

Answering the Call: Equity in Grief, Considerations & Approaches to Inclusive Grief Support

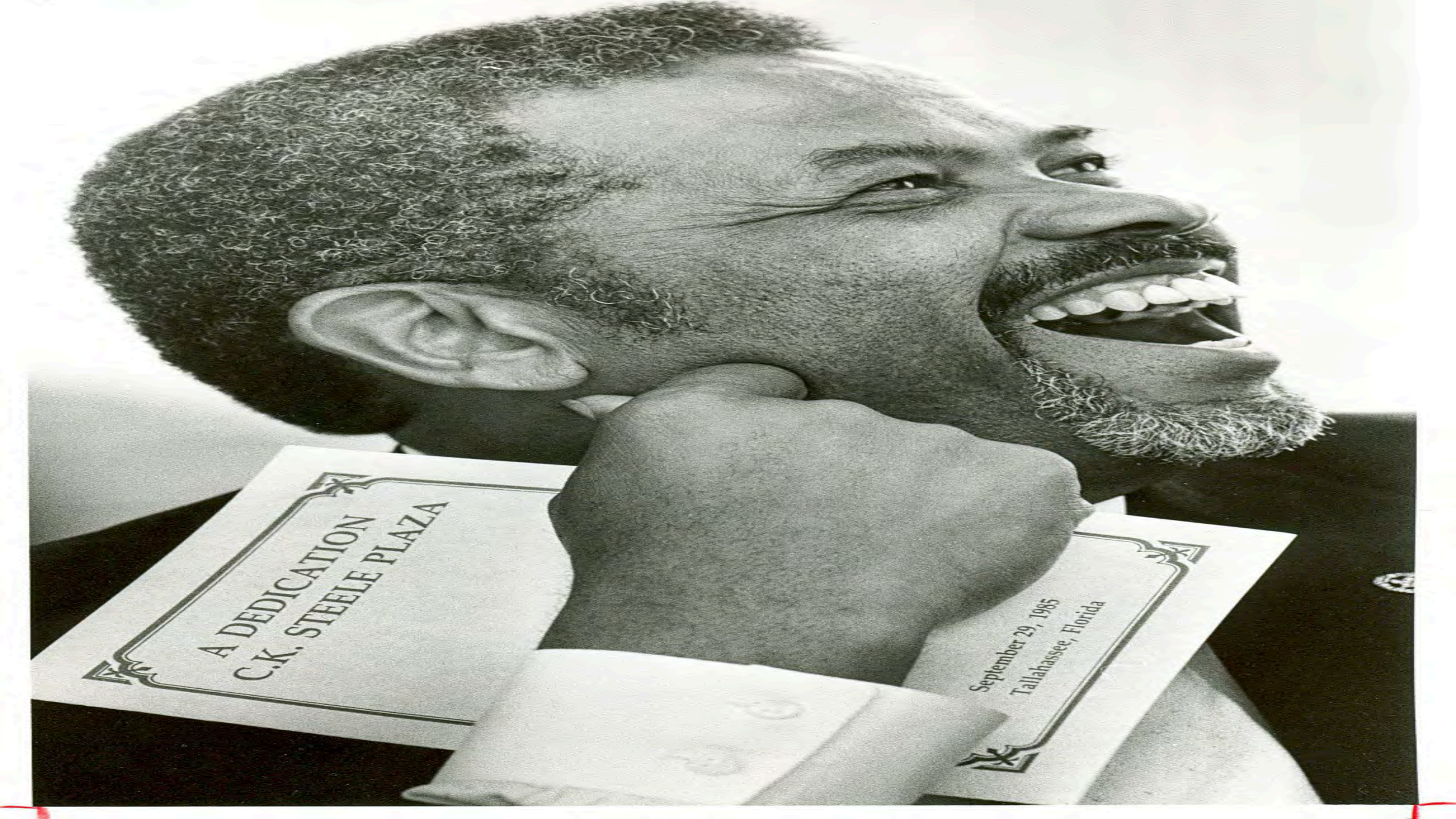
Alesia K. Alexander, LCSW, CT

Heartlight Grief Center Signature Series, 2022



Agenda

- Overview & Perspectives on Child/Adolescent/Young Adult Grief Experience
- Grief Support with Youth & Communities of Difference
- Beyond Cultural Competency & Self-Care
- Professional Development in Grief Support
- Inviting in & Putting it all Together



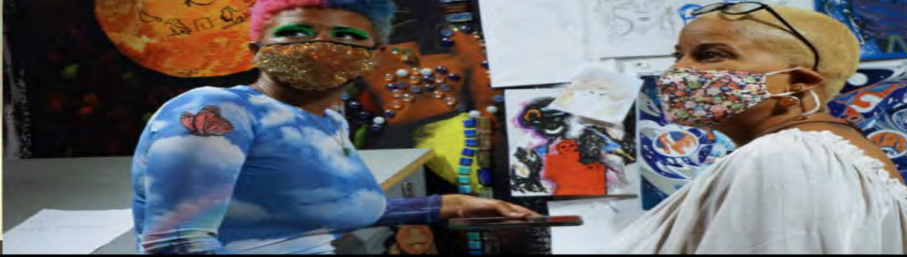
A black and white photograph of a man with a beard and mustache, smiling broadly. He is resting his chin on his right hand. In the foreground, two commemorative plaques are visible. The left plaque reads "A DEDICATION C.K. STEELE PLAZA". The right plaque reads "September 29, 1985 Tallahassee, Florida". Both plaques have decorative borders and small emblems in the corners.

A DEDICATION
C.K. STEELE PLAZA

September 29, 1985
Tallahassee, Florida

ProfessionalPersonalProfessionalPerso





Behind you,
all your memories.
Before you,
all your dreams.
Around you,
all who love you.
Within you,
all you need.



Did it Daddy! Keep watching me...

The background features a light gray base with large, organic, overlapping shapes in muted olive green and dusty rose. In the top left corner, there are stylized, layered patterns of thin, needle-like lines in light gray and dark brown, resembling foliage or a pine branch. Two thin, white, wavy lines curve across the bottom right portion of the image.

Scavenger Hunt

Beyond Diversity: Inclusion

- Just another buzzword?
- Who do we mean?
- Requires higher level investment
- Deeper engagement
- Infrastructure inherent
- Liability Killer
- Spirit and Morale Lifter





ZORA NEALE HURSTON

“If you are silent about your pain, they’ll kill you and say you enjoyed it.”

The New York Times

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN KELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they

have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Morris K. DeVita, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men,





Reflection# 1

Overview & Perspectives on Child/Adolescent Young Adult Grief Experiences

What We Know, What We Miss...



