

WELCOME

# Helping Children & Adolescents Cope with Grief:

A “Companioning” Philosophy of Caregiving

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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. Grievers 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.

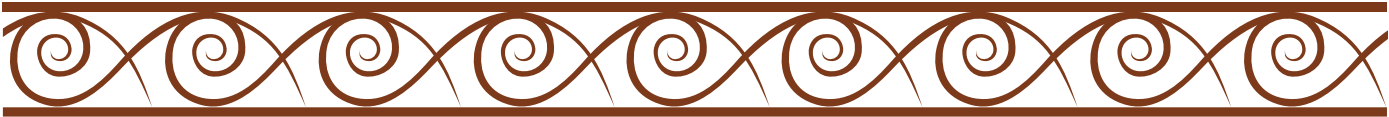
Companioning is about respecting disorder and confusion; it is not about imposing order and logic.

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

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

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# Treatment vs. Companioning

## For Spiritual, Emotional, Existential Issues

### Treatment Model

To return the mourner to a prior state of homeostatic balance ("old normal").

Control or stop distressful symptoms; distress is bad.

Follows a perspective model where a counselor is perceived as expert.

Pathology rooted in sustained relationship to dead person.

Positions the griever in a passive role.

Grieving person ranges from compliant to noncompliant.

Quality of care judged by how well grief was "managed."

Denial interferes with efficient integration of the loss and must be overcome.

Establish control; create strategic plan of intervention.

Provide satisfactory answers for all emotional, spiritual questions and dilemmas.

### Companioning Model

Emphasizes the transformative, life-changing experience of grief ("new normal").

Observe, "watch out for," "bear witness," and see value in soul-based symptoms of grief.

Bereaved person guides the journey; "teach me" is the foundational principle.

Is a normal shift from relationship of presence to relationship of memory.

Recognizes the need for the mourner to actively mourn.

Grieving person expresses the reality of being "torn apart" as best he can.

Quality of care monitored by how well we allowed the griever to lead the journey.

Denial helps sustain the integration of the loss from head to heart. It is matched with patience and compassion.

Show up with curiosity; willingness to learn from the griever.

Honor the mystery; facilitate the continuing "search for meaning"; no urgency to solve or satisfy the dilemma.

# Bereavement & Children

## Grief Gardening: Ages & Stages

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Over the past fifty years, a number of researchers have studied the ways in which chronological age affects the children's response to loss. In general, these studies found that children five and under tend not to fully understand death's finality. For children older than five, the studies had divergent findings. One found that children six and older may understand that death is final while another found that only children nine years old and older have realistic perceptions of death.

Having worked with thousands of bereaved children, I believe that we as grief gardeners must let each child teach us about his or her understanding of death. Yes, as they get older, children appear to proceed from little or no understanding of death to, finally, a realistic recognition of the concept. But I could line up ten six-year-olds and we would find that each one attaches a very different meaning to the word "death."

That difference in meaning is a product of each child's life experiences to date. Those who at a young age have already had several people they love die are more likely

to fully understand death, for example. On the other hand, children who have never experienced the death of someone loved or, just as important, haven't been lovingly taught by adults about death, are more likely to harbor inaccurate notions of the concept.

Moreover, other factors such as self-concept and intelligence also have an important role in the individual child's understanding of death.

I am not a believer in the theory that bereaved children of a certain age grieve in a certain way. Each child's responses—cognitive, emotional, spiritual, and physical—to the death of someone loved—are different.

Still, it is true that a child's developmental level affects her mourning. The chart that follows tries to capture some of the most common grief responses of children in different age categories. But remember—an individual child should not be stuffed into a textbook category. As grief gardeners, we must let each bereaved child teach us what grief is like for them.





# Grief Gardening Tips

## Infants and Toddlers

(Baby - age 2)

Loss may be understood as an absence, particularly of a primary caregiver.

“I’m upset” behaviors (e.g. crying more, thumb sucking, biting.)  
Changes in normal patterns. May sleep more or less, eat more or less, be fussier.

Offer physical comfort. Accept the changes while still trying to adhere to some kind of routine. Infants and toddlers are typically comforted by the structure of routines.

## Preschoolers

(Ages 3-6)

Death may be thought of as temporary or reversible.

May not understand their new, scary feelings and may not be able to verbalize what is happening inside of them. May ask questions about the death over and over again. During play, may reenact the death.  
(May regress: cling to parents, suck thumb, lose potty training, baby talk, etc.)

