

Dear Friend:

Thank you for requesting information about our “Volunteer Facilitator Training”. We are pleased that you are interested in joining our organization.

Please carefully consider the following points before applying for the training.

- **Our “Volunteer Facilitator Training” is for those volunteers who intend to be a facilitator for at least one year in a support group run by Mott Children’s Health Center. Support groups are held at Cedar Street Children’s Center.**
- **If you have experienced a death within the last year, we ask you to discuss this with us before applying, since this training can be an intense experience for newly bereaved persons.**
- **In order to become a facilitator, you will be required to attend 23 hours of training.**
- **Completion of the training is not a guarantee that you will be accepted as a facilitator. The training is followed by an individual placement interview.**
- **If you are accepted as a facilitator, you will co-facilitate a children’s group that meets every other week. You will be making a 3 ½ hour time commitment each time the support group meets.**
- **All volunteers through Mott Children’s Health Center, prior to starting their volunteer work, are required to have a TB and drug screen, criminal and child abuse/neglect background check, as well as, a note from their physician stating they are physically and mentally capable of carrying out the role they are volunteering for.**

To apply, complete both sides of the enclosed “Facilitator Training Application” form. Then, mail to “Cedar Street Children’s Center at 924 Cedar Street, Flint, MI 48503 attn: Coordinator of Grief and Loss Support Services. You will receive a letter in approximately 2 weeks.

Please read the enclosed articles. You may want to purchase and read a guidebook from The Dougy Center resources to become more familiar with our philosophy of grieving and the model we use to run peer-support groups.

Thank you for considering becoming a volunteer facilitator. Your participation can make a lasting difference in the lives of grieving children, teens and adults.

Sincerely,

**Kathleen Reid, MSW, CSW
Coordinator of Grief and Loss Services**

Volunteer Facilitator Training Application

Mail to: Cedar Street Children's Center, Flint, MI 48503

Name:	Birth date:
Home Address:	Home Phone: ()
Emergency Contact Name:	Emergency Phone: ()
Your Employer:	Work Phone: ()
5 Dates of the Training Requested:	

Please check below:

___ I understand that I am required to attend a 23 hour Volunteer Facilitator Training before I can become a facilitator in a peer support group sponsored by Mott Children's Health Center.

___ I understand that Mott Children's Health Center reserves the right to accept or reject any potential trainee as a facilitator even after he/she has completed the 23-hour training.

___ I understand that this training is offered **only** to those who intend to volunteer for at least one year as a facilitator of a peer support group sponsored by Mott Children' Health Center and that the minimum commitment is for 3 ½ hours per session in a group that meets every other week.

___ I understand that if am accepted as a facilitator, I will be asked to complete a criminal and child abuse/neglect background checks, TB test, drug screen, as well as, have my physician complete a form stating that I am physically and mentally able to provide the role and carry out the responsibilities of a grief and loss support group facilitator.

Signature _____ Date: _____

(Please turn over and complete the questions on the back)

What it might be like to volunteer as a grief facilitator for grieving children, teens and their caregivers...these quotes from grief facilitators, were taken from The Dougy Center, The Center for Grieving Children in Portland Oregon:

“For me, it’s like walking into a sanctuary of safety, a place of non-judgment and full acceptance, for both the families and facilitators alike. The stories that are shared here have opened my heart beyond measure and have helped re-establish a perspective in what is really important in life. From our families I have learned precious lessons in strength, vulnerability, trust, intimacy, and love against a full range of honest emotions.

In the “The Rhythm of Compassion”, Gail Straub describes the qualities required of compassionate service—a quiet mind, an open heart, full presence and radical simplicity. It seems to me, that they define the very essence of service as a grief facilitator. Those qualities and a safe place are all that are required for the grieving/healing process to begin. In the course of my year in a facilitator role, I have seen the most fragile of families grow through their grief and emerge somehow stronger, softer, and resolved to go on with their lives while gracefully integrating their loss into their present and future. Their work is nothing short of inspiring.”

“Massively rewarding-it adds light to the more mundane aspects of the workday week. Watching people lighten their load and helping provide a place where that can happen, has to be one of the most fulfilling things I have personally been party to. It’s a great thing to be a part of—all this love, patience, understanding, and respect. It is very unusual to have all of those things in one place.”

“I have been a volunteer grief facilitator for about five years now and feel challenged with each session. I am grateful for all that I have experienced and learned from our families and from the other volunteers and staff that makes up our group. I feel very good about the work that we do; I’m proud to be a part of it.”

OLD ENOUGH TO GRIEVE

Noted child psychologist Alan Wolfelt has said, “Anyone old enough to love is old enough to grieve.” Children then, also need avenues for expression of their fears, sadness, guilt and anger. Their grief response will not “look” the same as that of adults. They behave differently in terms of overt reactions. They may appear as though they are disinterested or don’t understand the significance of what has happened.