Grief



Has been described as a PROCESS,



As TASK oriented



As an EXPERIENCE



As a JOURNEY



As PATHOLOGY...



It matters how YOU describe it, in order to inform how you SUPPORT and FACILITATE it...

Grief & Loss

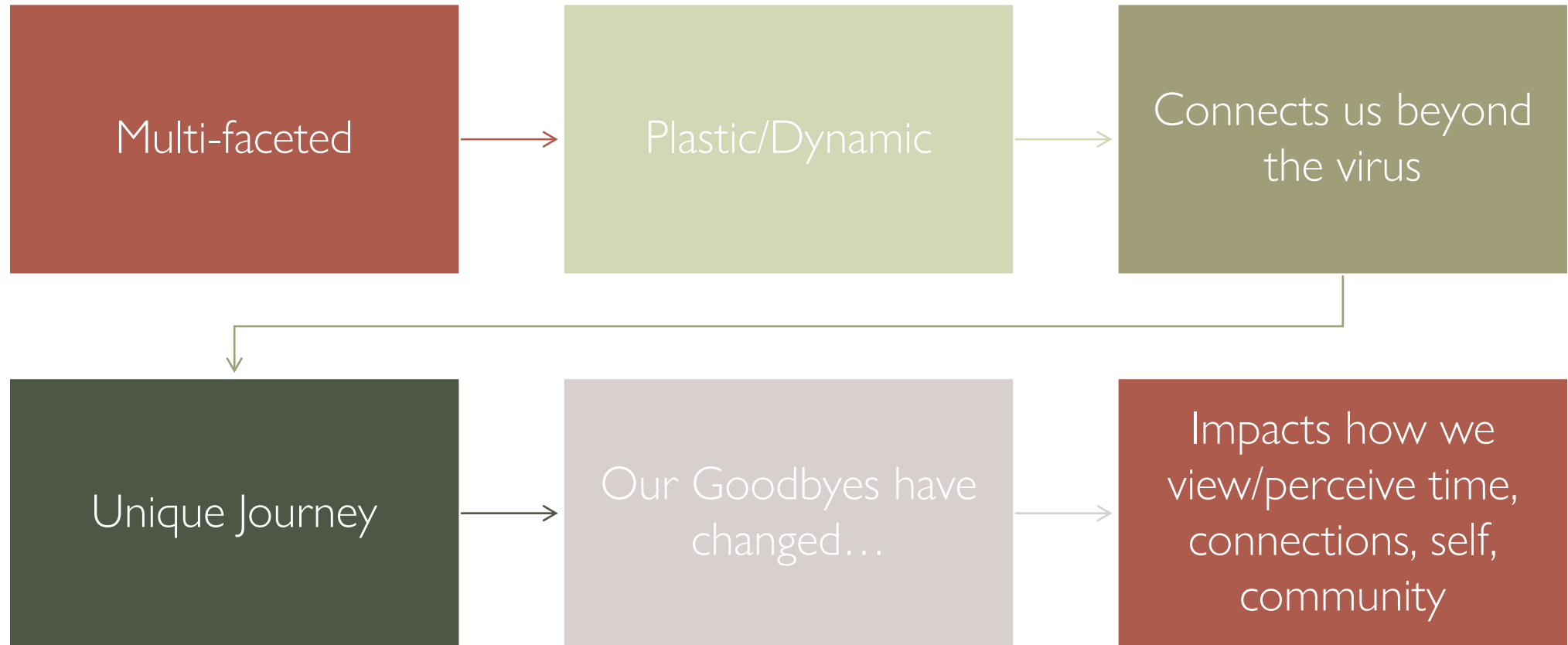
*The grief experience includes the physical and emotional reactions experienced following the **perceived** loss of someone or something of value. This unique and individual experience can affect body, mind, feelings, spirit, attitudes, relationships, and daily living. Its' duration and intensity is determined by the person's age, background, life experience, relationships, and type of loss.*

Perception As Inclusive Practice Anchor

How a person “sees, describes, and experiences” **their** loss is a practical touchpoint for all clinical interventions engaging grief, especially with young people.

Engaging and empowering this in your spaces creates **safety**, **respect** and can support the rapport necessary for inclusive grief support.

COVID Grief





Reflection# 2

Development Considerations & Grief

- No hard, and fast rules here.
- Diversity/Unique qualities exist in experiencing.
- ACEs/trauma history can impact experience/needs.
- Start where the child/teen/young adult is...
- Avoid generalizing to “blanket” grief responses/interventions

Age	Understanding of Death	Expressions of Grief	What You Can Do
INFANTS AGES 0-2	<ul style="list-style-type: none"> May experience loss as an absence, particularly of a primary caregiver. 	<ul style="list-style-type: none"> Changes in normal patterns of eating, sleeping, bowel and bladder habits, and interacting. 	<ul style="list-style-type: none"> Offer physical comfort. Maintain a routine. Provide stable environment. Monitor your own self care.
PRESCHOOLERS AGES 3 – 5	<ul style="list-style-type: none"> Death is temporary and/or reversible. Dead person continues to live and function in some ways. May feel responsible for death because of wishes and thoughts. 	<ul style="list-style-type: none"> Grief expressed primarily through play. May reenact the death. May ask questions about the death over and over again. Cycle between activity, routine, and need for care or “time out”. 	<ul style="list-style-type: none"> Allow “death play.” Join in and offer guidance. Answer questions honestly and simply. Use drawings and stories to help children express feelings. Memory making/experiences
GRADE SCHOOLERS AGES 6 – 11	<ul style="list-style-type: none"> Beginning to see death as permanent. Death happens to others. May see death as a person or spirit—a ghost or the bogeyman. 	<ul style="list-style-type: none"> Curious about death. Will ask specific questions and want details. Concerned with how others are responding. May exhibit aggressive behavior (s), attention-seeking. 	<ul style="list-style-type: none"> Use “older kid” play therapy, especially for 10-12 year olds. Answer questions honestly and simply. Offer constructive “venting” activities. Communication skill building, ventilation opportunities
ADOLESCENTS AGES 12 AND UP	<ul style="list-style-type: none"> A more “adult or evolved” understanding of death as permanent and universal. Just beginning to explore spiritual aspects of death. 	<ul style="list-style-type: none"> Heightened emotions of anger, guilt, and shame. May exhibit depression, denial behaviors, and repression. May act out, withdraw, exhibit mood swings and/or engage in impulsive behaviors, including sexual behaviors. May idealize the deceased, especially if deceased is friend, sibling, or parent. 	<ul style="list-style-type: none"> Tolerate acting out behaviors if teen or others are not being harmed. Be available, but do not take control. Encourage search for meaning—questions about life and death—as long as teen or others are not harmed. Empowerment focused, future facing activities and support builds