Provide them with words for some of their feelings: grief, sadness, numb. Answer concretely and lovingly. Be honest. Don’t tell half-truths. “Death” play is fine and helps children integrate the reality of the death. You may want to join in and offer your guidance. Short-term regressive behaviors are normal. Offer your presence and support.

## Grade Schoolers

(Ages 6-11)

A clearer understanding of death develops. Older kids in this age group may have an “adult” understanding of what death is.

Children in this age group continue to express their grief primarily through play. May “hang back” socially and scholastically. May act out because they don’t know how else to handle their grief feelings.

Use “older-kid” play therapy techniques, especially for 10-11 year olds. Children need permission to concentrate on mourning before they can be expected to forge ahead with the rest of their lives. Give them time. Offer constructive “venting” alternatives. Support groups can be very helpful.

## Adolescents

(Ages 12 and up)

Understanding death cognitively, but are only beginning to grapple with it spiritually.

May protest the loss by acting out and/or withdrawing. May feel life has been unfair to them, act angry. May act out a search for meaning. May test their own mortality.

Acting out behaviors should be tolerated if the teen or others are not being harmed. Withdrawal is normal in the short-term. (Long-term withdrawal is a sign the teen needs extra help.) A teen’s normal egocentrism can cause him to focus exclusively on the effect the death has on him and his future. After he has had time to explore the issue, encourage him to consider the death’s impact on a larger social group: family, friends, etc. Teens begin to really explore the “why” questions about life and death. Encourage this search for meaning unless it may harm the teen or others.





# Helping Grieving Children At School

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If you have, or work with, school-aged children, particularly in the role of teacher or school counselor, you know how profoundly a student's home life affects her school life. The two are inextricably intertwined.

When someone in the child's family dies, the death colors every moment of every day for the child. The child cannot "put her grief aside" while she learns and plays alongside the other students. Instead, she must learn to integrate her grief into all aspects of her life, including school.

## School is a Place for Support

Teachers are very important to their students. From them, they learn not only facts and figures, but behaviors and emotions. Children also rely on them for support during the seven or so hours they are in their care each day.

So, school isn't just a place for book learning. It's a home away from home, a place for students to share their lives with others. When a student is grieving, he needs to share his new and scary feelings. He needs to know that, like home, school will be a stable and loving refuge.

## Talking to Children About Death

If you spend much time with children, you have probably learned to communicate well with them. You know that they respond better, for example, when you get down on their level and maintain eye contact. You ask open-ended questions to solicit their thoughts and feelings. Without talking down to them, you use language that they understand.

Keep up the good work. You'll need all these skills as you help students grieve. But you may find that talking about death isn't so easy. That's okay. Our culture as a whole has a hard time discussing death.

Actually, what grieving children need most is for someone to listen to and understand them—not to talk at them. Instead of worrying about what to say, try to create opportunities for bereaved students to talk to you about death.

## Learn About Grief

To help students cope with death and grief, you must continually enhance your own knowledge of childhood grief. While we will never evolve to a point of knowing "everything there is to know about death," we can always strive to broaden our understanding and degree of helpfulness. Take advantage of resources and training opportunities as they become available.

Another part of learning about grief involves exploring your assumptions about life and death. Think about your own personal losses. Who close to you has died? What did their deaths mean to you? Were you a child when someone you loved died? If so, how did you feel? How did the important adults in your life—including teachers and counselors—help you with your feelings of grief? Thinking about these issues will help you better help students in your care.

## Teach What You Learn to Students

If you are a teacher, don't wait until a student's parents are killed in a car accident to teach your class about death and grief. Make lesson plans that incorporate these important topics into the curriculum. And use natural, everyday encounters with death—a run-over squirrel, a car accident that made local headlines—to talk to your students about fears and concerns.

All adults should remember the concepts of the "teachable moment" and "created moment." The teachable moment occurs when an opportunity to teach children about life and death arises through events happening around them. A baby is born; a classmate's grandfather dies. When these events occur,

make positive use of them by talking openly about them. The created moment means not waiting for “one big tell all” about death but working to create regular opportunities to teach children about death.

Children who have already been acquainted with the naturalness and permanence of death are more likely to grieve in healthy ways when someone they love dies.

