

Identifying Ways School Nurses Can

# Support Grieving Children and Adolescents

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## A B S T R A C T

This article is from the new 30-hour course book for nurses, *Death, dying, and bereavement: Providing compassion in a time of need*, by Barbara Rubel, BS, MA, CBS, BCETS, sold through [www.westernschools.com](http://www.westernschools.com). Western Schools is accredited as a provider of continuing education in Nursing by the American Nurses' Credentialing Center's Commission on Accreditation (ANCC).

### IDENTIFYING WAYS SCHOOL NURSES CAN SUPPORT GRIEVING CHILDREN AND ADOLESCENTS

Loss is experienced through an entire life span beginning in childhood. Whether the loss is a person, place, or object, it is meaningful to the individual. For a child, the meaning of the loss will change as the child ages, and he or she will continue to rework the pain of that loss. In helping children and adolescents develop a healthy orientation toward death, adults model certain behaviors in their life. Adults should be honest with children and adolescents about death and not attempt to conceal their emotions. During this difficult time, adults and children can come together and share their fears.

Yang and Chen (2002) found that some children reported feeling anxious about the great deal of pain their loved one might feel as they approach imminent death. Some children reported being afraid the dead will come back as ghosts. The authors found that most

children's fear of death is related to being permanently separated from their loved one. The children reported feeling anxiety because of this separation, as well as not being able to finish what they wanted to do after their loved one died. Adults can alleviate fears by discussing pain management. Adults can also explain what happens to the body as one dies and talk about the child's belief about afterlife. They can talk about the transition and what they think happens to the body once a person dies and address children's fear of ghosts.

Although it is common for children between the ages of 3 and 5 to think of a person who has died as a ghost, it is also possible for older children to believe their loved one will come back as ghosts. This may also be a reflection of cultural beliefs, since some children's families believe in ghosts. Fear of separation can be addressed by helping children continue the bond with their loved one. Even though the person is dead, a child can form a spiritual bond with the deceased person.

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Silverman, Nickman, and Worden (1995) found five categories that reflect a child's efforts to maintain a connection to a deceased parent:

- making an effort to locate the deceased (e.g., heaven)
- actually experiencing the deceased in some way
- reaching out to initiate a connection (e.g., visiting cemetery)
- remembering
- keeping something that belonged to the deceased

Children and adolescents experience a variety of losses. These losses can include pets, divorced parents, moving to a new school, a friend who moved away, and a grandparent's death. Each of these losses will add to the child's understanding of death, dying, and bereavement. Sometimes the child may appear unaffected as he or she might not understand the permanence of death or its meaning. However, as the child ages, the permanence of the death becomes more evident.

## Children's Understanding of Death

Infants and toddlers may perceive that adults are sad or distraught, but children this young have no real understanding of the meaning of death. The perceptions of children between the ages of 2 and 4 are modeled after their parents' behavior. Children understand the concept of death by the age of 3 wherein death is a separation and not a permanent situation. Between the ages of 3 and 5, children focus on their own needs first—they want to know who will take care of them. If a child's mother was killed in a car accident, one of the child's first questions might be, "Who is going to make me peanut butter and jelly sandwiches?" Although denial is likely, children may believe that their loved one is going to come back to life. When explaining death to a child in this age group, it is best to explain the death in physical terms (e.g., "the heart stops beating"). The child may even wonder what the deceased is doing. Death is confusing, and the child may be scared. If the child appears cranky, adults may see the child's feelings acted out through play. Children between the ages of 3 and 5 are fascinated with dead things (i.e., dead insects, dead animals on the side of the road); however, they may act as if their loved one did not die. Before the age of 5, children do not see death as irreversible. In their minds, the dead person continues to exist.

