

SECTION SEVEN – Youth Ministry and Pastoral Care

Principles

All properly trained youth ministers need to be pastoral caregivers but only professionals are to serve as counselors. Those in youth ministry need to know that there is a significant difference between the two roles. Pastoral care demands an integration of sound theological principles along with good interpersonal skills and programming. Pastoral care requires strong self-knowledge, and understanding of the adolescent experience and family systems, and a caring stance toward the feelings of young people. Pastoral care provides support, guidance, confrontation when necessary, information, and tools for empowerment.

Pastoral care is not limited to crisis situations. Pastoral care is part of an ongoing relationship with individuals or groups. It is pro-active rather than reactive. We are continually being challenged to look for new opportunities to care and to help youth and their parents negotiate the adolescent years as smoothly as possible. There will be developmental and situational crisis points that will demand a certain expertise, but an ongoing pastoral presence is also required.

Pastoral Care is a community's responsibility. Pastoral care moves beyond parish and school boundaries to include local, diocesan, state and even national attention. Young people are a very special resource. Many of them live in severely at-risk situations, characterized by poverty, violence, lack of support systems, and limited choices. Pastoral care must be a collaborative effort. Community networks must be established, resources shared, personnel skilled in dealing with adolescent issues targeted, and communication, programming, and advocacy addressed through a multifaceted, comprehensive approach.

Many young people lack the life skills necessary to prepare for the future. As a society, we have become compartmentalized in our thinking, and a gap has occurred in the skills taught to help adolescents cope and plan. We need to identify skills (intra personal, interpersonal, and systematic) essential to young people's survival and success. We must make models of competence available to young people. Developing the life skills of adolescents is an essential element of pastoral care efforts.

Pastoral care must address the needs of families experiencing stress. Family structures and family systems have changed tremendously in the twentieth century. Single-parent families and step-families abound. Parents often are not equipped to deal with their own identity issues, much less their children's. Teenagers often lose their place in the family structure at the very same time they are trying to identify where they belong in the larger scheme. Parents and adolescents need time and space in which to explore these issues in a caring environment with caring professionals.

Boundaries

Those who minister to young people have an obligation to act with personal integrity in all their dealings, but it is also important to avoid even the impression of impropriety. For their own protection, and to help maintain a comfortable environment for the youth whom they serve, ministers should always be aware of the impression they create. Certain professional habits can help protect the integrity of one's ministry.

7.1 Everyone involved in youth ministry is to maintain appropriate physical and emotional boundaries in their work with young people.

- Do not spend an unusual amount of time alone with any individual young person. Too much time spent with one person may give an unhealthy impression either to that young person or to others who become aware of the imbalance of attention.
- Be aware of your limitations regarding confidentiality. If a young person says, "If I tell you something do you promise not to tell anyone else" (or similar), say at once that you are required by law to report anything that would lead you to believe that harm may come to someone. This message can be delivered effectively without being offensive. Pastoral caregivers are not protected by any laws regarding confidentiality. Federal law mandates that you must disclose relevant information in the following situations, without exception:
 - Reports or investigations of suspected child abuse or neglect and suspected abuse or neglect of an impaired adult
 - Medical emergencies
 - Imminent threat or danger to the client (the young person, in this case) or others

Certainly there are times when privacy is necessary, such as during one-on-one mentoring or pastoral counseling. The kind of pastoral counseling youth ministers do is generally informal, but even so it is still a function of professional ministry and should be done in a professional manner. It is good policy to have parameters in any counseling situation, such as:

- Use a space which provides privacy, but which also suggests a professional atmosphere. If the meeting is done in the minister's office, the office door should have a window, with one or both persons visible from the outside.
- Arrange the meeting space so that you and the young person are a comfortable distance apart.
- Let another person (perhaps the church secretary) know when you are about to begin and when you have ended the session. If possible, this person should see the young person leave.
- Have a set beginning and ending time for the session. If it is necessary to go beyond the set time, inform another person of the change in schedule.
- Immediately following the session, make notes that include the time and date of the session and appropriate comments.
- If you meet outside of regular office hours, especially in the evening, it is best not to meet in your office or your home. A public place, such as a restaurant, may suit your purpose.
- Be judicious in your use of physical affirmation. Sometimes a crying young person needs to be affirmed, but not always. Sometimes the need is simply for a safe space in which to express feelings. Good pastoral care should not include hugging unless the young person has requested such contact. Even then, the hug should be brief. Generally, a touch of your hand upon theirs or a hand upon the shoulder of a young person can serve as adequate physical affirmation. Be familiar as well with the power of words and know how to express compassion, sorrow, and support verbally.
- Know when to end the relationship. If you feel the young person has developed an unhealthy attraction to you, or vice versa, it would be best to refer him or her to another person. Also, know your limitations. If you think the issues being raised go beyond the scope of pastoral counseling, you should refer the young person to a qualified mental health professional. Young people are at a stage of continuous emotional development and upheaval and can easily become infatuated with caring adults. These attractions are a normal part of growing up and are a cause for concern when they go too far. Knowing when to end a relationship is of paramount importance.

Crisis Intervention

- 7.2 Only those who have been professionally trained are to serve as counselors.**
- 7.3 If a youth minister or youth ministry volunteer holds professional qualifications (Doctor, Nurse, Counselor, Social Worker) they should respond in a manner appropriate to their qualifications.**

The key ingredients in any effective crisis intervention are:

1. Accepting

Accepting commands that one listens to the truth, even when it is painful. The initial crisis intervention will be a painful experience for all involved. An accepting posture requires that you avoid reacting either verbally or with body language to what you hear. Acceptance reflects a compassion that is not conditional.

2. Reassuring

As a helper, you can bring hope by accepting young people where they are, by listening to their fear and pain, and reassuring them that others have walked the same road and have survived. Hope energizes and renews.

3. Listening

A person in crisis needs an opportunity to talk, and must feel confident that those thoughts and feelings are not falling on deaf ears. Listening requires total attention. People in crisis need the freedom to talk about the experience they have had. It probably will not come easily at first. You must communicate a willingness to give the time required.

4. Processing

The task of processing is the task of gathering the facts, identifying the major characters, and determining their impact on and relationship to the present crisis. It requires gathering as much information as possible from the person(s).

