

# 10 for 10

Ten Activities for  
when emotions  
run high

## My Self-Care Worksheet

☐ **Move**



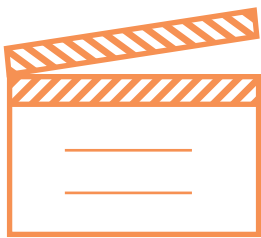
☐ **Music**



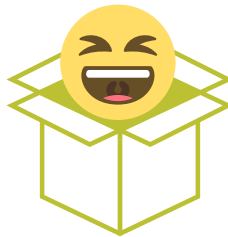
☐ **I spy**



☐ **Take the stage**



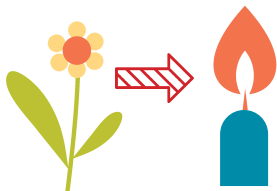
☐ **Angry box**



☐ **Cozy corner**



☐ **Smell the flower,  
blow out the candle**



☐ **Connect**



☐ **Dance Party**

☐ **My idea**

☐ **My Photo**

### For Teachers and Caregivers:

You can use this worksheet in a few different ways:

- Children can use it to pick an activity they want to do when their emotions are running high.
- You can ask them to refer to it and choose the activity(ies) they want to do.
- Children can mark off the activities they do throughout the day/week.

Refer to the **10 for 10 Explanation** sheet for more information about each activity. The activities are color-coded green, yellow, and red to match the **Zones of Regulation** sheet.



## Childhood Bereavement is a Critical Issue and National Priority

The death of a parent, sibling, or other important person in a child's life is one of the most frequently reported disruptive childhood experiences.<sup>1,2</sup> Research demonstrates that experiencing the death of a parent during childhood puts children at risk for lifelong adversity.<sup>3,4,5</sup> Understanding the number of children impacted by death is essential to help every bereaved child find hope and healing.

**The Childhood Bereavement Estimation Model (CBEM)<sup>6</sup>** approximates rates of U.S. children and youth who will experience the death of a parent or sibling by the time they reach adulthood. This CBEM Key Topic Report provides a point-in-time (Snapshot) perspective of the number of children under age 18 who experienced a parent death in each year from 2017 through 2021 using data from the Centers for Disease Control and Prevention (CDC) WONDER.<sup>7,\*</sup>

## COVID-19 Profoundly Changed our World

One undeniable impact relates to mortality. Increased mortality has important implications for childhood bereavement. The pandemic compounded existing annual bereavement rates that reflected more than 260,000 children under 18 becoming newly bereaved due to the death of a parent. In 2021, this number increased to more than 383,000 – surging nearly 50%. While COVID-19 directly accounts for a portion of the increase, other socially stigmatized causes also contributed, including overdose and homicide. These types of loss may accompany feelings of isolation, guilt, and uncertainty in grieving families.<sup>8,9</sup>

**The 2023 CBEM Key Topic Report** builds on the 2022 report by comparing childhood bereavement rates attributed to socially stigmatized deaths before and after the onset of COVID-19 using CBEM Snapshot analyses.<sup>†</sup>

\*This measure is different from the Current and Projected results in the standard [CBEM State and National reports](#). These results (Snapshot, Current, Projected) should not be combined.

† For more information on CBEM Snapshot analyses, see the [CBEM Technical Appendix](#).

**Specifically, this report highlights deaths due to the following causes:**



**Accidental drug overdose**



**Homicide by gunshot**



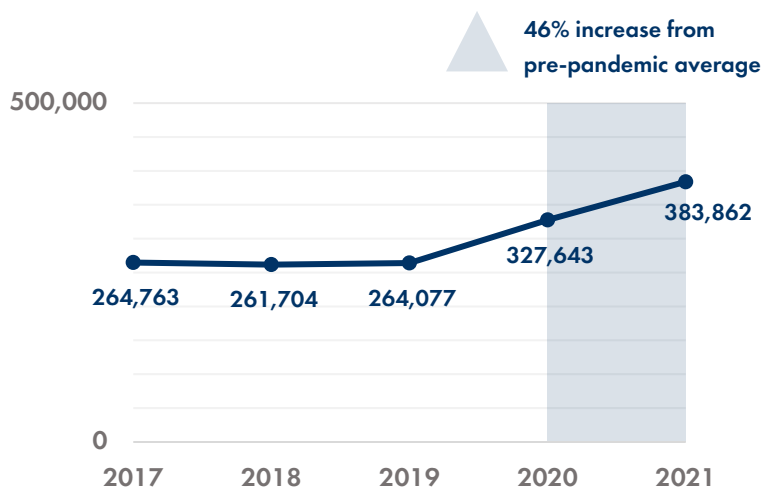
**Suicide**



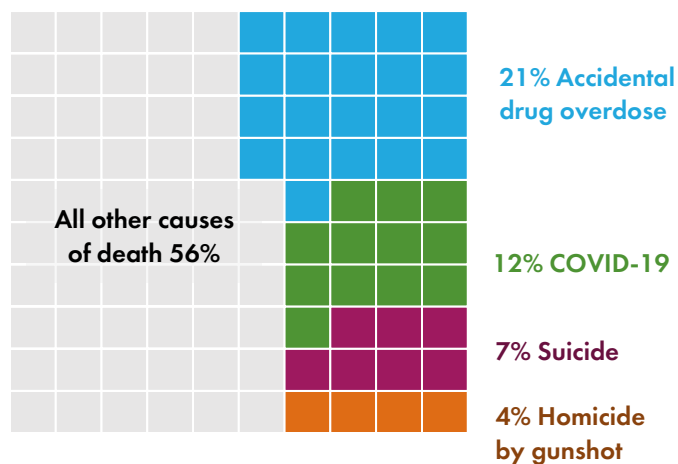
**COVID-19**



**CBEM Snapshot results highlight an overall increase of 120,300 children bereaved in 2021 compared to pre-pandemic numbers.**



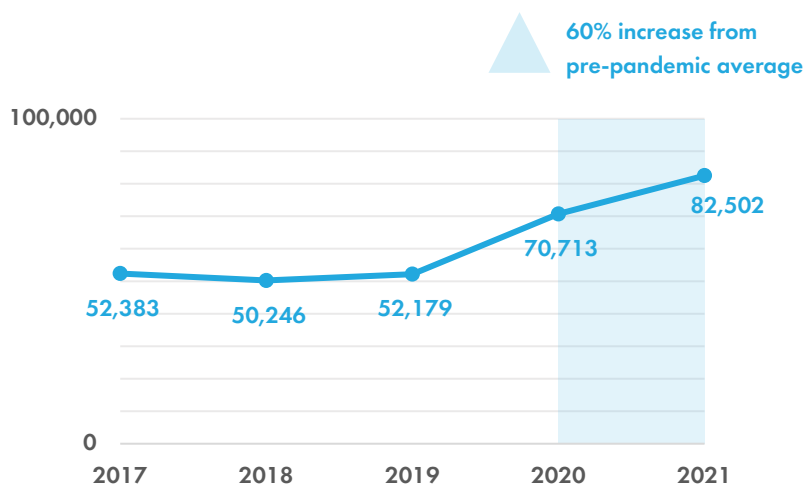
**2021 Landscape of childhood bereavement due to a parent's death by cause.**



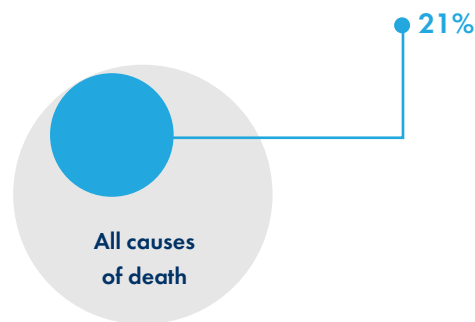
### Children Newly Bereaved due to Parent Death from Accidental Drug Overdose

CBEM Snapshot results below compare the number of children newly bereaved by a parent accidental overdose death in pre-COVID years (2017-2019) and the first and second years of the pandemic (2020 and 2021).

CBEM Snapshot results reflect an increase of 30,900 children bereaved in 2021 due to a parent accidental overdose death compared to pre-pandemic numbers.



Relative proportion of the number of children bereaved due to a parent accidental overdose death.



1 in 5 children newly bereaved by a parent death in 2021 experienced an accidental overdose death.



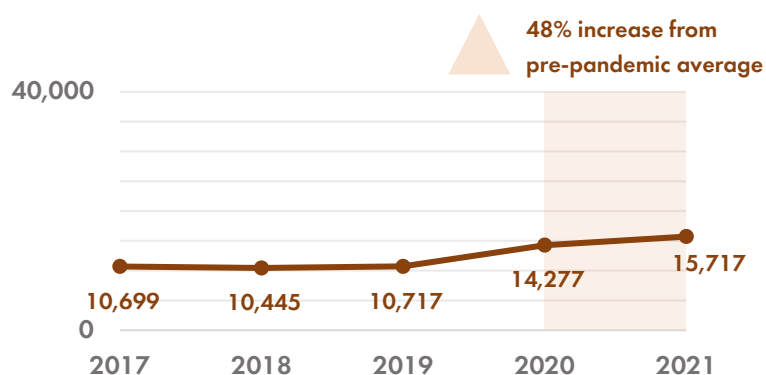




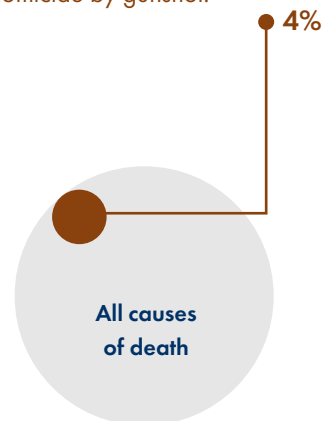
## Children Newly Bereaved due to Parent Death from Homicide by Gunshot

CBEM Snapshot results below compare the number of children newly bereaved by a parent homicide by gunshot in pre-COVID years (2017-2019) and the first and second years of the pandemic (2020 and 2021). Parent death from a homicide by gunshot is relatively rare, accounting for 4% of childhood bereavement in 2021.

CBEM Snapshot results reflect an increase of 5,100 children bereaved in 2021 due to a parent homicide by gunshot compared to pre-pandemic numbers.



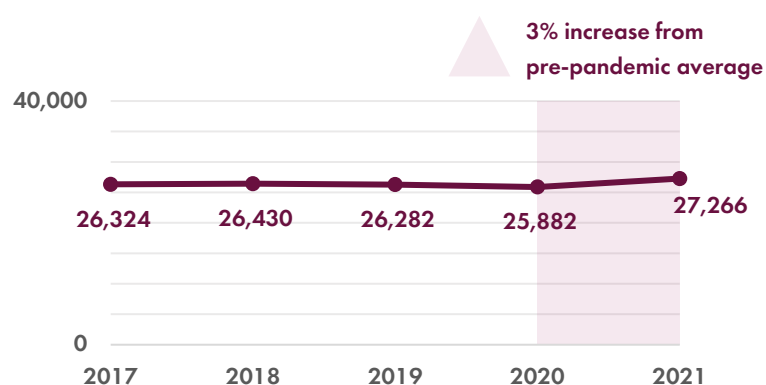
Relative portion of the number of children bereaved due to a parent homicide by gunshot.



## Children Newly Bereaved due to Parent Death by Suicide

CBEM Snapshot results below compare the number of children newly bereaved by a parent death by suicide in pre-COVID years (2017-2019) and the first and second years of the pandemic (2020 and 2021). Beginning in 2017, there was a year-over-year decrease in the number of children newly bereaved due to a parent suicide death. Unfortunately, in 2021 the number jumped to 27,200 children bereaved - the highest point in five years.

CBEM Snapshot results reflect an increase of 900 children bereaved in 2021 due to a parent death by suicide compared to pre-pandemic numbers.



Relative portion of the number of children bereaved due to a parent death by suicide.

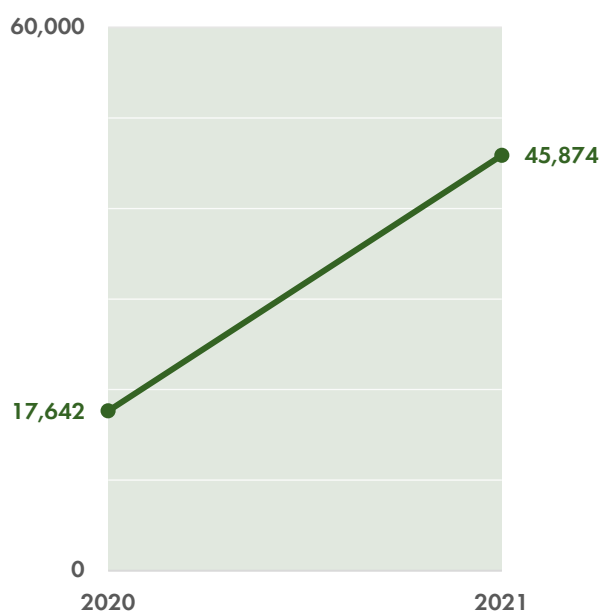




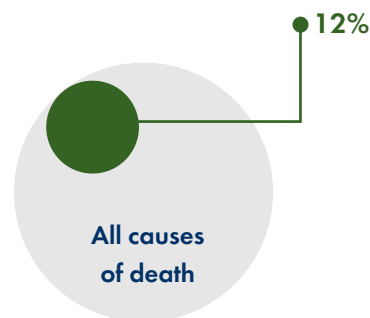
## Children Newly Bereaved due to Parent Death from COVID-19

CBEM Snapshot results below display the number of children newly bereaved by the death of a parent from COVID-19.<sup>‡</sup> Children bereaved due to COVID-19 may experience stigma based on where, when, and how the death occurred.<sup>10</sup> The number of children newly bereaved by a parent COVID death increased a staggering 160% in 2021 compared to 2020.

Number of children under 18 newly bereaved due to a parent COVID-19 death.



Relative proportion of the number of children bereaved in 2021 due to a parent COVID-19 death.



1 in 8 children newly bereaved by a parent death in 2021 experienced a COVID-19 death.



<sup>‡</sup> Preliminary data from January 1, 2022 – April 22, 2023 not referenced in this section's graphics estimate an additional 11,906 children under age 18 were newly bereaved due to the death of a parent from COVID-19. Preliminary COVID-19 mortality data are released by the CDC to help track pandemic impact. Combined with errors in cause of death coding, these data may represent an undercount. CBEM results for 2022 to April 22, 2023 are initial findings that are subject to change once CDC validates and finalizes the data. 2021 U.S. population estimates from WONDER are used for the 2022 – April 2023 period.

## The Cost of Inaction

Experiencing a significant death during childhood often results in profound stress and adversity that can derail a child's development, but providing appropriate support to a grieving child can ease the impact and help keep a child's development on track.



Graph adapted from: Harvard University Center on the Developing Child

## Take Action to Support Grieving Kids

The increasing rates of childhood bereavement emphasize the need for attention to and action around this critical public health issue.

### The following recommendations are offered:

- ✓ Assess the size and scope of the issue by creating a national system for tracking childhood bereavement and related death causes with mechanisms for annual benchmarking.
- ✓ Develop ongoing processes for screening children's grief reactions and death loss experiences across systems and institutions (e.g., healthcare settings, schools).
- ✓ Broaden awareness and advocacy efforts that promote grief education and ensure those coping with a death loss are met with sensitive support.
- ✓ Promote research that seeks to understand the diverse needs of grieving children, including differences based on the cause of death, and translate these findings into practical, efficacious strategies that can be applied in settings where bereaved children and families are.
- ✓ Strengthen workforce and community capacity to address bereavement by developing and providing specific training, tools, and resources.
- ✓ Embed grief-informed knowledge throughout societal systems, including education, health care, criminal justice, finance, and government.
- ✓ Provide and sustain an affordable continuum of care that addresses the broad spectrum of bereaved youth by establishing universally accessible and culturally relevant programming focused on reducing risks and promoting well-being.

The estimated 700,000 plus children under the age of 18 who experienced the death of a parent in 2020 and 2021 combined deserve wide-scale, societal understanding, sensitivity, and support. We must establish a comprehensive approach to developing and implementing resources and services to meet their needs. By uniting to invest in prevention, researchers, practitioners, educators, policymakers, and advocates can create social change that ensures a compassionate response to all grieving children and families nationwide.

