

**U.S. Department of Justice**  
Office of Justice Programs  
*Office for Victims of Crime*

**Working with Grieving Children After Violent Death:  
A Guidebook for Crime Victim  
Assistance Professionals  
*Instructor's Guide***

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# Working with Grieving Children After Violent Death:

## *Instructor's Guide*

## A Guidebook for Crime Victim Assistance Professionals

Prepared May, 1997

Under Cooperative Agreement Number 95-VF-GX-K001 between:

Office for Victims of Crime

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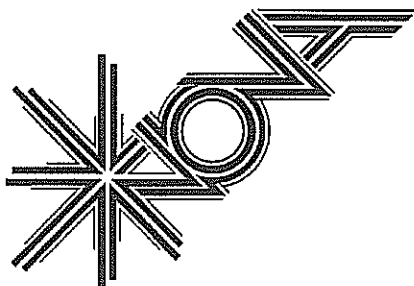
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# Training Site Hosts/Host Agencies

Newark, NJ (June 11-14, 1997) was hosted by Rutgers University, the State University of New Jersey, with additional support from the Essex County District Attorney's Office of Victim Witness Advocacy and the Changing Tides Program of the Center for Hospice Care of Glen Ridge, NJ

Oklahoma City, OK (July 16-19, 1997) was hosted by the U.S. Attorney's Office and the Oklahoma City District Attorney's Office.

Los Angeles, CA (August 6-9, 1997) was hosted by the Los Angeles County District Attorney's Victim Witness Assistance Program

# Working with Grieving Children After Violent Death: A Guidebook for Crime Victim Assistance Professionals

## *Instructor's Guide*

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# Introduction for Instructors

It is estimated that as many as twenty percent of today's children will have survived the death of a parent by the end of high school; eleven children a day are killed by guns in accidents, suicides, and murders; an average of four students a year die in a school system of 6,000 students; and by the age of 14 a child will have witnessed 18,000 deaths – mostly violent murders on television. (Linda Goldman, *Life and Loss: A Guide to Grieving Children*, 1994)

These figures do not begin to account for the additional deaths of friends or loved ones caused by drunk driving crashes or violent deaths witnessed in the streets of our cities. Nor do they address the effects of mass violence and death resulting from a community-wide tragedy such as the 1995 bombing of the Federal Building in Oklahoma City and its impact on all of the children there.

For most children, the experience of the death of a loved one shatters their formerly secure life. The experience of massive death shatters their sense of trust in the world. While adults often feel helpless in the face of violence, children and adolescents suffer more extreme feelings of powerlessness because they had little power over their lives even before the trauma. Alienation and anger may cause reactions such as self-destructive behaviors, antisocial actions, and even criminal activities. Fear and grief may cause others to become withdrawn and physically ill. In today's world, characterized by high crime rates, transportation crashes, and natural disasters, children cannot be protected from the anguish of death and loss, but caregivers – parents, teachers, clergy members, and victim assistance providers – can be better prepared to help children through the grief process and to assist them in developing healthy, constructive lives once again.

For several years prior to the development of this *Instructor's Guide*, the National Organization for Victim Assistance worked to develop *Working With Grieving Children After Violent Death: A Guidebook for Crime Victim Assistance Professionals*. A three-part video tape was also produced to accompany the *Guidebook*. In the process of the *Guidebook's* development, NOVA performed a comprehensive review of literature on childhood trauma, the impact of traumatic death on children, and techniques for providing care to traumatized children. It also conducted an assessment of 100 programs that work with grieving children to identify promising practices and strategies for caregivers. Dr. Robert Pynoos (California) and Dr. Karen Thoben (Virginia) advised NOVA in developing the outline for the *Guidebook* and in identifying background materials for review.

When the *Guidebook* was initially drafted, the information and exercises were pilot-tested through the Concerns of Police Survivors (COPS) Kids program in conjunction with activities surrounding National Law Enforcement Memorial Day (1996). The pilot test, conducted with three different age groups of children who



had survived the violent death of a family member or close friend, had two components—the training of COPS Kids counselors in conducting the exercises, and the supervision of those counselors in working with the young people.

Following the pilot test, NOVA made further revisions in the *Guidebook* and then authorized its use for the COPS Kids summer camp program in order to gather additional comments and feedback. NOVA also reviewed selected parts of the *Guidebook* with participants at its regional Crisis Response Training Institutes to further assess its utility. NOVA also had the Advisory Committee to its School Crisis Response Project review the *Guidebook*. That committee rated it as “excellent” for counselors working with children and adolescents. In addition, NOVA presented a day-long workshop based on the *Guidebook* at the 22nd annual National Victim Assistance Conference in Tulsa, Oklahoma, in August of 1996.

The consensus from the participants in these events was that the *Guidebook*, along with the accompanying videotape and a training program on its use, would be invaluable to victim assistance providers working with children, teachers, school counselors, community groups, and parents. Some reviewers suggested that it specifically be used as the basis for an advanced training program for crisis responders whose focus was on children dealing with a traumatic event.

Due to the number of caregivers who have demonstrated interest in receiving more training in this critical area, NOVA proposed and received funding from OVC to present a series of regional train-the-trainers conferences on the information in the *Guidebook* and on implementation of its exercises and activities, to be held in Newark (NJ), Oklahoma City (OK) and Los Angeles (CA). As a part of the development of those conferences, NOVA has developed this *Instructor's Guide* to provide trainees at the conferences with helpful trainer notes and hints keyed to the *Guidebook*.