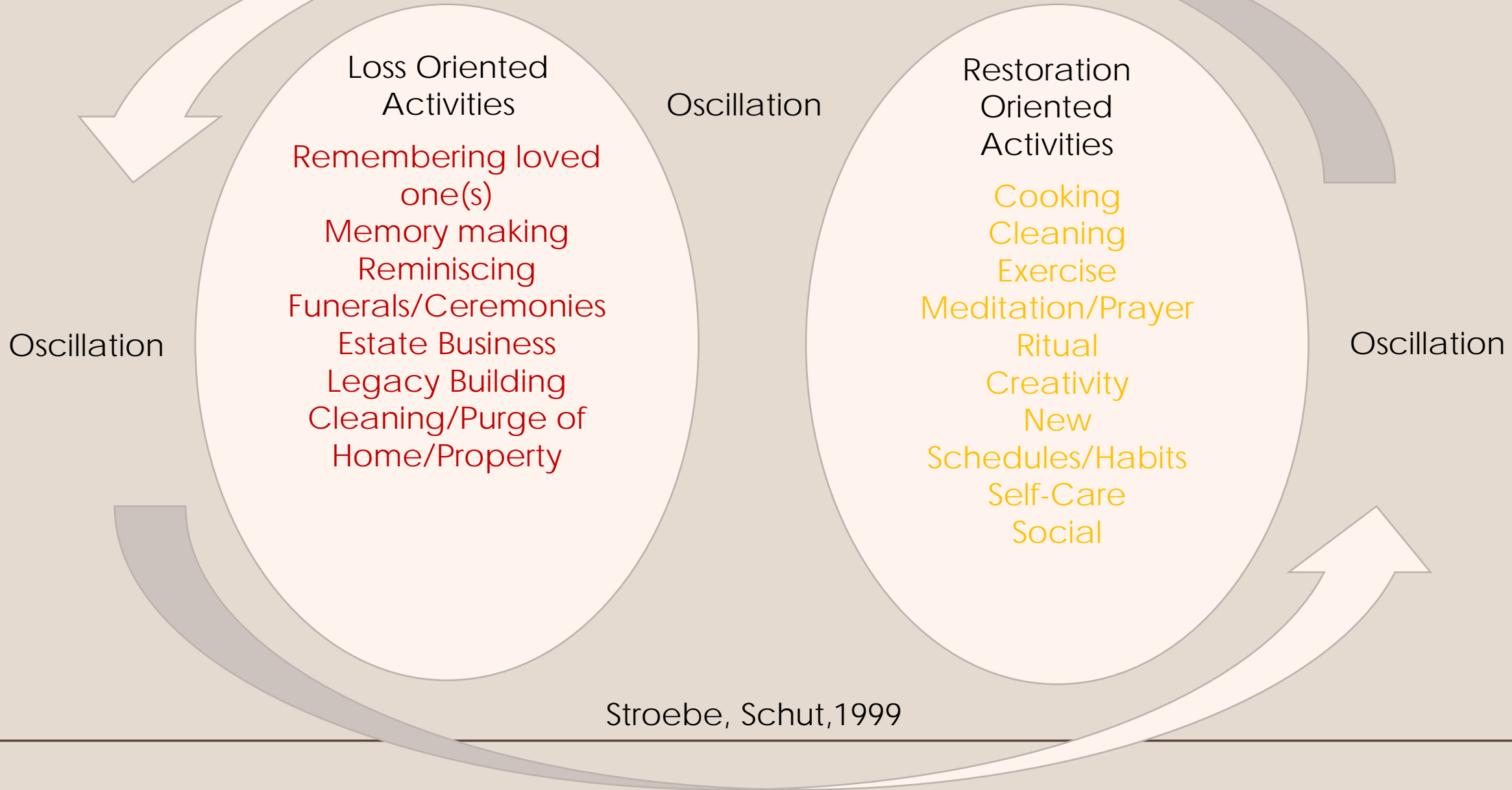
Adapted from: Wolfelt, A. 1996 Healing the Bereaved Child: Grief Gardening, Growth through Grief and Other Touchstones for Caregivers