## Sources

- <sup>1</sup> Nickerson et al. (2013). *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 119-127.
- <sup>2</sup> Pynoos et al. (2014). *Psychological trauma: Theory, Research, Practice, and Policy*, 6(Suppl 1), S9-S17.
- <sup>3</sup> Rostila & Saarela (2011). *Journal of Marriage and Family*, 73(1), 236-249.
- <sup>4</sup> Smith et al. (2014). *Social Science & Medicine*, 119, 180-190.
- <sup>5</sup> Li et al. (2014). *PLOS Medicine*, 11(7): e1001679.
- <sup>6</sup> Burns et al. (2023). *Frontiers in Pediatrics*, 11.
- <sup>7</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, *CDC WONDER*.
- <sup>8</sup> Goulah-Pabst (2021). *OMEGA - Journal of Death and Dying*.
- <sup>9</sup> Dyregrov et. al. (2020). *Addiction Research & Theory*, 28(5), 415-424.
- <sup>10</sup> Slomski (2021). *Journal of the American Medical Association*. 326(21), 2117-2119.



Judi's House/JAG Institute is a research-based nonprofit in Aurora, CO devoted solely to supporting grieving children and their families.



NEW YORK LIFE  
FOUNDATION

Judi's House/JAG Institute partnered with New York Life Foundation to create the Childhood Bereavement Estimation Model (CBEM).

# COMPANIONING

vs.

# TREATING

Dr. Wolfelt's Guiding Model  
for Counseling the Bereaved

The word "treat" comes from the Latin root word "tractare," which means "to drag." On the other hand, the word "companion," when broken down into its original Latin roots, means "messmate": com for "with" and pan for "bread." Someone you would share a meal with, a friend, an equal. I have taken liberties with the noun "companion" and made it into the verb "companioning" because it so well captures the type of counseling relationship I advocate.

More specifically, for me...

Companioning is about honoring the spirit; it is not about focusing on the intellect.

Companioning is about curiosity; it is not about expertise.

Companioning is about learning from others; it is not about leading.

Companioning is about walking alongside; it is not about leading.

Companioning is about being still; it is not about frantic movement forward.

Companioning is about discovering the gifts of sacred silence; it is not about filling every painful moment with words.

Companioning is about listening with the heart; it is not about analyzing with the head.

Companioning is about bearing witness to the struggles of others; it is not about directing those struggles.

Companioning is about being present to another person's pain; it is not about taking away the pain.

Companioning is about respecting disorder and confusion; it is not about imposing order and logic.

Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.

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# DEVELOPMENTAL UNDERSTANDINGS

For Very Young Children, Children & Teens





## Young Children (Birth to 5 years old)

### Understanding and Response to Death

- Awareness of death is directly influenced and limited by young children's ability to understand their world.
- Death is viewed as the absence of a parent or caregiver.
- Children may be preoccupied with who will take care of them.
- Children may see themselves as responsible in some way, for a death, and they do not yet recognize time and irreversibility of death.
- Child may want to "die" to be with the person who died.
- Repetition is important with younger children, they may repeatedly be asked the same questions.

### Sources of Support

As caregivers, you are the primary source of security for your children— your continued reassurance about your presence and support is crucial. Extended family members and others may also provide important support, and you can discuss with them how they can be helpful.

### What They May Need from Caregiver(s)

**Be a good listener.** In all your communication, be sure to listen to what your child is experiencing and feeling and show you understand.

**Establish and maintain routines.** Offer reassurance about the predictability of events, family security, and routines.

**Recognize very young children do not understand death as adults do.** When appropriate, gently explain what is happening. You can provide gentle repeating of the facts, knowing time will help the child understand their loss.

**Respond truthfully.** When asked questions, respond truthfully about death according to your own belief system and what the child can understand at the time. To be truthful does not mean you have to share all of the details at one time.

**Model grieving.** When a child sees you being sad or express sadness or other emotions, explain what you are thinking and feeling; sadness is only one way people show they miss someone who has died.

**Allow and encourage children to play and have fun when they want to.**

**Reassure children they are safe and cared for.** Describe and reassure the child your family will experience new routines and they will be safe and cared for. One way to do this is to establish family life routines and special times to be together.

**Talk about the person who died.** Give children opportunities to learn and share about their person. Don't be afraid to talk about the person who died.

**Encourage art activities.** You might ask preschool children to draw a picture showing a memory of their person. Follow up by asking them to tell you about the picture.

**Be assured that regressive behavior is natural.** This happens when a child no longer does things they could before the death, such as potty training. When a child shows regressive behavior, show patience and understanding.

**Include and allow the child to be as involved as they want to be.** Ask the child how they want to participate: pick out the color of the flowers, draw or color a picture to be placed in the casket, choose a photo to share, etc.



**For additional resources, visit [www.childrengrieve.org](http://www.childrengrieve.org).**



## Children (6 years old to 12 years old)

### Understanding and Response to Death

- Awareness of death is influenced and limited by the child's ability to think about their world.
- Many emotions and grief can be explained and understood.
- Explain grief is a combination of reactions one can have after someone has died—thinking about the person, feelings of sadness or anger, physical reactions such as tiredness, or upset stomach. These reactions can come or go.
- Anger can be attributed to a number of causes. It may not be the anger children feel because the person has died, but the anger that results when no one listens or talks to them or includes them in activities. Do not assume what prompts feelings, ask them.
- Children recognize death is irreversible.
- Children will be able to appreciate how the loss of a person in their lives will affect them over time, weeks, or months but may not understand the long-term, life-long impact of a death.

### Sources of Support

Although school and outside of their family worlds are increasingly important, caregivers and family are still the school agers' primary source of support. Use outside resources, as you need, to be sure your child is receiving the support they need.

### What They May Need from Caregiver(s)

**Be a good listener.** Encourage their expression of what they are thinking and feeling, their concerns about their alive caregiver's health, financial issues, etc. Provide acceptance and reassurance as needed.

**Respond to the child's need for information about the death,** often the details, allowing them to build a sense of control. They may have a matter-of-fact reaction rather than an emotional one to the circumstances. Give factual answers to questions as best you can, such as how it happened, when, and where. The "whys" of the death may not even be understood by adults, and you can share this with the child.

**Recognize children do not want to be different from other children because of the death.** Provide the support they need to continue their ongoing activities with their peers. Find grief support groups available, if needed.



**Accept the child's open discussions about the deceased.** Including talking or joining with them, magical thinking (did they cause the death), and concerns about their parent or caregiver's health or financial problems.

**Understand the child can simultaneously hold seemingly contradictory emotions** such as feeling sad about the death yet happy to see family at the memorial service.

**Address how the death has and will affect their lives . . .** "who will help me with my homework?" Children need the reassurance of continuity in their world.

**Help them address separation anxiety** by fully preparing them for any future anticipated separations.

**Establish ongoing family routines**, including positive times you spend together as a family.

**Include and allow the child to be as involved as they want to be.** Ask the child how they want to participate: pick out flowers, help a sibling, walk the dog, create a photo collage, draw a picture to be placed in the casket, etc.



**For additional resources, visit [www.childrengrieve.org](http://www.childrengrieve.org)**



## Teens (13 years old to adulthood)

### Understanding and Response to Death

- The teen's awareness and understanding of death are similar to adults. They can incorporate multiple causes and consequences of a death.
- Many complex emotions and grief can be explained and understood.
- Support them in understanding grief is a combination of reactions one can have after someone has died such as thoughts about the person, feelings like sadness or anger, and physical reactions such as tiredness or an upset stomach. They can also experience more subtle emotions or regret, ambivalence, or relief. These reactions can come or go.
- Anger can be attributed to a number of causes. It may not be anger the teen feels because an important person has died but the anger they feel when no one listens or talks to them or has excluded them from activities. Do not assume what prompts feelings, ask.
- Teens do not inherently see themselves as responsible for a death but are apt to analyze information to determine who or what is responsible.

### Sources of Support

Although peers and other adults become increasingly important, caregivers remain critical sources of information and support.

### What They May Need from Caregiver(s)

**Be available to listen and talk.** Caregivers can engage in detailed narratives of the death and related events.

**Encourage involvement in family activities.** Although they are increasingly involved with peers and outside activities, your family's continuity as a safe place where people care about each other is very important to them.

**Be aware of the intensity of a teen's grief experience.** They may express mood swings. Expect and accept mood swings. Allow hidden feelings unless there is a risk of harm.

**Offer specific opportunities for expressing feelings and remembrance** through writing, art, music, sports, etc.

**Encourage their participation** in peer support groups, if desired.

**Support their unique identity development and independence.** Acknowledging their preference of spending more time with friends balanced with continued involvement in family activities and family bereavement remembrances. Avoid escalation of conflict as they express their independent identity.

**Consistently set appropriate limits.** Adolescents need these limits, although they may protest them.

**Avoid having them take on too much family responsibility** if it is at the expense of their independent development.

**Encourage stress reduction.** Avoid getting them involved in solving stressful situations beyond their ability to control, such as conflicts between adult family members.

**Include and allow the teen to be as involved as they want to be.** Ask the teen how they want to participate: pick out flowers, help a sibling, read a poem, create a photo collage, write a letter to be placed in the casket, etc.



**For additional resources, visit [www.childrengrieve.org](http://www.childrengrieve.org)**





This resource was developed as part of NACG Grandparents Raising Grandchildren Toolkit. The NACG has a range of free resources available on our website to support professionals and caregivers. You can access them at [www.nacg.org/resources](http://www.nacg.org/resources).

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This toolkit was made possible  
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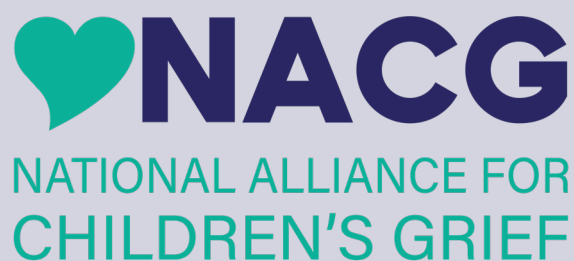


**Dual Self Portraits Activity:** Talk about how there are often many parts of self and the way we experience feelings, including grief, changes over time. There is no right or wrong way to go through grief.

- In this activity, teens will be invited to draw a self-portrait (picture of themselves) with a crease down the page vertically.
- On one half of the paper, they will draw half of their face to represent how they felt right after they found out about the death of their person.
- On the other half of the paper, they will draw half of their face to represent how they are feeling currently with regard to their grief.
- When portraits are finished, group leaders can invite teens to share. Possible discussion questions/prompts may include:
  - Tell me about some of the feelings represented in the portrait right after your person died.
  - What is one way you feel your grief has changed or looks different now than it did at first?
  - Tell me about some of the feelings represented in the portrait now.
  - Are there any feelings that remain the same on both sides of the portrait? Share more about that.
  - Which weather patterns are represented on different sides of the self-portraits?



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# **SUPPORTING CHILDREN GRIEVING A DEATH BY SUICIDE**



# INTRODUCTION

Grief is a natural response to the death of someone significant in a child or teen's life. When the death is by suicide, it can make the grief experience more complex. Suicide, by nature, is stigmatizing and isolating. This guide explores ways we can stabilize and strengthen children as they integrate losses from suicide into their lives.

As children and teens grieve death by suicide, they may struggle to make sense of the loss. The wide range of emotions can include shock, hurt, relief, self-blame, guilt, anger, torment, regret, confusion, etc. There is no incorrect way to grieve.

In speaking to a child about a death by suicide it is important to be honest and share the news in a developmentally appropriate way. You are starting a conversation that will be ongoing and honesty in this moment creates a basis of trust for conversations about the death in the future. The phrase 'committed suicide' can add to the stigma around the death for some families. Instead, consider saying 'died from/by suicide' or 'suicide death'. When offering support, follow the family's lead with their word choice.

If you are reading this resource as a community support person, such as a coach, youth leader, or family friend, you may be considering, "What is my role in helping a child or teen after a suicide death?". It is common to worry about what to say, when to say it, and how your interactions may impact them. This resource will provide you with some practical information on how you can support a child or teen after a suicide death.

Some of the information and ideas presented throughout this guide may be new to you. As you review this information, extend grace to yourself for doing your best with the knowledge and tools you had before, and give yourself permission to do things differently than you have seen or done in the past. We extend appreciation and respect for your efforts to gather tools and resources, as we all invest in the important work of supporting the young people in our lives. These conversations are difficult but you are not alone. Reach out to grief professionals, therapists and others who are equipped to support you, if needed.

## When to seek additional support

After any death, it is important to monitor changes in frequency, intensity, and duration of family members' behaviors. Noticeable changes may require additional support from an experienced, trained professional. Below are some examples of changes to look for:

- Inability to go to work or school
- Difficulties in relationships
- Sleep problems or nightmares
- Disproportionate anger or irritability
- Increased health issues
- Feelings of hopelessness
- Social withdrawal
- Self-harm, suicidal thoughts, or suicidal ideation

These changes can have an impact on the griever and the other family members. When changes in behavior go unnoticed and unaddressed, this can create an imbalance within the family. Addressing these changes will help create a supportive and safe environment for each member of the family.

Sometimes grievors may want to connect with others for additional support. Connecting to peer support groups, bereavement centers, counselors, camps or even another person with a similar loss can help provide an added layer of support. These outside connections provide the griever with an opportunity to learn new perspectives on grief, coping, and healing.

Connecting with others allows the griever to share their story, understand they are not alone, and validate and normalize their experience. It is important to acknowledge a family member's readiness, as well as the type of support needed. Needs may vary among family members throughout their grief journey. You can find additional support in your area by visiting <https://nacg.org/find-support/>.

If you believe someone is thinking about suicide, assume you are the only one who will reach out. Visit the [American Foundation for Suicide Prevention](https://www.afsp.org/) website for more resources and information.





## INFORMATION FOR FAMILY MEMBERS

Conversations about suicide loss can feel difficult when talking to children. What we know is no one thing causes suicide. As we try to understand the “whys” in the aftermath of a suicide, it is important to remain clear on what we do know to be true – suicide is a result of a collection of factors, circumstances, and access to means at one moment in time. No one interaction, missed connection, mental health challenge, life circumstance, substance, or person caused a death by suicide.

### What makes this type of grief different from other types of grief?

The grief experience of each person is based on, among other things, their age and developmental stage, the nature of the death, their relationship with the person who died and what meaning they make of the death.

- A death by suicide can feel premature, sudden, unexpected, and stigmatized.
- The grieving process after suicide can be challenging and complicated for those left behind.
- Many loss survivors describe this loss as traumatic and as an overwhelming time of crisis.
- Children and teens of all ages may feel shattered and at a loss as to how to restore their sense of wellbeing.
- Emotions related to suicide bereavement include the many and varied emotions that come with other types of losses.
- With suicide bereavement, shame can be experienced by the child and the family. A sense of responsibility and guilt can also be present.
- Hindsight bias. Children often feel they could have changed the outcome of the suicide death by doing something differently.
- After someone dies by suicide, it is not unusual to feel as though someone is to blame. This could be the person who died by suicide, someone else in the family, or sometimes, the child or teen might feel as though they are to blame.

#### Questions children and teens may ask after a suicide death

Was it my fault?

Did they love me? Did I love them enough? Why wasn't my love enough?

Will I be blamed or shamed?  
Will they be blamed or shamed?

What will others think of me?  
What will others think of them?

Will I be like them?

Can I still love them?

#### Four factors that can complicate the natural grieving process when grieving a death by suicide

Ambiguity around the death - was it intentional? accidental?

Preventability - feelings of blame, guilt, responsibility

Trauma: - death experienced as shocking, frightening, overwhelming

Stigma - feelings of shame and fear of "what others will think"

#### Common themes are:

**Why?** They may ask questions like "why?" and "what if".

**Responsibility.** They may feel they should have prevented the death; may have magical thinking which leads them to think something they said or did has caused the death.

**Trauma and Helplessness.** They may experience the death as shocking, frightening, horrific; may feel overwhelmed by a lack of control.

**Range of Emotions. They may experience:**

- **Sadness:** They may feel intense grief and yearning to have the person back.
- **Anger:** They may feel a sense of rejection and abandonment. It is common the anger may also be directed toward someone else or a group.
- **Relief:** In some circumstances, the death may be viewed as the end of suffering.
- **Shame:** They may feel a sense of stigma and worry about how others will view person who died and/or how others will view them.
- **Social ambiguity.** They may experience a sense of isolation, feeling they will be judged, or “no one will understand.”