### **Acting Out in the Grieving Child**

Many children express the pain of grief by acting out. This behavior usually varies depending on the child’s age and developmental level. The child may become unusually loud and noisy, have a temper outburst, start fights with other children, defy authority, or simply rebel against everything. Other examples of acting-out behavior include getting poor grades or assuming a general attitude that says, “I don’t care about anything.” Older children may even run away from home.

Underlying a grieving child’s misbehavior are feelings of insecurity, abandonment, and low self-esteem. This basic recognition is the essence of artfully helping during this difficult time. My experience as a grief counselor has shown me that probably the two greatest needs of a bereaved child are for affection and a sense of security. Appropriate limit-setting and discipline should attempt to meet these essential needs. We must let bereaved children know that we care about them despite their present behavior.

Adult modeling and setting reasonable boundaries help bereaved children develop their internal controls while at the same time providing children the opportunity to make painful mistakes. As we all know, discovering we make mistakes as we grow up is an important lesson.

### **When a Classmate Dies**

Children aren’t supposed to die. We all know and, on some level, believe this truism. But the reality is, sometimes children do die. When a classmate dies, the other children will be profoundly impacted. They will probably feel a deep sense of loss and sadness, especially those who were among the classmate’s close friends. Many will be curious. They will want to know what happened to Bobby and why. Some of the children will be afraid. When a classmate dies, children begin to understand that they, too, could die young. Other normal feelings include shock, anger, and even relief.

Because the death was part of the children’s school lives, the teacher will be the primary caregiver students will look to for help with their grief. The first school

day after the death, you might spend some class time explaining what happened. Remember to use simple, concrete language and honestly answer their questions. Model your own feelings. If you want to cry, cry—without apologizing for it. Later in the day, you might have the children make drawings or write letters to give to the dead student’s parents.

Send a note home with students informing parents about the death. With parental permission, you might also arrange for interested students to attend the funeral. And don’t forget, grief is a process, not an event. In the weeks and months to come, you will need to provide ongoing opportunities for your students to express their grief.

### **Getting Extra Help for the Bereaved Student**

When a student seems to be having a particularly hard time dealing with grief, help him get extra help. Explore the full spectrum of helping services in your community. Hospice bereavement programs, church groups, and private therapists are appropriate resources for some young people, while others may just need a little more time and attention from their parents or other caring adults.

If you decide that individual counseling outside the realm of school counseling might be able to help the bereaved student, try to find a counselor who specializes in bereavement counseling and has experience working with children. Scan your Yellow Pages or counselors citing grief or bereavement as a specialty. Another credential to look for is certification from the Association for Death Education and Counseling (ADEC).

### **Guidelines for Helping Grieving Children**

- Be a good observer. A bereaved child’s behavior can be very telling about her emotions.
- Listen. Let each child teach you what grief is like for him. And don’t rush in with explanations. Usually it’s more helpful to ask exploring questions than to supply cookie-cutter answers.
- Be patient. Children’s grief isn’t typically obvious and immediate.
- Be honest. Don’t lie to children about death. They need to know that it’s permanent and irreversible. Don’t use euphemisms that cloud these facts. Use simple and direct language.
- Be available. Bereaved children need to know that they can count on the adults in their lives to listen to them, support them, and love them.

# The Misdiagnosis of ADHD in Bereaved Children: An All-Too-Common Mistake

Alan D. Wolfelt, Ph.D., C.T., [www.centerforloss.com](http://www.centerforloss.com)

Each day in North America hundreds of children are diagnosed as suffering from Attention Deficit Disorder (ADHD). The diagnosis of ADHD centers around three primary features: inattention, impulsiveness, and hyperactivity.

As an advocate for the needs of bereaved children and adolescents, I am concerned that we as mental health practitioners are sometimes too quick to label a child with this “disorder” without adequately addressing the causes and exploring appropriate helping responses. My experience suggests that many bereaved children and adolescents naturally struggle with issues of distractibility, impulsivity, and hyperactivity.

Clearly, the problems associated with the misdiagnosis of ADHD in bereaved children are significant. I continue to see a number of children in my practice who have been misdiagnosed and mistreated for ADHD. The primary purpose of this article is to explore this controversial topic and to urge bereavement caregivers to sensitize themselves to the importance of this discussion.

## What is ADHD?

It surprises most people that ADHD is not an illness or a disease but rather a syndrome, or a cluster of symptoms. As a syndrome, ADHD can be a manifestation of any number of underlying causes. A good analogy is a fever, which is a single symptom caused by any number of problems.