The curriculum includes state-of-the-art research and clinical information and provides an opportunity for participants to practice implementing their knowledge in exercises with children.

NOVA recommends a four-day training curriculum, although the agenda could be modified to fit the needs of the trainees. The last day of the course is devoted to an interactive program focused on a “clinic” on death and loss for children and adolescents. The clinic allows training participants to work with children and role models who are not victim service professionals, using sample discussions and activities drawn from the *Guidebook*.

NOVA participated in this type of clinic in cooperation with Athletes Helping Kids Make a Difference, a non-profit organization based in California, when professional athletes volunteered to work with the children who survived the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City. Among the

twenty volunteers whom Athletes Helping Kids brought to Oklahoma City for a clinic with young victims and survivors of the bombing were NFL all-pros Troy Aikman, Brent Jones, and Hershell Walker. As a group, they showed great empathy for the grieving children and many said they would like to be trained further on working with such children. Athletes Helping Kids agreed to work with NOVA to organize the clinics on which this curriculum is based and to involve selected professional football players in helping with clinic activities. Other athletes or professionals from other fields might be equally effective.

The professional athletes who seek out organizations like Athletes Helping Kids through which to volunteer their time are young adults with a genuine concern for younger people, especially those from disadvantaged circumstances, and who seek to hone their talents as “coach” and “counselor” so as to have a real and positive impact on young people – to match the “celebrity” of what they do for a living to the “role models” they seek to be in their lives.

The child participants who are invited to participate in the fourth-day clinic are open to all age groups. The “clinics” mix sports and exercise activities (which, incidentally, are recommended tools in working with grieving children) with guided discussions of trauma and its aftermath. Athletic ability is not a prerequisite for participation.

Under ideal circumstances, the athletes or other professionals would have a preparatory meeting with trainers and conference participants on the evening of the third day of the training, prior to the clinic the following day. The proposed content of the clinic is described on Day Four of the suggested agenda, shown on page 13.

NOVA’s recommendation to integrate a children’s clinic on grief and loss as part of the overall training agenda is unique. Having professional athletes serve as teammates with the training participants in the clinics is unique. (In communities without professional sports teams, NOVA would recommend inviting college players or other role models.) The clinic approach gives participants a chance to apply their new knowledge and skills immediately after the training, to receive feedback on their efforts, and/or to observe colleagues co-facilitating the clinics. It also provides information, support and fun for the invited children and their parents or guardians.

*Working With Grieving Children* has been designed for crime victim advocates, particularly those who work with families in the aftermath of a violent death. However, with some adaptation, the training would be useful for anyone who works with grieving children. Indeed, inviting professionals from allied fields (bereavement programs, for example) could enhance the experience for all trainees. Since the training is highly interactive, participants will have ample opportunity to exchange information and learn from each other.

# The Training Plan

While the agenda may be amended to fit the needs of a particular audience, it was designed to be presented in a particular order, with each component building on the component that preceded it.

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## Day 1 focuses on:

- training skills and techniques, so that trainees will have a “roadmap” to guide them in preparing to talk to others about working with grieving children;
- understanding how developmental stages affect children’s reactions to trauma and the special issues related to violent death; and
- preparing the caregiver for working with grieving children.

## Day 2 focuses on:

- death notification for children and adolescents; and
- methods and principles of intervening with children, including writing, arts and dramatic experiences.

## Day 3 focuses on:

- allowing trainees the opportunity to make brief presentations to hone their speaking skills on the topic of grieving children;
- facilitating groups for children and adolescents; and
- preparing for the clinic.

## Day 4 focuses on:

- the clinic on grief and loss, involving all the trainees in working with children and professional (or college) athletes or other role models.

# The Instructor’s Guide

This *Instructor's Guide* is a companion to the *Guidebook on Working With Grieving Children*. Each section of the *Guidebook* is referenced by page number, and specific training information and helpful hints are provided on how to present the information, including:

- **Suggested Running Time** (how long each section should take)
- **Materials Needed** (handouts, case studies, videos, etc.)
- **Equipment Needed** (overhead projector, screen, flipchart, etc.)
- **Objectives** (what the participants are expected to learn from the material)
- **Glossary of Terms** (if any unusual terms are used)
- **Special Notes** (helpful hints for instructors)
- **Content** (information to highlight from the *Guidebook*)
- **Additional Resources** (if any)
- **Trainers Should** (a step-by-step guide on how to make the presentation)

## Preparing to Present a Training

This training could be presented by a trained crime victim advocate. Other qualified trainers could be invited to co-present. Consider inviting child bereavement specialists, law enforcement professionals, mental health professionals, etc. A diverse team of trainers will enhance the learning experience. Ensure that co-presenters are familiar with the content of the *Guidebook* and have some experience as public speakers/trainers. All presenters should be aware of the special issues related to violent death.

Participants can be recruited from local, county, state or regional victim assistance programs. Invite participants from system-based programs (law enforcement agencies, prosecutor's offices, courts, and corrections, including parole and probation departments), as well as non-system-based programs (rape crisis centers, domestic violence programs, survivors of homicide victim programs, child programs, etc.) Participants could also be recruited from local hospitals, bereavement and hospice programs and other community social services agencies, as well as school personnel and those who work in youth service organizations.