Between the ages of 5 and 9, children understand that when a person dies he or she cannot come back to life; it happens to everyone, and when you die your body stops working. By this age, children begin to understand the finality of death. Five most frequently examined aspects of children's understanding of death are non-functionality, irreversibility, universality, causality, and personal mortality, with most children understanding all of the components by about 10 years of age. Speece and Brent (as cited in Kenyon, 2001) maintain:

- *Non-functionality* refers to the understanding that all life-sustaining functions cease with death.
- *Irreversibility* refers to the understanding that death is final and, once dead, a person cannot become alive again.
- *Universality* refers to understanding that death is inevitable to living things and that all living things die.
- *Causality* refers to understanding what causes death.
- *Personal mortality* is related to universality but reflective of the deeper understanding not only that all living things die, but that "I will die."

## Personal Insight

What are your earliest memories of death? Was it a friend, pet, or family member that died? What did people say to you after the death?

Children aged 5 to 9 give death a personality. The term "boogieman" is a common euphemism for death in this age group. As children in this age group ask questions about death, adults should be open and honest as they attempt to answer the often difficult questions. Children fluctuate from showing no emotion and playing as usual to showing a great deal of emotion as they seek answers. If a family member died at home, it is not uncommon for children in this age group not to want to go into a room where the loved one died. Children may feel sad, anxious, or withdrawn and may experience nightmares as they attempt to understand death.

Children over the age of 9 understand the concept of death as shown in the following example.

*John worked as an LPN in an urban hospital and was caring for a 42-year-old woman with heart disease. The patient's 10-year-old daughter, Fran, visited often. John overheard Fran's aunt tell the child that her mother would be fine, even though the patient was actually dying. A few days before, John was in the patient's room when Fran attempted to discuss her mother's dying with a family friend who was visiting. Fran was told not to talk about her mother's sickness in front of the patient because that would make her mother very sick. Fran recently had a cold and asked if her mother was sick because she had caught her cold. The friend told her that it was not her fault and that her mother has a heart condition. Later the friend and the patient's husband were discussing funeral arrangements and choice of caskets. Fran asked if she should draw a picture of herself and her mother to put into the casket. The friend rejected the suggestion. However, Fran's father told her that he thought her mother would appreciate the drawing. The family friend asked John if he thought it was a good idea for his daughter to put a picture in his wife's casket. John told him that it is important to involve children in funeral planning. He recommended that he ask Fran to draw a picture or place a photograph in the casket. Fran's mother was buying her hair ornaments for years, and Fran's father thought placing a few of Fran's hair ribbons in his wife's hand would be special. John told him that by putting these special small objects into the casket, it involves Fran and makes her feel important. The nurse also told him that he overheard a family friend tell Fran that she should not talk about her mother's illness in front of her mother. The nurse recommended that Fran be given permission to talk about her mother's terminal illness with her mom. John reviewed the importance of listening to Fran and being honest with her about her mother's condition.*

Even though children understand the finality of death, it is still difficult to talk about. They may act out and find it difficult to concentrate or sleep. They may feel lonely and abandoned and act as if the death never happened. Children in this age group may believe that they caused their special person to die. Adults must continually reinforce the fact that the death was not caused by something the child did or did not do. The child may have nightmares and behave aggressively as he or she copes with the pain of loss.

*Lisa Murphy, a staff nurse at Blessing Hospital in Illinois, was caring for a woman in her thirties who was dying of cancer. The nurse attempted to explain to the patient's 9-year-old son that his mother was dying. The*

nurse knelt down to his eye level and softly said, "This is what dying is, Jay. Your mommy is dying. She doesn't want to, but she can't help it and she can't stop it . . . Your mommy can't talk with you now, but she can hear you . . . She can't reach out and hug you, but she can feel you touch her." The nurse put the child on the bed next to his mother and held his hand. He cried and asked, "Mommy are you sleeping? . . . Mommy, Mommy don't leave me. I promise I'll be a good boy. I promise I'll do better in school." His mother could not respond and before jumping off the bed and running out of the room into his father's arms, he said, "Mommy, I love you." (Murphy, 2001, p. 62)

The nurse understood the child's concept of death and how difficult it was for him to understand at his young age. The nurse used the word "dying" and assured him that his mother did not want to leave him. She also spoke to him at his eye level and reassured him that even though his mother could not speak, she could hear what he needed to tell her. Before running out of the room, his last words to his mother were, "Mommy I love you." Because of what the nurse said, this child would always know that his mother heard him.

anxiety, they may have difficulty talking with the child. By addressing the anxiety a parent feels, the child's anxiety can be lessened.