Likewise, a child appropriately diagnosed with ADHD may suffer from a variety of underlying triggers, including, but not limited to, the following: thyroid dysfunction, food allergy, brain injury, disorganized or chaotic environments, child abuse or neglect, fetal alcohol syndrome, learning disability, depression, anxiety, or post-traumatic stress disorder. These different causes often call for different helping responses. Obviously, a careful, well thought out assessment is critical to creating appropriate interventions.

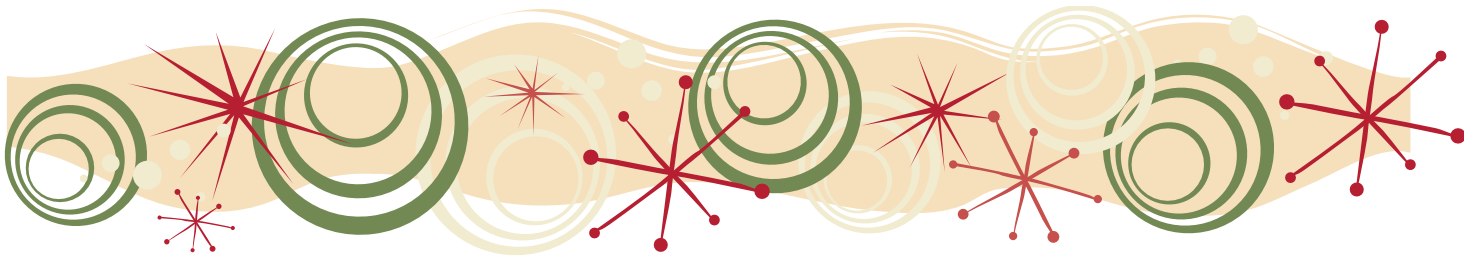
## The Diagnosis of ADHD

Because there is no “test” of ADHD, the best approach to accurate diagnosis is a comprehensive assessment that explores the history, biology, psychology, and spirituality of the child. Because this disorder typically manifests itself in a variety of settings, behavioral observations in the home and the school as well as in the therapist’s office are critical to accurate diagnosis. Moreover, some children with ADHD can appear fairly calm in a one-on-one situation. Thus, the observations of teachers in the classroom and adult caregivers at home are often the most critical tools in diagnosing ADHD.

Let’s look at the formal criteria for Attention Deficit Hyperactivity Disorder used by mental health practitioners:

- Often fidgets with hands or feet or squirms in seat (in adolescents, may be limited to subjective feelings of restlessness).
- Has difficulty remaining seated when required to do so.
- Is easily distracted by extraneous stimuli.
- Has difficulty awaiting turn in games or group situations.
- Often blurts out answers to questions before they have been completed.
- Has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension) e.g., fails to finish chores.
- Has difficulty sustaining attention in tasks or play activities.
- Often shifts from one uncompleted activity to another.
- Has difficulty playing quietly.
- Often talks excessively.
- Often interrupts or intrudes on others, e.g., butts into other children’s games.
- Often does not seem to listen to what is being said to him or her.
- Often loses things necessary for tasks or activities at school or at home (e.g., toys, pencil, book, assignments).





- Often engages in physically dangerous activities without considering possible consequences (not for purpose of thrill-seeking), e.g., runs into street without looking.
- A child who exhibits at least eight of the aforementioned behaviors for a period of at least six months and whose symptoms manifested themselves before he or she was seven is said to have Attention Deficit Hyperactivity Disorder.

[source: American Psychiatric Association (1987) Diagnostic and Statistical Manual of Mental Disorders (3rd Ed. Rev.). Washington, D.C.]

### Depression and Anxiety: ADHD or Normal Grieving?

As noted above, potential triggers for ADHD are depression and anxiety. The majority of children I see in my practice have components of both depression and anxiety brought about by the death of someone loved. Some of the children I see have been previously diagnosed with ADHD with little, if any, attention being paid to the normalcy of depressed mood and agitated behavior. The healthy “work of mourning” requires a respect for the “survival value” of depression and anxiety.

For example, a common reason that medication stimulants (Ritalin and Dexedrine are the most common) often fail to help bereaved children diagnosed with ADHD is that the components of “normal” depression and anxiety have been overlooked and misunderstood. Dramatic improvements often occur when the child is taken off stimulants (under medical supervision) and supportive counseling is initiated.