The Following questions are helpful in processing details about a crisis situation:

- What are the areas of crisis in your life?
- What are the major stress points?
- What people are contributing to the crisis?
- In what way are these people involved?
- From whom are you getting support?
- Have you considered hurting yourself or others?
- Are you under the care of a doctor?
- Have you seen a counselor recently?

The purpose of the processing stage in crisis intervention is to:

- Allow for the expression of feeling;
- Gather information about the person's crisis;
- Determine if the person is dangerous (to him/herself or others);
- Build trust in the helper's willingness to stick with the relationship.

5. Focusing

Focusing involves helping people in crisis pinpoint the primary cause of their present situation. Major bouts with crisis tend to awaken other unresolved areas in person's life, thus compounding the intensity of the precipitating crisis.

6. Planning

The last step involves assisting the young person to develop a plan of action that will result in resolution of the crisis or the lessening of impact that the crisis is having. As a helper, you must realize that your role is just that - to help the hurting person, not to solve the problem for the person.

Suggested Plan of Action

- What is the identified problem?
- What is the desired result?
- Who are the active participants?
- What are the major roadblocks?
- Who should be involved?
- Professional referrals
- Family
- Friend
- Other
- Must immediate action be taken?
- What is the timetable?
- What others resources are required? (money, transportation, food, other)
- Who will provide ongoing support?

Warning Signs

Substance Abuse

The following is a list of symptoms that may indicate alcohol or drug usage

- Behavior changes
- Extreme mood swings (e.g., easy temperament may be nasty, irritable, defiant)
- Unreasonable anger at inappropriate times and not in proportion to situation; especially when parents or youth ministers interfere with their plans.
- Lying
- Change of friends

- sudden avoidance of old friends
 - new friends not known to youth ministers or parents
 - new friends home or to the program
 - friends known to be involved with drugs
- Consistently avoids contact with family
 - spends most time away from home
 - comes home and goes directly to room, does not interact with anyone
 - spends a lot of time sleeping in front of the TV set
 - receives many phone calls from unknown friends;
 - does not want parents to pick up the phone;
 - calls take place behind closed doors in hushed voices
- Eating habits
 - loss of weight;
 - avoidance of meals, "not hungry"
 - loss of appetite; can usually "explain" reason
 - has "munchies" (i.e., eats an unusually large amount of junk food.)
- School problems
 - drop in performance and grades
 - parent being called to school because of problems
 - unreasonable behavior
 - accused of stealing
 - unusual amount of tardiness, missed classes, absenteeism, usually without parents' prior knowledge
- Change in activities, hobbies, loss of interest in previously important activities
 - discontinuation of favorite hobbies and pastimes
 - general lack of motivation to do anything; boredom, "I don't care" attitude
- Questionable money management
 - inability to explain where money, even large sums, is spent
 - possession of a lot of money from an unknown source
 - some fairly expensive items that cannot be reasonably explained
 - does many things that cost money even when he/she has none
- Appearance/Disappearance of "things"
 - possessions disappear always with excuses
 - sandwich bags, aluminum foil in pockets
 - regular use of eye drops
 - drug related objects always with an explanation
 - empty liquor bottles
 - watered down liquor in parent's liquor cabinet
- Illness
 - frequently "ill" in the morning and stays home from school
 - frequently comes home from school "ill"

- makes miraculous recoveries in evening and has to go out
- Smells of alcohol or marijuana smoke
- Looks glassy-eyed, mumbles, isn't coherent

Adolescent Depression

During clinical depressive periods, three or more of the following symptoms are present:

- Insomnia or hyper insomnia (sleeping more than is normal)
- Low energy level, chronic tiredness
- Feelings of inadequacy, loss of self-esteem, or self-deprecation
- Decreased effectiveness or productivity at school, work or home
- Decreased attention, concentration, or ability to think clearly
- Social withdrawal
- Loss of interest in or enjoyment of pleasurable activities
- Inability to respond with pleasure to praise or rewards
- Less active or talkative than usual, or feels slowed down or restless
- Pessimistic attitudes toward the future, brooding about past events, or feeling sorry for self
- Tearfulness or crying

Suicide

- Direct suicide threats or comments such as, "I wish I were dead," "My family would be better off without me," and "I have nothing to live for"
- A previous suicide attempt, no matter how minor. Four out of five people who commit suicide have made at least one previous attempt.
- Preoccupation with death in music, art, and personal writing
- Loss of family member, pet, or boy/girlfriend through death, suicide, abandonment, or break-up
- Family disruptions such as unemployment, serious illness, relocation, or divorce
- Disturbances in sleeping and eating habits and in personal hygiene
- Declining grades and lack of interest in school or hobbies that had previously been important
- Drastic changes in behavior patterns, such as quiet, shy person becoming extremely gregarious
- Pervasive sense of gloom, helplessness, and hopelessness
- Withdrawal from family members and friends, and feelings of alienation from other significant others
- Giving away prized possessions and otherwise "getting their affairs in order"
- Series of "accidents" or impulsive, risk-taking behavior

Eating Disorders

Although the most important symptoms of anorexia and bulimia concern the adolescent's eating patterns, most experts believe that these disturbances have underlying causes that have little to do with food or dieting. Instead, they are better understood and more successfully treated as serious emotional problems. Adolescents

suffering from such eating disorders as anorexia and bulimia need professional attention.

Anorexia Danger Signs

- Intense fear of becoming overweight that does not diminish as weight is lost
- Disturbance of body image (claiming to look "just right" or even to "feel fat" even when emaciated)
- Extreme self induced weight loss (25% or more of original body weight, or 25% below normal weight for someone her age and height)
- Denial that anything is wrong

Bulimia Danger Signs

- Recurrent episodes of binge eating
- Fear of not being able to stop eating during binges
- Regular use of self-induced vomiting, laxatives, rigorous diets, or fasting to counteract the effects of binges
- Awareness that one's eating patterns are abnormal

Emotional Disturbance

The following are some behaviors that may be signs of emotional disturbances in adolescents:

- The adolescent is withdrawn for long periods of time and shows no interest in others
- The adolescents has no friends of the same age and is not integrated into a peer group
- The adolescent is docile, never acts independently, never initiates activities
- The adolescent continually runs away
- The adolescent frequently gets into fights, physically abuses others, and shows unrelenting anger over minor irritations
- The adolescent's emotional state moves from high to low without any intervening or leveling off
- The adolescent is consistently depressed, preoccupied with death, or threatens or attempts suicide
- The adolescent engages in indiscriminate sexual activity with a number of partners
- The adolescent is often drunk or under the influence of drugs
- The adolescent loses a dangerous amount of weight or engages in food binges, frequently vomits after meals, and alternately experiences bouts of excessive eating and starving out of excessive concern for appearance

Dealing With Violence

No one expects violence at religious oriented youth events. Yet shockingly, it can and does occur. Thankfully these occurrences are rare. Ministers must be trained not only to prevent such violence, but to deal effectively with it should it occur.