## DEVELOPMENTAL UNDERSTANDINGS AND RESPONSES TO DEATH

### Having a conversation with a child about a suicide death

- Take a minute of reflection and check in with your body before starting the conversation.
- **Make sure the space you are having the conversation in is free of distraction.** You may want to have some comfort items available or items your child(ren) can use to express themselves like a sandbox, stuffed animals, or crayons and paper. Choose a private space. Offer your child(ren) the opportunity to leave and come back to the conversation over the course of hours, days, and years, and avoid making them talk about this news longer than they are comfortable.
- **Be honest.** Honesty is critical in conversations with children and teens about death by suicide. In telling the truth, you are creating a space for an open conversation and building long-term trust. The scripts on the next few pages will help you with having these honest conversations with children and teens in developmentally appropriate ways.
- **It is ok not to have all the answers.** We can reassure children, “I am not sure, *but we can ask someone together,*” and “*I feel sad, too. Sometimes when I feel sad, I appreciate a hug. Would you like a hug?*”
- **Reassure the child by naming the people who care for them and what to expect.**
- **Offer your child(ren) choices where both options are acceptable to help them feel some control over what is happening in the moment.** Perhaps give them something to do with their energy. Options may be to write a card or create a piece of art for someone else. They may find meaning in an opportunity to write or draw about a special memory to share at a memorial or to honor a significant event.
- **Ask if they want to talk (now or later).** Provide the space for conversations and a place to process the information they are taking in. Maintain an open dialogue about this over time and creating space for your child to share their feelings.

Understanding of death and grief for children is linked to developmental understandings. The information in this section is part of an expanded document. [To learn more about how best to support the child please review our dedicated Developmental Understandings resource.](#)

# VERY YOUNG CHILDREN

Birth to 5 years old

- Awareness of death is directly influenced and limited by young children's ability to understand their world.
- Death is viewed as the absence of a parent or caregiver.
- Children may be preoccupied with who will take care of them.
- Children may see themselves as responsible in some way, for a death, and they do not yet recognize time and irreversibility of death.
- Children may want to "die" to be with the person who died.

## Example of How to Share the News of a Suicide Death

### WHERE TO SHARE

At their home, or at a place the child feels safe

### WHEN TO SHARE

When the child is not hungry or tired

### START BY SHARING

*"(Person's name) made their body stop working and that means they died."*

Follow your child(ren)'s lead by specifically answering their direct questions. It is okay to take a break from the conversation and follow up later.

How did they die?

*"They made their body stop working."*

Why did they do it?

*"I am not sure. I wish understood."*

Help your child identify helpful adult figures that can talk to about this death.



# CHILDREN

## 6 to 12 years old

- Awareness of death is influenced and limited by the school-agers' ability to think about their world.
- Many emotions and grief can be explained and understood.
- Explain grief is a combination of reactions one can have after someone has died—thinking about the person, feelings of sadness or anger, physical reactions such as tiredness, or upset stomach. These reactions can come or go.
- Anger can be attributed to a number of causes. It may not be the anger children feel because the person has died, but the anger that results when no one listens or talks to them or includes them in activities. Do not assume what prompts feelings, ask them.
- Children have a better understanding they are not responsible for the death logically at this age but may still have some magical thinking that they did something to attribute to the death. It is important to validate those feelings while also making sure they understand the facts of the death.
- Children recognize death is irreversible.
- Children will be able to appreciate how the loss of a person in their lives will affect them over time, weeks, or months but may not understand the long-term, life-long impact of a death.

### Example of How to Share the News of a Suicide Death

#### WHERE TO SHARE

At their home, or at a place the child feels safe

#### WHEN TO SHARE

When the child is not hungry or tired

#### START BY SHARING

*“(Person’s name) made their body stop working and that means they died.”*

Follow your child(ren)’s lead by specifically answering their direct questions. It is okay to take a break from the conversation and follow up later.

How did they die?

*“They used \_\_\_\_\_ to make their body stop working.”*

Why did they do it?

*“I am not sure. I wish understood.”*

Help your child identify helpful adult figures that can talk to about this death.

# TEENS

13 years old to adulthood

- The teen's awareness and understanding of death are similar to adults. They can incorporate multiple causes and consequences of a death.
- Many complex emotions and grief can be explained and understood.
- Support them in understanding grief is a combination of reactions one can have after someone has died such as thoughts about the person, feelings like sadness or anger, and physical reactions such as tiredness or an upset stomach. They can also experience more subtle emotions such as regret, ambivalence, or relief. These reactions can come or go and change over time
- Anger can be attributed to a number of causes. It may not be the anger a teen feels because an important person has died but the anger they feel when no one listens or talks to them or has excluded them from activities. Do not assume what prompts feelings, ask.
- Teens do not inherently see themselves as responsible for a death but are apt to analyze information to determine who or what is responsible.

## Example of How to Share the News of a Suicide Death

### WHERE TO SHARE

At their home, or at a place the teen feels safe

### WHEN TO SHARE

When the teen is not hungry or tired

### START BY SHARING

*"(Person's name) ended their life and died by suicide."*

Lead with open-ended questions, invite them to share what they think, and then work through what they think/know about suicide in general and this death specifically. Share what you know and what is sharable information.

How did they die?

*"They used \_\_\_\_\_."*

Why did they do it?

*"I am not sure. I wish understood."*

Help your teen identify helpful adult figures that can talk to about this death.



## INFORMATION FOR COMMUNITY MEMBERS

As a coach, youth leader, family friend, or another supportive community member, you may be wondering, “What is my role in helping a child or teen after a suicide death?” It is common to worry about what to say, when to say it, and how your interactions may impact them. This resource will provide you with some practical information on how you can support a child or teen after a suicide death.

## Factors To Consider Before Offering Support

Before we talk about ways you can support a child or teen who is grieving a suicide loss, it is important to understand some of the factors that make grieving a suicide death complex. Being informed of the complexities surrounding suicide can help guide the way you offer your support.

- Because suicide is a highly stigmatized death, people often do not know what to say or do, so they end up saying and doing nothing. This can contribute to children and teens feeling isolated and unsupported.
- A child or teen may not have accurate information about the death. It is not your responsibility to contradict what the child shares with you or give additional information.
- Not being ready to share or talk about how someone died by suicide is a personal right needing to be honored and respected.
- Children and teens grieving a death by suicide may experience intense feelings of guilt, regret, anger, relief, shame, and self-blame.
- Different cultural, religious, personal, and political views can influence the way a child or teen acknowledges and shares about a death by suicide.
- There are often many unanswered questions surrounding a suicide death. This can leave children and teens not knowing how to respond to questions or how to process the death.
- Not all children and teens who experience the death or suicide of someone significant are traumatized. Trauma is very subjective so it is important not to assume a certain cause of death was traumatic for that person.
- Children and teens do better when surrounded by adults equipped to support them.

## How to be a Support Person

As a support person in this child's or teen's life, you play a critical role in their grief and healing journey. Here are some ways to be a supportive person and create a safe space for children and teens who have experienced a suicide loss.

**Show up and be yourself.** The aftermath of a suicide death can create an avalanche of change and chaos for children and teens to navigate. Children and teens need safe, consistent, and predictable people and places that they can count on. They need you to show up fully, as yourself, each time they see you.

**Talk openly, honestly, and without judgment.** Being a safe adult requires you to be a trustworthy adult. Find an opportunity to check in and acknowledge their loss and communicate to them you are a safe person to talk to who will not judge them.

*"Hey, (name of child or teen), do you have a minute? I just wanted to let you know that I heard about (name of deceased)'s death. Things like this can be really hard to talk about, but I want you to know you can always talk to me about this. You can also just come let me know if you need a break. I care about you and want to support you."*



**Be a good listener.** Good listeners create safe environments where hard conversations can take place. They clear away any distractions so they can focus their attention on the child or teen. Listeners pay close attention to what the child or teen is saying with their words and body language. They periodically check their understanding of what is being said by asking clarifying questions and empathizing with and validating all feelings in a supportive and nonjudgmental way.

**Ask for permission and respect boundaries.** When someone dies of suicide, children and teens get asked a lot of questions they may not be ready to answer and might feel pressure to talk about what happened. As a support person, ask the child or teen what and how they would like information shared, if at all. By doing this, you give the child or teen a choice and voice on how this news is shared. If they wish to not have anything shared, respect that too.

**Focus on feelings and not details.** The details are less important than the child's emotions about them. Allowing space for the child to share how they feel is helpful as they process what has occurred.

**Checking in.** It is important to remember there is no timeline for grief. Consider the child or teen's grief as they achieve new developmental competencies and major milestones. Checking in during these times shows you understand grief is a process and you care.

*I remember you saying that Halloween was your dad's favorite holiday.  
With Halloween being next week, I wanted to check in with you and  
see how you're holding up and what plans you have for that day?*

**Create a drop-in space.** Designate a place – an empty office, a corner with coloring sheets, or a separate room – for a child or teen to use as they want or need, especially if they start to feel overwhelmed or overstimulated. This may give them a sense of security and control without having to explain their feelings.

**Limit setting around insensitive comments.** Children and teens grieving a suicide loss can experience insensitive and hurtful comments and questioning. In your role, it is important to let others know of the consequences of their comments and questions and set the expectation around being supportive.

*When someone we love dies, it can be really hard to hear certain  
things or respond to certain questions. Let's do our best not to ask  
probing questions or say any comments that can cause extra pain,  
hurt, blame, or shame. Instead, I'd like to see you being supportive  
and doing what you can to make (griever) feel cared for.*

**Take Care of Yourself, Too!** Being a support person to a child or teen who is grieving a suicide death may at times feel emotionally overwhelming and can suddenly call into question your own need for emotional support. When you offer emotional and practical care to someone close to you on an ongoing basis, you run the risk of experiencing compassion fatigue. Compassion fatigue is the emotional and physical exhaustion that occurs when caring for others. Remember, your role is to show up in small, consistent, and manageable ways. No one person can be responsible for solely supporting a child or teen in their grief. It takes a network of adults working together to properly support children and teens after a suicide loss.





## Resource List



## Resources for professionals

*The inclusion of any organization or resource in this Resource List does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- Coalition of Clinician Survivors (CCS): [cliniciansurvivor.org](https://cliniciansurvivor.org). Provides support, education, resources, and consultation to mental health professionals and other professional caregivers who have experienced suicide losses in personal or professional contexts. To join the CCS List-Serve: Please email [Info@ClinicianSurvivor.org](mailto:Info@ClinicianSurvivor.org) with "CCS List-Serve" in the subject to receive the membership form.
- National Child Traumatic Stress Network, [www.nctsn.org](http://www.nctsn.org)
- Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines, <https://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>
- Uniting for Suicide Postvention <https://www.mirecc.va.gov/visn19/postvention/>
- Information and podcasts: <https://www.mirecc.va.gov/visn19/postvention/community/content.asp#top>
- <https://theactionalliance.org/resource/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>

### Books:

- McIntosh, J. L. (Eds.). (2011). Grief after suicide: Understanding the consequences and caring for the survivors. NY: Routledge
- McNiel, A., & Gabbay, P. (2018) Understanding and supporting bereaved children: A practical guide for professionals. Springer Publishing.
- Servaty-Seib, H., & Chapple, H. (2022). Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement, 3rd edition. Association for Death Education and Counseling.

## Resources for parents and caregivers

*The inclusion of any organization or resource in this Resource List does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- Dougy Center: Supporting children and teens after a suicide death, [https://www.dougy.org/assets/uploads/TDC\\_Supporting\\_Children\\_Teens\\_After\\_a\\_Suicide\\_Death\\_2018.pdf](https://www.dougy.org/assets/uploads/TDC_Supporting_Children_Teens_After_a_Suicide_Death_2018.pdf)
- Alliance of Hope: Video re: the experience of children and families after suicide loss, <https://allianceofhope.org/find-support/children-teens/understanding-suicide-supporting-children/>
- Nancy Rappaport, MD. The Words To Say It: When a Parent Dies by Suicide, <https://www.nancyrappaport.com/wp-content/uploads/2018/04/The-Words-to-Say-It.pdf>
- Life after Suicide, Podcast with Jennifer Ashton (series of interviews re: suicide loss <https://podcasts.apple.com/us/podcast/life-after-suicide/id1460022071>)
- Learning to Heal, Jennifer Ashton's daughter Chloe's interview re: the suicide loss of her father. <https://podcasts.apple.com/us/podcast/life-after-suicide/id1460022071?i=1000468732329>
- Grieving a Suicide Death. What's Your Grief? <https://whatsyourgrief.com/grieving-suicide-death/>
- Interview with Thomas Joiner, Ph. D (father died of suicide; author of Why People Die By Suicide (2006) and Myths about Suicide (2011). <https://www.npr.org/templates/story/story.php?storyId=126365907?storyId=126365907>
- Is Suicide a Choice, Kim Ruocco, MSW, <https://www.taps.org/articles/21-1/suicide>

### Books:

- Baugher, Bob & Jordan, John (2016). After Suicide Loss: Coping with your grief.
- Requarth, Margo (2006). After a Parent's Suicide: Helping Children Heal.
- Montgomery, Sarah & Coale, Susan (2015). Supporting Children after a Suicide Loss: A Guide for Parents and Caregivers.
- Sands, Diana (2010). Red Chocolate Elephants: For Children Bereaved by Suicide

### Helpful links for additional information from the NACG:

- NACG Resource Library: <https://www.nacg.org/resources>
- NACG Find Support: <https://www.nacg.org/find-support>
- American Foundation for Suicide Prevention (AFSP): <https://www.afsp.org/>

## Resources for children and teens

*The inclusion of any organization or resource in this Resource List does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- American Foundation for Suicide Prevention (individual and group support) <https://afsp.org/ive-lost-someone>
- Alliance for Hope for Suicide Loss Survivors, <https://www.allianceofhope.org/>. For the Newly Bereaved, <https://www.allianceofhope.org/find-support/for-new-survivors/>
- Friends for Survival: <https://www.friendsforsurvival.org/>
- National Alliance for Children's Grief, <https://www.childrengrieve.org/>
- National Child Traumatic Stress Network, <http://www.nctsn.org/trauma-types/traumatic-grief/parents-caregivers>
- National Alliance on Mental Illness <https://nami.org/>; <https://www.namimaine.org/>
- Tragedy Assistance Program for Survivors of Suicide Loss <https://www.taps.org/suicide>
- SAVE: Suicide Awareness, Voices of Education: <https://save.org/what-we-do/grief-support/>
- Survivors of Suicide: [www.survivorsofsuicide.com](http://www.survivorsofsuicide.com)

### Books (For Teens):

- Chalifour, Francis (2005). After (novel about a 15-year-old boy, suicide loss of his father)
- Seib Heather Servaty and Faigenbaum, David. C. (2015) We Get It (stories of grieving college students/young adults-includes suicide loss)
- Park, Bridget E. (2013). Growing Young: A memoir of grief (about the death of her brother from suicide)
- Brooke's Place for Grieving Young People (2019). You Are Not Alone: Stories by Young Teens Who Have Experienced the Death of a Sibling

### Books (For Children):

- Cammarata, Doreen T. (2009). Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them (young children)
- Loehr, Carole Ann (2006). My Uncle Keith Died (school age, suicide loss)
- Smid, Emmi (2015). Luna's Red Hat: An Illustrated Storybook to Help Children Cope With Suicide
- For more book recommendations: <https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/books-loss-survivors/>

### General Grief books for children with good themes that can relate to suicide loss (worries, secrets, helpers, continuing bonds):

- Agell, Charlotte (2019). Maybe Tomorrow?
- Jeffers, Oliver (2010). The Heart and the Bottle
- Karst, Patrice (2000). The Invisible String
- Kaplow, Julie & Pincus, Donna (2007). Samantha's Missing Smile
- Paradis, Susan (2012). EDNA



The **National Alliance for Children's Grief (NACG)** is a nonprofit organization raising awareness about the needs of children and teens who are grieving a death and provides education and resources for anyone who supports them. Our Vision is for no child to have to grieve alone. Visit [childrengrieve.org](https://childrengrieve.org) to find these and other resources.

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# **SUPPORTING CHILDREN GRIEVING A SUBSTANCE-USE RELATED DEATH**





# INTRODUCTION

This resource was created for those supporting a child who is grieving a substance-use related death. In three sections, this toolkit gives information relevant to family members or caregivers, information for community members, and a resource list for those seeking additional information.

**We know the words we use when supporting a child who is grieving are important.** You will see consistent language is used throughout this toolkit to speak about substance-use related death and disorder. These terms avoid some of the negative associations which can come from other words and the allocation of blame. These words also recognize substance-use disorder as an illness, separating the person from the stigma and judgment.