### Acting Out: Normal Grieving or ADHD?

Normal bereavement and ADHD have yet another commonality: acting-out behaviors. Many bereaved children express the pain of grief by acting out. The therapist who isn’t sensitive to the normalcy of this behavior is often tempted to see distractibility,

impulsivity, and hyperactivity as reflecting full-blown ADHD. Careful attention to the history of symptom onset frequently demonstrates a relationship between the stress of death (or coping with a chronic illness in the family) and the initiation of survival-driven acting-out behaviors. Some adults are still unaware that behaviors are the primary way children “teach us” they are embracing pain and loss.

The bereaved child’s acting-out behavior can serve a variety of functions. Understanding these functions can help caregiving adults set healthy limits and foster constructive mourning habits. Grieving kids may act out to:

- **Express feelings of insecurity.** When the family—often the most stabilizing influence in a child’s life—loses one of its members, the child may experience a sense of insecurity. In an unconscious attempt to regain control, the bereaved child may act out by fighting with peers or throwing temper tantrums. Rather than being symptomatic of ADHD, these acting out behaviors are often normal grief responses.
- **Express feelings of abandonment.** Bereaved children may feel as if their dead parent or loved one has abandoned them, which in turn may cause them to feel unloved. Their acting-out behaviors and the discipline that follows, then, become a self-fulfilling prophecy: “See, nobody loves me...” Again, acting out to express feelings of abandonment can be a normal grief response and is probably not ADHD-related.
- **Provoke punishment.** Though it makes no rational sense to adults, some bereaved children may unconsciously believe that they are at fault for the death and so deserve punishment. Or, if the person who died was the family’s primary disciplinarian, the child may act out as a way to get that person to “come back” and mete out punishment. Either way, this “misbehavior” is a typical grief response.
- **Protect themselves from future losses.** Some bereaved children will become the initiators of

rejection in an effort to prevent future feelings of abandonment. Their acting-out behaviors, which may mimic ADHD-related behaviors such as being inappropriately loud or interrupting others' conversations, serve to keep people at a distance.

- **Prove they are still alive.** The death of someone loved often makes the child more aware of his or her own mortality. One unconscious way some children deal with this fear is to be physically active, as if to say, "I'll keep moving to prove I'm still alive." So, what seems on the surface to be hyperactivity may in fact be a normal grief coping mechanism.
- **Externalize internal feelings of grief.** Some people assume children are too young to need to talk out and play out thoughts and feelings of grief. The result is that many children grieve (internalized response), but do not mourn (externalized response). These feelings of grief that build up within them will probably explode forth as acting out behaviors that may mimic ADHD if they aren't expressed constructively through mourning.

In summary, acting-out behaviors in bereaved children are often an indirect, unconscious cry for help. Perhaps no area of bereavement care for children is more sophisticated and complex than appropriately understanding and responding to acting-out behaviors. My experience suggests that because they often act-out, many bereaved children are being inappropriately diagnosed and treated for ADHD.

### What About Children With Long Histories of ADHD?

Some bereaved children bring an accurately diagnosed history of ADHD into their personal grief journeys. These children require special consideration in the development of helpful interventions. Appropriate help usually includes a combination of education, support, and medication.

**Education:** Parents, teachers, and the child need help in understanding the syndrome. Emphasis can be placed on the child's strengths and weaknesses, without perceiving them as "sick" or as "failures."

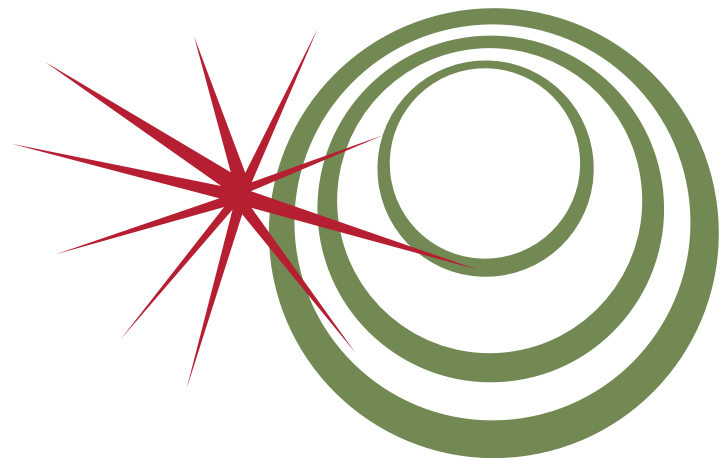
**Support:** The child and caregivers often benefit from help with self-esteem, anger management, social skills, and grief counseling. The parents often need a safe place to express themselves and learn stress reduction skills. Effective parenting skills can be taught in a group setting with parents who struggle with similar problems.