Prevention

The old adage, "An ounce of prevention is worth a pound of cure," must be applied here. Prevention can take a myriad of forms.

Screening Participants

Effective screening may prevent individuals with violent tendencies from attending events (unless an event was particularly designed to assist such individuals).

Effective Supervision

As stated in section five, no activity or event should take place outside the guidelines mandated by *For the Sake of God's Children*. Also, be sure that personnel responsible for supervising youth events are properly trained. Effective supervision requires, among other things, that youth supervisors be trained to perceive and diffuse conflicts that are potentially violent. Supervisors should also be trained in basic first aid. Participating youth should be advised immediately to call to a supervisor's attention any problems.

Coping

Hopefully, properly trained youth ministry leaders are able to successfully diffuse a potentially violent situation. But if violence does actually erupt, personnel must be adequately prepared with an appropriate response. The appropriate response in any given situation will be unique to that situation. The considerations listed below are not listed in priority order because the priority in any given situation may vary.

Summon Police Assistance

If necessary, summon police to quell violence and/or to remove the offender, to summon medical attention, and to make a police report.

Summon Medical Attention

Attempt to reach parents and see that injured persons promptly receive all necessary medical treatment.

Notify Victim(s) Parents

Candor is essential. Promptly advise and assure parents, to the best of your knowledge, what occurred and what was done to assist the victim and remedy the situation. Parental tension and concern can be diffused by these assurances. Suggest and offer any necessary medical or counseling assistance to the victim. Follow up the initial contact to make certain that the victim recovered from the incident.

Notify Offender(s) Parents

Promptly advise parents of the offender, to the best of your knowledge, what occurred and have parents make immediate arrangements to retrieve the offender. Suggest counseling assistance to the offender as well.

Notify Organization/Diocesan Office

Promptly notify appropriate parish officials (i.e., pastor, supervisors, etc.) as well as the diocesan Office for Catholic Youth Ministry and seek their input and guidance.

Have a Crisis Plan in Place

See the document *For the Sake of God's Children* for more information on how your parish or organization can create a crisis response plan.

Referring Adolescents for Assistance

A crisis in youth ministry can include situations where a young person could potentially cause serious foreseeable and imminent harm to themselves or others (i.e., a young person makes a suicidal threat, you become aware of a young person's struggle with an eating disorder, you find out that one of the young people in your parish or school is abusing drugs or alcohol).

A crisis can occur at any time. When a crisis occurs, attempt to contact parent/ legal guardian/ emergency contact to communicate your level of concern, suggest the need for an assessment and ask about initiating the process.

If they cannot be reached or refuse to come and get the individual or appear to be unconcerned and are not going to do anything, as a last resort call the police, as they have emergency numbers they can call in such situations; persons may be admitted for assessment when there is a concern for their or someone else's safety.

If the situation escalates beyond your control, call 911 or the legal authorities.

7.4 If a young person or parent request information regarding a counseling referral youth ministers must advise that the family meet with their primary care physician and receive a referral within their insurance plan. Youth Ministry leaders, unless professionally credentialed, may not make referrals directly to counselors.

Disclosure and Confidentiality

Additional commentary about confidentiality may be found in Section Five: Leadership in Youth Ministry.

Youth ministers should recognize a young person's expectation of privacy and try to honor that in a professional way. This does not include information that would cause serious foreseeable and imminent harm to themselves or others.

Examples of issues that would contravene a young person's privacy include child abuse, sexual/ physical threats to others, abortion, and suicide threats.

7.5 By law, conversations between youth ministers and young people do not have “privileged communication”. If information about what a young person says to their youth minister is requested by a parent, a court of law, or licensed professional counselor, the youth minister must share the information.

Child Abuse or Neglect

Child abuse and child neglect include, but are not limited to, the following:

- Engaging in sexual activity with a minor
- Prolonged unhealthy denial of proper or necessary subsistence, education, medical care, or other care necessary for the child's health
- Use of restraint procedures on a child that cause injury or pain
- Administration of prescriptive drugs or medication without the ongoing supervision of a licensed physician or authorized registered nurse
- Providing alcoholic beverages or controlled substances
- Commission of any intentional act that threatens or is likely to result in any injury or death to the child

Types of Child Abuse

Physical abuse is any non-accidental physical injury to a child caused by an adult that results in or threatens serious injury. Often adults who physically abuse children do not intend to seriously injure the children but get carried away by anger and frustration in their own lives.

Neglect is the failure of a parent or guardian to provide a child with adequate food, clothing, shelter, medical care, education or supervision. Neglect is a chronic problem often resulting, not from poverty, but from lack of knowledge as to the proper care required by children.

Sexual abuse is any physical contact with a child by an adult or older child in a position of power over the child for the sexual gratification of the adult or older child. Other terms for sexual abuse include child molestation, incest (if the abuser is a member of the child's family), or child pornography. Usually, child sexual abuse is not violent, and the child knows the abuser.

Emotional abuse is an important factor in all forms of child abuse. To be hurt so much by someone who should care and protect is very damaging to the emotional development of a child. Adults who do not physically harm a child may cause emotional harm by using words that threaten, harshly criticize, ridicule or harass.

Signs of Physical Abuse

- Child has unexplained burns, bruises, broken bones, black eyes
- Child has fading bruises after an absence from class or regularly scheduled activity
- Child shrinks from the touch of adults or appears unusually fearful.
- Child reports injury by an adult

Signs of Neglect

- Child is frequently absent
- Child begs/steals food or money
- Child lacks medical or dental care, glasses, and immunizations
- Child is consistently dirty, has severe body odor
- Child lacks sufficient food
- Child abuses alcohol or drugs
- Child states that no one provides care

Signs of Sexual Abuse

- Child exhibits change in behavior such as loss of appetite, nightmares, inability to sleep or withdrawal from usual activities and peer relationships
- Child returns to bedwetting or thumb sucking.
- Child has genital pain, itching, swelling or bleeding.
- Child indicates fear of a person or an intense dislike of being left somewhere or with a particular person.
- Child shows unusual interest in or knowledge of sexual matters, expressing affection in ways inappropriate for a child of his or her age.