A [child] upon being told that her mother would soon die from metastasis cancer, responded by asking, “When we go to dinner tonight, can I order extra pickles?” She was sending a message that she had “heard enough” for that moment. This child served as the family’s “pressure release valve” and would frequently try to lift the mood when it became heavy. To someone unfamiliar with the grief of children, her reaction may have seemed uncaring, or that she didn’t understand what was being said. CHILDREN DO GRIEVE IN THEIR OWN WAY AND IN THEIR OWN TIME.

When a child-centered, age-appropriate explanation and opportunity for commemoration (e.g. rituals, memorials) and expression (e.g. creative play, verbal and non-verbal communication) is absent THERE MAY BE ADVERSE CONSEQUENCES. For example, a call from a worried parent to a mental health center to say that her 3 year old daughter has been afraid to go to sleep for about the past month and when she did she was experiencing nightmares. Mother also described her daughter as “clingy” and “anxious” during the day. Further exploration revealed that the child’s grandmother died the previous month and the child did not participate in any of the commemorative rituals. The mother explained that she had consulted with the child’s pediatrician who told her that the 3 year old was too young to attend, because 3 year olds don’t understand the concept of death.

Fortunately this child was remarkably resilient, as most young children are. The problem was corrected by offering SIMPLE, DIRECT, CHILD-CENTERED, AGE APPROPRIATE explanations. She was told what happens to the body upon death (it COMPLETELY stops working, etc.) and she was also given an explanation of the type of ritual that the family chose based on their religious beliefs and culture. She responded by sleeping well, having no more nightmares, and returning to her usual outgoing behavior.

WHILE IT IS TRUE THAT 3 YEAR OLDS DON’T UNDERSTAND THAT DEATH IS PERMANENT...THEY DO UNDERSTAND that something terribly sad has happened. They will miss the presence of the person who died, and they will worry about the sadness they feel around them. Lying to children or hiding the truth increases their anxiety. You can’t fool them—they are remarkably perceptive. When children (of any age) are not given the proper explanation, their incredible imaginations may create images of dead loved ones buried alive, gasping for air and

trying to claw out of the ground. In the case of cremation, they may imagine their loved one being burned alive and suffering horrifically.

Anyone old enough to die is old enough to attend a funeral...as long as children are properly prepared, and give the option (NEVER FORCED) to attend. Children need to know not only what happens to the body upon death, they need an explanation of what happens to the spirit or the soul based on a family's religious, spiritual and cultural beliefs. It is essential to offer a detailed description of everything they likely will see and experience. At least one responsible adult should be present to support the child during the funeral and any other rituals.

Children thrive when they are told what to expect, and are allowed to participate, in the commemoration of loved ones. When children and adults are encouraged to develop creative, personalized ritual, it helps us all find comfort during sad times. Shakespeare said it best: "Give sorrow words. The grief that does not speak whispers the o'er fraught heart and bids it...break."

HELPING THE GRIEVING CHILD

Children's grief should be seen as an ongoing life process that is approachable through words, activities and non-verbal communication. Peer support group facilitators can use this understanding to create a safe environment for children, teens and their caregivers to acknowledge and process difficult feelings.

So often adults rely on the prevailing myth that children are too young to grieve. When a child is capable of loving, he is capable of grieving. Yet many of today's children are born into a world of grief issues that await them inside their homes and outside their neighborhoods. Prevailing social and societal loss issues in their homes, schools and in their communities is increasingly traumatizing boys and girls.

A major percentage of America's children face the loss of the protection of the adult world, as grief issues of homicide, violence and abuse infiltrate their outer and inner worlds. Issues involving shame and secretiveness when death is caused by such occurrences as suicide and the contraction of AIDs create a grieving child that is locked into the pain of isolation—which can be far more damaging than the original loss.

It is normal for a grieving child to:

- **Imitate behavior of the deceased.**
- **Want to “appear normal”.**
- **Need to tell the story over and over again.**
- **Enjoy wearing or holding something of the loved one that died.**
- **Speak of loved one that died in the present.**
- **Tend to worry about health and health of surviving loved ones.**
- **The bereaved child needs to acknowledge a parent or sibling who died by using his or her name or sharing a memory.**
- **The bereaved child needs to use tools such as drawing, writing, role-playing, and reenactment to safely project feelings and thoughts about the loss and present life outside of themselves.**
- **The bereaved child needs to be allowed to go to a safe place...when these unexpected, overwhelming feelings arise without needing to explain why...**
- **The bereaved child needs to be able to have the option of “reality checks”—such as allowing the child to phone the surviving parent during the school day or to visit the school nurse- so they can be reassured that they and their families are okay.**
- **The bereaved child needs to use memory work to create a physical way to remember their feelings and share them. Memory books are a collection of drawings or written feelings and thoughts that allow the child to re-experience memories in a safe way. The books serve as useful tools to enable children to tell about the person who died and open discussion. Kids can tell about how the person died and share funny, happy and sad memories.**

Except from: Helping the Healing Child by Linda Goldman, Certified Grief Therapist.

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