Ongoing support groups should always be considered for both caregivers and children.

Teachers may want and need strategies for helping the child with ADHD. For example, teachers may find useful more frequent reinforcement of positive behavior, frequent breaks, and specific "how to's" on managing disruptive behavior.

**Medication Management:** The wise use of medications is often a part of the comprehensive effort to help children with ADHD. The medication plan should always be carried out by well-trained persons who specialize in this area of work with children. All medications need to be carefully monitored based on individual response, both biological and behavioral.

Obviously, we must continue to explore the connection between children's grief and the misdiagnosis of ADHD. Only in coming to understand the survival value of depression, anxiety, and acting-out behaviors that often mimic the symptoms of ADHD will we as caregivers be able to create compassionate helping responses.





# The Adolescent's Mourning Needs

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## **Need 1: Acknowledge the reality of the death.**

To move toward healing, teenagers must, over time and with the gentle understanding of those around them, acknowledge that someone they love has died and will not return. Of course, they will come to this new reality in doses as they move from head understanding to heart understanding. As adults, our natural instinct may be to protect young people—and ourselves—from such hurtful realities. But remember, teens can cope with what they know. They cannot cope with what they don't know.

As you talk with and listen to the teen, be honest about the nature and cause of the death. Teenagers are not immune from magical thinking. They'll sometimes fuel their guilt about the death by literally blaming themselves if they are not helped to reframe this common but devastating feeling. For example, you might hear a teen say, "If I hadn't goofed off so much and made her worry, my mom wouldn't have gotten so sick." To be helpful, you must respect the teen's need to express these "if onlys," but over time help them come to understand the limits of their own culpability.



## **Need 2: Move toward the pain of the loss.**

Another important need for teens is to be able to move toward the pain of the loss. This need involves encouraging the young person to embrace all the thoughts and feelings that result from the death. Like the need to acknowledge the reality of death, this need is often bypassed by adults who want to protect young people from pain. Yet, as Helen Keller said years ago, "The only way to get to the other side is to go through the door." Unfortunately, many teens get to the doorway only to have it slammed in their faces.

Grieving adolescents need permission to mourn. Sometimes what they need most from adults is an awareness that it is OK to feel the many emotions they feel and to talk or not talk about those emotions. If you provide a safe harbor, they'll share whatever they need to share, whether that be anger, love, fear, helplessness, hope, guilt, or even relief.

Keep in mind that the teen's naturally strong resistance to mourning does not mean the teen isn't hurting inside or isn't capable of mourning with support and understanding. Also remember that because teens don't always articulate their feelings well, they often do as much, if not more, of their mourning through their behaviors rather than words.



## **Need 3: Remember the person who died.**

Another vital need for the bereaved teens is to remember the person who died. My experience with grieving young people has taught me that remembering makes hoping possible. The process of beginning to embrace memories often begins with the funeral, which offers an opportunity to remember the person who died and affirm the value of the life that was lived.

Many people feel uncomfortable when survivors focus on memories of the person who died or objects that belonged to him or her. Far from being morbid, however, these activities link the teen to the person who died and are valuable and life-affirming.

As you help bereaved teen through their grief journeys, be alert for creative and spontaneous ways to remember the person who died. Journal writing can be particularly helpful for adolescents who may not be ready to talk openly about their feelings. When words are inadequate, group rituals also provide concrete

memorials that the teens can revisit long into the future. Finally, keep in mind that remembering can be difficult for teens. Some memories are painful, even frightening. But many are joyful and allow the teen to relive the happy times. A wonderful musical metaphor speaks well to this: "You must listen to the music of the past to sing in the present and dance in the future."



#### **Need 4: Develop a new self-identity.**

As social beings, we think of ourselves in relation to the people around us. I'm not just Alan Wolfelt, but a son, a brother, a husband, a father. Teenagers may be even more closely linked to those around them than adults are because their self identities are just emerging. So, when someone loved dies, teens must begin the difficult process of forming an identity apart from that person. If her father dies, for instance, the adolescent may no longer be "daddy's little girl." As always, the key here is to allow the teen to express her feelings and not to rush her or rescue her as she struggles with this difficult task of redefining herself.