Signs of Emotional Abuse

- Child shows extremes in behavior.
- Child's mannerisms are inappropriately adult or infantile.
- Child is delayed in physical or emotional development.
- Child reports lack of attachment to parents.
- Child is exhibiting extremes of behavior; is overly anxious to please or to assume blame; is extremely passive or aggressive, demanding or undemanding

Reporting Child Abuse or Neglect

Any regular volunteer who has cause to suspect an act of child abuse or neglect has occurred or receives a report of such an act, must report the incident.

Under normal circumstances, one phone call will fulfill the responsibility of a pastoral caregiver of the responsibilities of acquiring the necessary professional assistance. Use the numbers below to call Catholic Charities to obtain help for a young person in crisis.

Victim's Assistance Coordinator and Director of Behavioral Health : 302-656-0651

Clinical Supervisor, Catholic Charities:

Wilmington - 302-656-0651

Dover - 302-674-1600

Georgetown - 302-865-9578

Salisbury - 410-749-1121

7.6 The laws of the States of Delaware and Maryland require that any person who knows of or reasonably suspects child abuse or child neglect shall report the same promptly to appropriate civil authority.

As persons who are often in contact with children, pastoral caregivers have a particularly crucial responsibility to be aware of the law and to be alert to real or potential problems. In Delaware, the report is to be filed with the Division of Family Services; in Maryland, to the appropriate county office or law enforcement agency. The initial report may be made by telephone or in person. The law further provides that persons making such reports in good faith shall be immune from any liability, civil or criminal, which might otherwise be incurred or imposed with respect to making such a report.

7.7 In Delaware, any person who knows or reasonably suspects child abuse or child neglect must report the matter to civil authorities.

Delaware: Division of Family Services Hotline # 1-800-292-9582

7.8 In Maryland, any parish employee or volunteer who has reason to believe that the child has been subjected to abuse shall notify the local Department of Social Services or the appropriate law enforcement agency and give all information required by the law to supervisor.

Maryland: Department of Social Services in the Maryland county where allegedly abused child lives or, if different, the Maryland County where the abuse is alleged to have occurred. For the phone number, visit www.dhr.state.md.us/cps/address.htm

If the individual suspects an act of sexual abuse of a child, receives a report of such an act by a cleric, employee or volunteer of the diocese they should immediately call:

Delaware: State Attorney General's Office: 302-577-8310 and ask to speak to someone in the Sex Crimes Unit.

Maryland: The call should be placed to the County State's Attorney's Office in which the alleged crime occurred.

Failure to report makes one liable to a fine (not more than \$1000) or imprisonment (not more than 15 days). The law also states that only the attorney/client privilege exempts reporting. Parish employees and volunteers must comply with the reporting statute.

Reporting to the Diocese of Wilmington

To report suspected sexual abuse of a minor by a priest or deacon, present or in the past, call: Rev. Msgr. J. Thomas Cini, VG, 302-573-3118. Send written allegations to Rev. Msgr. J. Thomas Cini, VG, Diocese of Wilmington, P.O. Box 2030, Wilmington, DE 19899-2030.

Any doubts concerning serious suspicions about child abuse are to be resolved in the child's favor and are to be reported. The report should be submitted as soon as possible.

In the State of Delaware, Coordinators of Youth Ministry are not specifically named as mandated reporters of suspected child abuse or neglect.

The Diocese of Wilmington deems it a moral responsibility to report all instances of suspected child Abuse to the Department of Human Resources. Reportable conditions include physical abuse, sexual abuse, child exploitation, child pornography and child prostitution, neglect, extreme corporal punishment resulting in injury, and willful cruelty or unjustifiable punishment. Coordinators of Youth Ministry and their adult volunteers need to be thoroughly familiar with the Delaware Child Abuse Reporting Law.

Reporting Illegal or Immoral Behavior

If in the course of ministry, an adult leader (coach, catechist, youth minister, etc.) is made aware of a young person's behavior that is illegal or immoral, that adult leader is morally, and in some cases, legally, bound to report such behaviors to the proper authorities.

Parents should be notified and the adult leader's supervisor, including the pastor, should be made aware of the report.

Adult leaders in ministry are encouraged to document any reports and conversations in writing and submit a copy to the appropriate supervisor.

Adult leaders in ministry are not to investigate suspected illegal or immoral behavior. Any investigation is to be left to the proper authorities.

Proper Response to Actual Or Suspected Child Abuse

1. Signs of Abuse

If you observe that a child is exhibiting any one of the signs of child abuse, be aware that the presence of any one of the signs does not confirm abuse or neglect. However, the presence of a number of these signs may be reason for the volunteer to discuss concerns or observations with the staff person to whom the volunteer is responsible. It is very important not to jump to conclusions but rather to look carefully at the entire situation for evidence that would give you reason to suspect child abuse. None of the signs alone proves that a child is being maltreated but when the signs appear repeatedly they should elicit concern.

2. Acts of abuse perpetrated by a cleric, employee or volunteer of the Diocese

Any regular volunteer who witnesses an act of child abuse perpetrated by a cleric, employee or volunteer of the diocese, has cause to suspect that such an act has occurred, or receives a report of such an act, must report the incident immediately to the Division of Family Services in Delaware (hot line number: 1-800-292- 9582) or to the Department of Social Services in the Maryland County where the allegedly abused child lives, or if different, where the abuse is alleged to have taken place (hot line number: 1-800-492-0618). Immediately thereafter, the volunteer should promptly notify his or her immediate supervisor and the Vicar General for Administration.

3. Potentially abusive behavior

Any regular volunteer who observes a cleric, employee or another volunteer behaving in a manner that may pose a potential risk to a child is to report the matter to the staff person to whom they are responsible without delay.