An ideal training group would have between 15 and 30 participants.

For the fourth-day clinic, invite local professional or college athletes (or other professionals, such as artists or musicians). For the sake of illustration, NOVA will use athletes as examples in this text.

Athletes could be from any field: football, basketball, soccer, baseball, golf, etc. Invite the athletes to attend the entire training if they are able, so they can learn as much about working with grieving children as possible. Encourage the athletes to attend the meeting on the evening prior to the clinic to help prepare for the clinic with the trainees.

Ensure that enough sports equipment and other supplies are on hand so that the trainees and athletes will be able to perform some of the suggested activities with the trainees during the training session and with the children during the clinic.

Invite children from local programs to participate in the clinic. Children could be invited from the families of survivors of homicide victims (through the local law enforcement agency, prosecutor's office, survivors of homicide victim support groups, bereavement programs, etc.). Sample invitational flyers, application forms and emergency information forms are attached as Handout 4, which could be modified as needed.

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If resources are available, provide refreshments for the children who participate in the clinic. Another option would be to encourage children (and the adults who accompany them) to bring bag lunches. It is important to provide sufficient drinking water.

Reserve a football field or indoor gym that is accessible to the community.

Parents or other adult guardians are encouraged to attend the clinic with the children. Adults could participate in an adult informational meeting with a trained crime victim advocate to discuss ways they can support the grieving child or children in their families. Adults may also benefit from some one-on-one support or an impromptu support group if they, too, are grieving the violent death of a loved one.

A three-part video was designed to accompany the *Guidebook*, and is best shown on the afternoon of Day One (Children and Traumatic Grief). The video features children talking about grief and loss. It can be used to stimulate discussion in classes in schools as well as being used as an introduction to discussions in the day-four clinic.

Other videos that deal specifically with the topic of grieving children are available from a variety of sources. In addition, clips from television shows and movies could be used to illustrate the teaching objectives in the curriculum. Trainers should seek out relevant videos and short TV and movie clips well in advance of a presentation.

The curriculum may be adapted to meet the particular needs of its audience. Certain sections may be expanded or contracted; for example, for a group with substantial knowledge in working with grieving children, time could be spent on training techniques and skills. For others, it will be important to focus more attention on the special attributes of children grieving traumatic death. In other groups, more attention to cultural diversity might be necessary.

## **Suggested Agenda\***

### **Day One**

- 8:00 a.m. - 9:00 a.m. Registration**
- 9:00 a.m. - 10:00 a.m. Introductions and Orientation to Training Conference  
Goals and Overview of Curriculum and Guidebook**
- 10:00 a.m. - 12:00 p.m. Overview of Training Techniques and Skills – Lecture**
- 12:00 p.m. - 1:30 p.m. Lunch (On Your Own)**
- 1:30 p.m. - 3:30 p.m. Children and Traumatic Grief – Lecture and Video**
- 3:30 p.m. - 5:30 p.m. Caregiver Preparation for Working With Grieving Children –  
An Interactive Exercise**

### **Day Two**

- 9:00 a.m. - 12:00 p.m. Death Notification for Children and Adolescents – Roleplays  
Addressing Developmental Stages: Ages 2-6, 7-11, 12-18**
- 12:00 p.m. - 1:30 p.m. Lunch (On Your Own)**
- 1:30 p.m. - 3:30 p.m. Methods of Intervention in Working With Children –  
Lecture and Demonstration**
- 3:30 p.m. - 5:30 p.m. Principles of Intervention in Working With Grieving Children  
– Lecture**

### **Day Three**

- 9:00 a.m. - 1:00 p.m. Training Presentations by Participants**
- 1:00 p.m. - 2:30 p.m. Lunch (On Your Own)**
- 2:30 p.m. - 5:30 p.m. Facilitating Groups for Children and Adolescents – Roleplays  
Addressing Developmental Stages: Ages 2-6, 7-11, 12-18**
- 5:30 p.m. - 7:00 p.m. Dinner Break (On Your Own)**
- 7:00 p.m. - 10:00 p.m. Preparation for the Clinic; Meeting With Athletes**

### **Day Four: A Clinic on Death and Loss for Children and Adolescents**

- 8:00 a.m. - 9:00 a.m. Registration**
- 9:00 a.m. - 10:00 a.m. Introduction of Athletes and Goals of Clinic**
- 10:00 a.m. - 10:30 a.m. Celebrity Athlete(s) Address Children on Victimization  
& Health**
- 10:30 a.m. - 11:30 a.m. Athletes, Training Participants and Children Divide Into  
Groups. These groups will work together for the day and have  
discussions on grief, death and recovery. The trainees and the  
athletes will work together with the children on physical exercises,  
demonstrations of the “tricks of the trade” in athletics, and  
instruction on curriculum topics.**
- 11:30 a.m. - 1:00 p.m. Box Lunches, Informal Talk Session**
- 1:00 p.m. - 3:00 p.m. Continue Group Work and Physical Exercises**
- 3:00 p.m. - 4:00 p.m. Informal Talk Session for Athletes and Children  
Training Participants Meet to Critique and Review**
- 4:00 p.m. - 4:30 p.m. Joint Concluding Remarks**