Children and Grief: Grief and Developmental Stages

National Cancer Institute – Loss, Grief, and Bereavement

<http://www.nci.nih.gov/cancertopics/pdq/supportivecare/bereavement>

Dual Process Model



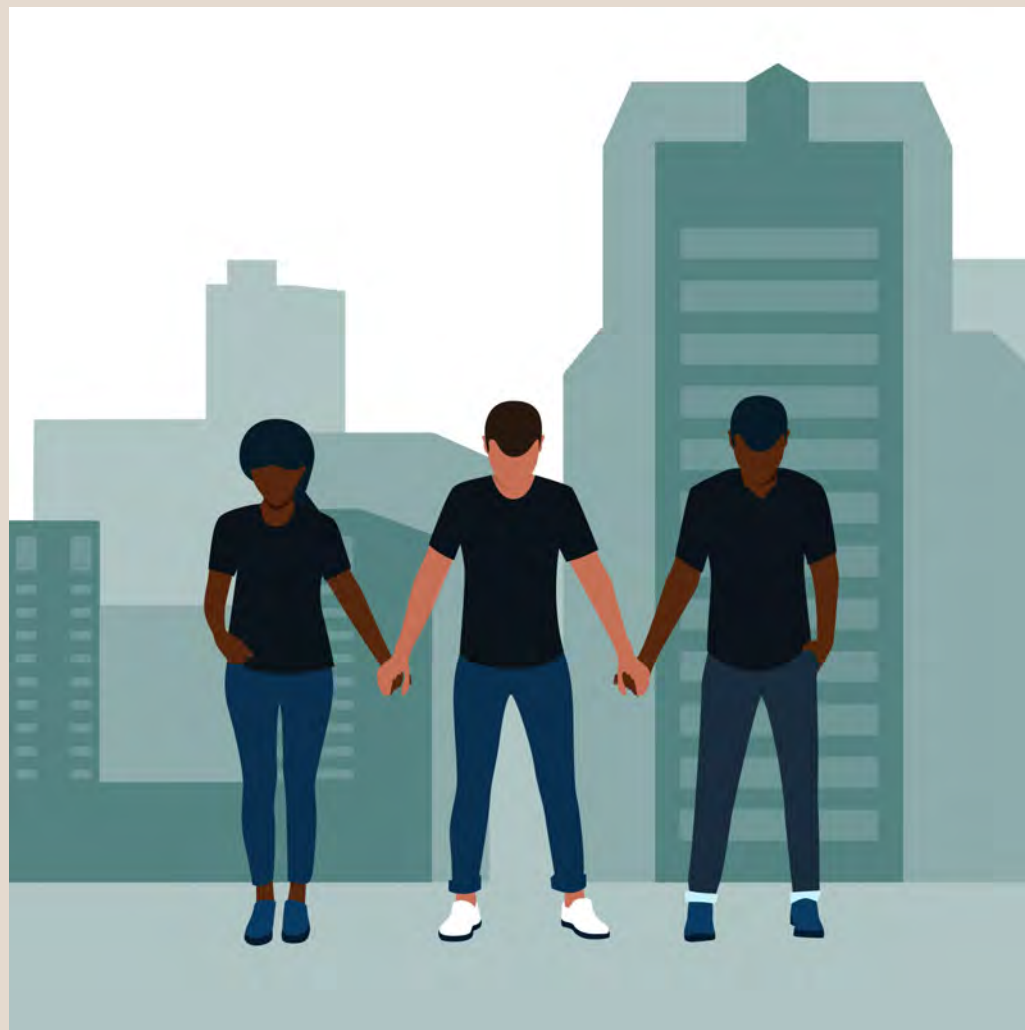
Stroebe, Schut, 1999

Mourning Tasks -Worden

- Accept the loss.
- Acknowledge the pain of the loss.
- Adjust to new environment and identity.
- Reinvest in the reality of life without loved one/reality of the loss.

Communities, Youth of Difference & Grief Support

Considerations for Inclusive Practice





Reflection# 3

Intersectionality

Initially introduced as a Feminist ideology/construct.

Created by Kimberle Crenshaw, JD to describe disenfranchisement of Black women from social justice, and equality work/movements.

Useful in grief work as a tool for engaging narrative building and identity clarification for self, professional and community awareness.

Grief of Difference

These experiences may be impacted by additional layers of narrative around:

- Poverty
- Racism
- Oppression/Privilege
- Trauma
- Abandonment
- Insecure Attachment Styles
- Kinship & Community Care, ACCESS
- Community Narratives around Shame, or Distrust
- Stigmas or Disenfranchisement

Grief & Trauma

- Trauma Informed Care
- Grief Informed Care
 - **NOT** the same. No competition, just different focal points, narrative angles, and perspectives engaging individuals and a system **FULLY**. A prompt to all professionals to get **ALL** of the stories impacting a child/teen/family, or community.
- TRAUMA first, Grief onward...



Cumulative Loss

Losses do not happen in a vacuum.

Additional losses may bring up previous loss reactions, or trigger *new* reactions or behaviors from unresolved grief.

In Communities of Difference, the impact of unresolved histories of loss may be a huge barrier to support.

Do not be afraid to explore what worked *before* as a way of finding new ways to support coping.





The Work Of Diversity, Inclusion Intersectionality in Grief

Responds to:

- What do you have questions about?
- Your Values
- Your Beliefs
- Your Biases
- What you want reflected back to you in any interaction.
- Affirms, Confirms, Opens you up to *more*, & DIFFERENT Questions
- Keeps you alert, PRESENT...



BOTH : AND

-Kris F.

Barriers to Diversity

Media imagery/messages about who people of color are, who gay/lesbians are, etc.

Skewed perception of what family is, what “functional” is.

Getting over ourselves enough to let go of long-held ideas about difference, who we are.

Fear of offending.

Fear of appearing prejudiced, or racist

Shame, or no- to low - self awareness of our own privilege, and/bias

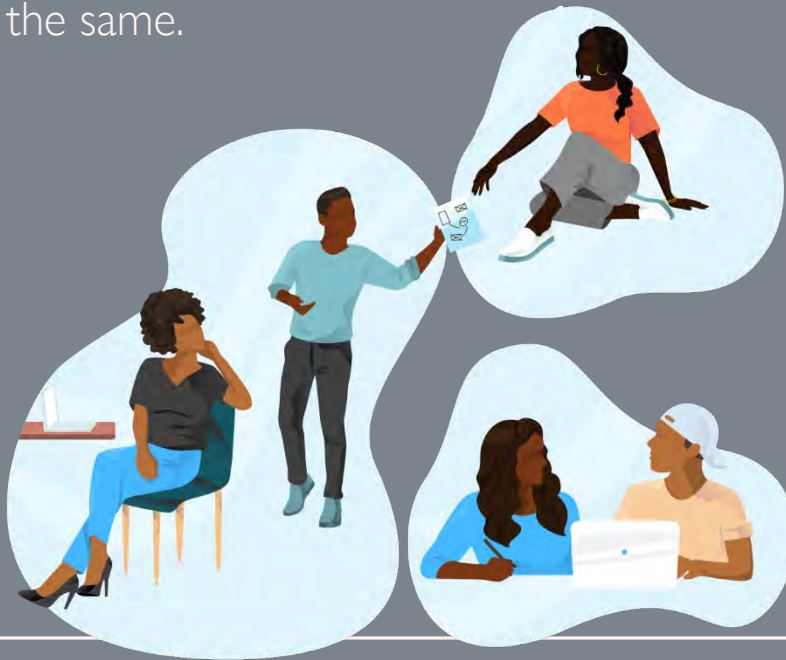
Equality vs. Equity

EQUALITY

- o Everyone being treated the same.

EQUITY

- o Everyone being given all the access and resources to engage, participate and succeed.





Gender Issues

Girls often are given more permission to grieve- but because of hostility in environment; many are choosing *not* to take it.

Being “hard” or untouchable by pain is more accepted than traditional roles and stereotypes.

More girls are exhibiting anger in their grief journeys than sadness.

Requires practitioners to revamp approaches to support to meet these “new” needs.



Gender Issues

Boys have a full range of emotion, and the ability and desire to share and express themselves fully.

Unfortunately, they learn early on to distrust this desire for deep connection and expression.

There are clear messages about feelings and intimacy not being acceptable or “manly”

- Media
- Families
- Attachment & Parenting styles
- Culture reinforces these messages

This happens across demographics, and can have lasting effects on total functioning, regardless of loss hx., or presenting issues.

Othering...

Non-binary, gender nonconforming youth and individuals are not fully represented in our grief support constructs, and ways of ascribing the modern loss experience. Neurodiversity is also underrepresented.

Research and inclusive practice must be aligned to engaging the uniqueness of these grief journeys as a part of identity formation, resources, living in the queer body, coping, safety, and losses more specifically experienced as a part of these communities/identities.