Seeking Additional Information

On rare occasions, a pastoral caregiver may need to seek additional information in these situations. If this becomes necessary, consider the following information:

Questions to Ask:

Whether by phone or in person, your questions should include the following:

- Are you licensed?
- What is your educational training and background?
- What type of therapy do you offer or prefer? (What are the therapist's theories? How does he or she work with clients?)
- Do you have experience with this particular problem?
- How will I know the treatment is working?
- How often do you see clients and how long do sessions last?
- When do you see clients? (Can the therapist accommodate your schedule?)
- What will treatment cost?
- Will some or all of the cost be covered by health insurance?

What to Avoid:

Every profession has its share of unprofessional and/or unethical practitioners, and the field of mental health is no exception. Some signs that a potential mental health provider may not be an appropriate resource for a crisis situation include:

- The therapist makes a quick diagnosis without asking for much information from you
- The therapist offers a quick or guaranteed solution to the problem
- The therapist seems uncomfortable with questions about his or her educational background, experience, and license.
- The therapist is vague or noncommittal about fees.
- The therapist says he or she has the answers and turns down a request for additional referrals.
- The first interview includes intimate questions about sex or other matters not related to the problem.
- The therapist's ad in the Yellow Pages makes extravagant claims.

Teens and Grief

Death is a subject that causes most everyone anxiety. This anxiety sometimes feels overwhelming. Yet death is part of the cycle of life. In the role of a youth minister or campus minister you are called to be a leader in supporting the young people who are entrusted to your care, their families and your parish or school community. This does not cause the anxiety to disappear; in fact, it can cause more anxiety because of the enormous responsibility upon you. The youth with whom you minister do look to you for guidance, most especially in times of crisis.

It is crucial to acknowledge that every death brings with it our own personal grief – from the very first death we experienced, even that of our family pet, to the death of a sibling, parent, grandparent, or close friend. However, there are some who have traveled the course of life with minimal personal encounters with death.

This section and the resources contained therein are designed to help you be present to the youth who look to you for guidance. If you are dealing with the death of a person closely related to your parish community, you will have your own grief to address as well.

Sometimes being present is the best thing we can do.

“When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares”
~ Henri Nouwen

What is Grief?

It is one of life's most difficult and painful experiences; grief is a natural universal and important process – one where we display countless, often-conflicting emotions and actions that over time aid in healing our sense of loss. Everyone experiences a wide variety of reactions during the grief process – sadness to anger, numbness to pain, guilt to fear. Since grief does not surface uniformly, all of us do not react in the same manner. There is no “best way” or step-by-step instructions or written directions. Everyone mourns the death of a loved one; everyone reacts uniquely and emotionally to grief.

Grief is not an illness to be treated, it is a human process to be experienced; good grief is a crucial life skill to be learned and lived to integrate the past so we can grow into the future.

Stages of Grief

There are many different ways that people have presented the grieving process. Dr. Elizabeth Kubler-Ross, a psychiatrist in the late 1960s, was a pioneer in the quest to understand and document how people respond to death and dying. Below are the stages she reported, however this cycle is not a step-by-step guide, but a way to put feelings into words. People can move forward and backward; you do not move forward and never return to the previous step.

Denial (shock/numbness)	This isn't happening to me
Anger (despair)	Why is this happening to me?
Bargaining (yearning)	I promise to be a better person if...if I had only
Depression	I don't care anymore...I can't do this
Acceptance (reorganization/readjustment)	I'm ready for whatever comes

Three Tasks of Grief

- To understand the person is dead
- To feel the feelings about this death
- To go on living and loving after the person has died

Cultural Competence

In our community today the cultural differences of people who are suffering grief need to be explored to ensure that we have knowledge of the rituals and beliefs. Prior to a crisis situation it is important to have knowledge of these cultural differences and to be able to be present and open to the needs of the young person/family we are supporting. As a youth minister, the young people will look to you for guidance for the appropriate way to be sensitive to the cultural differences.

Signs of Young People's Stress

Adolescents stress is expressed through some of the following:

- Uncontrollable emotions
- Aggression
- Withdrawal
- Insomnia
- Excessive sleep
- Destructive actions
- Depression
- Hypochondria

Developmental Ages and Stages of Grief

Each child/adolescent moves through stages on their own time. Everyone can regress in times of crisis, not just young people. Be prepared for the signs of regression.

Ages 9-12

Death is permanent, personal, and universal; Understanding they will die someday, fascination with the macabre, and finding details of the death events appealing.

Developmental Stage

- operational thinking
- logic
- socialization
- possible transition from concrete to abstract thinking

Understanding

- developing a sense of the impact of death on others
- understanding of the universality and inevitability of death
- generalization about death and understanding its magnitude
- beginning to believe that it can happen to anyone, and struggling with this realization
- interest in the dying person's experience
- fears about whether it is painful or scary
- interest in what happens after death – to body and spirit: fear non-existence and separation
- development of personal theories about death – why and how it is decided.

Grief Response

- Want information
- concern with the right way
- outward mourning,

Distress signs

- school problems
- suicidal thoughts
- behavior changes

Grief Reactions

- anxiety and general fearfulness
- covering up emotions
- concern about:
 - other survivors
 - about personal future and security
- withdrawal from or endless questions about death
- somatic physical complaints
- regression in behaviors and/or skills

Ages 12+

Most have reached adult levels of understanding death. Many have very intense emotions about death and do spend time thinking about it. Adolescents however are Teflon encased as it won't happen to me.

Developmental Stage

- formal operational
- problem solving
- abstract thinking

Understanding

- fearful/fascinated
- final/permanent/universal
- believes it only affects others – invincibility is directly challenged by the fact that a death occurred in their lives
- able to think in "what ifs"
- deeper meanings
- questions about the meaning of life and death
- the search is intensified by a death directly affecting their life

Grief Response

- intense emotions
- invincible feelings
- "tempting" death

Distress Signs

- depression
- anger
- guilt
- behavior changes

Grief Reactions

- symptoms of anxiety
- body complaints
- phobias
- overly-cautious behavior
- increased risk-taking in defiance of death (i.e., drug use, sexual activity, reckless driving)
- fear of being singled out as different may lead them to cover up feelings and try to appear normal by joking, acting cool, pretending nothing has changed, etc.
- concern about one's future, security, and death
- interference with the developmental task of forming a sense of identity
 - attempting to grow up quicker or to assume the roles of the deceased person rather than following their own path to self-identity