The death of a family member may also require young people to take on roles that had been filled by the person who died. If the younger brother, Brian, always took out the garbage and then he dies, someone still has to take out the garbage. Taking on this new identity can be very difficult for the teen survivor.

This is not to say that the teenager should never be asked to take on new roles and responsibilities; for the family to go on, everyone must be a part of this redefinition. However, we should never assign inappropriate roles to young people, especially those that force them prematurely into adulthood.



#### **Need 5: Search for meaning.**

Another important need to stay sensitive to in working with teens is their need to search for meaning. Grieving young people naturally ask "how" and "why" questions about the death of the person they loved. "How could my friend die when she was so young?" and "How can God be good and still allow pain in the world?" are the sorts of questions you may hear.

We can help by letting the bereaved teen know that these kinds of questions are both normal and important. Remember, normalize but don't minimize. But, while it's important to provide an open, caring atmosphere that allows teens to ask these questions, don't think you must always answer them. By acknowledging that we don't know, we ultimately become more helpful to the young person searching for meaning.

You should also note that teenagers sometimes act out their search for meaning. Drunk driving and other behaviors that test their mortality are, unfortunately, common among some bereaved teens. While in general you shouldn't judge the ways in which the grieving young person searches for meaning, life-threatening behaviors obviously require intervention. Don't hesitate to set limits, because in doing so you may literally save a life.



#### **Need 6: Continue to receive support from adults.**

Another very important need to be familiar with is the ongoing need for bereaved teens to receive support from adults. Grief is a process, not an event, and bereaved adolescents will continue to need the support of helping adults long after the death. You can teach grieving young people that they may experience "grief bursts," or what I call "memory embraces," which are recurring bouts of acute sadness, long into adulthood, and developmental milestones like graduation, marriage, and childbirth often bring on "grief bursts."

With your help, bereaved teenagers who have all of their mourning needs met will in time heal. I define healing in grief as a softening in the intensity and the duration of painful emotions. This does not mean that the bereaved teen will "recover" from his or her grief, but instead will become reconciled to it. The pain of grief will never disappear completely. Waves of grief may revisit the teen for years and years to come. But with time and love and acceptance, bereaved teens can and do heal.

# The Writings of Alan D. Wolfelt, Ph.D., C.T.

## **Resources For the Adult Mourner**

Understanding Your Grief: Ten Essential  
Touchstones for Finding Hope and Healing  
Your Heart  
Understanding Your Grief Journal  
Understanding Your Suicide Grief  
Understanding Your Suicide Grief Journal  
Living in the Shadow of the Ghosts of Grief:  
Step into the Light  
Eight Critical Questions for Mourners... And  
the Answers That Will Help You Heal  
The Wilderness of Grief: Finding Your Way (Also  
available in audiobook)  
The Wilderness of Suicide Grief: Finding Your  
Way  
The Journey Through Grief: Reflections on  
Healing  
Loving from the Outside In, Mourning from the  
Inside Out  
The Mourner's Book of Hope  
The Mourner's Book of Courage  
The Mourner's Book of Faith  
Grief One Day at a Time: 365 Meditations to  
Help You Heal After Loss  
One Mindful Day at a Time: 365 Meditations  
for Living in the Now  
365 Days of Understanding Your Grief  
First Aid for Broken Hearts  
Too Much Loss: Coping with Grief Overload  
The Grief of Infertility  
If You're Lonely: Finding Your Way

When Your Soulmate Dies: A Guide Through  
Heroic Mourning  
The Paradoxes of Mourning: Healing Your  
Grief with Three Forgotten Truths  
Healing Your Grieving Heart  
Healing Your Grieving Soul  
Healing Your Grieving Body  
Healing A Friend's Grieving Heart  
Healing A Grandparent's Grieving Heart  
Healing A Spouse's Grieving Heart  
Healing A Parent's Grieving Heart  
Healing The Adult Child's Grieving Heart  
Healing Your Grieving Heart After Miscarriage  
Healing Your Grieving Heart After Stillbirth  
Healing Your Traumatized Heart  
Healing the Adult Sibling's Grieving Heart  
Healing Your Grieving Heart After Stillbirth  
Healing Your Grief About Aging  
Healing Your Chronic Illness Grief  
Creating Meaningful Funeral Ceremonies: A  
Guide for Families  
Transcending Divorce  
Transcending Divorce Journal  
The Wilderness of Divorce: Finding Your Way  
Grief Day by Day  
Understanding Your Grief after a Drug-  
Overdose Death  
Expected Loss: Coping with Anticipatory Grief  
Sympathy & Condolences  
Grief After Homicide  
Nature Heal