The death of a person as a result of substance use can be a challenging and emotional experience for families. Their grief may be compounded by feelings of anger, guilt, and/or sadness. The most important thing we can do is to recognize that each grief experience is unique, just as the relationship was with the person who died. **Listening is critical and is the single most important way you can support a child or teen.**

Substance-use related deaths are often stigmatized, surfacing taboos, judgments, and misconceptions. The stigma associated with the death may leave the family feeling isolated, ashamed, and misunderstood. The information known about the person's substance use is also significant. The person may have had a substance-use disorder, used substances in social or non-consistent ways, or may have died from a single use. The child may need support in navigating these and other complexities of a substance-use related death.

A substance-use disorder can place tremendous stress on the family. The person may have hidden their disorder from the child, so their understanding of it was their absence. Others may have seen emotions expressed in unhealthy ways or through a lack of emotions. When someone dies of a substance-use related death, the grief may have started before the death. They may have been unavailable to the child or acting differently as a result of their illness. There may have been prior struggles with the person who died and the death may surface unexpected feelings like relief that may feel complicated for children to navigate. The nature of substance use may also impact the grief experience. In cases of long-term substance use, the child have have experienced anticipatory grief before the person's death.

All children are likely to experience changes after the death of a significant person in their life. These changes can feel like additional losses, challenging a child's sense of stability and security. This can include moving homes or neighborhoods, changing schools, adapting to a new caregiver, financial changes, and a shift in responsibility on the child. It is important to consider these changes when offering support.

## When to seek additional support

After any death, it is important to monitor changes in frequency, intensity, and duration of family members' behaviors. Noticeable changes may require additional support from an experienced, trained professional. Below are some examples of changes to look for:

- Inability to go to work or school
- Difficulties in relationships
- Sleep problems or nightmares
- Disproportionate anger or irritability
- Increased health issues
- Feelings of hopelessness
- Social withdrawal
- Self-harm, suicidal thoughts, or suicidal ideation

These changes can have an impact on the griever and the other family members. When changes in behavior go unnoticed and unaddressed, this can create an imbalance within the family. Addressing these changes will help create a supportive and safe environment for each member of the family. Consider people in the child's life may struggle with substance use while grieving. If this is something you feel is present, please seek professional support.

Sometimes grievers may want to connect with others for additional support. If a child and family are connected to a recovery community, this may help as it provides access to resources, including groups, sponsors, and an understanding of substance-use disorder as a disease. [Alanon, Alateen, Alatot, and Children and Family Recovery Programs](#) may also help.

Connecting with others allows the griever to share their story, understand they are not alone, and validate and normalize their experience. It is important to acknowledge a family member's readiness, as well as the type of support needed. Needs may vary among family members throughout their grief journey. You can find additional support in your area by visiting <https://nacg.org/find-support/>.

If you believe someone is thinking about suicide, assume you are the only one who will reach out. People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about someone who may need crisis support. Visit the [American Foundation for Suicide Prevention](https://afsp.org) (afsp.org) website for additional resources.



## INFORMATION FOR FAMILY MEMBERS

Supporting children after a substance-use related death requires open communication, honesty, and empathy. As a trusted adult, you can be the first to answer and openly acknowledge the child's questions and concerns. Remember each child's grieving process is unique, and offering age-appropriate explanations can aid in their understanding and healing. Creating a safe and supportive environment for children to express themselves and ask questions is vital in helping them cope with this challenging experience.

Families might hesitate to share the true nature of the death due to the associated stigma, shame, and shock. However, being honest with children in your conversation and providing information that is both accurate and age-appropriate is crucial. You may be concerned that the subject is too complicated or mature for young children, but remember this is just the start of what will be an ongoing conversation as the child grows. While you can gradually introduce more details as you feel they are ready, understanding the cause of death is important in this initial conversation. Without clear information, children may create their own narratives, leading to misunderstandings and potential self-blame. Remind them a substance-use related death is a result of a collection of factors and circumstances and no one person or thing could have caused or prevented the death.

**What can help children impacted by substance use?**

- Be patient.
- Avoid making promises that may be hard to keep.
- Keep them in the know. Share as much as you can about what is ahead. Giving a sense of predictability can help restore control and safety.
- Create safe space for big emotions.
- Dedicate time to play and talk with them.

It is helpful to prepare children for stigmatizing or hurtful language they might hear. Let them know that you are available to answer questions they might have or to listen if this occurs.

*"Some people can be unkind to people who use substances, and you may hear people say mean, hurtful, or untrue things about them. I want you to know you can come and talk to me about it or ask me questions. This is a safe space for you to say anything."*

Understanding of death and grief for children is linked to a child's development. [To learn more about how best to support the child please review our dedicated Developmental Understandings resource.](#) In the event of a death by suicide, please find dedicated information in our [NACG Supporting Children who are Grieving a Death by Suicide Toolkit](#).

Learning more about the complicated factors that influence substance use can help children better understand the struggles their person faced. In cases of substance-use related deaths, some family members may have been aware of the person's struggle, while others may not have known about their substance use until the death. Recognize substance use as an illness like any other medical condition, and this understanding can help children as they grieve their person.



**Reminder:** The conversation to tell a child someone has died is just the start of what will be an ongoing conversation as the child grows.

## Considerations for Families

Here are some unique considerations for families where a death is substance-use related. Below are some key points to consider:

**Guilt and Self-Blame:** Family members may experience feelings of guilt and self-blame, questioning whether they could have done more to prevent the death or support their person in their substance-use disorder recovery. Acknowledge these feelings, but remind them substance-use disorder is an illness and not something we can control.

**Shock and Disbelief:** The sudden and unexpected nature of a substance-use related death can leave family members in a state of shock and disbelief. It may take time for them to process the reality of the death.

**Sense of Isolation:** The stigma surrounding overdose can leave families feeling isolated and alone in their grief, especially if they lack supportive people who understand their experience. Creating a non-judgmental and empathetic environment for children is crucial to help with their emotions.

**Intrusive Questions:** Families may encounter intrusive questions from others about the circumstances of the death.

**Shame and Stigma:** In some cases, families may experience feelings of shame and stigmatization due to the circumstances of the death, especially if the deceased struggled with substance-use disorder.

**Unanswered Questions:** The nature of substance-use related deaths may lead to unanswered questions, particularly regarding whether the death was intentional or accidental. Additionally, toxicology reports may take weeks or months, prolonging the uncertainty for families.

**Legal Considerations:** In cases involving substance use, there may be legal considerations or interactions with the justice system. Families may be navigating these complexities while also processing their grief.

**Anger and Frustration:** Feelings of anger may arise towards the person who died, towards oneself, or towards others whom family members believe may have contributed to the death. Provide a safe space for expressing and processing these emotions.

**Anticipatory Grief:** In cases of long term substance use, survivors may experience anticipatory grief – distress felt in the days, months, or even years before the person's death.



**Feeling Unsafe:** The death of a person due to substance use can impact a child's sense of safety. Create a space for them to share and process these thoughts.

**Impact on Children:** Children in families impacted by substance use have the potential to experience trauma reactions, such as heightened fear and anxiety. They may also develop maladaptive behaviors, thoughts about secrecy, inability to trust adults or fear of being removed from the home. Acknowledging and addressing these issues is important for their well-being. Access professional support if needed.

**Remembering Beyond Substance Use:** Family members may find it challenging to remember the person beyond their struggles with substance use. Sharing memories of their life can be helpful.



**Remember:** There is no "right" way to feel or cope with the death. Each person's grief journey is unique, and it is essential to allow space for everyone's feelings. Seeking support from friends, family, or a mental health professional can be helpful.

**Supportive Communities:**

If a child and family are connected to a recovery community, this may help as it provides access to resources, including groups, sponsors, and an understanding of substance use disorder as a disease. [Alanon](#), [Alateen](#), [Alatot](#), and [Children and Family Recovery Programs](#) may also help.



## Information to Support You in Telling a Child Someone has Died

Preparing for the conversation:

- **Where to share:** At their home or at a place the child feels safe.
- **Who should share:** An adult the child has a pre-existing and safe relationship with (i.e., caregiver, grandparent, family member)
- **When to share:** When the child is not hungry or tired and when the adult has time to sit with the child after and be with them for support if needed.
- **How to share:** Be yourself and use a neutral tone. We encourage you not to rush through this conversation, taking deep breaths yourself and moments to pause.

Remember:

- Allow space for the child to ask questions throughout the conversation. The child's questions are a good way to gauge what they are ready to hear.
- Validate and allow space to process all emotions that may arise. Give your child permission to feel all their feelings and normalize that they might feel sad, angry, confused, happy, worried, etc.
- Use clear language (e.g., died instead of passed away).
- Help the child in identifying safe people who will support them.
- Consider helping children and teens practice a response to questions about the death so they can feel more confident and comfortable when asked by others.
- All families have different understandings and beliefs about substance-use disorder. We encourage you to use explanations that fit your family beliefs, but be honest.
- It is okay to take a break from the conversation and follow up later.
- **Follow your child(ren)'s lead by specifically answering their direct questions.**

For additional support in telling a child someone has died, please view our [Telling a Child Someone has Died](#) resource.



# VERY YOUNG CHILDREN

Birth to 5 years old

## Considerations:

- Their awareness of death is directly influenced and limited by the child's ability to understand their world.
- Death is viewed as the absence of a parent or caregiver.
- They may be preoccupied with who will take care of them.
- They may see themselves as responsible in some way for the death.
- They may not yet recognize time since the death or understand the irreversibility of death.
- They may want to "die" to be with the person who died.

## Example of How to Share the News of a Substance-Use Related Death

### WHERE TO SHARE

At their home, or at a place the child feels safe

### WHEN TO SHARE

When the child is not hungry or tired

### START BY SHARING

*"(Child's name), something very serious happened. (Person's name) died, which means their body stopped working and they are no longer living. (Person's name) will not be coming back."*

**Follow your child(ren)'s lead by specifically answering their direct questions.**

Some examples of things they may ask are:

How did they die?

*"(Person's name) died from an illness called substance-use disorder. You can't see or catch this illness from a sneeze, cough, or tummy ache."*

Why did they do it?

*"I'm not sure. I wish I understood.."*

Remember it is normal to see younger children hear hard things and then go back to playing or act as if they didn't hear anything. This can be their way of grieving and be an indicator to the adults in their lives what they can tolerate at any given moment.



# CHILDREN

## 6 to 12 years old

### Considerations:

- Their awareness of death is influenced and limited by their ability to think about their world.
- Many emotions related to grief can be explained and understood. They can experience a combination of emotions and feelings can come and go.
- Their feelings can be attributed to a number of causes. Do not assume what is causing them to feel this way, ask them. It may not always be related to their grief.
- They have a better understanding they are not responsible for the death logically at this age but may still have thoughts that they did something to attribute to the death. It is important to validate those feelings while also making sure they understand the facts of the death.
- They recognize death is permanent.
- They will be able to appreciate how the loss of a person in their lives will affect them over time but may not understand the long-term impact of a death.

### Example of How to Share the News of a Substance-Use Related Death

#### WHERE TO SHARE

At their home, or at a place the child feels safe

#### WHEN TO SHARE

When the child is not hungry or tired

#### START BY SHARING

*"(Child's name), something very serious happened. (Person's name) died, which means their body stopped working and they died. They used a substance that made their body stop working / A substance made their body stop working."*

**Follow your child(ren)'s lead by specifically answering their direct questions.**

Some examples of questions they may ask are below:

Why did they do this? Share that this is a good question and that there is no good answer. You could also say, *"I'm not sure, and I wish I understood."*

Consider asking questions such as:

- *"How can I be the most supportive to you? Do you want to talk about this with me?"*
- *"What would feel comforting to you right now?"*

# TEENS

13 years old to adulthood

## Considerations:

- The teen's awareness and understanding of death is similar to adults. They can understand there may be multiple causes and consequences of a death.
- Complex emotions related to grief can be explained and understood. They can also experience more subtle emotions such as regret, ambivalence, or relief. Do not assume what is causing them to feel this way, ask them. It may not always be related to their grief.
- Teens do not inherently see themselves as responsible for a death but are apt to analyze information to determine who or what is responsible.

## Example of How to Share the News of a Substance Use-Related Death

### WHERE TO SHARE

At their home, or at a place the teen feels safe

### WHEN TO SHARE

When the teen is not hungry or tired

### START BY SHARING

*"(Person's name) died by using a substance (or share the specific substance)."* Share what you know and what is shareable information.

**Follow your teen's lead by specifically answering their direct questions.**

Some examples of questions they may ask are below:

How did they die?

*"They used..."*

Why did they do it?

*"I am not sure. I wish I understood."*

Invite them to share what they think and know about substance-use related death in general and this death specifically.





## INFORMATION FOR COMMUNITY MEMBERS

As a coach, youth leader, mentor, family friend, or another supportive community member, you may be thinking, “What is my role in helping a child or teen after a substance-use related death?” Worrying about what to say, when to say it, and how your interactions may impact them is common. This resource will provide practical information to help you.

## Factors To Consider Before Offering Support

As a support person in this child's or teen's life, you play a critical role in their grief and healing journey. Before we talk about ways you can support a child or teen who is grieving a substance-use related death, it is important to understand some of the factors that make grieving this type of death complex. Being informed of the complexities surrounding substance-use related deaths can help guide how you offer support. If you are looking for more information about children and grief, you can access our [GriefTalks](#).

People often do not know what to say or do, so they end up saying and doing nothing. This can contribute to children and teens feeling isolated and unsupported while grieving a substance-use related death.

Not being ready to share or talk about how someone died is a personal right needing to be honored and respected. Remember you may have different information about the death than what the child shares with you. Your role is to support them in what they choose to share with you and you should never contradict them or provide additional information.

### Important considerations:

- Children and teens do better when surrounded by adults who are ready to help and support them.
- Not all children and teens who experience a substance-use related death of someone significant are traumatized. Trauma is subjective, so it is important not to assume a specific cause of death was traumatic for the griever.
- There are often many unanswered questions surrounding a substance-use related death. This can leave children and teens not knowing how to respond to questions or process the death.
- Different cultural, religious, personal, and political views can influence how a child or teen acknowledges and shares a substance-use related death.
- Children and teens grieving a substance-use related death may experience intense feelings of guilt, regret, anger, relief, shame, and self-blame.
- Set your thoughts and beliefs about substance use aside before you offer support to the child.

## How to be a Support Person

Here are some ways to be supportive and create a welcoming space for children and teens who are grieving a substance-use related death.

**Show up and be yourself.** The aftermath of a substance-use related death can create a lot of change for children and teens. Children and teens need safe, consistent, and predictable people and places they can count on. They need you to show up fully as yourself each time they see you.

**Talk openly, honestly, and without judgment.** Being a safe adult requires you to be a trustworthy adult. Find an opportunity to check in and acknowledge the death and communicate that you are a safe person to talk to who will not judge them.

*“Hey, (name of child or teen), do you have a minute? I just wanted to let you know that I heard about (name of deceased)’s death. Things like this can be really hard to talk about, but I want you to know you can always talk to me about this. I care about you and want to support you.”*

**Be a good listener.** Good listeners create safe environments where hard conversations can take place. They clear away distractions so they can focus on the child or teen. Listeners pay close attention to what the child or teen is saying with their words and body language. They periodically check their understanding of what is being said by asking clarifying questions and empathizing with and validating all feelings in a supportive and non-judgmental way.

- *What is the name of your person who died? Tell me about your person. What was their favorite color? Song? Season? Holiday? Food? Music? Movie?*
- *What is comforting on hard days, and what do you do to get through hard days (i.e., coping skills)?*
- *What are you thinking?*
- *What is on your mind?*
- *How are you doing today?*

**Ask for permission and respect boundaries.** When someone dies from a substance-use related death, children and teens get asked many questions they may not be ready to answer and might feel pressure to talk about what happened. As a support person, ask the child or teen what and how they would like information shared, if at all. By doing this, you give the child or teen a choice and voice on how this news is shared if they wish not to have anything shared, respect that too.

**Focus on feelings and not details.** The details are less important than the child’s emotions about them. Allow space for the child to share how they feel instead of focusing on what happened.

**Checking in.** It is important to remember there is no timeline for grief. Consider the child’s or teen’s grief as they achieve new developmental competencies and major milestones. Checking in during these times shows you understand grief is a process and you care.

*I remember you saying that [insert holiday] was your dad’s favorite holiday. With [insert holiday] being next week, I wanted to check in with you and see how you’re holding up and what plans you have for that day?*

**Create a drop-in space.** Designate a place – an empty office, a corner with coloring sheets, or a separate room – for a child or teen to use as they want or need, especially if they start to feel overwhelmed or overstimulated. This may give them a sense of security and control without explaining their feelings.