- intense spiritual and philosophical questioning and doubt (i.e., why death happens to the “good” people, anger at god)
- normal struggle for autonomy may either be hampered or exaggerated: rather than continuing to venture out and assert oneself, the teen may shrink back, become more dependent, and halt the developmental process or the teen may feel such a strong conflict between feeling a longing for the deceased vs. the need to be independent that he/she attempts to halt the grief process by distancing from the family and focusing on “my life”
- intense anger at the death
- anger at the person who died
- these displays also serve to hide other feelings and to help the teen regain a sense of power and control
- depression and guilt, accompanied by isolation or suicidal thoughts

Interventions For All Ages

- listen
- express feelings
- be attentive
- share honest and accurate information about the death
- reassurance about their own future
- modeling by adults by appropriate grieving and sharing of fears, thoughts, feelings
- discussion of philosophical concerns related to death
- highlighting the natural conflict between the normal tasks of adolescence vs. tasks of grief
- recognition that behavior may not accurately reflect underlying feelings (i.e., assume that the person is in pain and wants to receive information and support, regardless of the external behavior that may seem distant, disinterested, or testy)
- communicating a tolerance for all feelings
- providing specific coping tools (i.e., ideas for managing stress, journaling, and a variety of ways to express one’s feelings)
- encouragement to focus attention and energy on teen pursuits and the future
- respect for privacy as needed: privacy of their thoughts, feelings and writings
- inclusion by the young person’s own choice in rituals, discussions, and plans for honoring the memory of the person who died.

Dearest Lord,

May I see you today in the person of your sick, and while nursing them, minister to you. Give me faith so that my work will never be monotonous. O beloved sick, what a privilege is mine to be allowed to tend to you! Lord, make me appreciative of the dignity of my high vocation. Never permit me to give way to coldness and hurry. Bless my work, now and for evermore.

~Daily prayer of Mother Teresa

Complicated Grief

Suicide

Someone attempts suicide every forty-two seconds. Someone dies by suicide every seventeen minutes. According to American Academy of Child and Adolescent Psychiatry, suicide is the third leading cause of death for fifteen to twenty-four year olds, and sixth leading cause of death for 4 to 16 year olds.

In her book, *Bart Speaks Out: Breaking the Silence of Suicide*, Linda Goldman writes that we are able to explore “the topic of suicide openly if we are to break through the barriers of shame and secrecy that accompany this topic and create fertile ground for the resolution of this complicated grief situation.”

Survivor-victims of suicide should be treated essentially the same as with any death, however it is important to remember to acknowledge the changes wrought by the suicide, commemorate the death, but do not romanticize it; recognize the despair that brought on the act; focus on remembering the individual, not the act; be vigilant for anniversary reactions; deal with the caregivers stress – both parents, teachers, coaches, youth ministers and others directly involved with survivors.

An important difference to acknowledge includes being vigilant to the survivor's increased risk of suicide. There is much that is still not much understood about the impact of a suicide on a child or an adolescent. At best, the suicide-bereaved child/adolescent may be no worse off than a non-suicide-bereaved child. However, it is equally likely that in the wake of suicide, young people may be especially vulnerable to pathological reactions as well as increased risk for their own acts of self-destruction. Timely referral for intervention is best when dealing with suicide-bereaved young people.

The act of self-destruction raises the obvious questions, “Why?” and “What could I have done to prevent it?” Anxious and grief stricken, the survivors ask, “How can I face my friends? What will they think of me?” Death by suicide stigmatizes not only the victim but the survivors as well.

Homicide/Violent Death/Automobile Accidents

Murder/violent death/automobile accidents can instill a deep sense of grief and fear. People usually try to avoid the subject for lack of what to say. It is important to be present and offer support and listen. It leaves young people with a sense of “what will happen next? Am I to blame for not being with him/her? What could I have done to keep this from happening? Why did God let this happen to him/her?” Life is out of control and loss of control brings great fear to the grieving adolescent.

Military Death

In our country today there are many families whose mothers, fathers, and other family members have been sent into war zones. The children/adolescents with parents overseas experience loss while their parents are deployed and also live in fear for the notification that their loved one has been injured or died in the war. There are resources on the diocesan website to assist should this happen in your parish community.

Getting Professional Help

Several risk factors may lead you to consider obtaining professional help for a young person. Please refer to Diocesan Policies 7.4 regarding referring young people for assistance for more information. Below are some indicators that young people may exhibit that might lead you to consider seeking professional help.

- Continually shares no thoughts or feelings about the death
- Is clingy to adults, or shows signs of extreme anxiety
- Threatens to hurt himself/herself*
- Not able to see anything positive in their life*
- Does not socialize
- Is involved in high-risk behavior such as truancy or use of drugs and/or alcohol
- Is unusually argumentative, aggressive, defiant, cruel to animals or other children
- Has pronounced appetite loss, change of sleeping habits, or other change in daily routine
- Failing in school
- Has a constant somatic complaint – stomachaches, fatigue, headaches
- Has not been told the truth about the death
- Had a difficult relationship with the deceased
- A family member has an untreated mental health or substance abuse problem
- Parents/Guardians feel overwhelmed by parenting demands
- Seems “stuck” in only one major reaction or feeling

* Requires immediate referral for evaluation to primary care physician and notification of parents and/or guardian. It is also important to keep the Pastor and/or Principal informed.

What Can I Say?

When talking with young people in times of grief, consider these comments as a means to get the conversation started or to bring peace to an otherwise tense situation.

- I am here/be present/ listen
- I don't know how you feel but I am here
- I can't imagine how you must feel
- I am so sorry that this has happened
- I have no words to say, but know I am here
- I wonder about that too (when asked a “why” question by a young person for which there is no answer)
- Silence is OK

What Not To Say

When talking with young people in times of grief, these comments can actually make things worse, no matter how well intentioned.

- I understand how you feel
- He was old/was very sick, etc.
- I know how you feel
- God needed another angel in Heaven
- God only takes the good at a young age
- God needed him/her more than we do here
- Things will get better as time passes
- When my Mother...grandmother...died I felt the same way
- He/she will be looking down on us from Heaven
- He/she looks like he/she is just sleeping

What Helps People Cope With Death?

When talking with young people in times of grief, consider these suggestions for keeping communication clear and the young people informed.