Groups

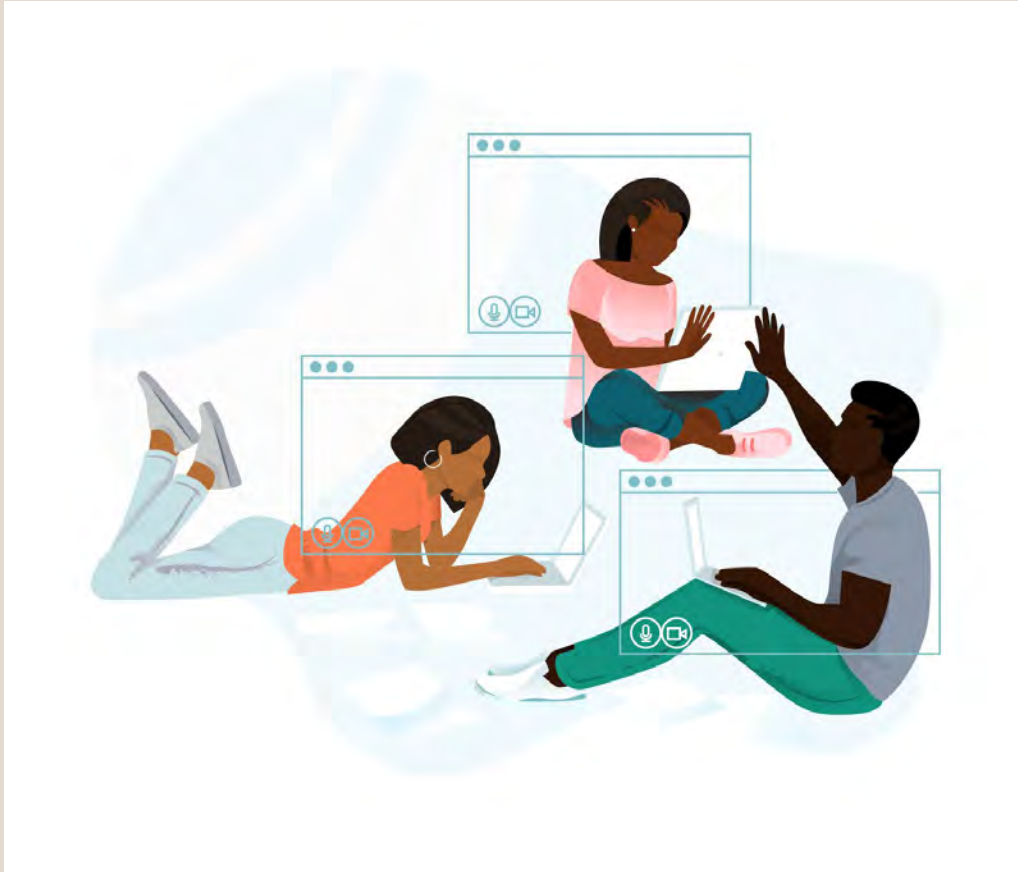
Create a safe and non-judgmental space for sharing, and for creating “story”

Group is a resource for helping kids and their families put their story and history in perspective.

Should intrinsically support whatever that storyline is.

Loss is a defining factor in how a child/teen creates their identity, and develops a script for resilience and for finding their place in the world at large.

In Group...



- Protect the space.
- Ask about/Use desired pronouns, names, nick-names.
- Set clear boundaries.
- Know the losses.
- Set members up for success in communicating with each other, and across Difference.
- In the beginning, explore myths, and messages members have about each other, if a mixed group.
- Build in appreciation for the Difference{s}.

Listening Inclusively

- Listen with attention, and not *intention*.
- Acknowledge feelings shared with a word-
 - “Oh...”
 - “I see,...”
 - “Mmm...”
 - “Tell me more..”
- Ask questions.
- Acknowledge discomfort around disclosing/sharing.
- Give feelings names. Ask how they describe/experience feeling identified.
- Pay attention to your body language. (ex. Don't demand eye contact, etc.)
- Pay attention to their body language. (Notice discomfort, closing body language)
- Check limitations that you may have placed on sharing in previous directives, “rules”.

Jamal in Group



Appearance and affect may mask true feelings .



May appear defensive, guarded and hostile even though the prevalent feeling(s) are really fear, anxiety, desire to belong, be seen.



Gets messages and cues from all sides that indicate how damaged and “unmanageable” he/they is/are.



Understands the threat he presents to a “therapeutic setting”, society.



Has desire to live up to this until given other, more accurate cues from group, and from the facilitator.





Families in Therapy

Goal: Create a safe and non-judgmental space for sharing, and for creating “story”.

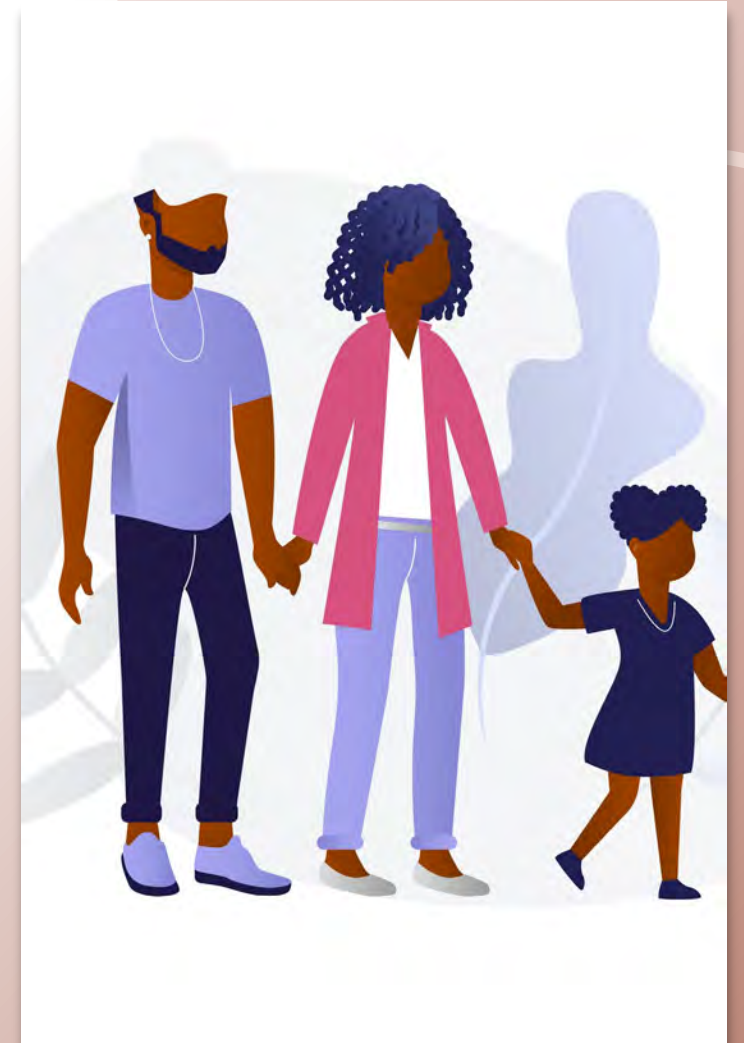
Group work is a resource for helping kids and their families put their story and history in perspective.