**Help create supportive communities.** Children and teens grieving a substance-use related death can experience insensitive and hurtful comments and questioning. In your role, it is important to let others know the expectation around being supportive. Consider sharing with peers:

*“When someone dies, certain things we say, or questions we ask can be difficult for the child who is grieving to hear. Let’s try our best to avoid asking too many questions or making comments that might add more pain, sadness, blame, or embarrassment. Instead, you can show your support and do your best to help the person who is grieving feel loved and cared for.”*

**Take Care of Yourself, Too!** Being a support person to a child or teen who is grieving a substance-use related death may sometimes feel emotionally overwhelming. It can suddenly call into question your need for emotional support. When you offer emotional and practical care to someone close to you on an ongoing basis, you may experience compassion fatigue. Compassion fatigue is the emotional and physical exhaustion that occurs when caring for others. Remember, your role is to show up in small, consistent, and manageable ways. No one person can be responsible for solely supporting a child or teen in their grief. It takes a network of adults working together to adequately support children and teens after a substance-use related death.

**Be with children in their feelings.** Often, there are no ‘right’ words to say when supporting children who are grieving. It is important to validate any feelings they share and continue showing up in their lives consistently over time. Depending on your relationship with the child, it could be helpful to set yourself reminders of some of their possible hard days (i.e., first day back at school, Mother’s/Father’s Day, birthdays, anniversaries, etc.). Checking in the month and the year after someone died, is just as important as checking in the day after.

**Be Curious.** It will be important not to make assumptions about the child’s thoughts or feelings. Use open-ended questions (i.e., tell me more) and invite the child to share. Keep an eye out for both the words they use and how their bodies are when they talk (or if they don’t talk). We do not know all of what people have experienced. It is also essential to recognize the child may have been exposed to substance-use disorder before their person died. Depending on your relationship with the child, it might not be appropriate to know (or ask) about this. Regardless of your relationship with the child, it is important to remember their experiences are relevant to how they process their grief.

Thank you for being there as part of the child’s support team. When in doubt, just show up and listen. Being listened to is healing.





## **Additional Resources**



## Additional Resources

*The inclusion of any organization or resource does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- USC Rossier MAT – Inside USC Rossier Blog: Supporting Children and Teenagers Through Loss After an Overdose, <https://rossieronline.usc.edu/blog/supporting-students-overdose-grief/>
- Institute for Research, Education & Training in Addictions: Parental Overdose and Grieving Children, <https://ireta.org/parental-overdose-and-grieving-children/>
- Child Mind Institute: Helping Children Cope with Grief (Advice for a Traumatic Death Such as Suicide or Overdose), [https://childmind.org/guide/helping-children-cope-with-grief/#block\\_4ac73819-3d78-4663-bdfb-73e24d03f661](https://childmind.org/guide/helping-children-cope-with-grief/#block_4ac73819-3d78-4663-bdfb-73e24d03f661)
- Hey Sigmund: Tips for Talking with Children about Addiction and Overdose Loss, <https://www.heyigmund.com/tips-talking-children-addiction/>
- Sacramento Funeral and Cremation: Helping Yourself Heal When Someone You Care About Dies of a Drug Overdose, <https://www.sacramentofuneralandcremation.com/griefarticle/article/overdose>
- Cake: What to Say if Lost a Child to a Drug Overdose: 25+ Ideas, <https://www.joincake.com/blog/what-to-say-to-someone-who-lost-their-child-to-drugs/>
- NPR Houston Public Media: When A Loved One Dies Of Overdose, What Happens To The Family?, <https://www.npr.org/2016/02/18/464463631/when-a-loved-one-dies-of-overdose-what-happens-to-the-family>
- United States Drug Enforcement Administration: One Pill Can Kill, <https://www.dea.gov/onepill>
- Sesame Workshop: Resources and support for families struggling with a parent's addiction, <https://sesameworkshop.org/topics/parental-addiction/>
- Very Well Mind: How to Talk to Kids About a Parent's Addiction, <https://www.verywellmind.com/what-to-tell-children-about-a-parents-addiction-66633>
- Eluna: How to Explain Addiction and Substance Use Disorder to Children (6-12), <https://elunanetwork.org/resources/how-to-explain-addiction-and-substance-use-disorder-to-children-6-12>
- American Addiction Centers: 5 Tips for Explaining Overdose Deaths to Our Children, <https://projectknow.com/blog/5-tips-for-explaining-overdose-deaths-to-our-children/>
- University of Minnesota: Talking to kids about an overdose death, <https://opioid.umn.edu/talking-kids-overdose#:~:text=Even%20if%20a%20person%20living,or%20other%20types%20of%20loss.>
- Alanon, Alateen, Alatot, and Children and Family Recovery Programs, <https://al-anon.org/>

## Additional Resources continued

*The inclusion of any organization or resource does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Books:

- Bucci, M., Marques, S. S., Oh, D., & Harris, N. B. (2016). *Toxic Stress in Children and Adolescents*. *Advances in pediatrics*, 63(1), 403–428. <https://doi.org/10.1016/j.yapd.2016.04.002>
- Dyson J. L. (1990). *The effect of family violence on children's academic performance and behavior*. *Journal of the National Medical Association*, 82(1), 17–22.
- D'Arrigo, T. (2022). *Severe Grief Tied to Experiencing, Witnessing Overdose*. *Psychiatric News*; American Psychiatric Association. <https://doi.org/10.1176/appi.pn.2022.10.10.16>
- Formica, S. W., Apsler, R., Wilkins, L., Ruiz, S., Reilly, B., & Walley, A. Y. (2018). *Post opioid overdose outreach by public health and public safety agencies: Exploration of emerging programs in Massachusetts*. *The International journal on drug policy*, 54, 43–50. <https://doi.org/10.1016/j.drugpo.2018.01.001>
- Huber, M.J., Umphrey, J.E., Surico, E.F., Lepore-Jentleson, J., & Johns, B. (2019). *Conversations for Change: Grassroots Effort to Reduce Overdose and Deaths Related to Opioids*.
- Ray, M., Roberts, J., & O, R. L. (2018). *Someone I Love Died from a Drug Overdose*. Centering Corporation.
- Uzwiak, B. A., Hudgins, A., & Pizzicato, L. N. (2021). *Legacies of the war on drugs: Next of kin of persons who died of opioid overdose and harm reduction interventions in Philadelphia*. *The International journal on drug policy*, 97, 103351. <https://doi.org/10.1016/j.drugpo.2021.103351>
- Winstanley, E. L., & Stover, A. N. (2019). *The Impact of the Opioid Epidemic on Children and Adolescents*. *Clinical therapeutics*, 41(9), 1655–1662. <https://doi.org/10.1016/j.clinthera.2019.06.003>
- Wolfelt, A. D., PhD. (2020). *Understanding Your Grief after a Drug-Overdose Death*. Companion Press.

### Helpful links for additional information from the NACG:

- NACG Supporting Children who are Grieving a Death by Suicide Toolkit: <https://indd.adobe.com/view/797974f7-5353-4834-b48c-cefe12464ded>
- NACG Developmental Understandings Resource: <https://indd.adobe.com/view/246ac201-44b2-4dd2-b7cb-b53c2094b64b>
- Telling a Child Someone has Died Resource: <https://indd.adobe.com/view/30642226-7e34-4a8e-a1ca-0669896f56fa>
- NACG Grief Talks: <https://nacg.org/resource-library/?topic=griefftalk>
- NACG Resource Library: <https://www.nacg.org/resources>
- NACG Find Support: <https://www.nacg.org/find-support>



The **National Alliance for Children's Grief (NACG)** is a nonprofit organization raising awareness about the needs of children and teens who are grieving a death and provides education and resources for anyone who supports them. Our Vision is for no child to have to grieve alone. Visit [childrensgrieve.org](https://www.childrensgrieve.org) to find these and other resources.

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MEMORIAL

**Snock Ball Game (Can be for a group or individual client- all directions apply to either)**

- You will have printed questions about grief, coping, community, and the new year and place questions in a rolled up (clean) sock.
- You can explain that we are going to have an indoor Snock (snow and sock combined!) ball game where kids can throw them at each other like snowballs (don't aim for the face—although they are very soft!). If this is too aggressive for your group, you can have kids aim at various targets around the room if you want to create any.
- After a period of time (or if things get out of control), you will ask everyone to freeze. At this point they can find the sock that is closest to them and make sure everyone has a sock.
- Then, each kid will take turns reading and answering the question in their sock. Leaders can ask follow up questions such as: Do you ever feel the same way? Can you relate to this answer? Is there something you would like to add?

Questions will include the following:

- What is something small and something big that you hope you can do this coming year?
- What is something that bugs you about death or about grief?
- What is something you like to do to remember your person/people who died?
- Without talking or making any sound, act out a coping strategy that might help when you are feeling sad and the group will guess what it is.
- What is the vegetable you hate most?
- Teach the group a coping strategy you use that helps when you are having a bad day. Maybe they can try out your strategy the next time they are having a bad day.
- Tell us three people or groups or places that are a part of your community that you can talk to if you are having a hard day and share why it helps.
- List 3 things that are positive or good about your life. Bonus points if you can tell us how/why this might be a coping skill.
- Listening to music can be calming or energizing and can help us feel a bit better when having a bad, mad, or sad day. Share a song or musical group/artist you enjoy listening to and why or a song/lyrics that remind you about your person who died.
- Name as many coping skills as you can in 30 seconds while standing on one leg.
- Moving our bodies is an important coping skill that can help when we are having a bad day. You might go for a walk, dance, play a sport, ride your bike, exercise, etc. Act out something active you might do when having a difficult day and the group will join in!
- Smiling or laughing are good ways to help yourself feel a little better when you are feeling low. Tell us a joke and see how many people in the group you can make smile or laugh!
- Share a memory or item you have that helps you remember your person who died. Tell us about it.

\*\*\* This game is an energetic game. It can also be a good way to rev clients up and then throttle them down as a teaching tool. Plan to do an breathing exercise or calming activity at the end of Snock Ball to manage children's arousal and teach self-calming.



A RESOURCE  
FROM  
NACG  
MEMBERS



# **SUPPORTING CHILDREN WHO ARE GRIEVING A DEATH BY SUICIDE: ADDITIONAL RESOURCES**



## Resources for professionals

*The inclusion of any organization or resource in this Resource List does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- Coalition of Clinician Survivors (CCS), [cliniciansurvivor.org](https://cliniciansurvivor.org). Provides support, education, resources, and consultation to mental health professionals and other professional caregivers who have experienced suicide losses in personal or professional contexts. To join the CCS List-Serve: Please email [Info@ClinicianSurvivor.org](mailto:Info@ClinicianSurvivor.org) with "CCS List-Serve" in the subject to receive the membership form.
- National Child Traumatic Stress Network, [www.nctsn.org](https://www.nctsn.org)
- Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines, <https://www.sprc.org/resources-programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines>
- Uniting for Suicide Postvention, <https://www.mirecc.va.gov/visn19/postvention/>
- Information and podcasts, <https://www.mirecc.va.gov/visn19/postvention/community/content.asp#top>

### Books:

- McIntosh, J. L. (Eds.). (2011). Grief after suicide: Understanding the consequences and caring for the survivors. NY: Routledge
- McNiel, A. & Gabbay, P. (2018) Understanding and supporting bereaved children: A practical guide for professionals. Springer Publishing.
- Servaty-Seib, H. & Chapple, H. (2022). Handbook of thanatology: The essential body of knowledge for the study of death, dying, and bereavement, 3rd edition. Association for Death Education and Counseling.

## Resources for parents and caregivers

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### Online:

- Dougy Center: Supporting children and teens after a suicide death, [https://www.dougy.org/assets/uploads/TDC\\_Supporting\\_Children\\_Teens\\_After\\_a\\_Suicide\\_Death\\_2018.pdf](https://www.dougy.org/assets/uploads/TDC_Supporting_Children_Teens_After_a_Suicide_Death_2018.pdf)
- Alliance of Hope: Video re: the experience of children and families after suicide loss, <https://allianceofhope.org/find-support/children-teens/understanding-suicide-supporting-children/>
- Nancy Rappaport, MD. The Words To Say It: When a Parent Dies by Suicide, <https://www.nancyrappaport.com/wp-content/uploads/2018/04/The-Words-to-Say-It.pdf>
- Life after Suicide, Podcast with Jennifer Ashton (series of interviews re: suicide loss), <https://podcasts.apple.com/us/podcast/life-after-suicide/id1460022071>
- Learning to Heal, Jennifer Ashton's daughter Chloe's interview re: the suicide loss of her father, <https://podcasts.apple.com/us/podcast/life-after-suicide/id1460022071?i=1000468732329>
- Grieving a Suicide Death, What's Your Grief?, <https://whatsyourgrief.com/grieving-suicide-death/>
- Interview with Thomas Joiner, Ph. D (father died of suicide; author of Why People Die By Suicide (2006) and Myths about Suicide (2011)), <https://www.npr.org/templates/story/story.php?storyId=126365907?storyId=126365907>
- Is Suicide a Choice, Kim Ruocco, MSW, <https://www.taps.org/articles/21-1/suicide>

### Books:

- Baugher, Bob & Jordan, John (2016). After Suicide Loss: Coping with your grief.
- Requarth, Margo (2006). After a Parent's Suicide: Helping Children Heal.
- Montgomery, Sarah & Coale, Susan (2015). Supporting Children after a Suicide Loss: A Guide for Parents and Caregivers.
- Sands, Diana (2010). Red Chocolate Elephants: For Children Bereaved by Suicide

### Helpful links for additional information from the NACG:

- NACG Resource Library, <https://www.nacg.org/resources>
- NACG Find Support, <https://www.nacg.org/find-support>
- American Foundation for Suicide Prevention (AFSP), <https://www.afsp.org/>

## Resources for children and teens

*The inclusion of any organization or resource in this Resource List does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval.*

### Online:

- American Foundation for Suicide Prevention (individual and group support), <https://afsp.org/ive-lost-someone>
- Alliance for Hope for Suicide Loss Survivors, <https://www.allianceofhope.org/>. For the Newly Bereaved, <https://www.allianceofhope.org/find-support/for-new-survivors/>
- Friends for Survival, <https://www.friendsforsurvival.org/>
- National Alliance for Children's Grief, <https://www.childrengrieve.org/>
- National Child Traumatic Stress Network, <http://www.nctsn.org/trauma-types/traumatic-grief/parents-caregivers>
- National Alliance on Mental Illness, <https://nami.org/>; <https://www.namimaine.org/>
- Tragedy Assistance Program for Survivors of Suicide Loss, <https://www.taps.org/suicide>
- SAVE: Suicide Awareness, Voices of Education, <https://save.org/what-we-do/grief-support/>
- Survivors of Suicide, [www.survivorsofsuicide.com](http://www.survivorsofsuicide.com)

### Books (For Teens):

- Chalifour, Francis (2005). After (novel about a 15-year-old boy, suicide loss of his father)
- Servaty-Seib, Heather L. and Faigenbaum, David. C. (2015) We Get It (stories of grieving college students/young adults – includes suicide loss)
- Park, Bridget E. (2013). Growing Young: A memoir of grief (about the death of her brother from suicide)
- Brooke's Place for Grieving Young People (2019). You Are Not Alone: Stories by Young Teens Who Have Experienced the Death of a Sibling

### Books (For Children):

- Cammarata, Doreen T. (2009). Someone I Love Died by Suicide: A Story for Child Survivors and Those Who Care for Them (young children)
- Loehr, Carole Ann (2006). My Uncle Keith Died (school age, suicide loss)
- Smid, Emmi (2015). Luna's Red Hat: An Illustrated Storybook to Help Children Cope With Suicide
- For more book recommendations, <https://afsp.org/find-support/ive-lost-someone/resources-loss-survivors/books-loss-survivors/>

### General Grief books for children with good themes that can relate to suicide loss (worries, secrets, helpers, continuing bonds):

- Agell, Charlotte (2019). Maybe Tomorrow?
- Jeffers, Oliver (2010). The Heart and the Bottle
- Karst, Patrice (2000). The Invisible String
- Kaplow, Julie & Pincus, Donna (2007). Samantha's Missing Smile
- Paradis, Susan (2012). EDNA





The **National Alliance for Children's Grief (NACG)** is a nonprofit organization raising awareness about the needs of children and teens who are grieving a death and provides education and resources for anyone who supports them. Our Vision is for no child to have to grieve alone. Visit [childrengrieve.org](https://childrengrieve.org) to find these and other resources.

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This toolkit was created with philanthropic investment from our partner, [Dignity Memorial](https://dignitymemorial.com).