Common emotional grief reactions in children include being numb, sad, withdrawn, angry, feeling selfblame, helplessness, even silliness. Mental reactions include impaired concentration, preoccupation, nightmares, and sleep disturbances. Some physical reactions are changes in appetite, stomach aches, bladder and/or bowel disturbances, rashes, headaches, and breathing difficulty. Behavioral reactions are clinging, hoarding toys, being defiant, and self-destructive behavior. Aggressive behavior might mask depression. Children's depression is often not what we expect to see. We may assume that the grieving child would be sad and sit in a chair, not eat or be able to sleep. Though this happens, grieving children who are depressed can be aggressive, hyperactive and inattentive. A bereaved child may experience a spiritual reaction where they feel judged by God, disconnected, lost and empty. They may also feel the presence of the one who died.

Several factors may complicate your perception of the child's grief when identifying and assessing the bereaved child. These factors include the type of death, the child's characteristics, social support, and

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The advice and information provided by nurses and healthcare professionals can help the entire family cope with the loss. Grieving adults may ask the nurse whether or not a child should be allowed to go to the funeral home. Advice is simple . . . as long as the child is prepared and wants to go. Preparing a child begins by explaining that after their loved one dies, the body is taken to a place called a funeral home and that the body will stay there until the burial. Everything that the child will see at the funeral home should be explained. This includes the casket, the color of the clothes the deceased will be wearing, the flowers, and the mourners present. If the adult has been to the funeral home before, they can explain the color of the rug as well as the paintings on the wall. This familiarizes the child with what he or she will see and comforts them in a stressful situation. After preparing a child for what he or she will see at the funeral home, find out if they want to go. No matter what the age of a child, they should be allowed to make their own choices as to whether or not they want to attend the funeral. As adults provide information, a child will be better able to make the decision as to whether or not he/she wants to attend.

### Identifying and Assessing the Bereaved Child

After the death of a loved one, the bereaved child will move in and out of grief. Each child is an individual and will react to the loss in his or her own way. As we identify grieving children and assess their needs, we must look at how significant adults in their life are coping with the loss. If a parent is unable to cope with the loss and is experiencing

multiple losses (Williams, Hackworth, & Cradock, 2002). If the death was sudden or stigmatized, as in the case of suicide, the child may not feel comfortable talking about the loss. If the child is shy and does not have friends to talk to, this may complicate the grief process. Factors that may complicate grief include multiple losses, death of both parents or, through the years, the deaths of significant people in their life.

### Interventions with Bereaved Children

Thinking about talking to children about death can make health professionals nervous. While offering prompt and accurate information to bereaved children, nurses should speak with them in age-appropriate words and tell them what happened. Consider, for example, a female patient who died at the hospital. Immediately after her death, her 7-year-old daughter was told by her father that her mother was at rest. The child walked over to her mother's nurse and asked if her mother was sleeping. The nurse told her that after a person sleeps they feel rested and that when a person dies, the body does not work anymore. The nurse explained that some people say "at rest" when they really mean dead. The nurse offered emotional support, explained to her that her mother was not resting, and that she would not wake up. The nurse also spoke with the child's father and focused on the child's needs, reviewing what happens to the body when a person dies. He could then model the dialogue and share the same information with his daughter if she should ask him the same question.

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Bereaved children grieve in a family context. As families attempt to cope with the loss, children may become depressed and frightened. They may ask the same questions repeatedly. Health professionals can advise adults to answer the child honestly as the child attempts to

make sense of the loss. The questions help them understand what happened. Adults should continue to encourage children to ask questions. One intervention with bereaved children is to hold and rock them. Encourage the child to maintain an attachment to the deceased. Nurses can help a child share his or her story and experience.