*Breaks approximately every 50 minutes.*

*\*Agenda may be amended, as appropriate.*

**Working with Grieving Children After Violent Death:**  
**A Guidebook for Crime Victim Assistance Professionals**

*Instructor's Guide*

# I. Introductions and Orientation to Training Conference

**Guidebook Reference:** Pages 2, 9-10

**Time:** Day 1, 9:00 a.m. - 9:50 a.m., 50 minutes

**Materials Needed:** name tags  
daily evaluation forms  
participant rosters  
sign-in sheet  
*Guidebooks* for participants; *Instructor's Guide* for trainer  
video that accompanies *Guidebook*  
continuing education forms, if applicable  
information about NOVA and OVC (see page 2)  
information about training host  
brochures/information related to grief, bereavement, children  
brochures describing relevant local resources and agencies  
other handouts, as needed  
overhead transparencies, if needed

**Equipment Needed:** flipchart easel, paper, markers, masking tape, etc., as needed  
(although the training may be presented without this equipment)

**Objectives:**

- to become acquainted with the trainers;
- to become acquainted with trainees;
- to become acquainted with the agenda and the *Guidebook*; and
- to provide an overview of the need for the training

**Glossary of Terms:** victim assistance professionals  
caregiver  
trauma reactions

**Special Notes:** The orientation should give participants a clear idea of the goals and objectives of the training and begin to build rapport between the trainer(s) and the trainees and among the trainees. The trainer doing the introductory session should help the trainees feel comfortable about the training to follow.



<b>Content:</b>	Information about NOVA/OVC: <i>Guidebook</i> , page 2 Pertinent statistical information about grieving children: <i>Guidebook</i> , page 9
<b>Additional Resources:</b>	<p>none required; could use creative “icebreaker” exercises during introductions, depending on the size of the group; for example,</p> <hr/> <p>The Name Game:</p> <ul style="list-style-type: none"> <li>ask each participant to write his or her name on the flipchart</li> <li>describe what the name means (perhaps a traditional family name based on cultural heritage) or why their parents gave them that name add all other names he/she has been called (nicknames, mommie, Aunt Mary, etc.)</li> <li>indicate which name they prefer to use during the training use a separate sheet for each person</li> <li>hang each complete sheet on the wall for the duration of the training</li> </ul>
<b>Trainer Should:</b>	<p>welcome trainees</p> <p>introduce training team</p> <p>give logistical information (location of restrooms, pay phones, refreshments)</p> <p>identify the author (NOVA) and financial supporter (OVC) of the training materials</p> <p>identify and thank the local agency hosting the training and individuals who have been instrumental in helping to host the training</p> <p>provide overview of goals and objectives of training, emphasizing that the training will:</p> <ul style="list-style-type: none"> <li>help them to understand the specific needs of children grieving a traumatic death at different stages of development;</li> <li>help them develop skills for working with grieving children; and</li> <li>provide guidance on how to improve public presentation skills so they can disseminate the information learned as widely as possible</li> </ul>

review the four-day agenda and point out the highlights in the *Guidebook* and *Instructor's Guide*

conclude by again thanking participants for attending

give 10 minute break

## II. Overview of Training Techniques/Skills

<b>Guidebook Reference:</b>	None in <i>Guidebook</i> . Trainer may duplicate Handout One, attached.
<b>Time:</b>	Day 1, 10:00 a.m. - 10:50 a.m., 50 minutes 10 minute break 11:00 a.m. - 12:00, 60 minutes break for lunch
<b>Materials Needed:</b>	Handout One for each participant
<b>Equipment Needed:</b>	VCR/monitor, flipchart easel, paper, markers, etc., as needed (although the training may be presented without this equipment)
<b>Objectives:</b>	<ul style="list-style-type: none"><li>• to assist participants in organizing training presentations;</li><li>• to provide participants with tools to develop content of training;</li><li>• to provide participants with “hands-on” techniques for presenting training; and</li><li>• to acquaint participants with the effective use of audiovisual aids</li></ul>
<b>Glossary of Terms:</b>	trainer should review Handout One and define any words with which he/she is not familiar
<b>Special Notes:</b>	The trainer should reiterate the hope that trainees will learn about working with grieving children, and will also train others on what they have learned. The trainees should be encouraged to disseminate the information to colleagues, clients and other interested audiences of any size. Remind participants that they can obtain ongoing support from NOVA by contacting the address/phone number shown on page 2 of the <i>Guidebook</i> , and that they can obtain additional manuals and videos from the Office for Victims of Crime Resource Center (also on page 2), while supplies last. The <i>Guidebook</i> may be photocopied without additional permission so long as the reader can see or is informed of its source.
<b>Content:</b>	Handout One
<b>Additional Resources:</b>	videos or clips of particularly effective presentations (for example,

the speeches of John F. Kennedy or the Rev. Dr. Martin Luther King, Jr.) could be shown to emphasize the skills highlighted during the lecture; examples of ineffective presentations can also be used to illustrate what not to do

**Trainer Should:**

introduce topic emphasizing that:

- while public speaking is often intimidating, the skills for making effective presentations can be learned
- practicing public speaking helps a speaker improve
- most people will not be able to tell how nervous the speaker really is
- a speaker who truly cares about the subject will be able to captivate the audience more easily

conclude by giving each trainee a speaking assignment, which will be presented on the morning of Day Three