Should intrinsically support whatever that storyline is.

Loss is a defining factor in how a child/teen creates their identity, and develops a script for resilience, and for finding their place in the world at large.

What Do Kids/ Families of Color & Difference Want?

- Authenticity
- Voice
- Validation
- Respect
- Inclusion



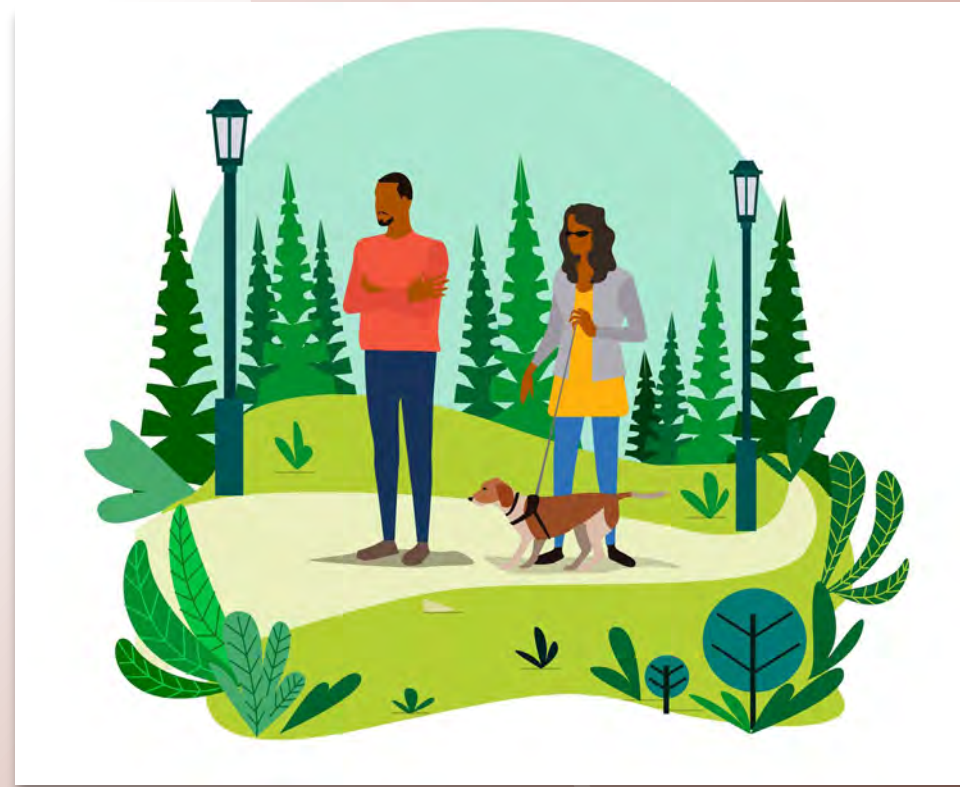
Beyond Cultural Competency & Self-Care

More than CEUS & Bubble Baths...



The Tough Stuff...

- In group we must prepare and train staff and volunteers to deal with the **function** and **dysfunction** of all groups.
- We must give a context to what we see and hear that is slow to pathologize and quick to respond in sensitive, and *relevant* ways.
- We not only have to listen to what is being said in group, but also to what is not.



Keep	Keep it simple.
Make	Make it sooner, rather than later.
Answer	Answer what you know, say what you don't know.
Give	Give time for the emotion, or lack of.
Open	Open the door for opportunities for revisiting news later.
Allow	Allow for space, time in processing information.

Breaking Bad News...

Social Media & Grief

Allows for connection beyond immediate proximity

Can be inclusive and lend creativity /free expression across platforms.

Uses **existing** networks/lends itself to generating other ideas for support and connection.

Can be a barrier to access/create comparative, biased, or hostile environment for feeling ventilation

Relevance not widely agreed upon construct online. Can promote isolation, exclusion, othering, abuse.

Can be a meaning making/legacy promoting tool

Can create portals for support not possible due to inequity/access issues.

Requires oversight/engagement beyond our current infrastructure, rapid change in platforms and popularity shifts regularly.



Social Media & Grief

Provides alternative approaches/platforms of access for neurodivergence in grief practices, support/rituals.

Creates tools for deeper research, collation of information about grief.

Robust digital community of youth living with loss online.

Creates a common language for young people living with loss.

Extends ability to create education/training more frequently for grief professionals

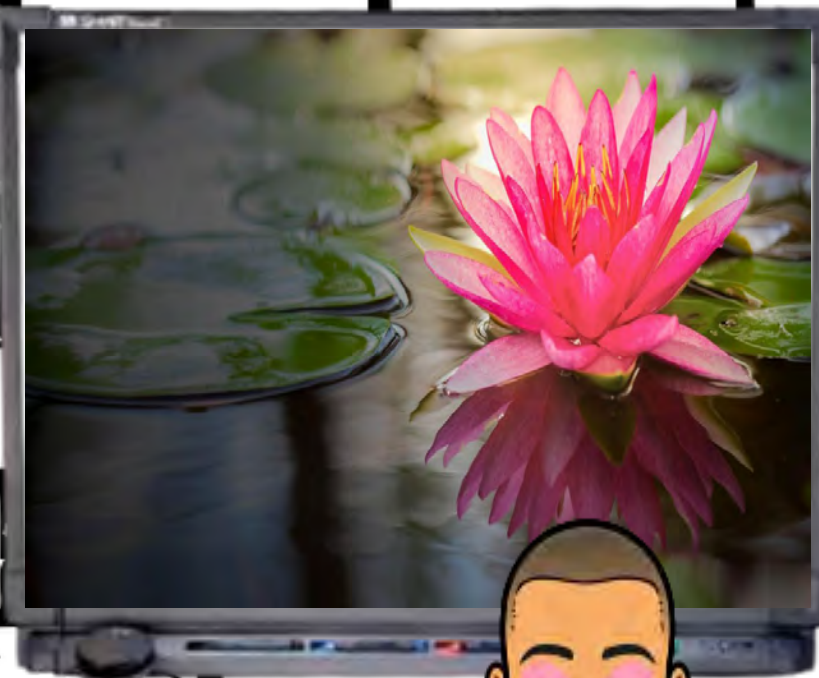
Can be a tool for group/activity generation

Can support Client engagement around family narrative builds, genealogy support for fleshing out grief narratives.