## **Resources For & About Grieving Children and Teens**

Healing a Child's Grieving Heart: 100 Practical  
Ideas for Families, Friends & Caregivers  
Healing Your Grieving Heart For Kids: 100  
Practical Ideas  
A Child's View of Grief (book or DVD  
available)  
How I Feel - A Coloring Book for Grieving  
Children  
How I Feel - A Coloring Book for Kids During  
and After Divorce  
Sarah's Journey  
Jeremy Goes to Camp Good Grief  
Finding the Words: How to Talk with Children &  
Teens  
Companioning the Grieving Child: A Soulful  
Guide for Caregivers

Companioning the Grieving Child Curriculum  
Book  
Healing a Teen's Grieving Heart: 100 Practical  
Ideas for Families, Friends & Caregivers  
Healing Your Grieving Heart for Teens: 100  
Practical Ideas  
The Healing Your Grieving Heart Journal for  
Teens  
A Teen's View of Grief (DVD)  
Healing After Divorce: 100 Practical Ideas for  
Kids  
Healing A Child's Heart After Divorce: 100  
Practical Ideas for Families, Friends and  
Caregivers



## **Resources For Bereavement Caregivers**

When Grief is Complicated: A Model for  
Therapists to Understand, Identify, and  
Companion Griefers Lost in the Wilderness  
of Complicated Grief  
Reframing PTSD as Traumatic Grief: How  
Caregivers Can Companion Traumatized  
Griefers Through Catch-Up Mourning  
Companioning You! A Soulful Guide to Caring  
for Yourself While You Care for the Dying  
and the Bereaved  
Creating Meaningful Funeral Experiences: A  
Guide for Caregivers  
Educating the Families You Serve About the  
"WHY" of the Funeral Workbook  
Why We Have Had Funerals Since the  
Beginning of Time Brochures and Posters  
Funeral Home Customer Service A-Z: Creating  
Exceptional Experiences for Today's Families

The Pocket Consultant for Funeral Service:  
Customer Service A-Z  
A Tale of Two Funerals  
Companioning the Bereaved: A Soulful Guide  
for Caregivers  
Companioning the Dying: A Soulful Guide for  
Caregivers  
Companioning at a Time of Perinatal Loss  
The Handbook for Companioning the  
Mourner: Eleven Essential Principles  
Understanding Your Grief Support Group  
Guide  
Understanding Your Suicide Grief Support  
Group Guide  
Transcending Divorce Support Group Guide  
Helping People with Developmental  
Disabilities Mourn  
Caring For Donor Families: Before, During &  
After

## **Other Resources**

When Your Pet Dies  
Healing the Empty Nester's Grieving Heart  
Healing a Friend or Loved One's Grieving  
Heart After a Cancer Diagnosis  
Healing Your Grieving Heart After a Cancer  
Diagnosis  
Healing After Job Loss: 100 Practical Ideas  
Healing Your Holiday Grief: 100 Practical Ideas  
for Blending Mourning and Celebration  
During the Holiday Season  
Healing Your Grief When Disaster Strikes  
Healing Your Grieving Heart When Someone  
You Know has Alzheimer's  
Healing Grief at Work: 100 Practical Ideas  
After Your Workplace is Touched by Loss

The PTSD Solution  
Wolfelt's Grief Gardening Model Poster  
The Depression of Grief: Coping with Your  
Sadness & Knowing When to Get Help  
Afterwords... Helping You Heal (Available in  
English and Spanish)  
Helping Series Brochures (42 Titles Available)  
Wallet Cards: The Pet Lover's Code, The  
Mourner's Bill of Rights (English & Spanish,) My  
Grief Rights (Poster also available,) The  
Bereavement Caregiver's Self-Care  
Manifesto, Ten Freedoms for Creating  
Meaningful Funeral Ceremonies  
Under Reconstruction Pin  
Empathy Cards

## **Training Resources**

The Center for Loss & Life Transition works towards its mission of "Helping People Help Others" by providing bereavement caregivers quality training in a four-day educational seminar format taught by Dr. Wolfelt. If you want to learn practical skills to "companion" people in grief or continue to enhance your bereavement skills, our educational seminars are perfect for you.