- depending on the size of the group, give out assignments individually or in teams of about 3 people each
- using the *Guidebook*, give each individual or team a small section of the *Guidebook* upon which to base the presentation
- encourage participants to use break times and lunch periods to work on their presentations, using any of the audiovisual aids that may be available
- ask each participant to prepare a five to seven minute presentation
- let participants know that they will receive constructive feedback after making their presentation

break for lunch

### III. Children and Traumatic Grief

**Guidebook Reference:** Pages 18 - 28

**Time:** Day 1, 1:30 p.m. - 2:20 p.m., 50 minutes  
10 minute break  
2:30 p.m. - 3:20, 50 minutes  
10 minute break

**Materials Needed:** *Guidebook/Instructor's Guide*  
accompanying video

**Equipment Needed:** VCR/monitor, flipchart easel, paper, markers, etc., as needed  
(although the training may be presented without this equipment)

**Objectives:**

- to acquaint participants with the developmental stages of children and how those stages affect the trauma and grief reactions of children;
- to illustrate how children's reactions to trauma are affected by "parent loss;"
- to focus on how grief reactions are exacerbated by violent traumatic loss;
- to show how trauma and grief patterns of children and adults are similar but may be manifested differently; and
- to familiarize participants with general traumatic grief reactions

**Glossary of Terms:** double trauma  
grief v. mourning  
physical memories  
sensory memories  
emotional memories  
magical thinking

**Special Notes:** The trainer should reiterate the hope that trainees will learn about working with grieving children, and will also train others on what they have learned. The trainees should be encouraged to disseminate the information to colleagues, clients and other interested audiences of any size. Remind participants that they can obtain

ongoing support from NOVA by contacting the address/phone number shown on page 2 of the *Guidebook*, and that they can obtain additional manuals and videos from the Office for Victims of Crime Resource Center (see page 2) as long as copies are available.

**Content:** The first 50-minute segment focuses on the material found on pages 18-24 (sections A, B, and C). The second 50-minute segment focuses on pages 24-28 (sections D and F).

**Additional Resources:** time permitting, a small panel presentation by several older teens or young adults who suffered traumatic loss as a younger child could be incorporated at the beginning or the end of this lecture

**Trainer Should:**

- introduce topic
- present substantive information from the *Guidebook*
- introduce NOVA video
- show video (27 minutes total running time)
- discuss video
- conclude by highlighting how the reactions described by the young people in the video paralleled the developmental stages and the crisis reactions described in the lecture
- give 10 minute break

## IV. Caregiver Preparation for Working With Grieving Children - Interactive Exercise

**Guidebook Reference:** Pages 11 - 17

**Time:** Day 1, 3:30 p.m. - 4:20 p.m., 50 minutes  
10 minute break  
4:30 p.m. - 5:30, 60 minutes

**Materials Needed:** none

**Equipment Needed:** flipchart easel, paper, markers, etc. (although the training may be presented without this equipment)

**Objectives:**

- to encourage participants to revisit their own past losses in preparation for working with grieving children;
- to encourage participants to have greater awareness of the difficulties related to violent loss; and
- to identify positive caregiver attributes

**Glossary of Terms:** equilibrium

**Special Notes:** This interactive exercise is best done in small groups of three to four participants. At the start, ask people to maintain an environment of confidentiality if participants discuss personal issues. It may be difficult for some participants who have experienced past losses to be asked to actively recall those painful events, so no one should be required to participate if he or she would be too uncomfortable. In the small groups, people could talk about the exercise with each other, they could write down some of their thoughts/reactions, or they could be silent and simply absorb and experience the exercise internally. If more than one trainer is available, trainers should rotate among the groups as silent observers, acting as resources if needed.

**Content:** The *Guidebook* provides a progressive series of questions for participants to consider and talk about related to grief, loss, trauma and violence. To fully appreciate the exercise, the full two hours allotted to the exercise should be provided. Try not to cut the exercise short, and use the Alphabet of Positive Caregiver Attributes as a positive ending to an intense interactive experience.

**Additional Resources:** none required; however, observe participants for signs of distress related to the exercise and be prepared to provide emotional support and crisis intervention as needed

**Trainer Should:** introduce exercise emphasizing that:

- the exercise is powerful; and
- the purpose of the exercise is to underscore the value of the caregiver spending time reviewing his or her own past trauma history before working with other traumatized victims/survivors

ask the large group to break up into smaller groups of three to four people – they could divide voluntarily into natural groups of choice or the trainer could assist

explain the exercise to the large group:

- let participants know that their small groups will move to different parts of the room or into breakout rooms to do the exercise
- let them know that there are two parts to the exercise (part one will focus on their own experiences with grief and loss; part two will focus on their thoughts or experiences related to trauma and violence)
- tell them that their small group should spend the first segment (prior to the break) discussing with each other their own reactions and experiences with grief and loss, following the exercise questions found on pages 11-13 in the *Guidebook*
- tell them that their small group should spend the second segment (after the break) discussing with each other their own reactions and experiences with violence and trauma, following the exercise questions found on pages 13-15 in the *Guidebook*
- tell them that participants may talk about personal issues and ask them to agree to keep confidential what they hear in the small groups
- let them know that although this training deals with grief and loss due to death, it is acceptable to discuss any losses that have been grieved (for example, loss of pets, significant personal property, divorce, moving, etc.)