- Clear information; a clear understanding of what caused the death
- An understanding of the normal reactions people usually have when they experience a similar death
- Being able to speak openly and honestly about concerns, feelings, and ideas relating to the death
- Maintaining, to the degree possible, old routines, rules, and structure of daily life
- Having age-appropriate power to contribute to some decisions related to the new life circumstances
- Participating in rituals to mark the death or to reflect on the changed life circumstances
- Reinvesting in the "normal" routine of life; having fun, getting back to school, sports, etc.
- Ability to somehow make sense of the death if possible

Ways That Adolescents May Want To Honor The Death

The best way to honor the death of a young person (or an adult who has had significant contact in the lives of young people in a parish or school) is the Diocesan Pastoral Cross. There may be times when the cross is not available. In times such as those, consider the following alternatives (or consider using these in addition to the cross, especially if your dealing with a large group of people).

- Balloons/Flowers at an important place to remember the person
- Plant a tree or flowers
- Creating a memory and/or story book with pictures and notes to the family
- Creating a prayer chain (elongated pieces of construction paper stapled together in links) that includes notes and prayers for the deceased and their family
- Creating a scholarship in honor of the deceased
- Prayers/notes placed into the Pastoral Cross

- Prayer wall if there are too many people to gather around the cross
- Scrapbook
- Gathering of young people in their youth ministry area separate from the funeral Mass and viewing to share openly with words, music, poetry, pictures

The above ideas also work when the crisis does not include a death. If a young person were critically ill, for instance, decorating their hospital room (or room at home) with a prayer chain would be a great way to show him/her that the community is praying with/for him/her.

Adolescents can demonstrate great creative and unique ways of commemorating the death of a loved one. Empower them to exercise their own critical and creative abilities to deal with their grief. Young people can demonstrate sensitivity and imagination in dealing with death and can be the people who lead the adults in managing their grief. At the right time, it is important to give them permission that it is okay to move on, listen as they explore their own ways to cope. Acceptance is at each person's own pace but they will explore and want someone to let them know it is okay to live their life with joy again. Life will never be the same, there is no closure, but it still can be full of happiness and look to a successful future.

What About My Grief?

In times of death we reach for support from our closest family and friends. The person we reach for may not be able to be that person for us. The person who reaches out to you and can walk the journey with you may not be the person you expect. Parents/guardians, siblings, etc. are dealing with their own grief and may not be available to you in your grief. Your journey is your holy ground. Be open to those who offer to walk with you.

The Pastoral Cross

Those who are called to lead young people in our parishes and schools may request to use of the Diocesan Pastoral Cross to help young people deal with the death of one of their peers or the death of an adult who played a significant role in the lives of young people (i.e., teacher, youth ministry volunteer, etc.).

Dealing with a Death Within the Community of Young People

In times of grief or crisis, most of us find consolation in *doing some activity*, something that ritualizes our feelings of sadness. The Pastoral Cross can be a powerful tool to help young people cope. It can help them focus on their loss and/or the disruption in their lives. Of course, the act of placing one's prayers and notes in this beautifully crafted symbol of the Resurrection is a humbling reminder that Jesus is our source for all our healing and hope.

All communities will encounter grief and as adult leaders in ministry, we have the opportunity and the responsibility to assist our young people in working through feelings of anger, disbelief and sadness. Still, it is important to remember that not all deaths affect young people (and therefore your parish or school community) in the same way. Some hit closer to home and some only affect the young people peripherally.

Use of the Pastoral Cross is reserved for the death of a young person or the death of an adult who plays a significant role in the lives of young people. The Pastoral Cross is not intended for use to commemorate the anniversary of death, be used during an extended illness of a young person, or to hold vigil when someone is injured (even seriously). Put more simply, the Diocesan Pastoral Cross is reserved for use in a faith community for those sad times when a young person or adult who is active in that community can no longer be physically present. They are rare exceptions.

Within the Faith Community and the Community of Young People

On the occasion when the death is a young person within the faith community of a parish or school or when the death is an adult who played an important role in the lives of your young people within the community of faith it is appropriate, even encouraged, to use the Diocesan Pastoral Cross. This may include a teacher at the parish school, a coach, a youth ministry volunteer, or a catechist in the religious education program. These deaths directly affect the young people in your community of faith. In such cases, CYM suggests the following response:

- Use of the Pastoral Cross (introduced through a Prayer Service)
- Use the resource *Dealing with the Death of a Young Person*
- Host a gathering for the young people to come together, tell stories and share their grief
- Invite a Grief Counselor to join your young people to assist them in processing

Within the Faith Community but Outside the Community of Young People

There will also be occasions when there is a death of a young person who is familiar to the young people of your parish through a school or neighborhood community but is

not a member of what you consider the community of young people to whom you directly minister (youth ministry, religious education, school community). In this instance, young people may not know the teen personally, but mourn alongside friends who did. Another example of such a loss would be the death of a parent of one of the young people in your parish community who was not serving in one of the capacities mentioned above.

While all death brings sadness, it would be inappropriate to use the Diocesan Pastoral Cross at such a time since the cross is brought into a community *in place of* one of its immediate members.

To deal with deaths that have a more indirect affect on the faith community, CYM offers the following suggestions:

- Host a gathering for the young people to express their sadness, share stories and comfort one another
- Create a Prayer Wall where young people can write their message, their thoughts and their feelings around the death
- Have young people write down their thoughts, feelings or messages on pieces of paper and link them together to make a prayer chain that can be hung in the space where your young people gather
- Host a short prayer service

Outside the Local Faith Community

Whenever there is a tragic event within our larger communities, the effects can be experienced by many. We need to assist young people in processing their feelings when someone they do not know but who is similar in age, is from the area, etc. passes away. For example, if there is a car accident and one of the victims is a student from an area public school, young people from your parish may not know the family but still feel a sense of loss. Young people will feel vulnerable and may wish to discuss the circumstances surrounding the loss.

Such deaths indirectly affect the young people in your parish or school. The loss of a young person from another community is sad, but is not a loss for the immediate community to whom you minister. As such, it would be inappropriate to use the Diocesan Pastoral Cross at such a time since the cross is brought into a community *in place of* one of its immediate members.