In sharing a story and an experience, children attempt to understand that their loved one is dead. Nurses can help

grieving adults talk to their child about their feelings and recommend rituals they can do together. Through these rituals of remembrance, children can incorporate the loss into their lives. Fox (1998) described children's tasks in coping with loss and grief and Corr modified these tasks (as cited in *Children Mourning, Mourning Children*, Corr, 1995) noting that they are:

- to understand and begin to make sense out of what has happened;
- to identify, validate, and express in constructive ways strong reactions to the loss;
- to commemorate the life that was lived;
- to learn to go on with living and loving (p. 14).

*Linking objects* are items that once belonged to the deceased that the child now owns. In taking ownership of that object, the significance of the item becomes very important. Rubel (1999) points out some questions and ideas adults can explore with the child regarding linking objects:

- Do I have something that belonged to the special person? If so, describe it.
- If I could have one item that belonged to the special person, what would it be?
- Draw a picture of something that belonged to my special person.
- Why does the object have special meaning?
- Am I doing anything with my special person's object?
- How does the object make me feel connected to my special person?
- How would I feel if the object was lost? (p. 15).

As a child learns to go on living and loving the person that died, it is up to adults to help them do so. Nurses can advise the adults in the child's life to offer the child something that belonged to the special person.

## Adolescents' Understanding of Death

Although individuals between the ages of 10 and 21 have been referred to as adolescent, this text will refer to adolescence as the period from 14 to 19 years of age. Early adolescence (roughly ages 10 to 14) is a monumental time in the life of a child. They are worrying about their appearance, experiencing hormonal changes, and asserting their independence. During this time, most adolescents

experience the onset of puberty. Friends become very important and they want to identify as closely as possible with their friends. Their siblings are also significant and losing a sibling during this time can shatter their world.

*Chris was an early adolescent (aged 13) when her brother died in a freakish motorboat accident. When asked how she responded in the first few weeks following his death, Chris recalled, "I felt like my life was just shattered. It was like this big jolt in my life, and I felt really little compared to the whole world. I had this feeling I was so empty inside. I hurt so bad, going numb was the only way to deal with it." (Balk & Corr, 1996, p. 9)*

Middle adolescent (roughly age 15 to 16) boys and girls will change their appearance frequently, become more sociable, and spend less time with family and more time with friends. Late adolescence (roughly ages 17 to 19) brings the teenager into relationships that may become sexual in nature with a boyfriend/girlfriend. Whether early, middle or late adolescence, they will rely on the relationships to help them cope with issues related to loss.

Noppe and Noppe (1996) point out that adolescents, in particular, may be vulnerable to conflicting tensions that distinguish their interpretations of death from those of adults. The authors noted that grieving adolescents often took unnecessary risks with their body. Rationality and romanticism, social life and death, and breaking of the bonds were conflicting tensions also noted. Some adolescents are away at college or making career choices. This is the point where individuals achieve separation from their parents or care givers. However, it can also be the point where they take unnecessary risks and may not seek out the support of peers or adults in their life.

Lohan and Murphy (2001-2002) studied parents' perceptions of their adolescent child's grief response after their other child, who was also an adolescent or young adult, was suddenly and violently killed. Lohan and Murphy found parents reported shared categories of concerns for their surviving children. Shared themes were:

- affective responses
- struggling to make meaning
- existential concerns
- interpersonal/social concerns
- avoiding and pushing the death away
- the void left behind
- filling the shoes
- work, school, and sleep problems
- physical symptoms
- cognitive and communication changes
- family relationship and spirituality issues
- pregnancy (in a daughter)
- positive steps

Some of the affective responses reported were "sadness," "easily upset," "holding his feelings in," and "anxiety." Some of the struggling-to-make meaning themes included "hard to go on," "anticipating the future," and "wondering what would have been." Existential concerns reported were "will not live past 30—he just knows it" and "less social without his brother." Examples of the avoidance theme were "not accepting it," "won't talk about it," and "gets upset when sister is discussed." The void-left-behind concerns included "lost his

best friend,” “feeling he left her” and “missing at wedding.” Examples of filling the shoes were “wear brother’s clothes” and “pained by comparisons with sister.” A family issue reported was “hard to see parents in pain.” Spiritual issues reported were “avoids religion” and “using an Ouija board.” An example of a positive step was “Accepting” (Lohan & Murphy, 2001-2002).