- encourage everyone to participate to the extent they feel comfortable
- let them know the trainer(s) will rotate among the groups as a silent observer, acting as a resource as needed

ask the participants to move into their small groups and relocate within the training room or in a breakout room and begin the exercise

when the first segment is concluded, trainer(s) should remind groups to take a break and move into the second segment

approximately 15 minutes prior to the end of the second segment, bring the small groups together to discuss their experiences in the small groups

- ask for volunteers to describe how it was to recall their own past experiences with grief and loss;
- ask for volunteers to describe how it was to discuss trauma and violence; and
- ask for volunteers to describe the kinds of support they found helpful when they were reconstructing their lives after their past losses

conclude by reviewing the “Alphabet of Positive Caregiver Attributes for Working With Grieving Children” to provide a positive ending to the day’s events, highlighting the fact that the trainees will have many of these positive attributes that they can use to help young people who have experienced traumatic loss, and that they have many personal experiences to draw from to assist them in their work

dismiss the class, reminding participants to turn in their daily evaluation forms

## V. Death Notification for Children and Adolescents – Roleplays

<b>Guidebook Reference:</b>	none – see attached Handout Two (on how to perform death notifications) and Handout Three (sample roleplay scenarios)
<b>Time:</b>	Day 2, 9:00 a.m. - 9:50 p.m., 50 minutes, lecture 10 minute break 10:00 p.m. - 12:00, 120 minutes, roleplays
<b>Materials Needed:</b>	Handouts Two and Three for each participant daily sign-in sheets and daily evaluation forms
<b>Equipment Needed:</b>	flipchart easel, paper, markers, etc.(although the training may be presented without this equipment)
<b>Objectives:</b>	<ul style="list-style-type: none"><li>• to provide practical guidelines for providing death notifications to both adults and children; and</li><li>• to give participants in small groups the opportunity to roleplay making and receiving death notifications using a variety of generic scenarios</li></ul>
<b>Glossary of Terms:</b>	trainer should review Handouts Two and Three to define words with which he/she is not familiar
<b>Special Notes:</b>	<p>The lecture portion of this segment of the training comes from Handout Two (attached). The trainer should highlight the critical components of basic death notifications and discuss how such notifications can be performed in age-appropriate ways.</p> <p>The interactive exercise is best done in small groups of three to four participants. It may be difficult for some participants who may have difficulty talking about death or who have received difficult death notifications in the past.</p> <p>Each scenario should last approximately 15 minutes. At the conclusion of each death notification roleplay, the small group should discuss the roleplay, focusing on what it was like to be the lead notifier, the support notifier, the child receiving the notification, and the observer(s).</p>

Once the small group has discussed the completed scenario, a new scenario should be chosen and roleplayed, with a new notifier team. The entire process should be repeated until each person has had a chance to be a lead notifier, a support notifier and a child receiving a notification.

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Approximately 15 minutes prior to the end of the segment, all small groups should come together to discuss their general reactions to the roleplays.

Conclude by encouraging participants to become more sensitive about the death notification process. Remind participants that this segment does not in itself qualify a person to be a notifier, although many people will be put in the position to make notifications out of necessity.

**Content:** Handout Two, from NOVA's Community Crisis Response Team Training Manual, includes specific information on how to make a death notification as well as how to provide basic Crisis Intervention. Trainer(s) should familiarize themselves thoroughly with this material prior to making the presentation.

**Additional Resources:** several trainers could model "good" and "poor" death notifications prior to the small group roleplays

MADD (Mothers Against Drunk Driving) has developed a series of seminars on death notification, *Breaking the Bad News With Concern for the Professional and Compassion for the Survivor*, with materials for medical professionals, law enforcement officers, crime victim advocates and clergy and funeral directors. For information, contact MADD at 800-GET-MADD or the Office for Victims of Crime Resource Center at 800-627-6872.

**Trainer Should:** introduce the topic emphasizing that:

- the topic is powerful;
- for most people, including children, a death notification will put them into a state of crisis and notifiers should have at least a basic knowledge of crisis intervention techniques; and
- while they may not be called upon to make formal notifications as part of their professional duties, they could be placed in the position of helping to prepare others to do so

perform the lecture on death notification guidelines

give the group a 10 minute break

introduce exercise emphasizing that:

- the exercise is powerful
- everyone should have a chance to participate in all the roles
- each scenario should last 15 minutes, with an additional 5 minutes to process the scenario

at the conclusion the entire group should process the exercise

excuse the group for lunch

## VI. Methods of Intervention in Working With Children – Lecture and Demonstration

**Guidebook Reference:** Pages 34 - 43 (additional methods found in the section on Support Group Activities, Pages 44 - 84)

**Time:** Day 2, 1:30 p.m. - 3:20 p.m., 110 minutes  
10 minute break

**Materials Needed:** supplies for various activities chosen; for example:

crayons, finger paints, colored pencils  
newsprint, construction paper  
hand puppets, gloves  
people figures, animal figures  
toy cars, helicopters, planes, buses, boats  
soft, smaller-sized sports balls  
paper heart doilies  
glue, safety scissors, tape  
magazines, soft clay  
children's books on death, poems, etc.  
lined paper for making journals  
beads, string, cardboard boxes  
music tapes, tape player

**Equipment Needed:** none

**Objectives:**

- to encourage participants to learn activities that they can use when working with grieving children of various ages; and
- to practice activities in anticipation of the grief and loss clinic on the fourth day of the training

**Glossary of Terms:** none

**Special Notes:** This chapter deals with the "how-to" of intervention. The following chapter deals with how to design an intervention plan over a period of time.