**Dignity**<sup>®</sup>  
MEMORIAL

A RESOURCE  
FROM  
NACG  
MEMBERS



# **SUPPORTING CHILDREN WHO ARE GRIEVING A DEATH BY SUICIDE: COMMUNITY MEMBERS**



# INFORMATION FOR COMMUNITY MEMBERS

As a coach, youth leader, family friend, or another supportive community member, you may be wondering, “What is my role in helping a child or teen after a suicide death?” It is common to worry about what to say, when to say it, and how your interactions may impact them. This resource will provide you with some practical information on how you can support a child or teen after a suicide death.

## Factors To Consider Before Offering Support

Before we talk about ways you can support a child or teen who is grieving a suicide loss, it is important to understand some of the factors that make grieving a suicide death complex. Being informed of the complexities surrounding suicide can help guide the way you offer your support.

- Because suicide is a highly stigmatized death, people often do not know what to say or do, so they end up saying and doing nothing. This can contribute to children and teens feeling isolated and unsupported.
- A child or teen may not have accurate information about the death. It is not your responsibility to contradict what the child shares with you or give additional information.
- Not being ready to share or talk about how someone died by suicide is a personal right needing to be honored and respected.
- Children and teens grieving a death by suicide may experience intense feelings of guilt, regret, anger, relief, shame, and self-blame.
- Different cultural, religious, personal, and political views can influence the way a child or teen acknowledges and shares about a death by suicide.
- There are often many unanswered questions surrounding a suicide death. This can leave children and teens not knowing how to respond to questions or how to process the death.
- Not all children and teens who experience the death or suicide of someone significant are traumatized. Trauma is very subjective so it is important not to assume a certain cause of death was traumatic for that person.
- Children and teens do better when surrounded by adults equipped to support them.

## How to be a Support Person

As a support person in this child’s or teen’s life, you play a critical role in their grief and healing journey. Here are some ways to be a supportive person and create a safe space for children and teens who have experienced a suicide loss.

- **Show up and be yourself.** The aftermath of a suicide death can create an avalanche of change and chaos for children and teens to navigate. Children and teens need safe, consistent, and predictable people and places that they can count on. They need you to show up fully, as yourself, each time they see you.
- **Talk openly, honestly, and without judgment.** Being a safe adult requires you to be a trustworthy adult. Find an opportunity to check in and acknowledge their loss and

communicate to them you are a safe person to talk to who will not judge them.

*“Hey, (name of child or teen), do you have a minute? I just wanted to let you know that I heard about (name of deceased)’s death. Things like this can be really hard to talk about, but I want you to know you can always talk to me about this. You can also just come let me know if you need a break. I care about you and want to support you.”*

- **Be a good listener.** Good listeners create safe environments where hard conversations can take place. They clear away any distractions so they can focus their attention on the child or teen. Listeners pay close attention to what the child or teen is saying with their words and body language. They periodically check their understanding of what is being said by asking clarifying questions and empathizing with and validating all feelings in a supportive and nonjudgmental way.
- **Ask for permission and respect boundaries.** When someone dies of suicide, children and teens get asked a lot of questions they may not be ready to answer and might feel pressure to talk about what happened. As a support person, ask the child or teen what and how they would like information shared, if at all. By doing this, you give the child or teen a choice and voice on how this news is shared. If they wish to not have anything shared, respect that too.
- **Focus on feelings and not details.** The details are less important than the child’s emotions about them. Allowing space for the child to share how they feel is helpful as they process what has occurred.
- **Checking in.** It is important to remember there is no timeline for grief. Consider the child or teen’s grief as they achieve new developmental competencies and major milestones. Checking in during these times shows you understand grief is a process and you care.

*“I remember you saying that Halloween was your dad’s favorite holiday. With Halloween being next week, I wanted to check in with you and see how you’re holding up and what plans you have for that day?”*

- **Create a drop-in space.** Designate a place – an empty office, a corner with coloring sheets, or a separate room – for a child or teen to use as they want or need, especially if they start to feel overwhelmed or overstimulated. This may give them a sense of security and control without having to explain their feelings.
- **Limit the setting around insensitive comments.** Children and teens grieving a suicide loss can experience insensitive and hurtful comments and questioning. In your role, it is important to let others know of the consequences of their comments and questions and set the expectation around being supportive.

*“When someone we love dies, it can be really hard to hear certain things or respond to certain questions. Let’s do our best not to ask probing questions or say any comments that can cause extra pain, hurt, blame, or shame. Instead, I’d like to see you being supportive and doing what you can to make (griever) feel cared for.”*



- **Take Care of Yourself, Too!** Being a support person to a child or teen who is grieving a suicide death may at times feel emotionally overwhelming and can suddenly call into question your own need for emotional support. When you offer emotional and practical care to someone close to you on an ongoing basis, you run the risk of experiencing compassion fatigue. Compassion fatigue is the emotional and physical exhaustion that occurs when caring for others. Remember, your role is to show up in small, consistent, and manageable ways. No one person can be responsible for solely supporting a child or teen in their grief. It takes a network of adults working together to properly support children and teens after a suicide loss.

This document is part of the NACG Supporting Children who are Grieving a Death by Suicide. The NACG has a range of free resources available on our website to support professionals and caregivers. You can access them at [www.nacg.org/resources](http://www.nacg.org/resources).

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This toolkit was created with philanthropic investment from our partner, [Dignity Memorial](http://DignityMemorial.org).

**Dignity**<sup>®</sup>  
MEMORIAL

# Too Young to Know: Supporting Children and Youth Grieving a Suicide or Other Stigmatized Loss

Diana Cuddeback, MSW, LCSW

Jodi Flesner, PhD, LPC

Heartlinks Grief Center

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[Jflesner@myheartlinks.com](mailto:Jflesner@myheartlinks.com)



# Objectives

## Participants will:

**1**

Be aware that 1 in 12 children in the United States are bereaved of a parent or sibling by age 18;

1 in 13 in Illinois are bereaved of a parent or sibling by age 18.

**2**

Know 2 online resources for bereavement data and children's grief resources.

**3**

Know 2 activities for promoting grief expression in youth

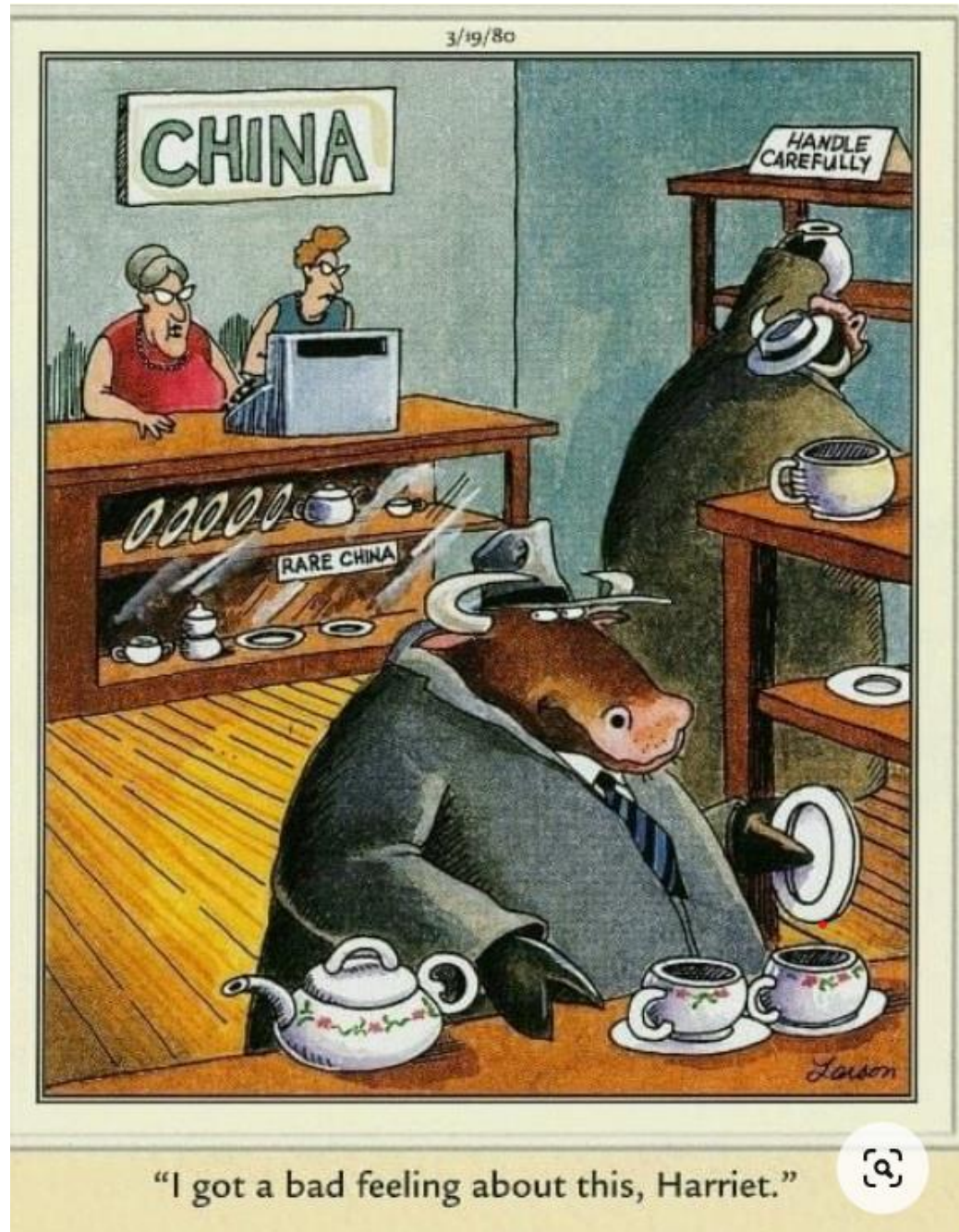
**4**

Know about special loss circumstances like suicide and addiction related losses

**5**

Know how to discuss special loss circumstances with youth and children

Disclaimer:  
*Let me know  
when I drop a  
plate so to  
speak!*



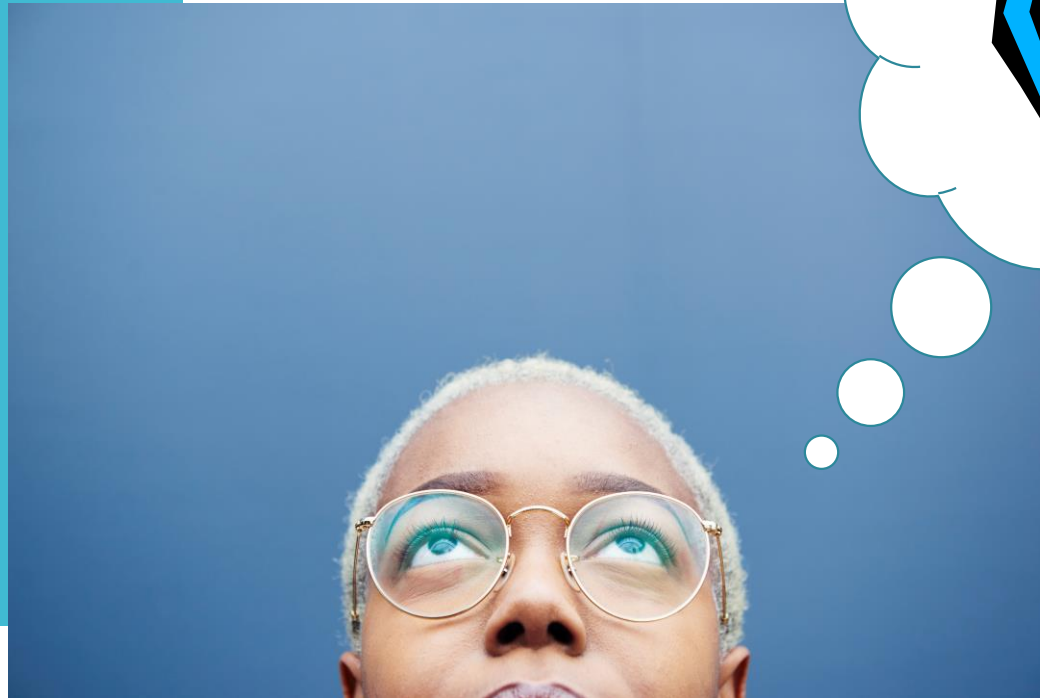


# Heartlinks Grief Center



## A Little About Heartlinks

Why talk  
about loss  
and grief?



Because it  
is in  
everything  
we do and  
all the  
living we  
live

And not talking  
about it doesn't  
make it go  
away!



Number of children newly bereaved each day due to the death of a parent or sibling

Incidence of  
Children's  
Grief in the  
USA

In 2021

1,192

children were **newly  
bereaved** each day in the  
United States



# Incidence of Children's Grief in the USA



## National Report 2023

The Childhood Bereavement Estimation Model (CBEM)<sup>1</sup> approximates rates of U.S. children and youth who will experience the death of a parent or sibling by the time they reach adulthood. Results from the CBEM are updated annually using national, state, and regional vital statistics.<sup>2</sup> Except where noted, this report **uses data from 2017 to 2021**, the five most recent years of data from the Centers for Disease Control and Prevention.\*

# 1 in 12



children in the U.S. **will experience** the death of a **parent or sibling** by age 18

## 8.3% ~ 6.0M

children **will be** bereaved by age 18



& MORE THAN  
**DOUBLES**

## 14.7M

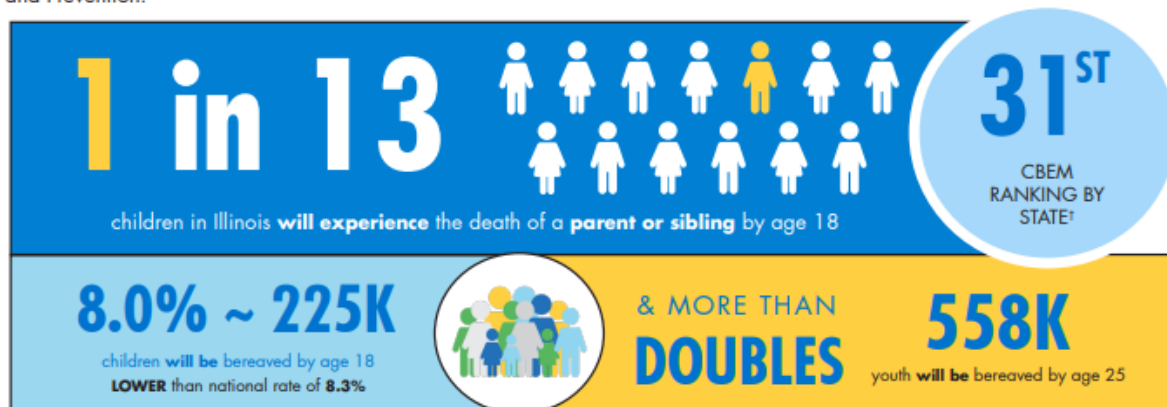
youth **will be** bereaved by age 25

# Incidence of Children's Grief in Illinois

## Illinois Projected Results 2023



**Childhood bereavement is a critical issue** and an increasingly important national priority. The Childhood Bereavement Estimation Model (CBEM)<sup>1</sup> approximates rates of U.S. children and youth who will experience the death of a parent or sibling by the time they reach adulthood. Results from the CBEM are updated annually using national, state, and regional vital statistics.<sup>2</sup> This report uses data from 2017 to 2021, the five most recent years of validated data from the Centers for Disease Control and Prevention.\*



### Projected CBEM Results

Projected CBEM results presented above combine estimates of a) the number of children who are already bereaved and b) the number of children who will experience the death of a parent or sibling by ages 18 and 25.

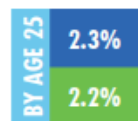
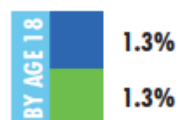
Projected results help individuals and organizations center childhood bereavement as a public priority by:

- Forecasting service and systems demands
- Engaging in advocacy and policy efforts
- Building workforce capacity
- Cultivating public awareness and engagement
- Evaluating best practices
- Securing financial support

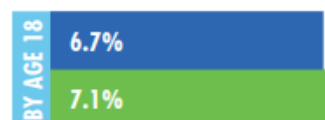
### Death of a Sibling & Death of a Parent

The CBEM provides separate, independent estimates for youth who will experience the death of a parent or the death of a sibling.