Sharing of creative outputs in grief work.



OM



“Calm Zone”

“No
mud, no
lotus...”



Ritual

The symbolic has an important role in how people can heal from loss.

Many traditions we observe after a death are deeply rooted in ritual

Kids and BIPOC/D are familiar with the role of ritual in their everyday lives.

Plays a huge part in how we interact with the world.

Incorporating the element of ritual can be a very helpful step in interacting with a grieving individual or system.

Resources

Use of self

What is around you?

Use existing
networks.

What is important to
the kids/communities
you are working
with?

Relevance

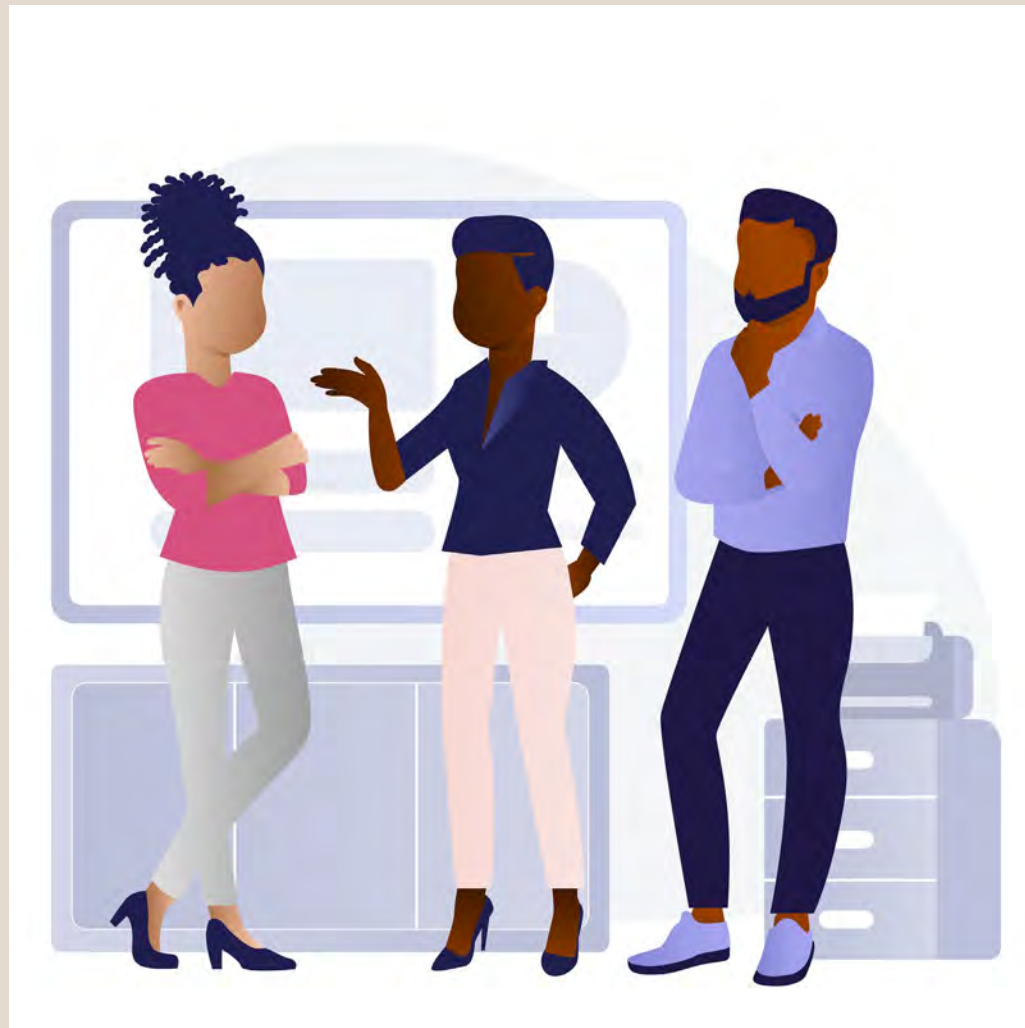
Meaning

Cements your
commitment to
understanding them.

Shows respect.

Inviting in & Putting it All Together...

Engagement & Strategies



Barriers to Inclusive Community Engagement

- Funders
- Board of Directors
- Strategic Plan
- Staff Competency
- Your “Public”
- Community of Choice/Population to be Served
- Self



Conscious Community Engagement

Involves your stakeholders at every phase

Delivers clear and respectful messaging

Plans for multiple ways of reaching the community

Is sustainable, and consistent

Programming Considerations



COMMUNITY &
SCHOOL ACCESS



COLLABORATION
& OUTREACH



TRAINING



PROGRAMMING
TIMELINES

Program Development

What do you want to accomplish?

Have you **answered the hard** questions?

How can you diversify existing materials and activity plans?

Are existing materials/supplies safe and inclusive?

What are the **physical/cognitive/accomodational** changes that need to be made to plans?

Extra logistical considerations?

Plan B?

[illegible]

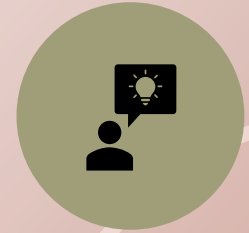
Action Plans



MAKE AN
ASSESSMENT, HOW
GREAT/BAD IS IT?



ANSWER THE HARD
QUESTION(S) FIRST.



WORK WITH THE
END IN MIND.



BUILD IN
OPPORTUNITIES FOR
COMMUNICATION.



BUILD IN
OPPORTUNITIES FOR
RESPECT.



GO BEYOND THE
SURFACE.

Considerations for Inclusion

CURRICULUM

Considerations:

- Where did it come from?
- Specificity to Community/clients served
- Empowerment Based
- Strengths Focused
- Historical/Cultural Context
- Does it ask the right questions?
- Flexible?
- Responsive?