### Interventions with Bereaved Adolescents

As a nurse, you may be called upon to help a bereaved adolescent. When a child or adolescent experiences a death of a special person, in age-appropriate words, tell them what happened. Offer reassurance that their feelings are normal. Inform them where the body of their loved one has been taken. Adults should not assume adolescents know about funeral homes or customs surrounding death. Advise the adults in the child’s life to review the customs and traditions of their faith and culture and involve them in the planning of the funeral and services. Adolescents should be encouraged to talk about their loss.

As nurses provide support, adolescents will share their story, and focus on the reality of the death and what it means to them. As professionals assist grieving adolescents, they must look at their needs within the context of their family system and how others in the family are coping with the loss. Suggestions for assisting adolescents who are coping with death and bereavement include:

- use the words death, suicide, murdered, etc. to let them know they can use these words
- identify who the person was that died and the nature of the relationship
- review hospital records
- ask where they were when the person died
- ask them what happened and the timeliness of the death
- identify the most significant problems
- identify linking objects that belonged to the deceased that the adolescent now owns
- look at pictures of the deceased
- review obituaries and/or newspaper articles about the death
- explore whether or not they need to hide their feelings
- identify previous losses and how they grieved in the past
- show concern
- draw a family genogram and discuss the relationship of each person included
- use guided imagery
- review death certificates
- if possible, visit the grave site and/or the place of the death together
- encourage them to ask questions

Encourage them to let others know what they need, especially if their feelings are ambivalent, guilty or hostile.

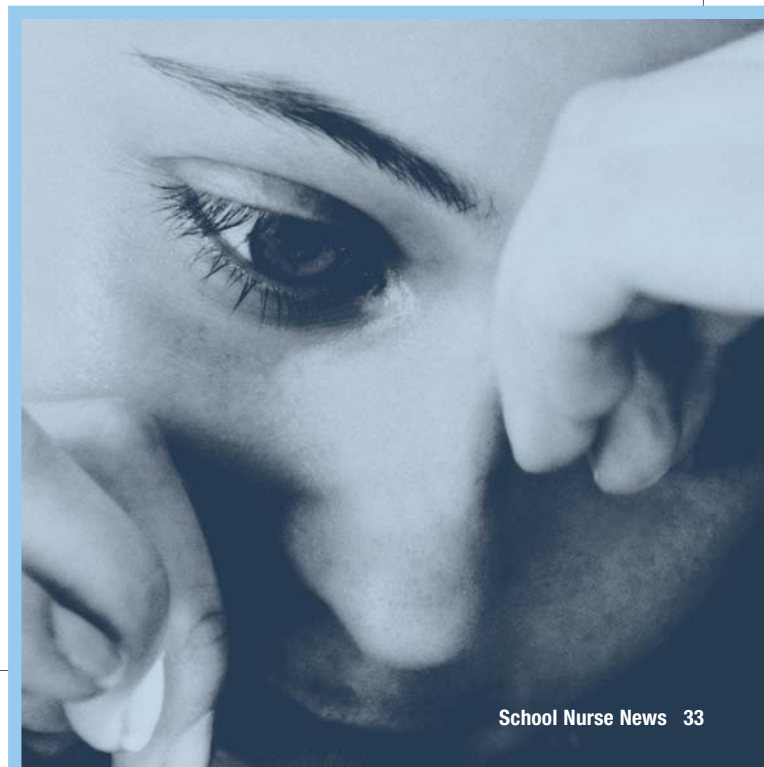
“In cases where feelings of ambivalence, guilt, or hostility are expressed in conjunction with feelings of sadness and loss, it might be helpful to coach an adolescent in the expression of these feelings and in the expression of words that were never said or questions that were never asked. These questions and feelings can be shared with other family members, as well as directly with the deceased. This can be facilitated by asking the adolescent to write a letter to the deceased

person and to express in it whatever “unfinished” things are still distressing him or her. Rituals such as sending the letter, reading the letter at the grave site, talking to the deceased in an empty chair, or visiting the grave site can be used as a means to express remaining thoughts and feelings.” (Valentine, 1997, p. 326)