#### Sibling



#### Parent



# Incidence of Children's Grief in Missouri

## Missouri Projected Results 2023



**Childhood bereavement is a critical issue** and an increasingly important national priority. The Childhood Bereavement Estimation Model (CBEM)<sup>1</sup> approximates rates of U.S. children and youth who will experience the death of a parent or sibling by the time they reach adulthood. Results from the CBEM are updated annually using national, state, and regional vital statistics.<sup>2</sup> This report uses data from 2017 to 2021, the five most recent years of validated data from the Centers for Disease Control and Prevention.\*

**1 in 10**

children in Missouri **will experience** the death of a **parent or sibling** by age 18



**13<sup>TH</sup>**

CBEM  
RANKING BY  
STATE<sup>1</sup>

**9.7% ~ 133K**

children **will be** bereaved by age 18  
**HIGHER** than national rate of **8.3%**



& MORE THAN  
**DOUBLES**

**314K**

youth **will be** bereaved by age 25

### Projected CBEM Results

Projected CBEM results presented above combine estimates of a) the number of children who are already bereaved and b) the number of children who will experience the death of a parent or sibling by ages 18 and 25.

Projected results help individuals and organizations center childhood bereavement as a public priority by:

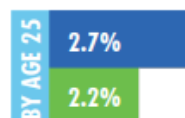
- Forecasting service and systems demands
- Engaging in advocacy and policy efforts
- Building workforce capacity
- Cultivating public awareness and engagement
- Evaluating best practices
- Securing financial support

### Death of a Sibling & Death of a Parent

The CBEM provides separate, independent estimates for youth who will experience the death of a parent or the death of a sibling.



#### Sibling



#### Parent



# Incidence of Children's Grief in the USA

[https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7\\_5Dpxg](https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7_5Dpxg)  
[https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7\\_5Dpxg](https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7_5Dpxg)



CHILDHOOD BEREAVEMENT ESTIMATION MODEL

**Key Topic: Pandemic Impact**  
Accidental Drug Overdose

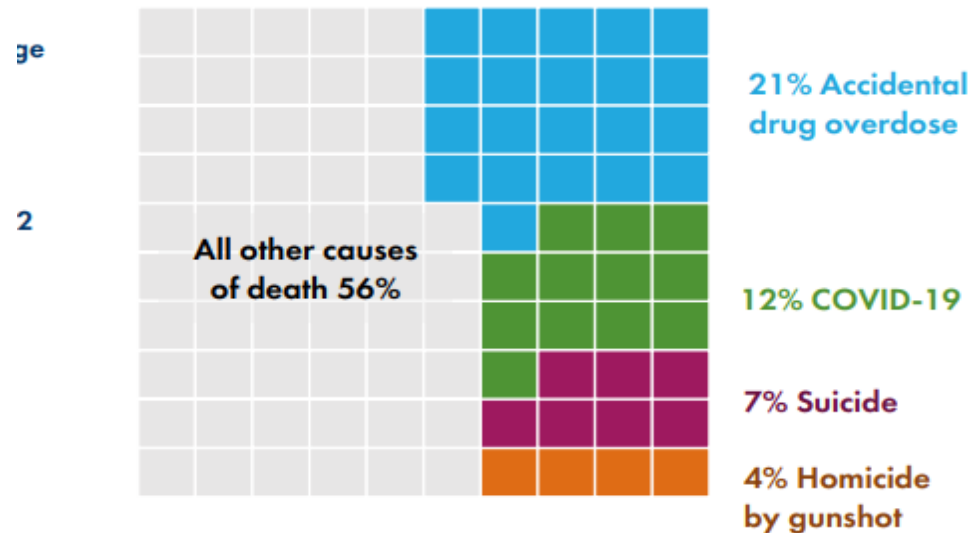
[judishouse.org/pandemic-impact](https://judishouse.org/pandemic-impact)

[https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7\\_5Dpxg](https://youtu.be/5G1UN4nEyhw?si=Q3FcoGsZN7_5Dpxg)

# Incidence of Children's Grief due to Stigmatized losses



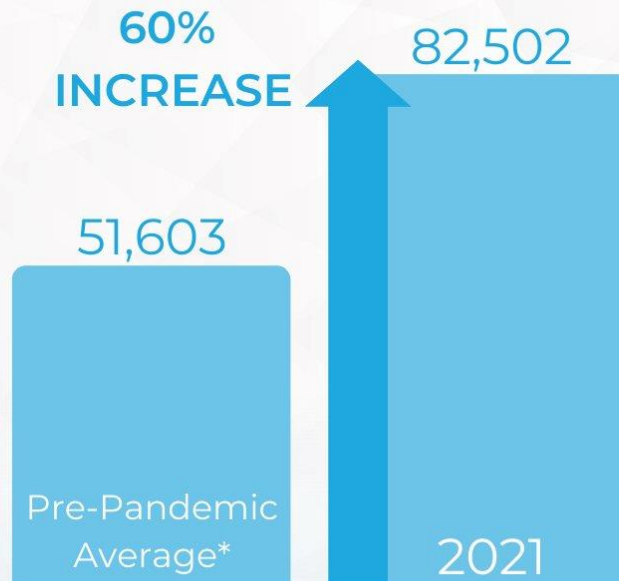
2021 Landscape of childhood  
bereavement due to a parent's  
death by cause.





# Incidence of Children's Grief due to Accidental Overdose

Number of U.S. children under 18 newly bereaved due to a parent's accidental overdose death each year.



\*Pre-Pandemic Average includes 2017, 2018, and 2019 data.

Learn more at [judishouse.org/pandemic-impact](https://judishouse.org/pandemic-impact)

# Incidence of Children's Grief due to Suicide

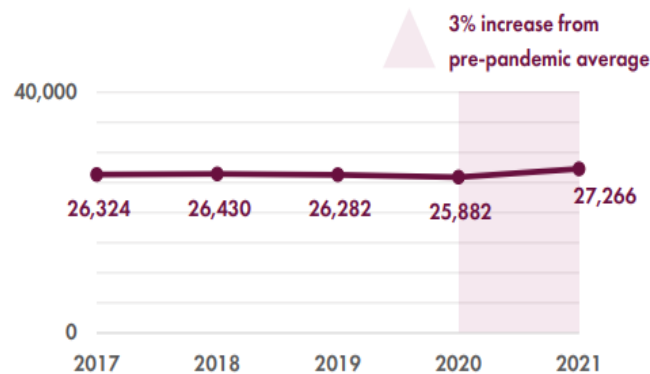


## Children Newly Bereaved due to Parent Death by Suicide

CBEM Snapshot results below compare the number of children newly bereaved by a parent death by suicide in pre-COVID years (2017-2019) and the first and second years of the pandemic (2020 and 2021). Beginning in 2017, there was a year-over-year decrease in the number of children newly bereaved due to a parent suicide death. Unfortunately, in 2021 the number jumped to 27,200 children bereaved - the highest point in five years.

CBEM Snapshot results reflect an increase of 900 children bereaved in 2021 due to a parent death by suicide compared to pre-pandemic numbers.

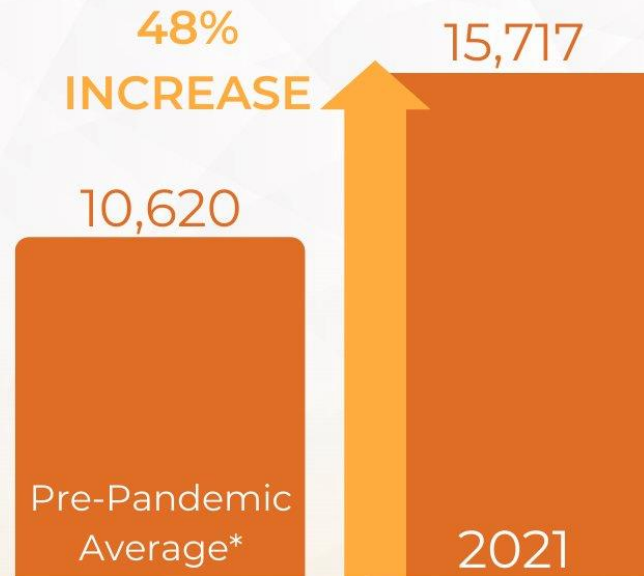
Relative portion of the number of children bereaved due to a parent death by suicide.



<https://youtu.be/5G1UN4nEyhw?si=gVm4OtW-WYpyZVnHv>

# Incidence of Children's Grief due to a Homicide by Gunshot of a Parent

Number of U.S. children under age 18 newly bereaved due to a parent's homicide by gunshot each year.

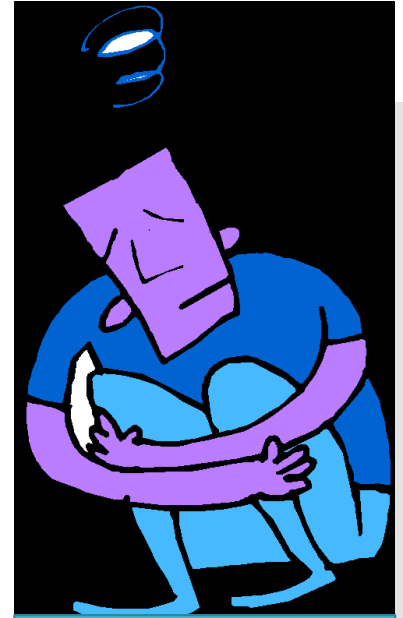


\*Pre-Pandemic Average includes 2017, 2018, and 2019 data.

Learn more at [judishouse.org/pandemic-impact](https://judishouse.org/pandemic-impact)

What is  
grief?

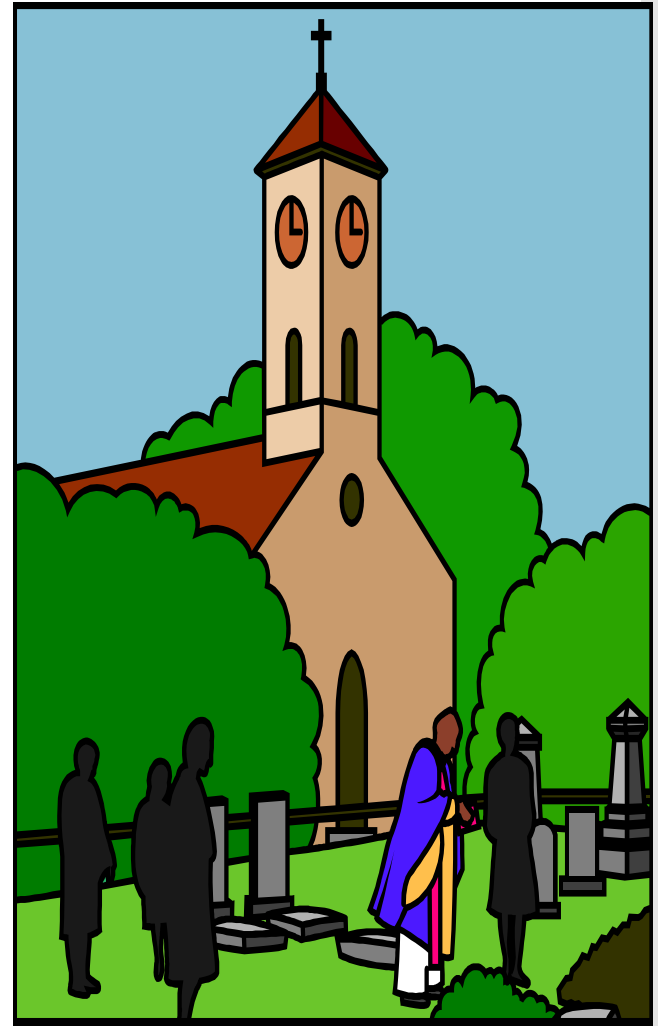
*Grief* is the  
internal  
process of  
dealing with  
loss





What is  
mourning?

*Mourning* is  
“grief gone  
public” - the  
outside  
expression of  
grief



# **The Big 5:** Challenging Components of Stigmatized Loss



# **The Big 5:** Challenging Components of Stigmatized Loss

**#1**

Traumatic Loss

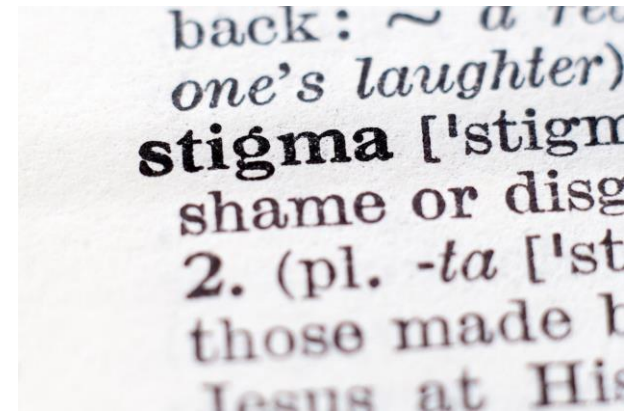
- Lack of being with the person
- Lack of expected norms



# The Big 5: Challenging Components of Stigmatized Loss

## #2

### Unfamiliar and Stigmatized Loss





**The Big 5:**  
Challenging  
Components  
of  
Stigmatized  
Loss

#3

Elements of  
Disenfranchised Grief



**The Big 5:**  
Challenging  
Components of  
Stigmatized  
Loss

## The Biggest One?

### #4 Guilt



**The Big 5:**  
Challenging  
Components of  
Stigmatized  
Loss

#5

Grief Alone/Grief Ignored?



# GRIEF ISN'T JUST FOR DEATH

it's also for

FRIENDSHIPS THAT HAVE ENDED

1

LOSING YOUR COMMUNITY

2

MISSING THE CERTAINTY  
YOU ONCE HAD

3

QUESTIONING YOUR JUDGMENT

4

RELEASING WHO YOU ONCE WERE

5

FEELING LOST AND UNANCHORED

6

LOSING TRADITIONS YOU LOVED

7



@HAPPYHOLEWAY



# Grief 101



**It's a normal process not a  
mental disorder**

---

Can't go around it

---

Can't medicate over it

---

Just have to move through it

# Grief Looks Different in Different People

**DON'T MAKE  
ASSUMPTIONS**



Grief can be active



Grief can be loud



Grief can be private



Grief can be tearful



Grief can be ignored



Grief can be showy



Grief is not one thing!

# Top 5 Things About Grief



Grief is **not** a simple **linear** progression



Grief is a **process**- journey



Grief is a **universal** experience



Grief is an **individual** experience



Grief experienced depends on the **unique meaning** of the loss to the individual

# Grief is an energy drain

- Grief takes a ton of energy
- 24/7/365
- Kids may ramp up vs be tired



## Exploring a few types of Grief

- **Complicated grief:** persistent and pervasive grief experiences that interfere with functioning-characterized by intense longing, a sense of disbelief, and identity disruption
- **Disenfranchised grief:** loss that is misunderstood by others and grieving individual may not feel entitled to - losses that aren't openly acknowledged, socially mourned, or publicly supported
- **Suffocated grief:** describes situations when grief is not just unacknowledged, it's also punished



# Grief Encompasses Everything



What  
does the  
loss  
mean to  
the child  
or  
youth?

What does it mean  
to each person in  
the family or  
connection circle?



# Multiple Theories of Grief (change over time)

A word  
about  
theories...