To deal with deaths that affect on the faith community on a larger scale, CYM offers the following suggestions:

- Create a general awareness of the death among your adult leaders so they may be on the lookout for behaviors or conversations indicating the need for a more specific response
- Make mention of the loss at a regularly scheduled event

- Have a Prayer Wall where young people can write their message, their thoughts and their feelings around the death
- Include the names in opening and closing prayers

Suggested Timeline for Using the Pastoral Cross

Upon Hearing The News

First. Compile information using the Pastoral Cross Agreement for Use (Form J in Appendix Four of *Empowering Disciples*). Do this as soon as possible as you should allow 24-48 hours for CYM to respond to your request for the cross.

Second. Contact the family of the deceased to make sure they are in favor of using Pastoral Cross. If there are extenuating circumstances around the death or if the family is intensely private, they may object to the cross' use. If so, consider one of the alternate ways of helping young people memorialize their grief.

Third. Contact the CYM to request the Pastoral Cross. Use the Agreement for Use Form to ensure that you have all of the necessary information prior to calling CYM (Form J in Appendix Four of *Empowering Disciples*).

Before Receiving the Cross

First. Use the resource *Dealing with the Death of a Young Person* (found in Section Three of the diocesan FSGC Guidelines) and Prayer Service Preparation Checklist in Appendix Two of *Empowering Disciples* to prepare the Prayer Service that will introduce the Pastoral Cross to the parish or school community.

Second. Decide upon the appropriate location to place the cross. Make the cross the focal point for quiet reflection space in a separate room at a wake or place it as a memorial in a school hallway or as a center piece for a parish youth group night of prayer or even make the cross a focal point for a prayer service with teens and families at school or the parish.

While the Cross is in Use

First. Keep an eye on the cross ensuring that it is being used appropriately.

Second. Collect and read through the notes left in the Pastoral Cross. If you are using the cross over a few days, read the notes daily.

Third. Return the cross to CYM office with evaluation.

A Few Weeks Later

At an appropriate time, give the notes from the Pastoral Cross to the family of the deceased. Again, make sure you have read them to make sure the notes are appropriate. While you may not see the harm in giving notes with obvious poor theology ("God must have wanted your daughter..." such notes may cause pain for the family of the deceased.

Crisis Response

Crises come in all shapes and sizes. They don't always involve a violent act, but can take the form of natural disasters or political controversies.

Since Sept. 11, 2001, many schools and government institutions have reviewed policies and procedures for crisis management. Key government leaders and corporations know, from painful experience, that preparing for a crisis allows organizations to react quickly, restore public confidence and address internal concerns. Effective crisis communications planning ensures that the public receives timely, accurate information.

A good crisis response plan:

- Ensures the flow of accurate and timely information to staff, the media and the public during a crisis.
- Provides the media with a reasonable level of access, if appropriate.
- Make it possible for key communications staff to develop unified messages.
- Minimizes unnecessary damage to the integrity and reputation of the parish or organization.
- Counteracts inaccurate criticism by providing accurate and honest information.

Responding to a Crisis

Responding to a crisis appropriately requires preparation before you ever encounter a crisis. To be effective, consider following these simple steps.

1. **Establish a crisis planning team.** This initial small team should include at least one person from the staff beside you, a chief volunteer, a priest or religious sister, and a professional grief counselor.
2. **Identify and define crisis situations.** A crisis is any emergency or situation that can affect the integrity, reputation or public confidence in your parish or organization. Examples include natural disasters, the death of a young person, the death of an adult who ministered within the community of young people, or the death of a church leader (priest, bishop, etc.) The crisis planning team should define what constitutes a crisis. The plan should clearly articulate the times in which the crisis response team should activate its plan. In those situations when it is unclear whether a situation qualifies as a "crisis," the crisis response team or a designated leader should determine whether to activate the plan.
3. **Identify potential calamities and develop action plans.** The team should identify scenarios that would require activation of the crisis plan. Individual action plans should be developed, giving step-by-step guidance on how to approach communications during and after each emergency. The plans should include:

- a. **A crisis response leader.** This should be someone who has the authority to make decisions and commit resources. The leader is responsible for determining if a crisis response team should be deployed. The most qualified person to serve as the leader may be someone who is visible or it could be a “behind the scenes” person.
 - b. **A spokesperson.** This should be one or two people trained in responding to media questions. They must be given continual guidance on what information can be released. Media inquiries should go directly to them to ensure a consistent message.
 - c. **Team members.** Appoint team members for each action plan. They may include staff, volunteers, or counselors. Distribute information for each response team member, including personal cell phone, pager and e-mail data, to other members. Team members should keep specific plan and team contact information with them, especially when away from the office.
 - d. **A customized communications strategy.** Develop specific plans for disseminating information to various forms of the media for each potential crisis.
 - e. **A common message.** Develop fact sheets and talking points for relaying information to the media, parents, and general public. Identify potential questions and develop appropriate answers.
 - f. **A communications center.** Designate a room available for press conferences, briefings and press relations. The room should have technical capabilities to support print and broadcast media. Its location should allow the crisis response team to work without interference.
 - g. **Information for key constituencies.** Make sure the appropriate people know about the communications procedures in advance. Train staff on handling crisis communications. Distribute general crisis response information to the team members. The overall plan should be distributed to members of response teams. Once a plan has been activated, staff should be briefed on specific actions taken, where to direct parents and the media inquiries and how to handle questions if the spokesperson is unavailable.
 - h. **A process for post-crisis evaluation.** Shortly after a crisis, the planning and response teams should assess the strengths and weaknesses of the plan. Changes to the plan and the overall response to the crisis should be made based on feedback from the post-crisis meeting.
4. **Practice, evaluate, and revise.** Practice makes perfect. Schedule periodic crisis exercises once or twice a year with a “mock crisis” and put the crisis communications plan into action. Evaluate your plan. Were you able to respond in a timely and efficient manner? Were you able to keep key audiences apprised of the situation? What went wrong? Why? Then make the necessary changes so that when a real crisis strikes, you have already learned from your mistakes.

School/Parish Crisis Response: A Practical Checklist¹

This checklist was developed to facilitate an effective crisis response during, and in the aftermath of, a school-based crisis. With little modification, it can also be used in the event of a crisis within a parish. This list will require modification to address the nature of the crisis situation and should not take the place of competent professional services. By reaching families early, you can potentially prevent problems that arise from miscommunication.

The School/Parish Crisis Response: A Practical Checklist can be found in Appendix Two (Resources).

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