Death impacts an adolescent’s school performance and self-esteem (Fleming & Balmer, 1996). Though adolescents can maintain their grades after the death of a significant person, parents and professionals need to be aware of the adolescent’s grief as he or she attempts to maintain academic grades. Their peers may not know how to respond to them, and adults may assume they are not grieving. Adolescents were attached to their loved one and are attempting to cope with the loss. However, at a time when they need the support of peers and family, they avoid communicating that need. Tyson-Rawson (1997) notes, “Support from family and peers that communicates validation of a bereaved adolescent’s experiences and self is a critical element in the resolution of bereavement and the recreation of an effective internal working model of attachments” (p. 165).

Children’s self-concept changes after the death of a special person. The way they viewed themselves prior to the loss is not the same way they look at themselves after the loss. Their self-confidence might be lowered as well as their self-esteem. Though friends are very significant and can be supportive in their own way, adults, through honest and open communication and sharing, are most effective in providing support to adolescents. The child will then decide how much information to share with his friends. What adults need to remember when helping bereaved adolescents is to provide information honestly and talk with them about what they are feeling. The grieving adolescent may feel shock, guilt, and even have thoughts of suicide. They will need to talk about the death and their feelings associated with that loss.

As adults share their own pain of loss, adolescents will find it easier to share their grief. As health professionals reach out to grieving



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adolescents, they will establish a relationship with them. Adolescents can be resilient as they cope with loss. The adults in their life can provide a good support system through hospices, schools, and faith communities, which can provide bereavement assistance. Adolescents should be allowed to be with the dying person, attend the funeral, and partake in family rituals. If the death was sudden, and the child did not have the opportunity to say goodbye (as in the case of Alex, a character in *But I didn't say goodbye*), there are still healing rituals in which they can partake.

When helping bereaved children or adolescents, nurses may feel at a loss for words. If this should happen, you can use the following opening sentences as a guide to providing support:

- Tell me about your special person.
- Where were you when your special person died?
- What happened when you heard your special person was dead?
- Is there anything you would have like to have told your special person?
- What do you think happens after death?

Nurses are in a position to provide support to adolescent mothers. Wheeler and Austin (2000) studied the mourning patterns of 5 bereaved adolescent mothers aged 15 to 17 who lost an infant to stillbirth or neonatal death. Mothers reported several feelings similar to that of older bereaved mothers: anxiety, searching, longing, and going crazy. The authors found 4 of the 6 mothers made poor decisions regarding dating and sex after the death. It was difficult for the bereaved adolescent mothers to return to their life as they were before the loss. All the mothers reported their relationships with their friends changed. Their peers were not mature enough or perhaps had not enough experience in grief to provide bereavement support. None of the mothers were given educational or emotional support by the hospital after the death. However, nurses can offer both educational as well as emotional support to these mothers to help them cope. In a study by Welch and Bergen (1999-2000), it was found that adolescent mothers had difficulty with separation issues and peer relationships. By understanding the special needs of adolescent mothers, nurses can be effective in providing care during the loss experience.

## Summary

This article examined child and adolescent loss issues. Children's and adolescent's encounters with death and bereavement were examined. Loss is experienced through an entire lifespan beginning in childhood, and so Silverman, Nickman, and Worden's five categories that reflect a child's efforts to maintain a connection to their deceased parent have been examined. Within this article children's understanding of death was noted. Though infants and toddlers may perceive that adults are sad or distraught, children this young have no real understanding of the meaning of death. The death perceptions of children between the ages of 2 and 4, 3 and 5, and 5 and 7 were examined. The aspects of children's understanding of death, with most children understanding non-functionality, irreversibility, universality, causality, and personal mortality by about 10 years of age were noted.

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