## Worden's Task Model

### Worden's Theory of Grief

- Task 1: Accept Reality of the loss
- Task 2: Experience the pain of the loss
- Task 3: Adjust to the changed environment
- **\*Redone Task 4: Reinvest emotional energy maintaining a connection and moving on.**

# Six Needs of Mourning

1. Acknowledge the reality of the death
2. Embrace the pain of the loss
3. Remember the person who died
4. Develop a new self-identity
5. Search for meaning
6. Receive ongoing support from others

Accompanying Article: [“The Journey Through Grief: The Six Needs of Mourning”](#)

Companioning  
Model/Theory

Alan Wolfelt,  
PhD

# Tool for Clinicians: Therapeutic goals in Wolfelt's Companioning Model

For you and for people you want to help:

- Listen to stories
- Recognize and support the changing roles
- Use loved one's name
- Encourage connections to deceased
- Support efforts to cope
- Normalize *all* grief feelings
- Educate about grief, predict the ups/downs
- Be present

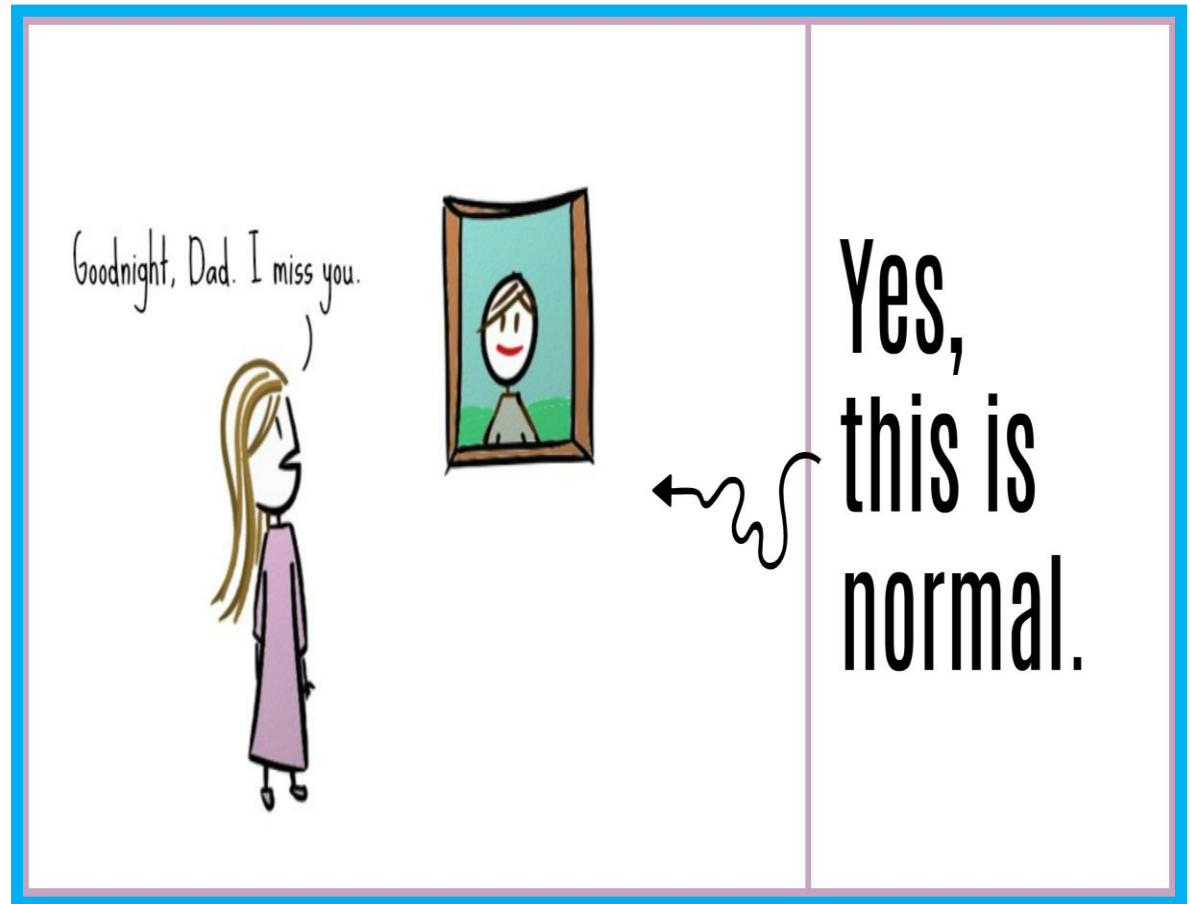


And the world  
goes on...

For the  
griever, the  
world feels  
like it stops or  
moves at a  
very different  
pace than the  
rest of the  
world



Children may express ***CONTINUING BONDS*** with their deceased loved ones in ways that seem maladaptive upon first glance



Children may express  
***CONTINUING  
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# Grief

101

## CHILD VS. ADULT GRIEF Short Take

### Similar:

a process  
universal  
individual  
not simple  
not linear  
not the same for all

### Different:

show grief rather than  
talk it  
grieve in bursts  
are often dependent  
on grieving caregivers  
have growth/mastery  
tasks to complete

# Grief 101 Dealing with a Suicide Loss as a Youth



<https://allianceofhope.org/find-support/children-teens/understanding-suicide-supporting-children/>



Experiential

Grounding  
techniques:

Five Things  
TRY It With Me!



# Experiential

## Self Care Worksheet: Personalized Activity Page

10 for 10

Ten Activities for  
when emotions  
run high

## My Self-Care Worksheet

○ Move



○ Music



○ I spy



○ Take the stage



○ Angry box



○ Cozy corner



○ Smell the flower,  
blow out the candle



○ Connect



○ Dance Party



○ My idea

○ My Photo



Special Grief  
Challenges: Covid  
loss,  
addiction/substance-  
related loss and  
suicide.

## Challenging Grief: Pandemic Time or Covid- Related Loss

1. Traumatic Loss  
Usually not with the person  
Lack of expected norms
2. Unfamiliar and Stigmatized Loss
3. Elements of Disenfranchised Grief
4. Guilt (Maybe the biggest)
5. Grief Alone/Grief Ignored?

# Reasons Grief during COVID-19 is DIFFERENT

## Differences for Covid Deaths

- Oddly stigmatized
- Sense of control and normalcy disrupted
- Surrounded by additional personal losses
- Constantly hearing about loss
- Pervasive sense of danger
- Nothing works like it did; lots of unpredictability
- Polarized society where it is hard to predict people's actions and expected progression of events
- Specifically anger over vaccination and disbelief around pandemic



# Challenging Grief: Opioid and Substance Related Loss

## Unique Aspects of Grief due to an Opioid or Substance-Related Loss

1. Trauma and/or Long-Term Stress
  - Fight or Flight Lifestyle
  - Safety and Security Issues
2. Stigma of Drug use and/or Addiction
  - Before, During and After
  - The World's
  - The Griever's
3. Disenfranchised Grief
4. Guilt

# Helping after an Opioid or Substance- Related Loss

## Make the lost person a whole person

Emphasis on knowing the lost person  
in their fullness

Say their name

Tell stories about them

Share memories and pictures

Celebrate their birthdays

Make them visible not a secret

Remove the SHAME

Treat them as you would anyone else  
who has died

## Challenging Grief: Loss due to Suicide

- 10<sup>th</sup> leading cause of death overall
- 2<sup>nd</sup> leading cause of death in youth and young adults
- Elements of the 2 previous types of loss with emphasis on:
  - Stigma
  - Guilt
  - Trauma
  - No one wants to talk about it.

# Things to consider for Treatment Planning



## Stigmatized Losses Often Occur After Traumatic Lives

Be ready to manage all the  
things you usually address:

- Safety Concerns
- Secrets
- Adultified children
- Children who have missed childhood
- Supporting child to find a trusted adult
- Self esteem issues



# Things to Help Grief

No Magic  
Answers But  
Here's Some  
Ideas

Care

Basic body connection:  
HYDRATE!

Find

Help explore comforts- but give  
them a check up

Find

Help youth find a resting place  
for their mind

## 2 Great Resources for Information, Training, and Intervention

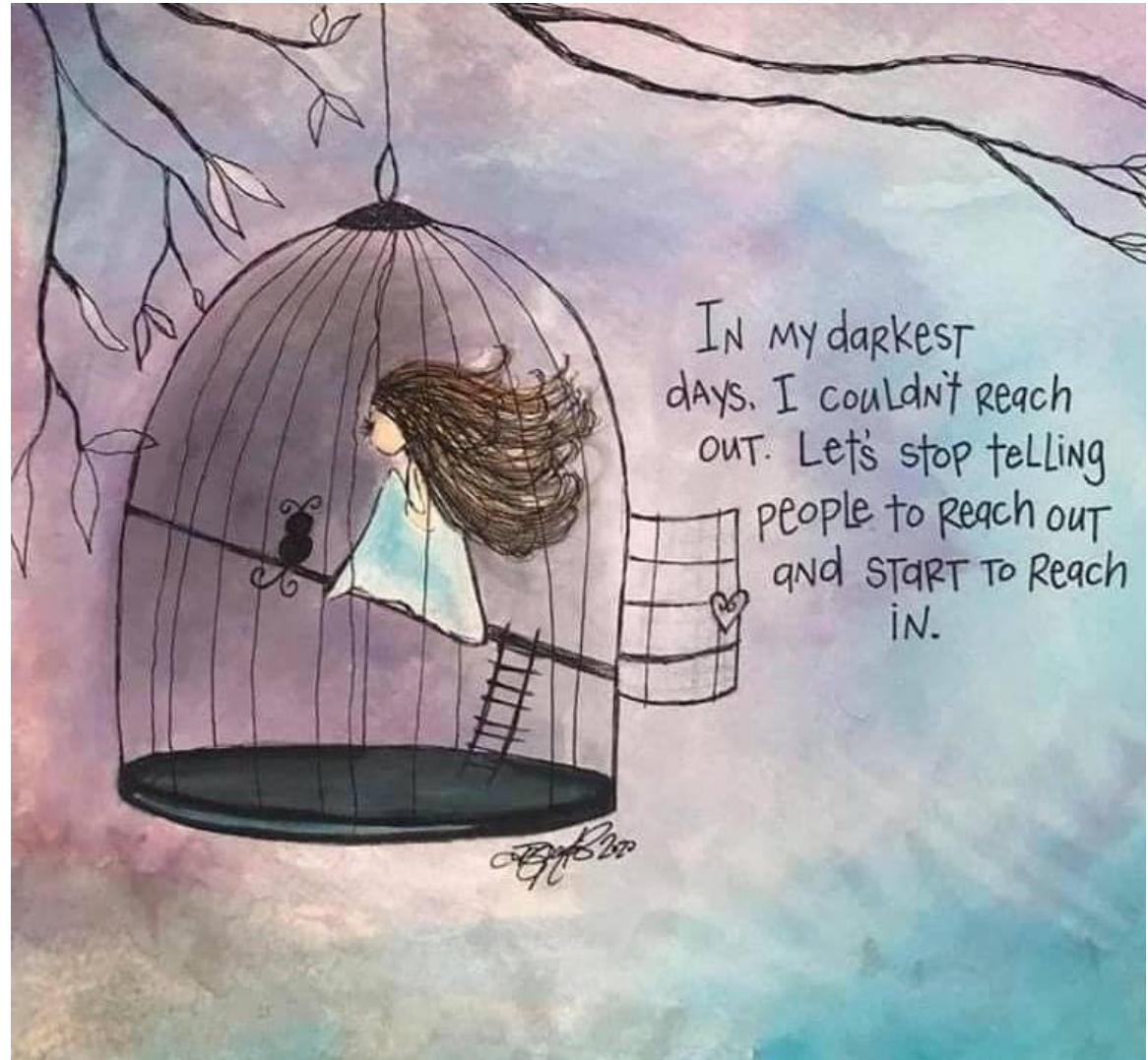


<https://www.nctsn.org/>  
<https://www.nctsn.org/treatments-and-practices/trauma-treatments/interventions>



<https://nacg.org/>

# Reach In: Be a Grief Companion



# Grief Companioning

“Don’t walk in  
front of me... I  
may not follow  
Don’t walk  
behind me... I  
may not lead  
Walk beside me...  
just be my friend”

— Albert Camus

## DR. ALAN D. WOLFELT'S Tenets of Companioning the Bereaved

Grief is not an illness; it is the natural and necessary sequel to love. Unlike the medical model of grief care, the companioning model does not seek to treat or cure but rather bear witness, learn, and accompany. Griefers are the experts of their own experience. Companions offer a safe space, an open heart, affirmation, and hope.

Companioning is about being present to another person's pain; it is not about taking away the pain.

Companioning is about going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.

Companioning is about honoring the spirit; it is not about focusing on the intellect.

Companioning is about listening with the heart; it is not about analyzing with the head.

Companioning is about bearing witness to the struggles of others; it is not about judging or directing these struggles.

Companioning is about walking alongside; it is not about leading.

Companioning is about discovering the gifts of sacred silence; it is not about filling up every moment with words.

Companioning is about being still; it is not about frantic movement forward.

Companioning is about respecting disorder and confusion; it is not about imposing order and logic.

Companioning is about learning from others; it is not about teaching them.

Companioning is about compassionate curiosity; it is not about expertise.

Center for Loss  
& Life Transition®  
[www.centerforloss.com](http://www.centerforloss.com)

Stop  
trying to  
FIX things  
Teach kids  
how to  
carry the  
hard stuff



"SOME THINGS IN  
LIFE CANNOT BE  
FIXED. THEY CAN  
ONLY BE CARRIED."

— MEGAN DEVINE



# Take Lessons from a Turtle



**Support = necessary**

**Space= necessary**

**Contraction can be wise (be a turtle)**

# Help Young Clients Build Social Support Circle



Sometimes the people grievers hoped would show up to support them do not



Help your young clients identify those in their social circles who are understanding and supportive



Different connections may be able to help with different supportive tasks (emotional support, logistical support, spiritual support)



Discuss safety and boundaries in relationships

# How to Talk about stigmatized Deaths to Youth



- Find out the language used at home
- Consider how child discusses
- Seek a story or wording that caregivers agree with
- Discuss 'Brain Attack' reframe for suicide deaths or 'died of depression'
- Discuss 'brain sickness' of addiction

Create  
Opportunities  
to Express :  
Garbage  
Eaters




# Snock Ball






# Things to Help Grief: Helpful Apps


## Grab an App




**Mindful Powers**  
Free version




**Ninja Focus: Kids Mindfulness** 4+  
Focus, Music & Pep Talks  
[Ninja Focus, Inc.](#)  
Designed for iPad  
★★★★★ 4.5 • 54 Ratings  
Free · Offers In-App Purchases




**Audible: audiobook**  
Audible, Inc  
★★★★★




**The Tapping Solution**  
The Tapping Solution, LLC  
★★★★★




**Insight Timer - Meditation**  
Insight Network Inc  
★★★★★



**Headspace: Meditation and Mindfulness**  
Headspace for Meditation  
★★★★★



**Breathe, Think, Do with Sesame**  
Sesame Street  
★★★★★ 3.7 • 114 Ratings  
Free



**Calm - Meditate, Sleep, Relax**  
Calm.com, Inc.  
★★★★★

# Helpful Websites with Grief Resources

## Children's Grief

- <https://nacg.org/> (National Alliance of Children Grieving)
- <https://www.centerforloss.com/>
- <https://www.dougy.org/>

### Substance Use:

<https://ncsacw.acf.hhs.gov/>

[https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)

<https://www.samhsa.gov/practitioner-training>

- <https://elunanetwork.org/> (addiction loss)

### Suicide Loss:

- <https://allianceofhope.org/find-support/children-teens/> (suicide loss)

Watch Your  
Perspective

Difficult

Watch Your  
Perspective

Wise

Serving  
the Metro  
East Since  
1997



# Heartlinks

## GRIEF CENTER

FROM GRIEF TO GROWTH

Free-form Snip

Thanks for joining us. Let us know how we can help.

Phone: (618) 277-1800

Website: [www.myheartlinks.com](http://www.myheartlinks.com)

Facebook: Heartlinks Grief Center at Family Hospice

Instagram: [Friends That Get It](#)

**Please help us!**

Volunteer!

Donate!

Go to our website for details

Diana Cuddeback, LCSW Heartlinks Director- [dcuddeback@myheartlinks.com](mailto:dcuddeback@myheartlinks.com)



# Resources Referenced

- Neimeyer, R.A., Burke, L.A., Mackay, M.M., & van Dyke Stringer, J.G. (2010). Grief therapy and the reconstruction of meaning: From principles to practice. *Journal of Contemporary Psychotherapy*, 40, 73-83. doi: 10.1007/s10879-009-9135-3
- Park, C.L. (2008). Testing the meaning making model of coping with loss. *Journal of Social and Clinical Psychology*, 27, 970-994. doi: 10.1521/jscp.2008.27.9.970
- Wolfelt, A. (2005). *Companioning the bereaved: A soulful guide for caregivers*. Companion Press.
- Worden, W.J. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5<sup>th</sup> ed.). New York, NY: Spring Publishing Company.
- Yalom, I. D., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5<sup>th</sup> ed.). Basic Books/Hachette Book Group.

# Resources Referenced

- Bordere, T. (2019). Suffocated grief, resilience and survival among African American families. In *Exploring Grief*, pp. 188-204. doi: 10.4324/9780429201301-12
- Gillies, J., & Neimeyer, R.A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, 19, 31-65. doi: 10.1080/10720530500311182
- Granek, L. (2010). Greif as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology*, 13, 46-73. doi: 10.1037/a0016991
- Hunter, J. (2007). Bereavement: An incomplete rite of passage. *OMEGA Journal of Death and Dying*, 56, 153-173. doi: 10.2190/OM.56.2
- Janoff-Bulman, R. (1992). *Shattered assumptions*. New York: Free Press.
- Neimeyer, R.A. (2001). Reauthoring life narratives: Greif therapy as meaning reconstruction. *Israel Journal of Psychiatry and Related Sciences*, 38, 171-183.