This interactive exercise can be done in small groups or can be done by the entire group if it is not too large. It is best to have lots of

arts and crafts materials, music, books, people figures, cars, etc., so there will be numerous options. Each individual or group should practice at least one exercise relevant to each of the three age groups (2-6, 7-11, 12-18). Encourage participants to sit on the floor and spread their materials out if that would be comfortable for them. This exercise often helps participants to adopt a more child-like, playful attitude, which will help them to connect with children.

For groups that need more direction, the trainer(s) could give the small groups specific assignments to perform, perhaps in conjunction with a roleplay.

**Content:**

This segment of the training may start out slowly, as participants may feel somewhat awkward doing the exercises. However, when the participants become more comfortable, it becomes fun. Some of the participants may do the exercises with their own personal trauma history in mind, so it will be beneficial for them personally. The trainer(s) should make sure participants complete several activities in the allotted time.

**Additional Resources:**

display books on children and grieving (which may be found in the local public library) – see the bibliography for suggested readings

**Trainer Should:**

prepare for this segment by laying out all the materials for the various activities in various parts of the training room

introduce exercise and point out the pages in the *Guidebook* where various activities are described in full

emphasize that:

- the activities are designed to help children grieving traumatic loss to express their reactions in a variety of creative ways
- adults can be extremely valuable helpers for children if they provide a wide array of activities and materials that children can use
- many children will appreciate the willingness of compassionate adults to participate with them in these activities

encourage participants (singly or in their small groups) to look through the *Guidebook* and pick activities to perform

once participants have chosen one or more activities, encourage them to get some of the materials and do the activities

offer to help move tables and chairs out of the way for participants who want to use the floor

trainer(s) should move around the training room as resources for the participants as they perform their activities

approximately 15 minutes prior to the end of the segment, ask the entire group to comment on their activities

conclude by reminding participants that many of these activities will be used with the children who have been invited to participate in the grief and loss clinic on day four of the training

ask participants to clean up their work area

excuse the group for a 10 minute break

## VII. Principles of Intervention in Working With Grieving Children

**Guidebook Reference:** Pages 29 - 43 and Page 85

**Time:** Day 2, 3:30 p.m. - 4:20 p.m., 50 minutes  
10 minute break  
4:30 p.m. - 5:30, 60 minutes

**Materials Needed:** manuals

**Equipment Needed:** flipchart easel, paper, markers, etc.(although the training may be presented without this equipment)

**Objectives:**

- to stress to participants the importance of using a variety of methods of communicating with children, allowing them to tell the stories of their traumatic experiences in a non-judgmental environment;
- to clarify the goals for assisting children (establishing a sense of safety and security, allowing children to tell what happened, and to help predict and prepare children for the foreseeable future); and
- to consider a variety of methods of intervention (oral storytelling, guided free play, stimulating discussion, creative writing, creative art, dramatic enactments, using music or involving prayer, meditations or chants)

**Glossary of Terms:** trauma narrative  
non-judgmental reactions

**Special Notes:** The previous chapter deals with the "how-to" of intervention. This chapter deals with how to design an intervention plan over a period of time.

During the presentation, the trainer should stress that the activities described in this section are intended to have therapeutic effects but that they are not providing therapy (unless they are licensed therapists, who might use the activities in conjunction with therapy).



**Content:** This section of the *Guidebook* provides a wide array of activities that are simple to do and practical in nature. It is recommended that when working with grieving children over a period of time, caregivers follow the pattern suggested in the *Guidebook*, as follows:

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finding out the child's version of what happened (page 34)  
exploring the difference between life and death (page 35)  
exploring what happens to a person after death (page 36)  
exploring why a sudden death has occurred (page 37)  
identifying trauma or grief reactions (page 38)  
coping with trauma or grief reactions (page 39)  
memorials and remembrance (page 42)

**Additional Resources:** none

**Trainer Should:** introduce topic emphasizing that:

- when working with grieving children, it is useful to follow the order of experiential exercises listed above
- the work with grieving children could take place in a short time frame (for example, if a parent brings a child into the office several times) or may be spread over a longer period of time (for example, if the child attends a series of support group sessions)
- it will be important for the caregiver to display a nonjudgmental attitude when working with grieving children as they explore their crisis reactions and their reactions to violent death

## VIII. Training Presentations by Participants

<b>Guidebook Reference:</b>	none
<b>Time:</b>	Day 3, 9:00 p.m. - 12:00 p.m., 3 hours periodic breaks between presentations
<b>Materials Needed:</b>	none
<b>Equipment Needed:</b>	flipchart easel, paper, markers, etc.(although the training may be presented without this equipment)
<b>Objectives:</b>	<ul style="list-style-type: none"><li>• to allow participants an opportunity to make brief presentations on a portion of the material in the <i>Guidebook</i>;</li><li>• to provide participants with constructive feedback on the organization and content of their presentations and on their style of delivery; and</li><li>• to provide participants with a sense of confidence in their ability to disseminate the information to others</li></ul>
<b>Glossary of Terms:</b>	none
<b>Special Notes:</b>	Trainees with less experience with public speaking may need more assurance of their abilities as public speakers. Feedback should be constructive, focusing on practical ways of conveying the information to others.
<b>Content:</b>	Ensure that participants have a correct understanding of the material in the <i>Guidebook</i> .
<b>Additional Resources:</b>	Trainees who wish to pursue public speaking opportunities should be encouraged to seek out local public speaking courses and supportive groups such as Toastmasters so they can hone their public speaking skills.
<b>Trainer Should:</b>	<ul style="list-style-type: none"><li>• enforce time limits for each speaker (10 minutes is sufficient)</li><li>• provide positive feedback on the organization of the speaker's materials, the content of the materials and the style of the speaker's delivery (5 minutes is sufficient)</li></ul>

