, dissociation — especially relevant given your earlier data on sudden/violent loss carrying higher PGD risk*
- *Signs of major depression — not sadness (expected, normative) but anhedonia, sleep/appetite disruption, hopelessness sustained over weeks*
- *Disclosure of abuse, neglect, or unsafe home environment — mandatory reporting obligation, outside CCLS clinical scope entirely*

When to Refer Out

- *A caregiver who is themselves acutely destabilized — since CCLS work is family-systems oriented, a caregiver in crisis may need their own referral even if the child is coping adequately*
- *Substance use concerns in adolescents — comorbid with grief in the literature you already have (opioid-crisis and complicated grief citations)*
- *Any case where you, as facilitator, notice yourself reframing or minimizing a concern to keep it "within scope" — this is worth naming explicitly to your CCLS audience as a professional practice principle, not just a clinical checklist item: the instinct to talk yourself into "it's probably fine" is itself the signal to consult or refer.*

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