OUTREACH

Considerations:

- Are you the right ambassador?
- What are the collaborations /partners that you need to ID, engage?
- What is intent?
- Sustainable?
- Authentic?
- Answers a call
- Responsive
- “Real”
- Organization Perception in Community

GROUP FACILITATION

Considerations:

- What are your triggers?
- Plan B
- Strengths
- Empowerment
- Offers Choice
- Teachable
- Mediation Skills
- Active Listening Skills
- Behavior Management

VOLUNTEER RECRUITMENT /TRAINING

Considerations:

- Who do you need?
- Why?
- Recruitment Strategies Specific to Need
- Authenticity
- Specific Training Modules
- Open Dialogue
- Transparency
- Competency
- Supervision

INCLUSION PRACTICES

Considerations:

- How Serious are you?
- Leadership?
- Resources
- Open
- Has Buy-In from Stakeholders
- Everyone Participates
- Integration vs. “Celebration or Appreciation”
- Mission & Values reflect Commitment

Community Outreach

- Identify the “true” leaders
- Gatekeepers are key. **Earn** their respect.
 - Their identities are not always obvious.
- Go to the **source**, cut out the middle man.
- **Enlist** unlikely allies.
- Be **clear** about your goals.
- **Restate** agendas and goals often.
- Be **alert** to the “politics” of the community of interest.
- **Reassess** often, and throughout the process.



Professional Development in Grief Support

Baselines & Accountability





The Skin *You* Are In...

- How well-defined is *your* grief journey?
 - What are your questions?
 - Challenges?
 - Triggers?
 - Where are you at peace?
- How do you define your family of origin?
Choice/Curated Community or Family
- What stereotypes or beliefs do you hold?
 - General
 - Specific



Barriers to Self-Care in Grief

- Belief that we are not “supposed to share our struggles/conflicts”
- Unclear feelings about our own grief/loss history
- No room for a comprehensive Self-Care Strategic Plan that is ongoing, flexible in our development as Professionals
- Concern about Competency
- Your “Public Facing Self vs. Private You”
- No identified Support System
- Self imposed exile(s)



Self-Care

Play

Creativity

Courage

Self-Advocacy

Supervision

Collegiality/Connection
in the field

Continuing
Education/Training

Respite

Boundaries

Why Should I Care about Self-Care?

Guides Behavior& Practice

Spirituality Alignment

Sets Multiple Compasses

Identifies & Clarifies Boundaries

Supports Self-Care Goal –setting/Maintenance

Allows Support of Others

Allows for Goal Setting

Prioritizing Needs

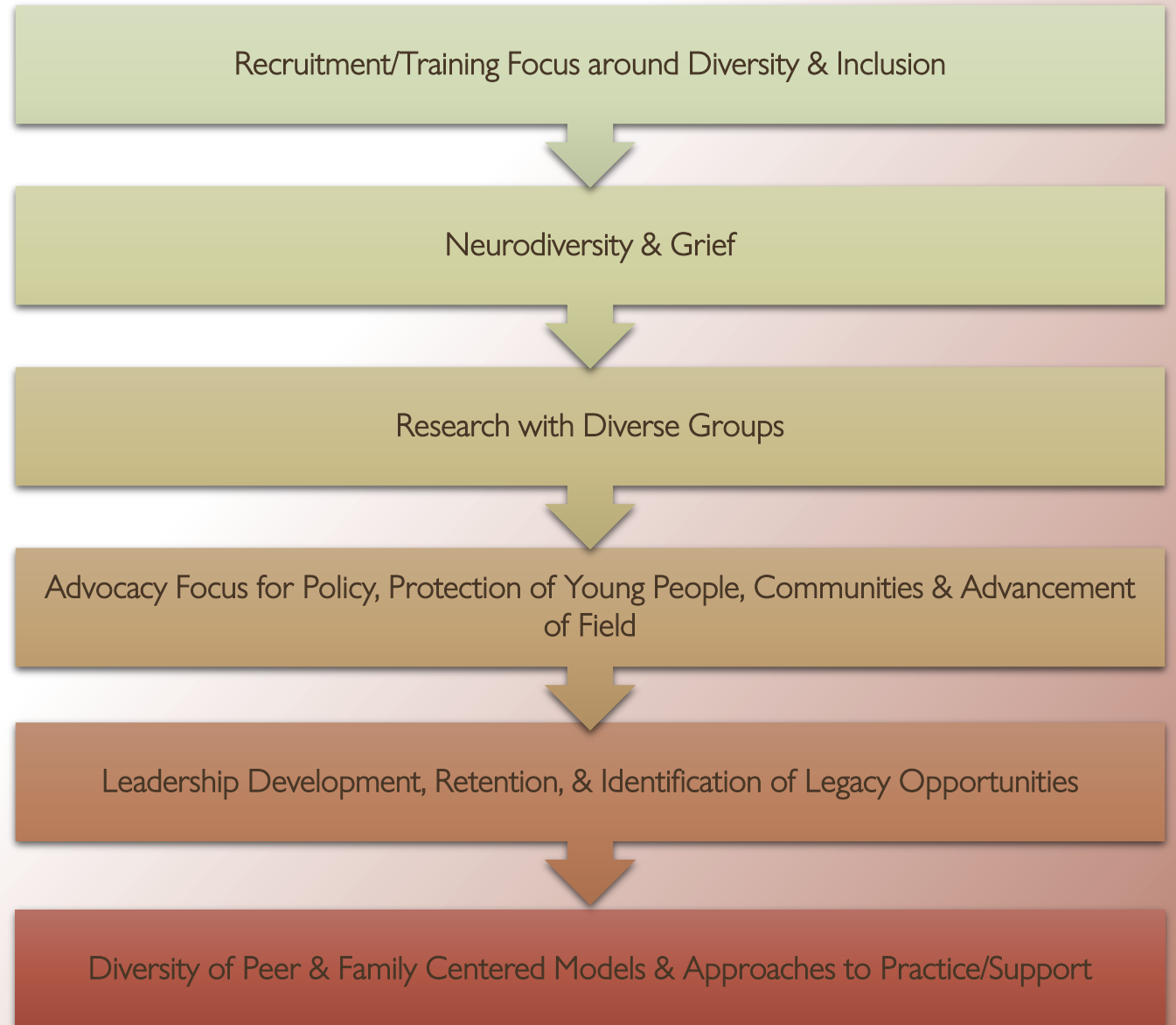
Informs Resilience

Identifies Barriers & Biases

Why Should WE Care?



Considerations for the Future



Conclusions

We must begin to look at themes and patterns of behavior that we collude with consciously and subconsciously. As we show up to support young people and communities.

We must reject some of the easy conclusions that come out of skewed evaluation, and limited research about how young people, Communities of Color/Difference grieve, and what their support needs are.

We must become vigilant within our communities and programs about what our stakeholders say it is that they need.



thank you

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