- provide constructive feedback on how the speaker could improve organization, content and/or delivery
- encourage other participants in the training to provide positive and constructive feedback

- 
- thank the speaker for his or her efforts
  - provide a 10 minute break after every third speaker
  - model good training behaviors by paying close attention to each speaker
  - break for lunch

## IX. Clinic for Grieving Children

<b>Guidebook Reference:</b>	none
<b>Time:</b>	Day 4, 10:00 p.m. - 3:00 p.m., 5 hours
<b>Invitations:</b>	prior to the Clinic, invite children who have experienced the traumatic death of a loved one and their parents/guardians to attend the Clinic and have them sign waiver forms (see Handout 4 samples)
<b>Lunch:</b>	<p>if funding is available, plan to provide lunch for the trainees, children and their parents/guardians, and the athletes (simple box lunches will suffice)</p> <p>if funding is not available, indicate in the invitations that adults and children should bring bag lunches; remind trainees to bring lunches as well</p>
<b>Pre-Clinic Meeting:</b>	if possible, the evening before the Clinic, the athletes should meet the trainers and the participants, and get an orientation to the Clinic agenda (sample appears on page 44) and the issues related to working with grieving children; can be done informally in the classroom setting or as an informal “social” event
<b>Materials/Equipment</b>	reserve an accessible outdoor ball field or indoor gym in advance
<b>Needed:</b>	water, cups, paper towels, wastebasket(s) seats/bleachers for children and adults balls and other sports equipment name tags/team tags and/or signs registration table, roster, pens/pencils
<b>Objectives:</b>	<ul style="list-style-type: none"><li>• to involve all the trainees in working with children and professional (or college) athletes or other role models</li><li>• to allow trainees to put into practice some of the skills and activities learned during the previous three days</li><li>• to provide emotional support and physical activity for grieving children and their families</li></ul>
<b>Glossary of Terms:</b>	none

**Special Notes:**

Parents or other adult guardians are encouraged to attend the clinic with the children. Adults could participate in an adult informational meeting with a trained crime victim advocate to discuss ways they can support the grieving child or children in their families. Adults may also benefit from some one-on-one support or an impromptu support group if they, too, are grieving the violent death of a loved one.

**Content:**

Ensure that participants have a correct understanding of the material in the *Guidebook* by observing them interacting with the children and the athletes.

**Additional Resources:**

none

**Trainer Should:**

- arrive early, set up registration area and organize sports equipment and arts/crafts supplies
- introduce trainees and athletes, if they have not had a chance to meet
- enlist the aid of the athletes and trainees to greet children and adults as they arrive
- assign small groups of children of similar age to a pair of trainees to work with during the day (this could be done in advance if children have pre-registered)
- assist trainees and children to get started with age-appropriate activities
- encourage athlete(s) to rotate among the small groups and engage the children and trainees in physical activities, exercises and games
- be sure everyone has access to water and public restrooms
- if parents/guardians who have brought children to the Clinic are interested, offer a group training or crisis intervention session and use trainees who are not otherwise working with children
- break for lunch
- during lunch, the children could gather around one or more of the athletes for a motivational discussion

- after lunch, trainees and athletes should engage children in more activities
- at closing time, again bring the children together for a few words from trainees and athletes
- clean up Clinic area

## Sample Clinic Agenda

8:30 a.m.	Trainers and Training Participants arrive at clinic site early to set up and prepare.
9:30 a.m.	<b>Greet</b> athletes (or other professionals who will be involved with the children), parents/guardians, and children who have been invited.
10:00 a.m.	<b>Separate</b> the children by age (use colored id badges). Keep the groups small, even if it means having multiple groups of children in the same age groups.  <b>Assign</b> a pair of training participants to each group of children. Ask the adults and the children to introduce themselves to each other.  <b>Assign</b> a pair of training participants to work with any parents/guardians who would like to have a discussion on how to help their grieving child or children.  <b>Assign</b> one or more athletes (or other professionals) to each group of children to work with the children and the training participants.
10:30 a.m.	Training participants, children and athletes <b>meet</b> in small groups and <b>talk</b> about the losses the children have experienced and how they have coped with those losses, using discussion ideas from the <i>Guidebook</i> .
11:15 a.m.	Athletes <b>lead</b> the children and training participants in physical activities.
12:00 p.m.	Lunch
1:00 p.m.	Training participants, children and athletes <b>meet</b> in small groups and <b>do</b> activities that focus on the losses the children have experienced, using activities suggested in the <i>Guidebook</i> .
2:00 p.m.	Athletes <b>lead</b> the children and training participants in physical activities.
2:30 p.m.	Entire group assembles and all children receive recognition for their attendance at the clinic. Athletes close the clinic with inspirational message for the children and parents/guardians.

Note: if other professionals are used, the clinic could take place in a setting appropriate to that profession, i.e., if orchestral musicians are used, the clinic could take place where the orchestra rehearses and the children could participate in activities associated with music.